

20 – 20 Vision

Hospital Delivery – the Future

Mark Cammies – Health Properties

¹
BIS – 8th October 2009



Background:

- Forte plc – Head of London Hotels
- Woolworths – Property Controller
- B&Q plc – Construction Director
- Castorama Russia – Property Director
- Tesco Stores – Property Director, UK Programme

Who are Health Properties?

- Property Development sister company of Circle Health
- Exclusive contract to develop a minimum of 25 UK hospitals
- All freehold assets retained in Health Properties
- Secured sites range from 3 acres to 65 acres
- Other healthcare developments being progressed

Who are Circle?

Within 4 years have become:

- Europe's largest partnership of surgeons and clinicians
- Business model with equity share similar to John Lewis
- Own Nations Healthcare who operate Nottingham ISTC, Europe's highest volume day case hospital

Very High Business Focus and Expectations on :

- Clinical Outcomes
- The Patient Experience
- Hospitality
- Quality
- Value
- Productivity

First new hospital in Bath – PC date was Monday

- Designed by Foster & Partners, WSP, Arup's
- Constructed by Taylor Woodrow
- 3 acre site, plus 1 acre expansion land
- 6500 sq m built space
- Open for patients February 2010



Foster hospital nears completion

First design by leading architect
A further 24 buildings planned

By John O'Doherty

Planning benches are being set on the first hospital designed by Norman Foster, part of what will become a 15-hospital portfolio operated by Circle Healthcare.

The private healthcare company is commissioning Britain's leading architect to design medical facilities that will feature both donor and luxury beds.

The Circle Health facility will be the first of four Circle Hospitals designed by Foster + Partners, and will be complemented by a further three designed by Sir Michael Hopkins. Other companies involved in Circle's future projects include Rogers Stirk Harbour + Partners, Sirik Harbour - Rogers of the Millennium Group - and BDP.

Circle Healthcare already operates a private clinic in Bedford and three NHS treatment centres, in Nottingham, Burton-on-Trent and Epsom. The group directly employs 1,000 staff, all of whom are also partners in the business.

"We're trying to create a model a little bit like John Lewis," said Nick Boyle, a consultant, secretary and member of Circle.

Any consultant physician who undertakes to do part of their private work at a Circle facility, advises the group, or helps to manage it, becomes a member of Circle. Circle are distributed as the model of partners in a law firm.

"My brother is a partner in a law firm," said Mr Boyle. "He has equity in the business, and makes money on the basis of whether it's successful or not. More importantly, he participates in the decisions about how that business works, but the vast majority of private hospitals in the UK are not owned by doctors, they're not man-



Taking care: Circle Healthcare's 150m Bath facility was designed by Foster + Partners and is intended to make the most of modern healthcare techniques

aged by doctors. Most of them are owned these days by private equity, and the reality is that we as professionals have little input into how they are run at every level."

The chance to run and 1,200 consultants will undertake to do private work at Circle, when it rolls out its hospitals in coming years.

work in a hospital group that operates in a similar fashion to John Lewis or a law firm has already led 1,500 consultants to undertake to do private work at Circle, when the group rolls out its hospitals in the coming years. Planning permission has been secured for a further eight buildings. Another attraction for consultants is the design of the buildings themselves. Roughly 20 years ago, about 60 per cent of all surgery was inpatient, requiring overnight stays in hospital. Today, however, best practice is that no more than a

quarter of surgeries should be inpatient, but with most private hospitals more than 20 years old, the hospitals have not changed to match these clinical developments. "The asset class we have in hospitals is fundamentally not fit for purpose," says Ali Parva, a former Goldman Sachs banker who founded Circle Healthcare in 2000. "They have too many bedrooms for little capital to do day surgery. You can get as much clinical efficiency from those existing assets as you would get energy efficiency from the

cars that run on the streets of London."

Foster + Partners were also keen to try their hand at something new: they had never before been approached to design a hospital. "There hadn't been an opportunity before now, it's as simple as that," said Spencer Hooley of Foster + Partners. "Maybe through this particular initiative, that will start to change things."

For patients, the attraction will be a hotel experience. The bed contract for Bath has been given to an apartment boutique London

operator, while the group's hospitality director is Michael Neumeier, who brought the Mandarin Oriental hotel chain to the UK. So far, Circle has raised 100m over the course of three funding rounds since 2000. Benchmark Capital's Bullerford fund has invested, as have Lansdowne Partners, HBC Credit, and Moore Capital. Together they own 30 per cent of Circle, but Mr Parva has said that as the group develops, 50 per cent of the business must always remain owned by partners of Circle Healthcare.

Companies | UK Dramatic effect of rethinking preconceptions



Edwin Heathcote
ARCHITECTURE

It is a revolution when glazing in the light, Foster + Partners' latest building looks more like an art gallery than a hospital.

The Bath Hospital - a sleek, minimalist metal and glass box - might just constitute the spark that sets off a revolution in how hospitals are conceived and executed.

Working closely, the architects and the clients have attempted to create a place that questions the century-old preconception of how a hospital should look and feel. Why, they ask, can't medical facilities begin to look more towards the beauty of the hotel than the restrictive regimen of the hospital?

You enter the building into a generous internal street, a public space at the heart of the hospital, brightly lit from above via a series of theatrical, cylindrical skylights. But most important, you see right through the building, a huge glass window opening out opposite onto the landscape.

If most hospitals are claustrophobically impenetrable, a series of wings, corridors and courtyards, this one is light, clear and comprehensible. The building is set into a hillside that is also suitable as a dining area. The base, a heavy grey brick plinth, houses the medical procedures. The operating theatres are big and, unusually, naturally lit. Scrambled X-rays are also housed down here. The ground floor (very level) houses the more public areas of the building

as well as consultation rooms and the doctors' common rooms (they do not have individual offices). This level also accommodates a cafe and offices. The top floor is given over to the bedrooms. These are superbly appointed spaces with picture windows giving expansive views of the rolling countryside.

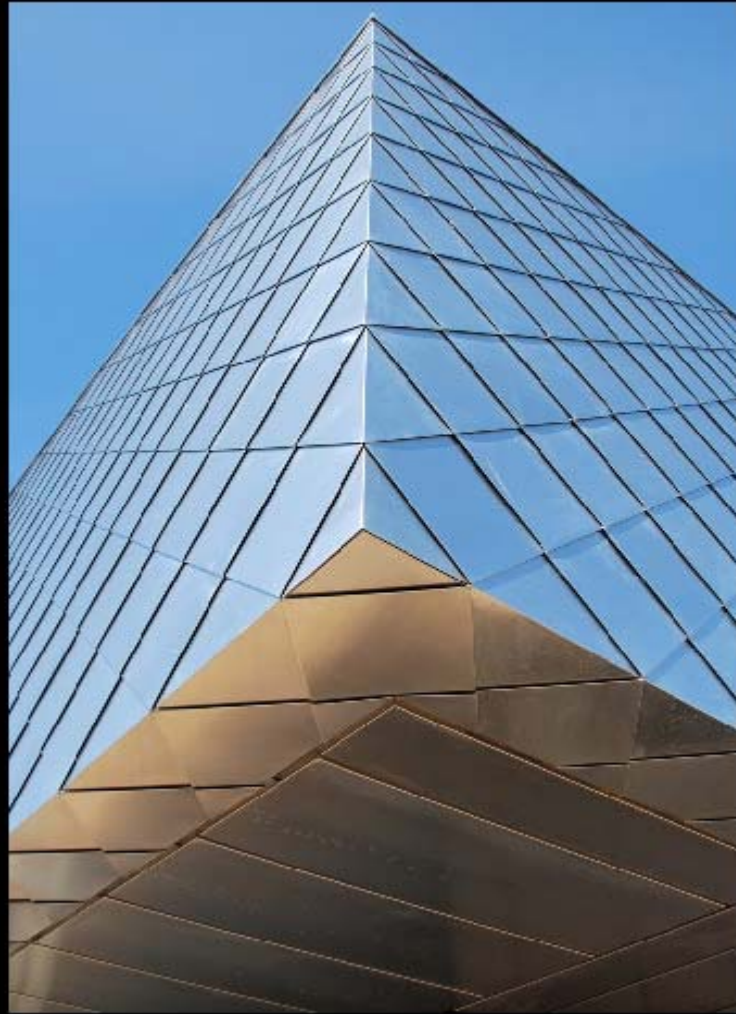
Just as they are differentiated on the exterior, the functions of the levels are expressed through their floor divisions. The sticky vinyl and linoleum so familiar from traditional hospitals gives way to luxurious carpet floors on the ground level and, unusually, timber floors on the accommodation level.

There is an emphasis on hygiene - the finishes are fluid and continuous, yet the best workable and the visual appeal comes in an utterly distinctive environment. The attention to detail elevates, visible in the built in furniture and the sophisticated way the complex abstracts of medicine and oxygen supply lines are contained to minimal, unobtrusive guards, serve to demarcate the aesthetic.

