



Turner & Townsend



Bedfordshire, Luton  
and Milton Keynes  
Integrated Care Board

# Bedfordshire, Luton and Milton Keynes ICB

Leighton Buzzard health and  
wellbeing business case  
Executive summary

# Foreword from Bedfordshire, Luton & Milton Keynes Integrated Care Board – November 2024



Bedfordshire, Luton  
and Milton Keynes  
Integrated Care Board

Bedfordshire, Luton & Milton Keynes Integrated Care Board is pleased to publish this summary of the Leighton Buzzard Outline Business Case, developed by expert advisors, Turner & Townsend.

Maintaining, improving and growing our estate is a top priority for the ICB, but we are limited by the resources we have available. Like many parts of the NHS, the ICB faces enormous funding pressures. Last year, the former local MP, Andrew Selous, announced that the (now former) Government had agreed that land on Vandyke Road, owned by the Department for Health and Social Care (DHSC), could be sold to fund extra healthcare in the town. This opportunity prompted the ICB to work with external experts to develop an Outline Business Case that would assess how much funding this could release, and how that could potentially be used. The work was completed earlier this year, with publication necessarily delayed due to the General Election. The ICB has now received confirmation from the new Government that any sale proceeds from Vandyke Road can be reinvested in local health projects, and we look forward to discussing the options and trade-offs this presents.

In the meantime, we are pleased to be working with [NHS Property Services](#), Landlord of Leighton Buzzard Health Centre to explore an opportunity of using focussed capital funding from central Government to create additional clinical rooms in vacant space within the building. A further update will be provided to the community around this by the end of this year.

The Integrated Care Board has worked with GP surgeries in the town to continue to deliver improvements to local services. Local surgeries working together as a Network have recruited multiple additional clinicians and professionals to boost the number of appointments available. The phlebotomy service established in the town last year is providing 300 additional blood tests per month, and a minor illness service for the town will commence early in 2025. New telephony systems have been established to improve the experience residents have when accessing existing services, and additional appointments are available to all residents of the town during evenings and weekends.

The ICB looks forward to meeting with residents, local politicians, NHS staff and others to discuss the service improvements already made in the town, the potential for additional clinical space to be delivered early next year, and longer-term ambitions.

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# Understanding the challenge

**Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) commissioned a business case to explore the changing healthcare needs of Leighton Buzzard. This work was triggered in part to explore the potential for a site owned by central Government in the town, to be sold to generate capital funding for investment in local healthcare, and a growing population had created a need to review the appropriateness of the healthcare estate to ensure it offered sufficient capacity for the delivery of services to residents of the town.**

Turner & Townsend are a real estate consultancy firm with expertise in the delivery of healthcare real estate. Supporting the project were Hunters, an architectural firm with extensive experience in the design of healthcare buildings, and Jago Health, who provided healthcare planning guidance. Additional Planning, Mechanical and Electrical design specialists supplemented the design team.