That this is a relatively small building has allowed the architects and Circle Healthcare to experiment, to ask questions about accepted ways of doing things. It is a little urban to compare it with a large general hospital but, perhaps half a century ago and struggling under the weekend and endless Part 10 orders, it is also necessary to step back to see what can be achieved. Hospitals are expensive to repair and to run, what architecture is a relatively small part of the picture. Yet, as this shows, well considered building allows, it can have an astonishingly dramatic effect.











circle bath

Atrium Interiors – Visualisation

Foster + Partners

HEALTH
PROPERTIES
MANAGEMENT







Moving to Programme Outputs/ Methodology:

- Harnessing the Scale
- Review of repetitive elements
- Focus on M&E design efficiency
- Technology platform for design
- Offsite solutions a key deliverable

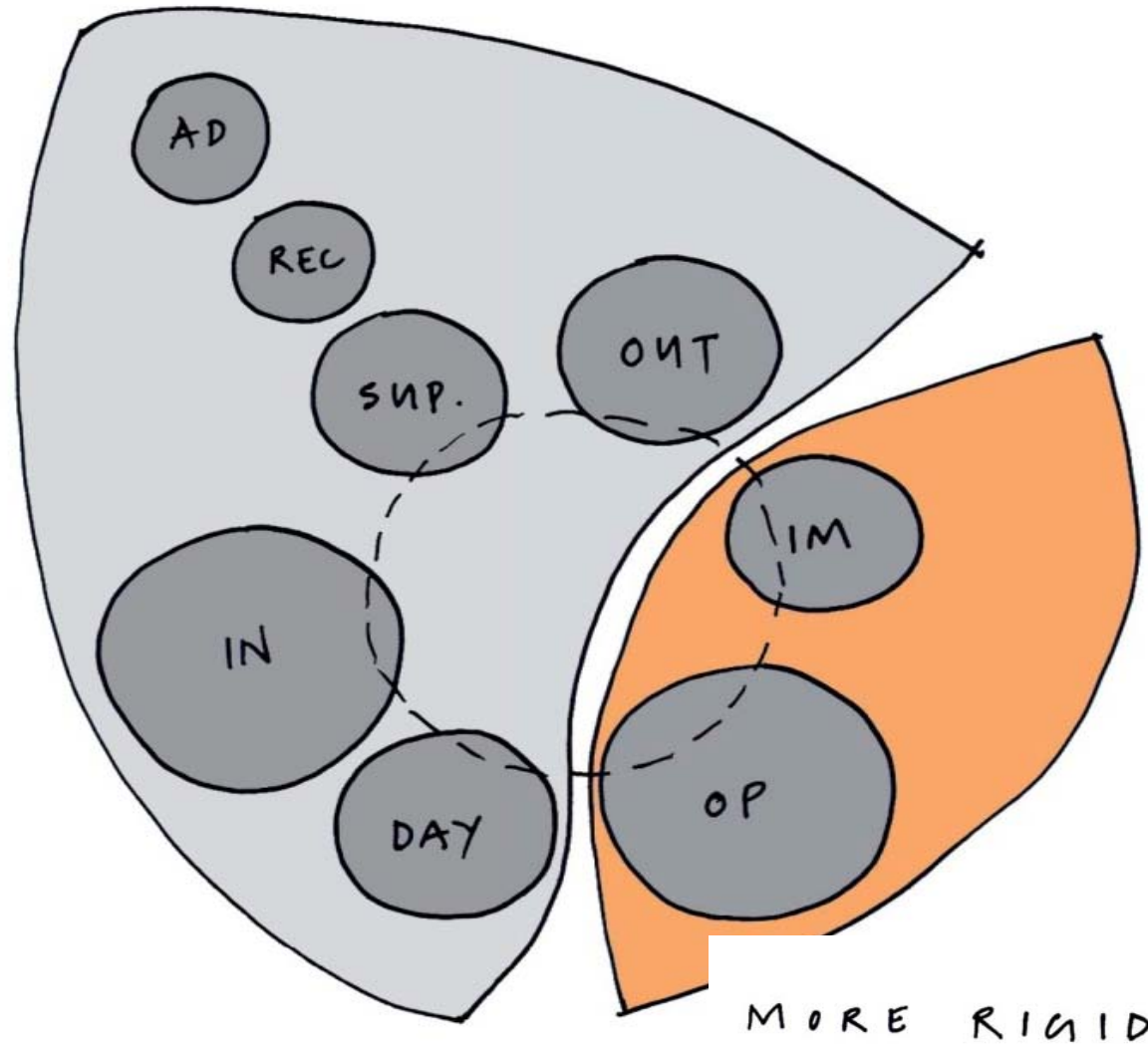
Client benefits and considerations for offsite:

- Programme savings
- Capital savings
- Quality standards
- Sustainability benefits
- Waste minimisation
- Resource efficiency

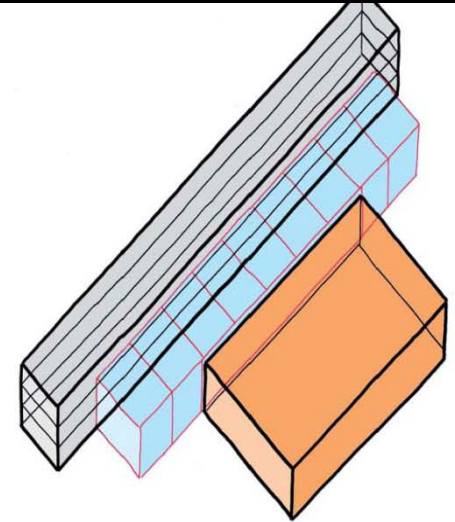
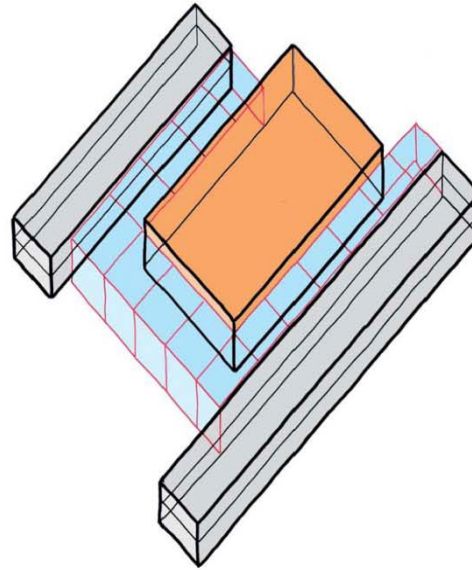
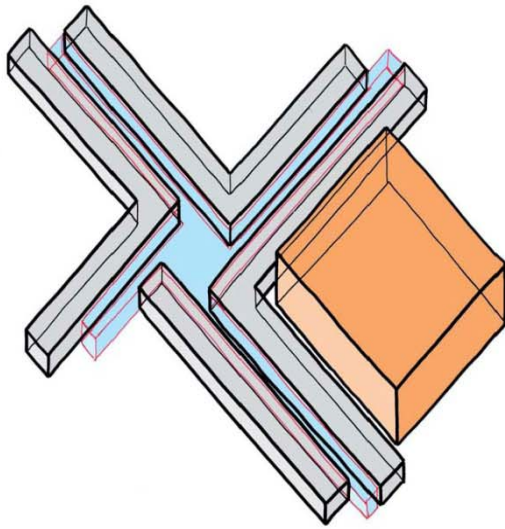
The HP Way

- An R&D project commenced in January supported by Rogers Stirk Harbour, Arup's, NG Bailey and Bullivants
- Targeted to achieve significant programme and cost savings
- Offsite target percentage is 80%
- High proportion of production designed elements
- Must have flexibility for different site locations
- Must maintain great quality and design standards

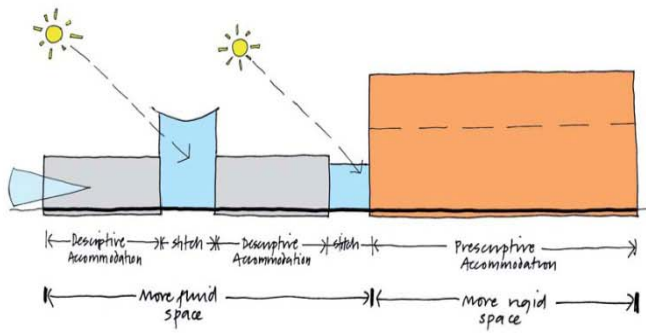
MORE FLUID



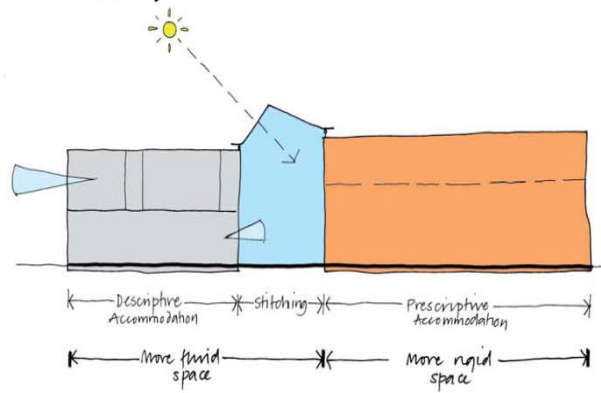
MORE RIGID



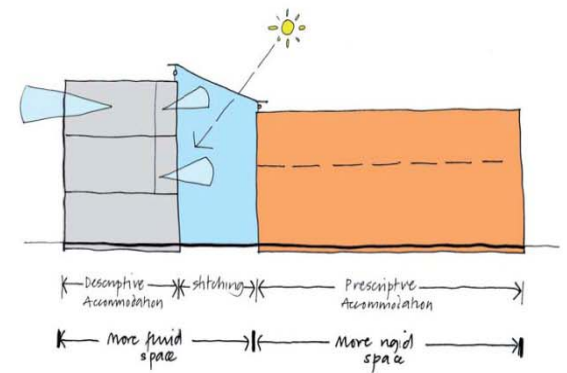
Single Storey

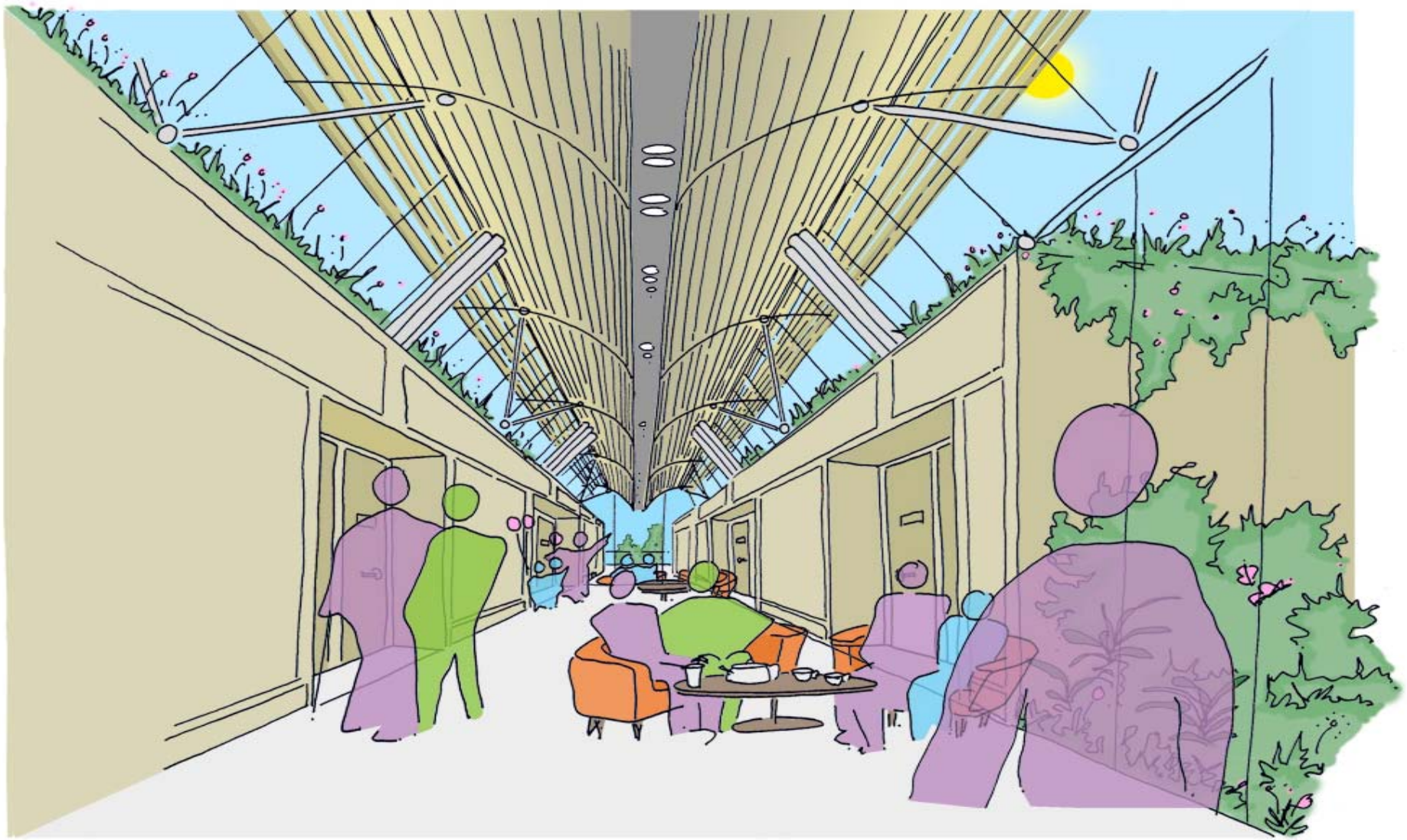


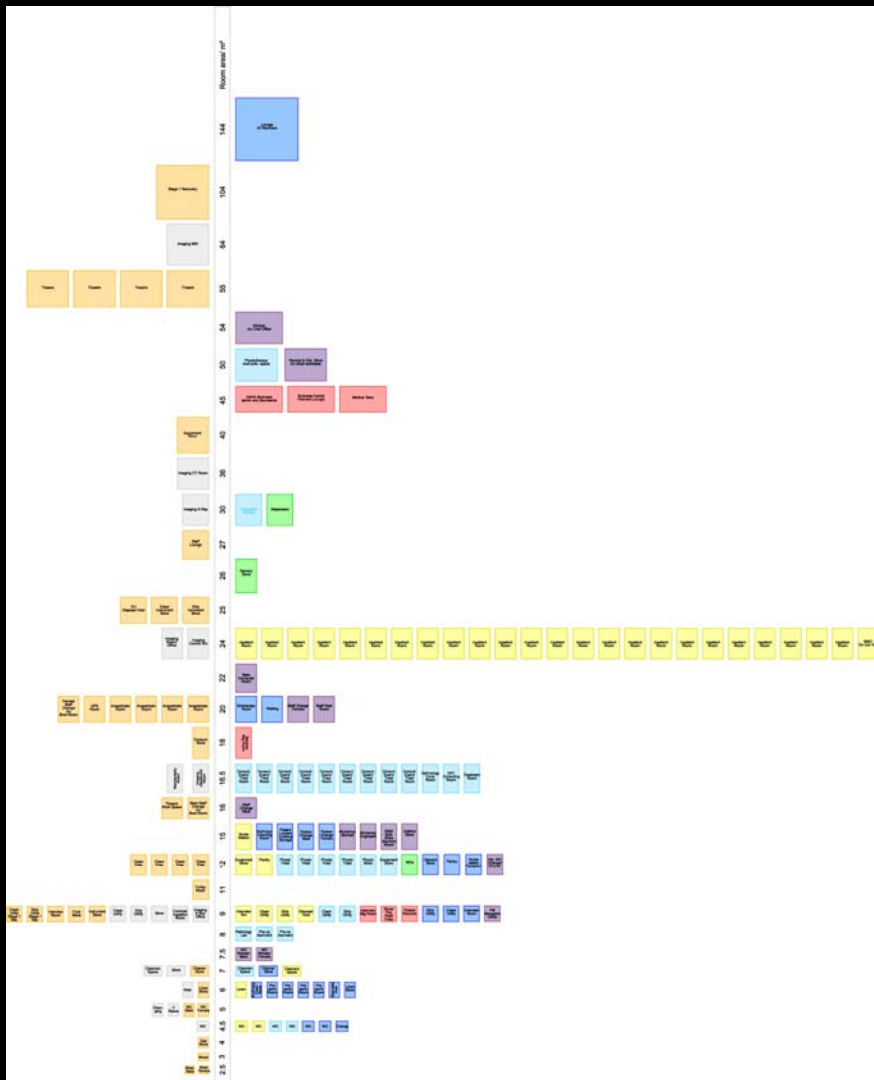
Two Storey



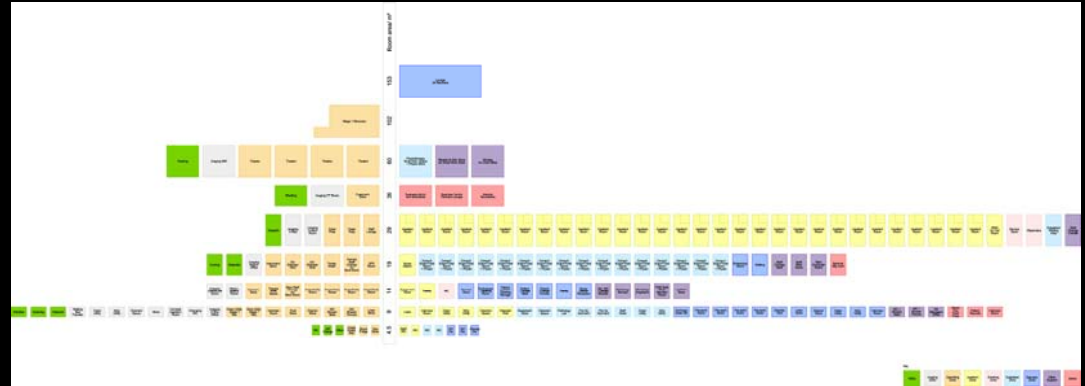
Three Storey



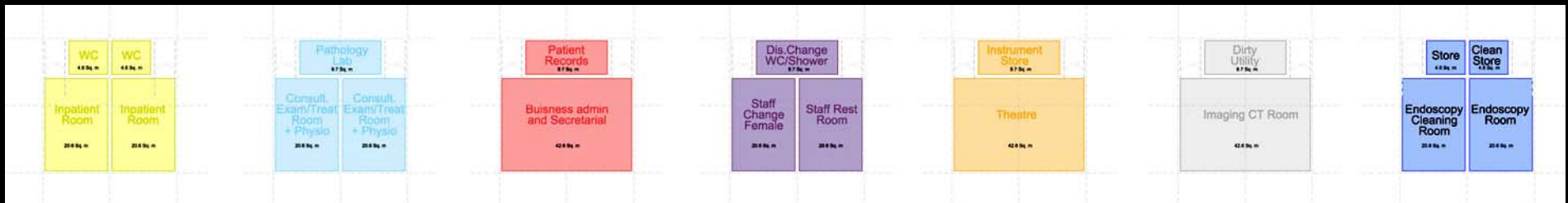
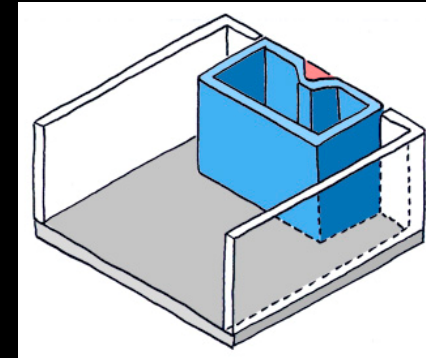
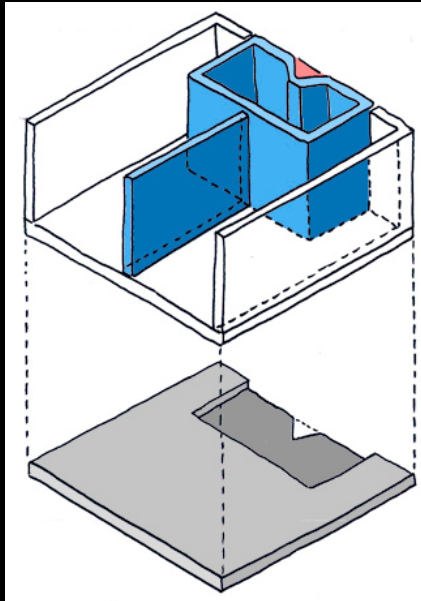
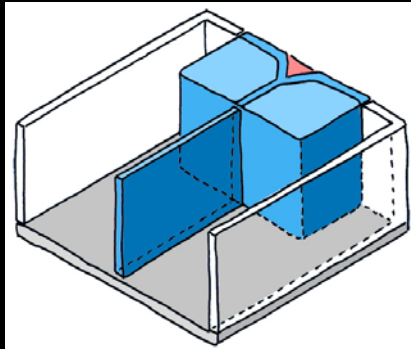




Base brief at Bath

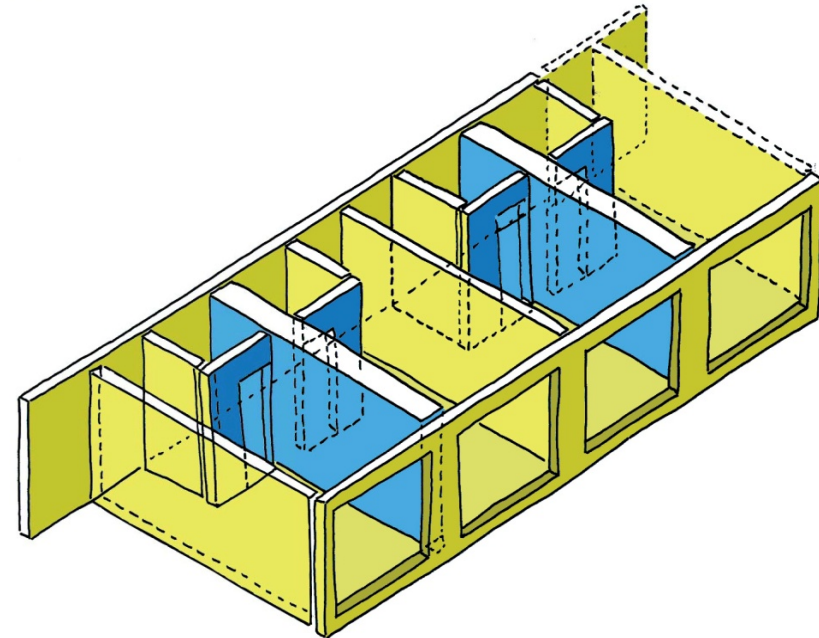
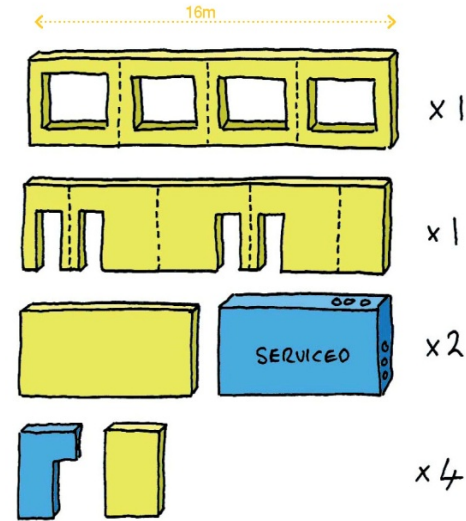