## Existing healthcare services in Leighton Buzzard

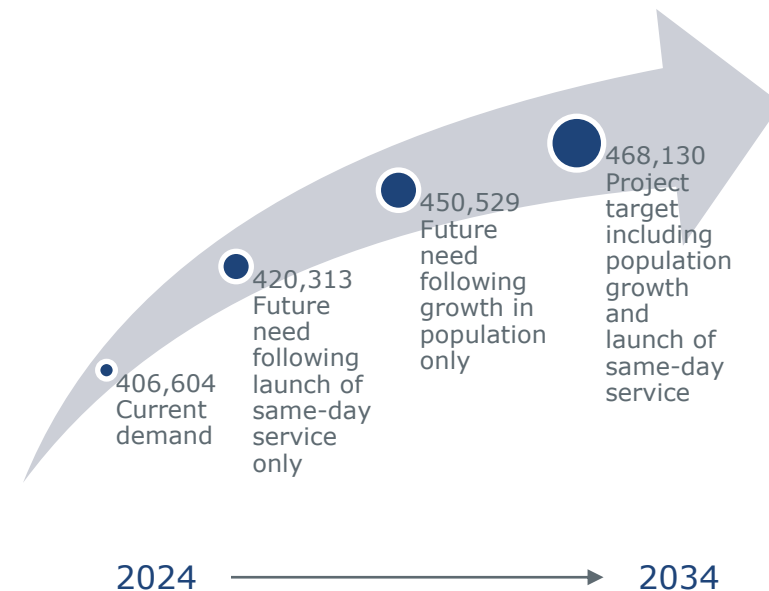
The population of Leighton Buzzard have a choice of three GP practices through which they can access primary care services. The three practices have formed Leighton-Linslade Health Connections which is the area's Primary Care Network (PCN). These four organisations are the main providers of primary care services in the town. Other health and wellbeing providers exist who deliver mental health, community and out of hospital services in the town.

Following discussions with all care provider organisations in the town, it was identified that whilst the PCN had demonstrable need for more space, other care providers such as community nursing and therapy services had accommodation strategies that met their needs. Whilst all partners are committed to multi-disciplinary team working, advances in technology now supported cross-organisational working without a need for permanent co-location. As a result, the project focused on expanding the estate options for the PCN.

## Clinical model

The project, in collaboration with the PCN clinical team developed a clinical model that chartered the healthcare demands of Leighton Buzzard patients over the next decade – taking into account extensive feedback from the local community including a large survey organised by the three Patient Participation Groups in the town. The model factored in growth in population, acuity of demand, and evolution of the PCN's approach to supporting patients to access appropriate and timely health and wellbeing services.

The PCN identified a need to deliver more same-day appointments in the town. The existing services in the town are expected to need to expand in line with population growth over the next decade.



The project has identified that the planned service expansions, along with accommodating growth, are likely to result in around 468,130 appointments taking place in Leighton Buzzard each year by 2034. Accommodating this growth in appointments will require the town's collective healthcare estate to increase from a total of 68 clinical rooms to 78 clinical rooms.

None of the existing GP surgeries in the town have scope to expand.

# Developing an options framework

## Economic case

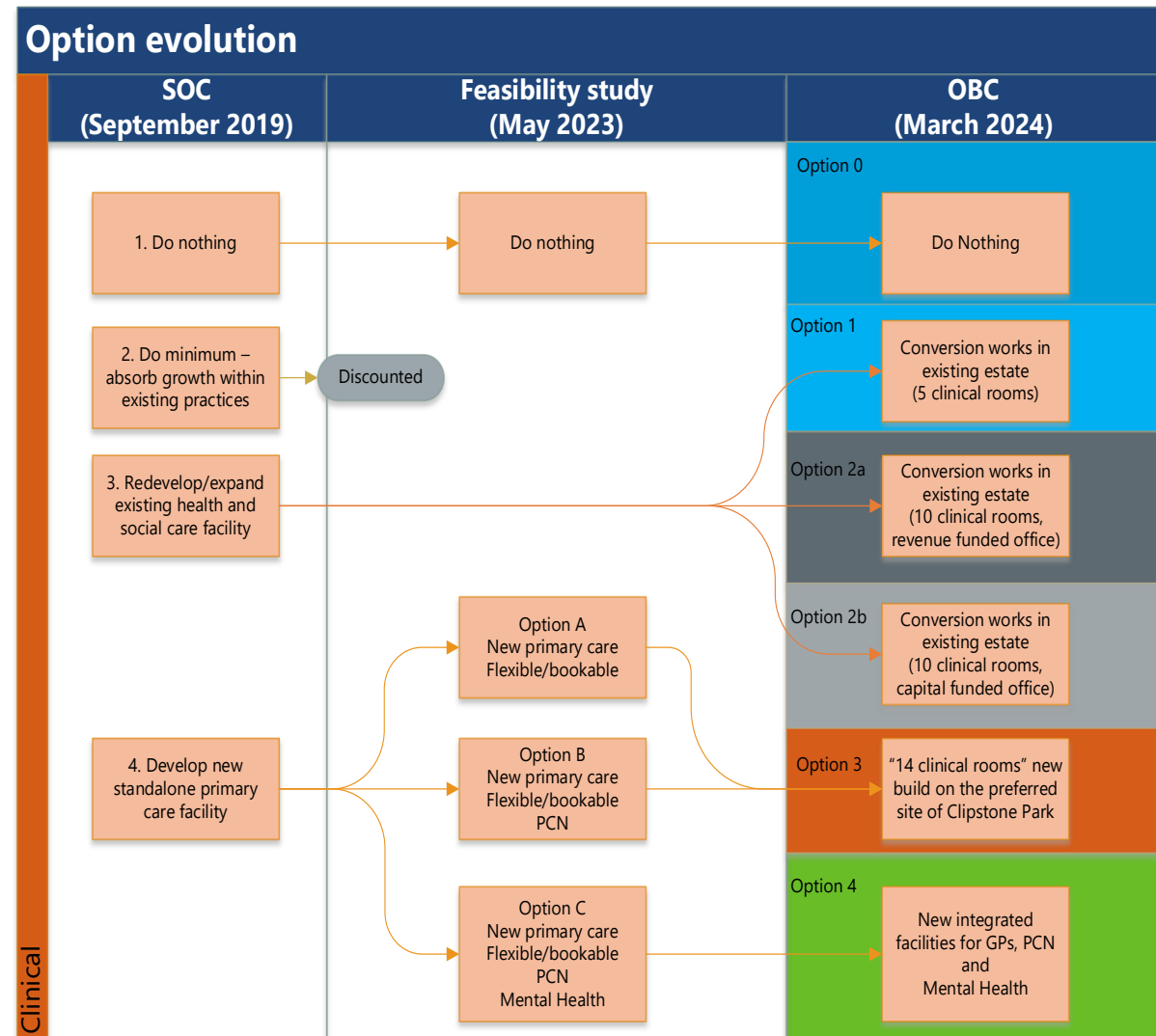
The ICB has followed a best practice iterative business case approach to developing a response to the healthcare needs of Leighton Buzzard. Each individual has unique healthcare needs that evolve over their lifetime. Charting the healthcare needs of an entire town is a complex matter and the ICB has used a series of projects to develop knowledge and understanding of the challenge and what solutions will have the desired benefit.

Previous options from a much earlier Strategic Outline Case were considered further, whilst continuing to identify if new solutions have emerged. The diagram on the right illustrates that journey.

This report analysed 5 options, show overleaf. Option 4 was discounted first, its large scale exceeded potentially available funding (through the release of the Vandyke Road site and revenue budgets for running costs) several times over and therefore had no scope for delivery. The remaining options (Option 1, 2a, 2b and 3) were analysed in detail. This included financial and economic tests and assessment against the clinical model to establish if each could deliver the clinical objectives of the project. Features of the options were also presented at a community engagement event held on 9th November 2023 in Leighton Buzzard.

The community engagement event allowed the members of the public, patient groups and local representatives to feed back their thoughts on the emerging options. The event resulted in the expansion of Option 2 to create 'a' and 'b' following suggestions by the community that the Leighton Buzzard ambulance station could be utilised.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
<b>Net Present Social Value rank</b>	5 <sup>th</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Benefit Cost Ratio rank</b>	5 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>