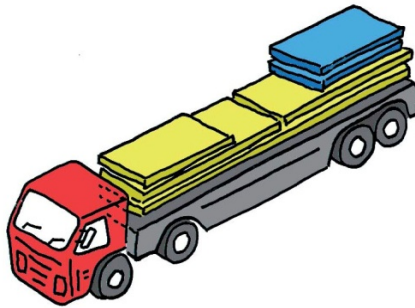


Rationalised base brief



Flexibility of Room use

Flat-pack



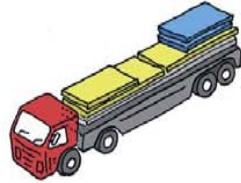
Pros

- Simplicity of construction / similar jointing etc
- Manageable unit sizes

Cons

- More jointing interface details in fabrication and to negotiate on site
- Limited by size of transportation

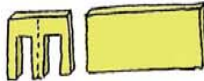
Hybrid Single Storey



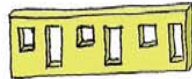
x3



x3



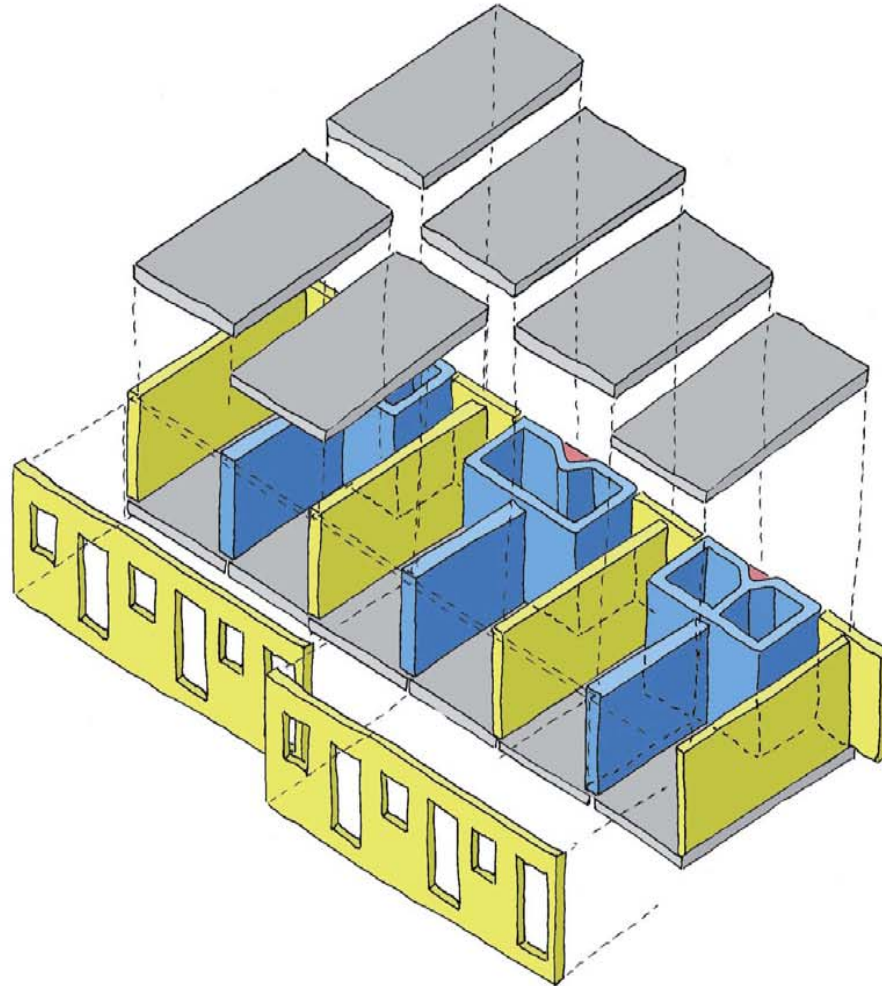
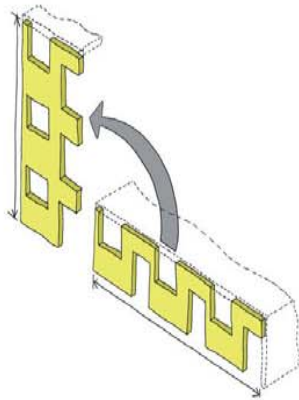
x4



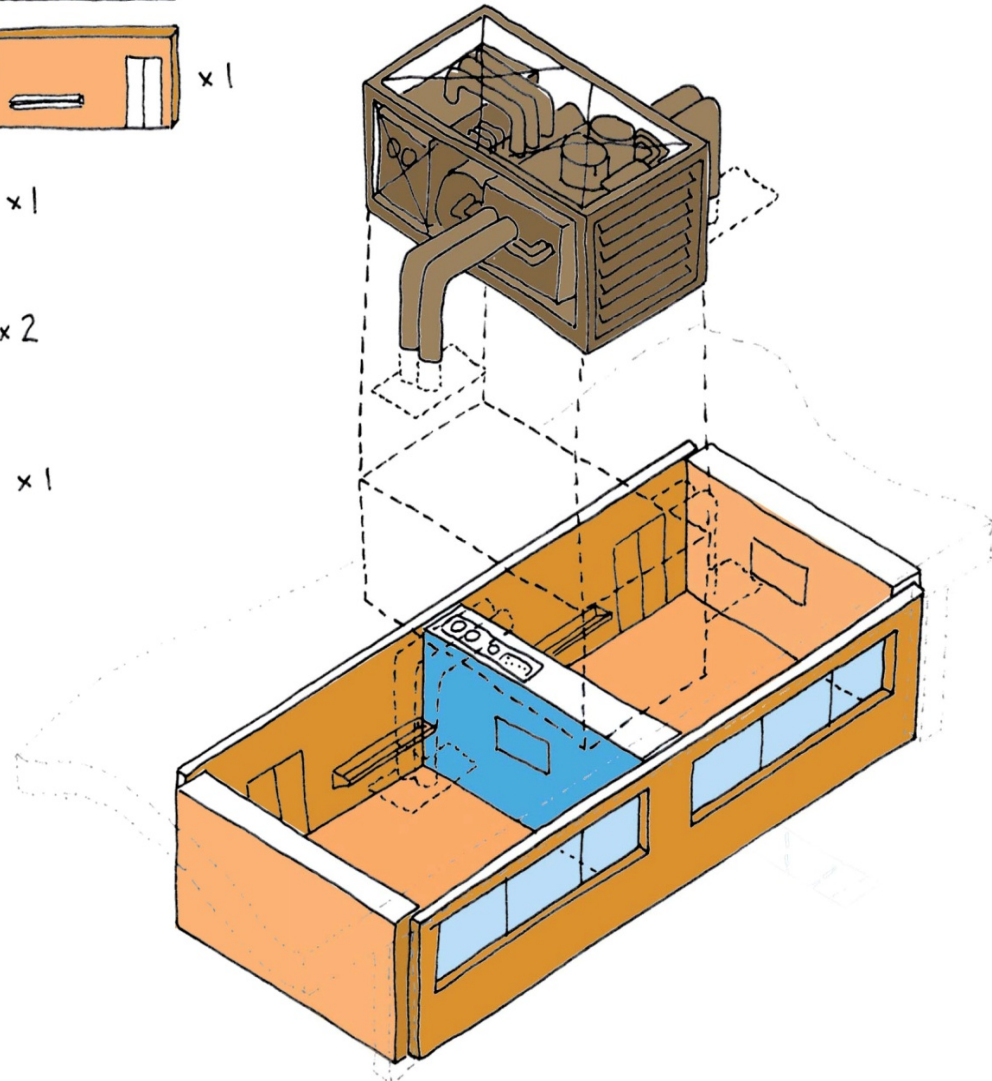
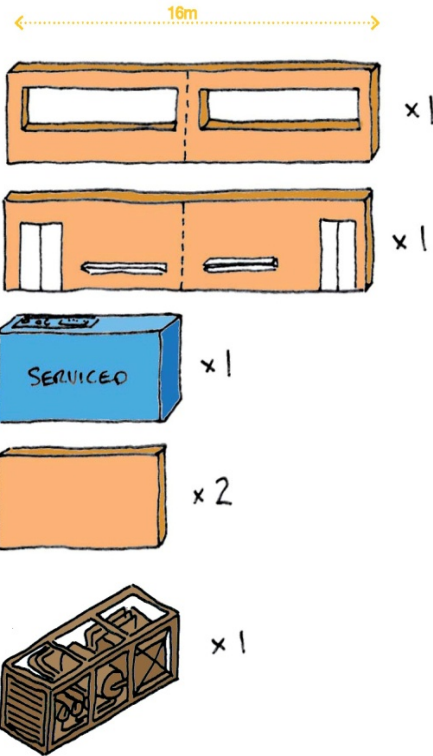
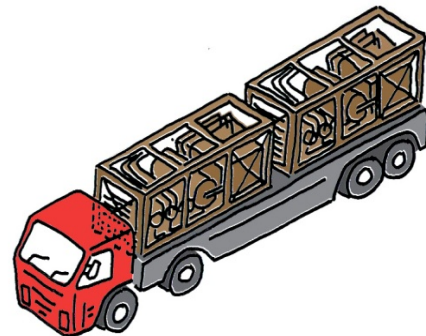
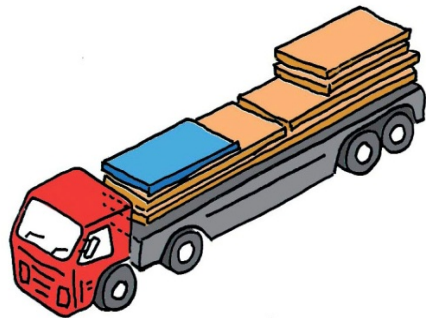
x2