# The options in detail

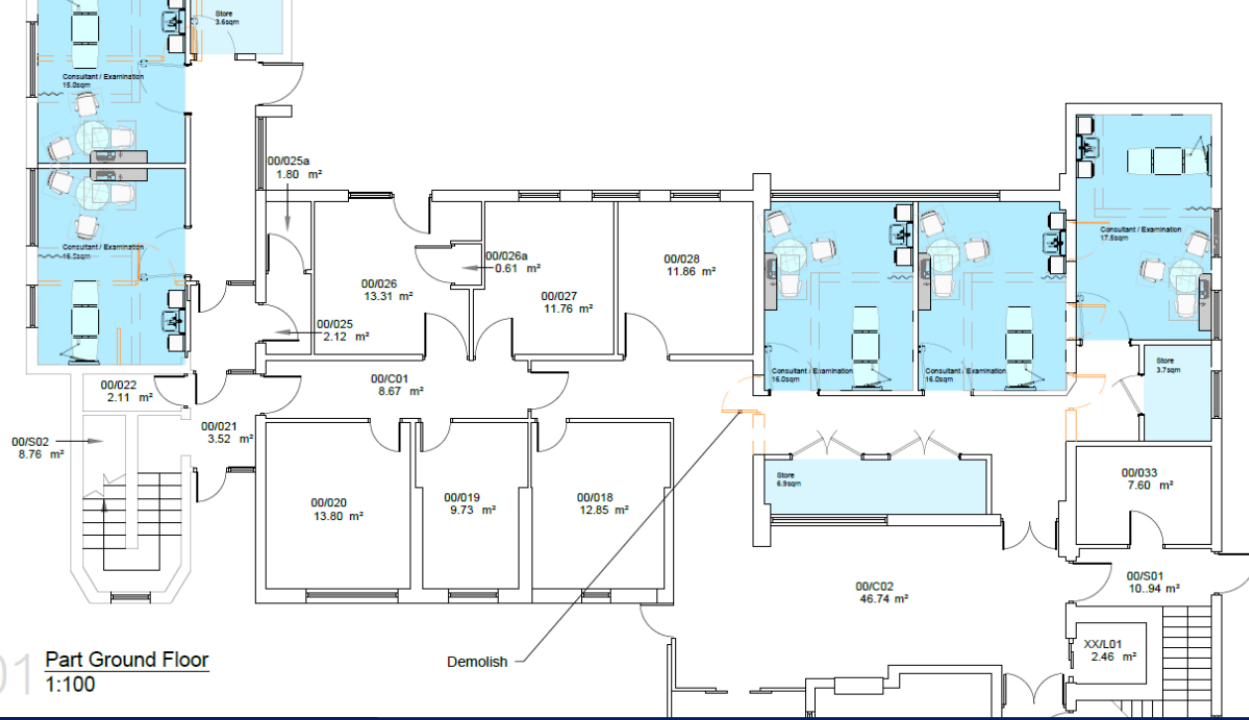
## Option 1

Relocation of the administrative functions on the ground floor of the Leighton Buzzard Health Centre to (soon to become) void space on the first floor. This would allow ground floor office space to be converted into 4 additional clinical rooms. This, combined with minor works already underway to convert another area of the Ground Floor, would result in a **total of 5 additional clinical rooms**. Under this option, the cost to the ICB of the of the void space would reduce, resulting in a small net saving.

Capital:  
£0.62m

Revenue:  
**Net saving of £25k pa for ICB\***  
(compared to BAU, reduction in void space costs)

Delivery time:  
**10 months\*\***



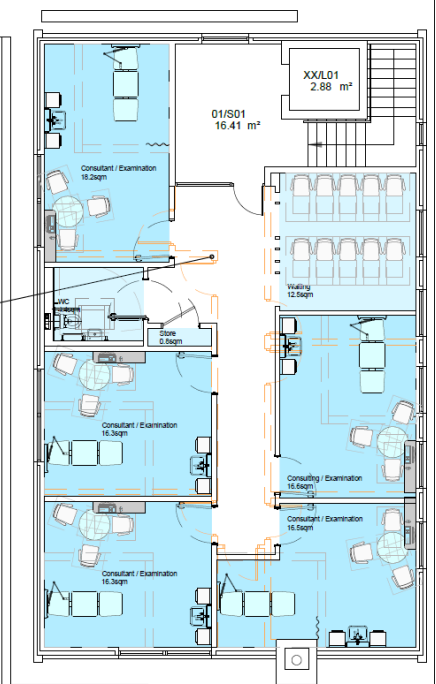
Capital:  
£1.28m

Revenue:  
**Net saving of £3k pa for ICB\***  
(compared to BAU, reduction in void space costs)