x6

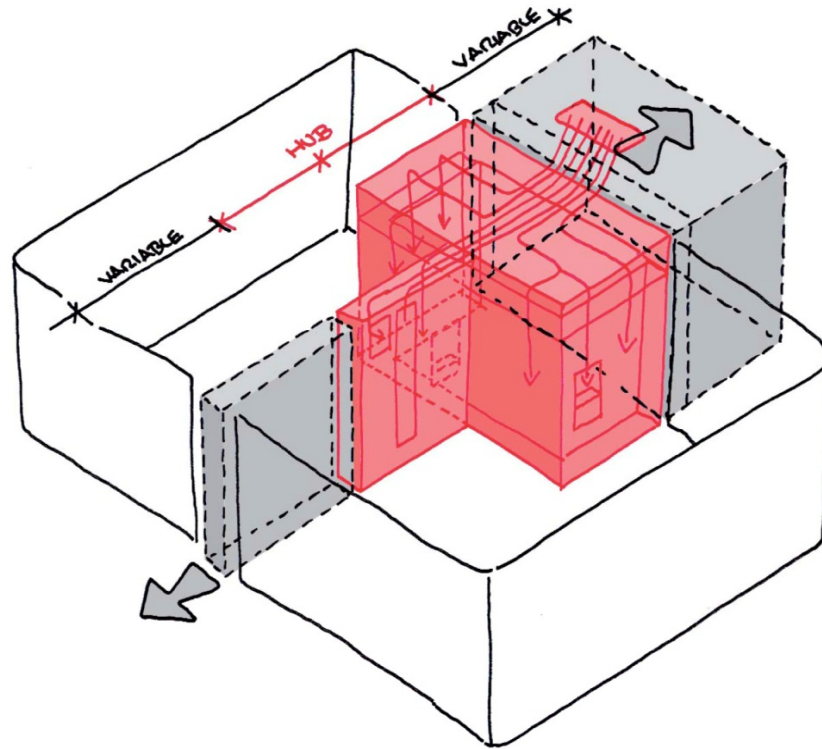
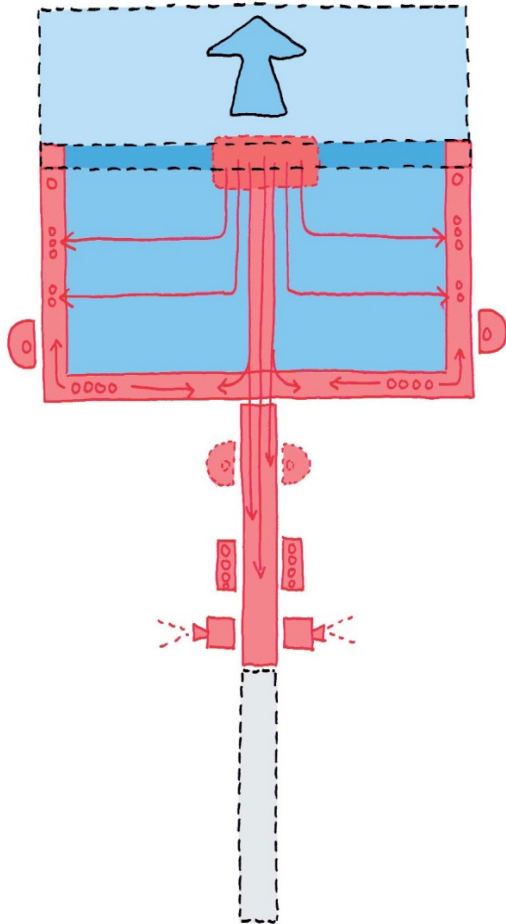


Hybrid

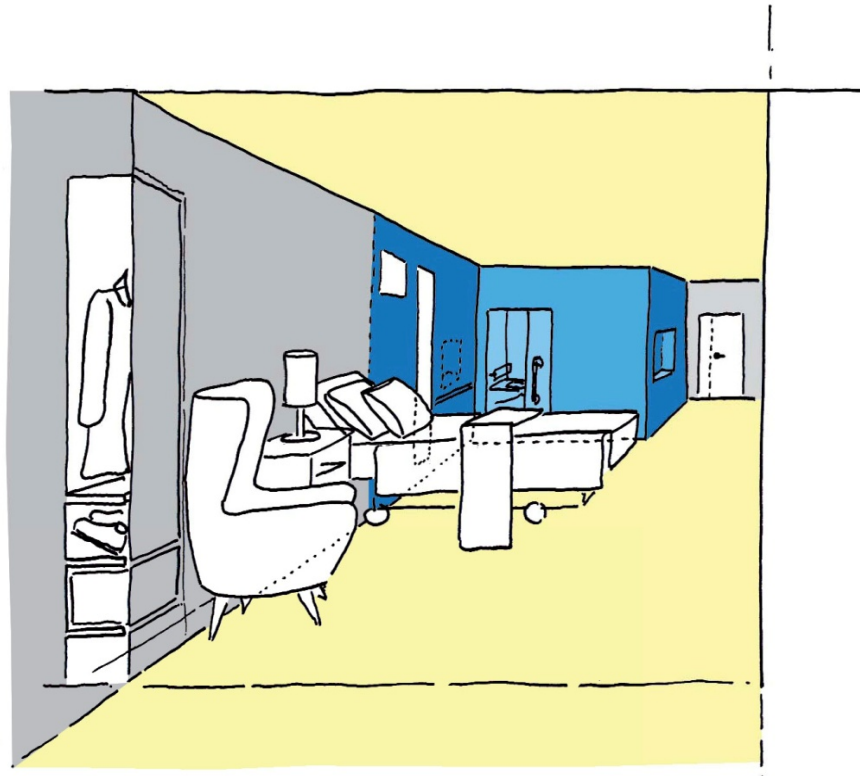
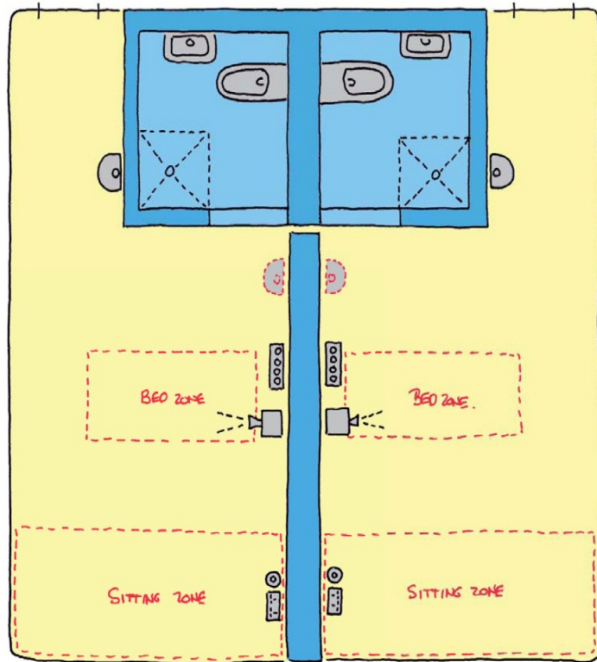


Volumetric elements are reduced to plant module and integrated service wall.

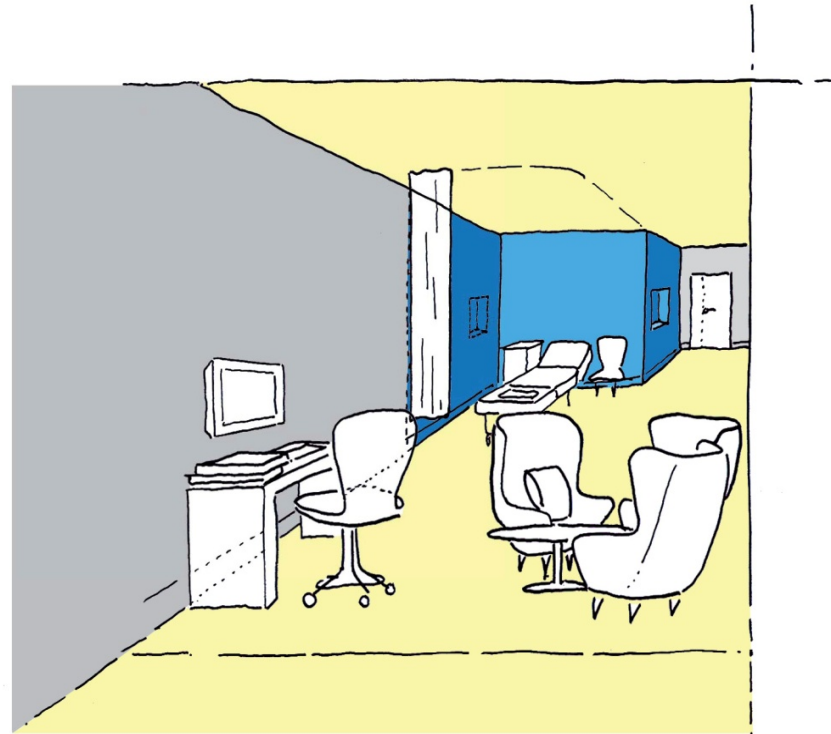
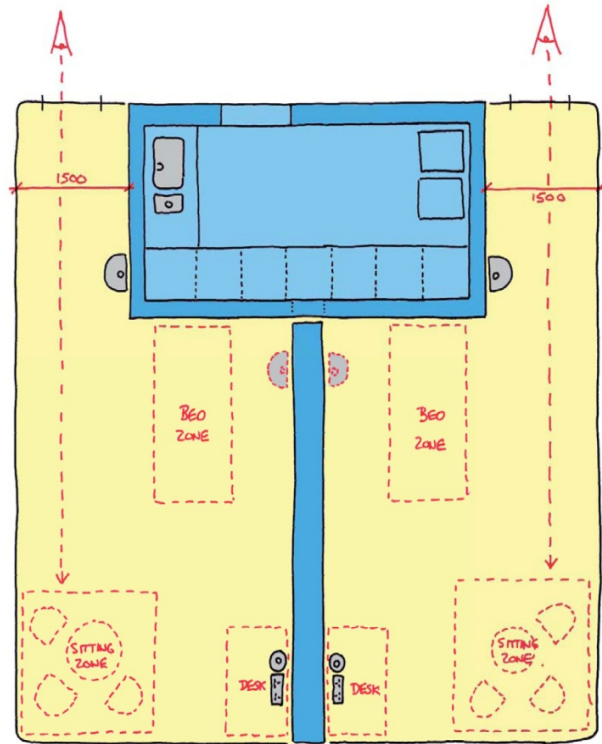
Core Component Summary



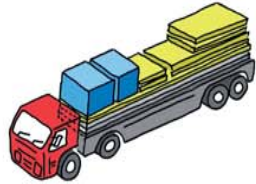
Services Component Flexibility



Services Component Flexibility



Domestic Components



x18



x25



x85



x118



x22



x19



x6



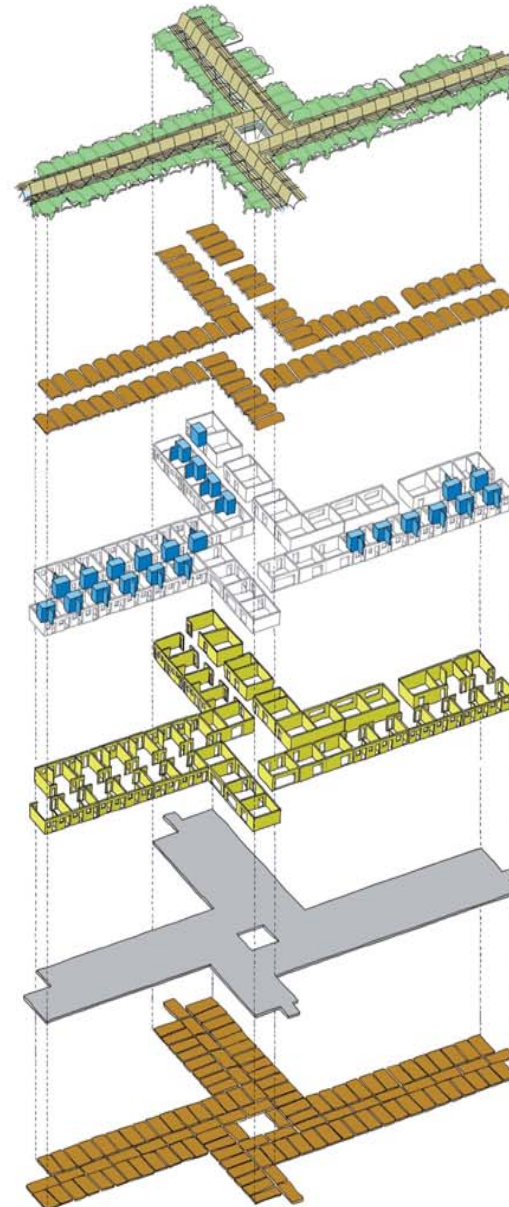
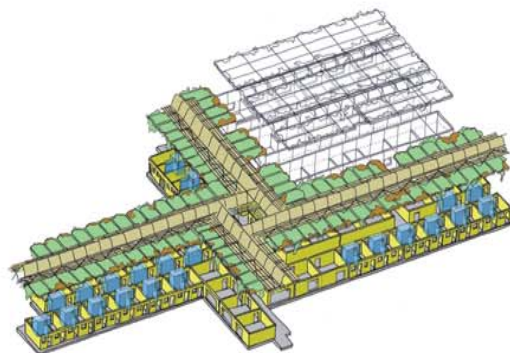
x24



x55



x10



Stitching

Roof Deck

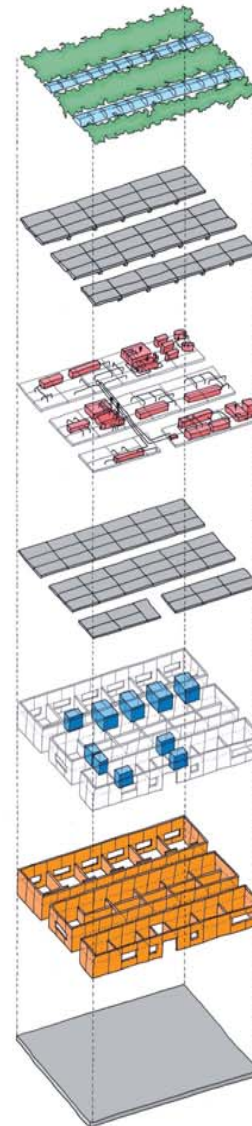
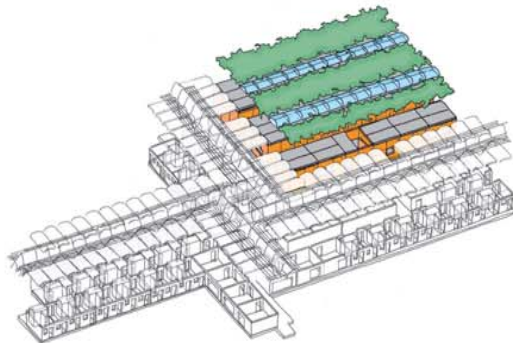
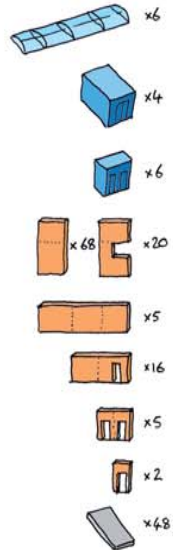
Serviced Pods

Structure
+
Partitions

Screed

Floor Deck

Clinical Components



Roof

Roof Deck

Plant

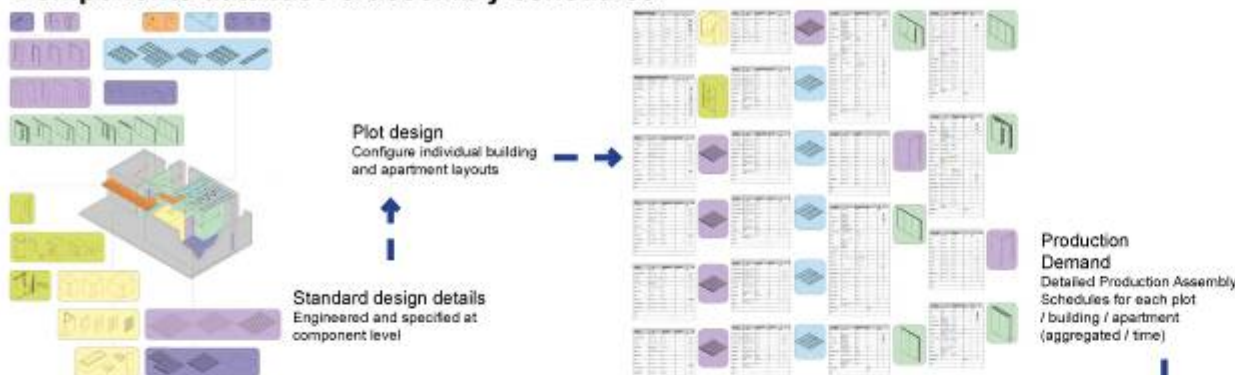
Plant Deck

Serviced Pods

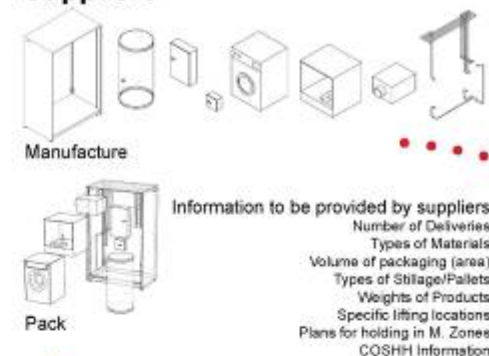
Structure
+
Partitions

Ground Slab

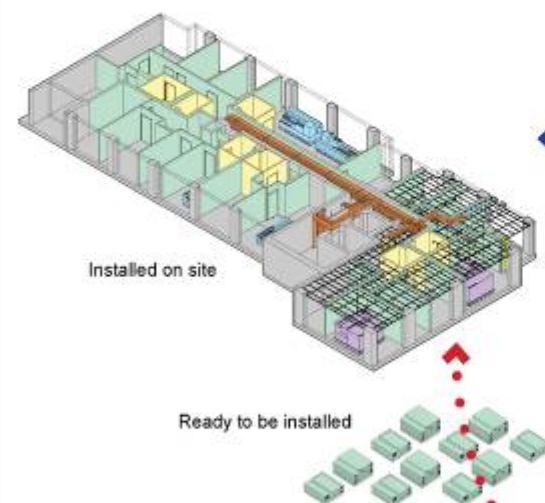
Components database & assembly schedules