Delivery time:  
**17 months\*\***

## Option 2a

Similar to option 1, with the ground floor conversion works creating 5 clinical rooms. However, the administrative function currently on the ground floor would be moved to an off-site location. This would allow office space on the first floor to be converted to create a further 5 clinical rooms. In total this option creates **10 clinical rooms** (which correlates with the additional capacity assessed as required for the town based on detailed activity modelling) all located at the Health Centre.



\*Costs to ICB shown only. All options have additional costs for the PCN (Service Charges and Facilities Management costs)  
\*\*Delivery times based on indicative programmes at this stage.

# The options in detail

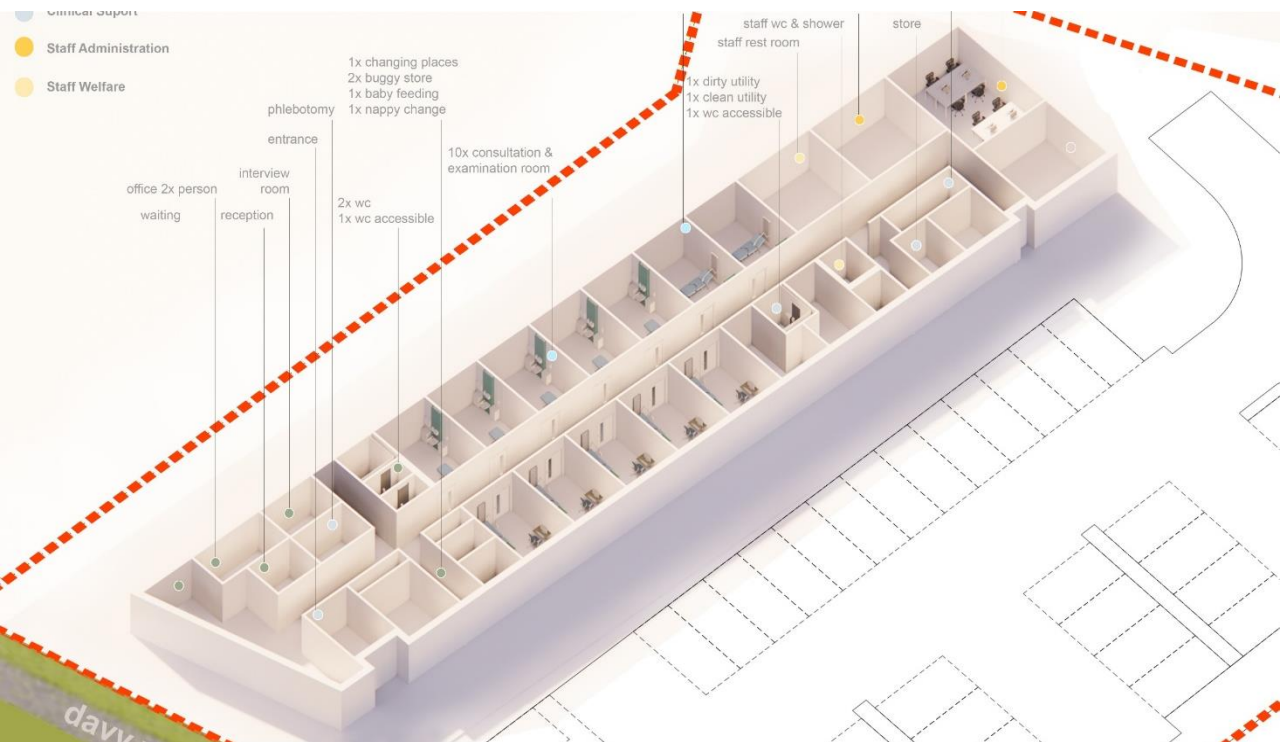
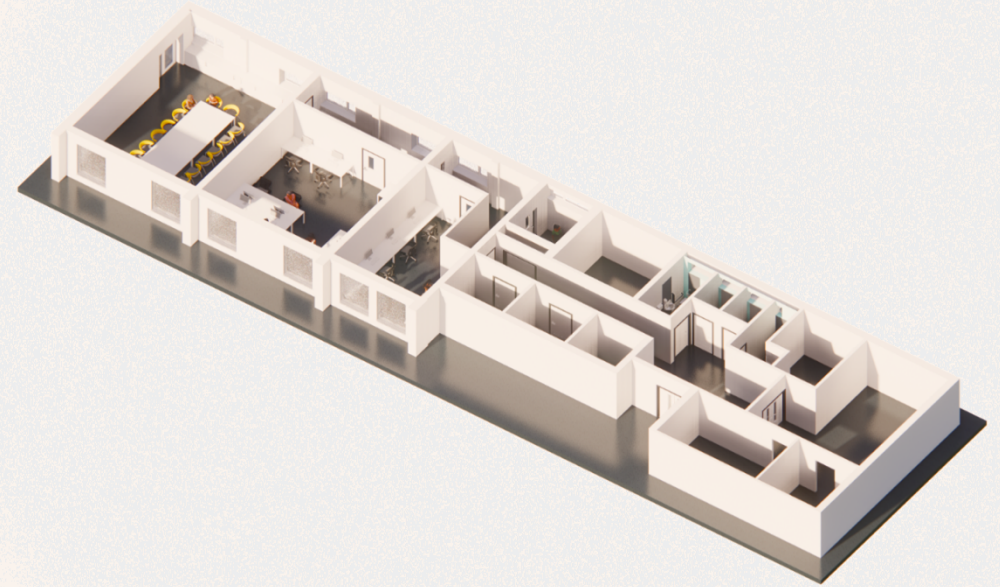
## Option 2b