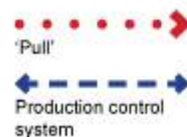
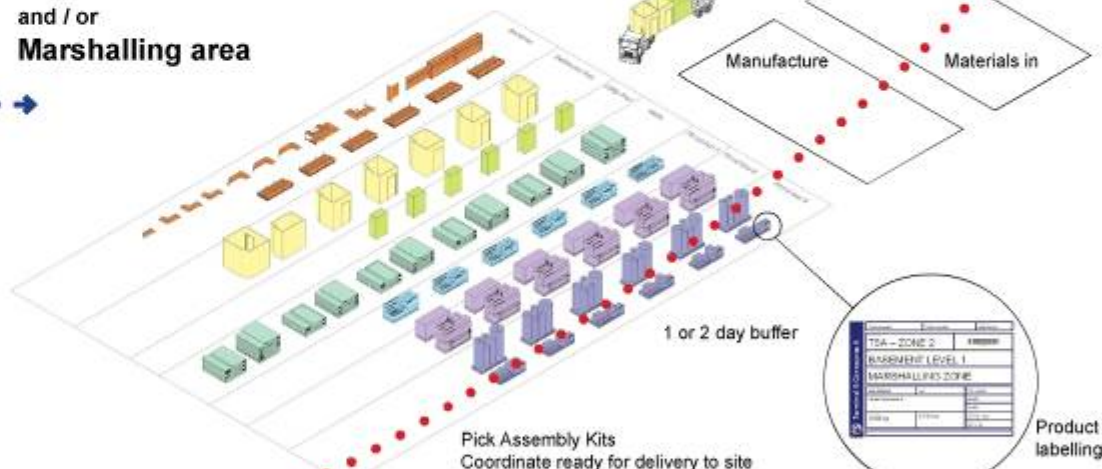
Suppliers



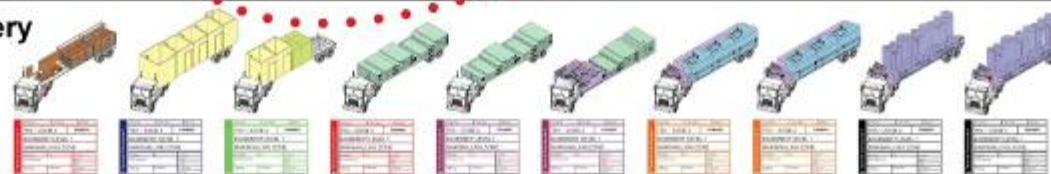
Site



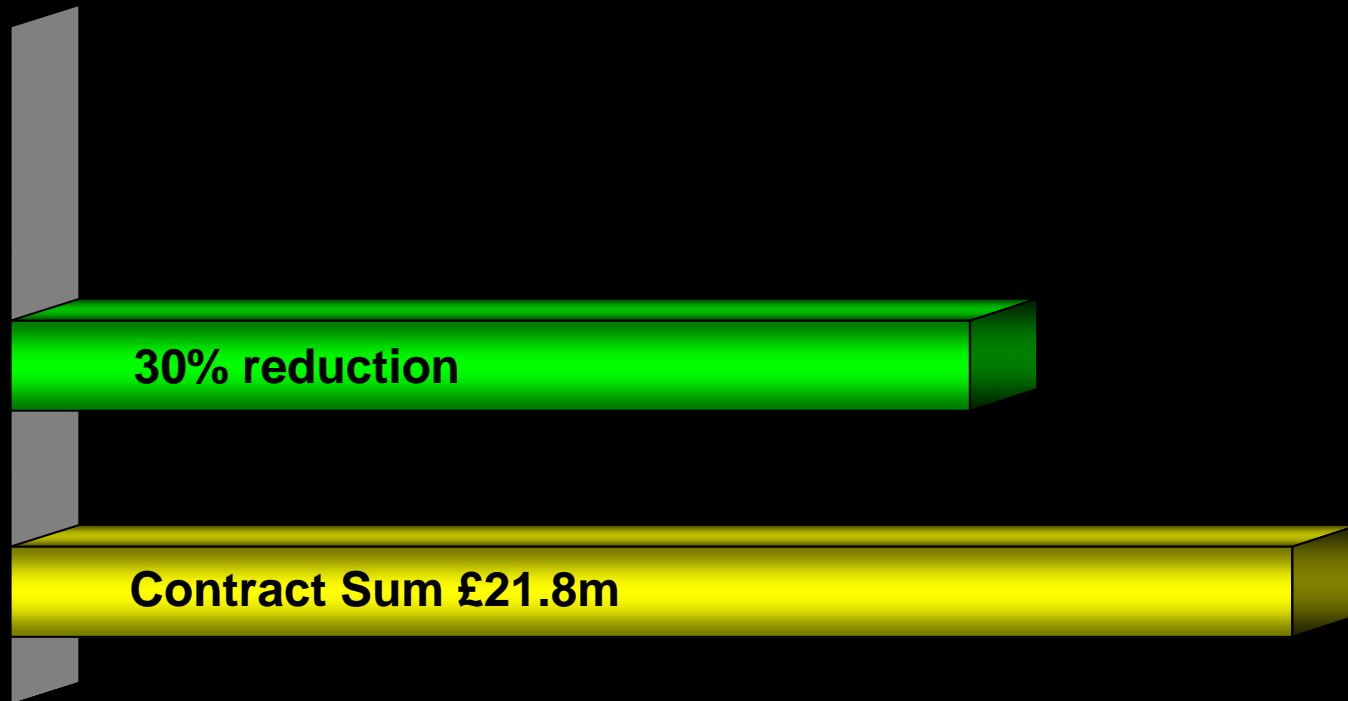
Consolidation centre and / or Marshalling area



Delivery

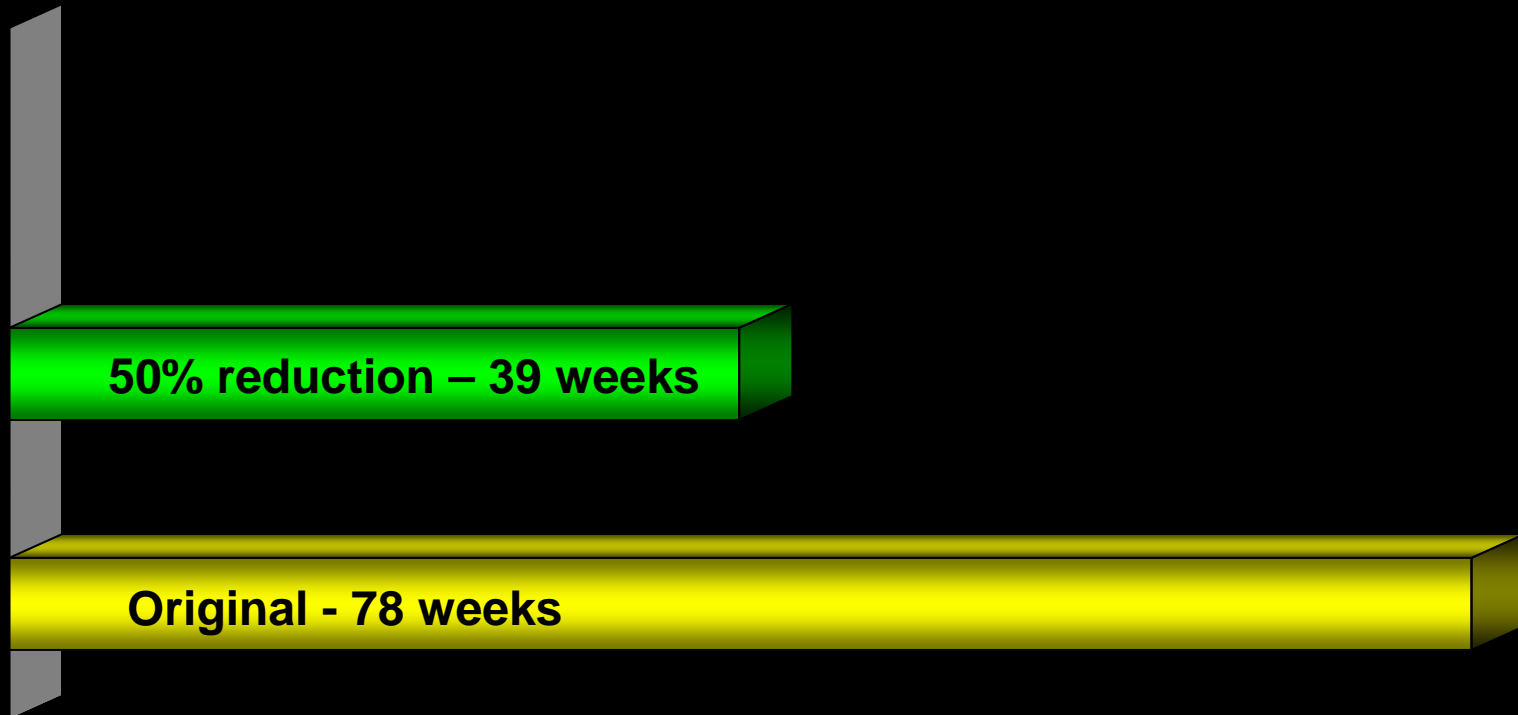


HP Way – Key Targets



Construction Costs - £m

HP Way – Key Targets



Construction Programme - Weeks

In summary:

For our patients, for our staff and for the construction sector.....

Things will not be the same!!



Thank You