Similar to option 2a, but the administrative function would be moved into void space in the ambulance station which would be converted into office space. This would improve the quality of the clinical model. Works to the health centre would be as detailed in option 2a where **10 clinical** rooms are created.

Capital:  
£2.89m

Revenue:  
Net saving of  
£10k pa for ICB  
(compared to BAU)

Delivery time:  
26 months



## Option 3

Creation of a **14 clinical room** new build on the preferred site of Clipstone Park. No changes would take place at the Health Centre site. The building would have dedicated car park at the front with space for mobile diagnostics to park.

The establishment of a new healthcare site within Leighton Buzzard significantly increases the revenue funding needed to run the new building.

Circa £2.55m capital could potentially be made available through the sale of Vandyke Road site if released by central Government to fund local care. This would not be sufficient to meet all development costs. If a third party were prepared to cover these capital costs, their investment is likely to need to be repaid through rental payments, for which there is currently no budget. This option would also very significantly increase running costs for the PCN.

Capital:  
£5.6m

Revenue:  
£198k pa

Delivery time:  
35 months

\*Costs to ICB shown only. All options have additional costs for the PCN (Service Charges and Facilities Management costs)  
\*\*Delivery times based on indicative programmes at this stage.

# Consideration of the options

**Development of the Business Case's options was an iterative and collaborative exercise using information provided by the ICB, clinicians delivering frontline services, the project team and drawing on feedback from representatives of the community.**

Each option has its own merits and challenges. The key points identified by the project are summarised on the right.

	Pros	Cons
<b>Option 0</b>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Failure to meet growing clinical demand.</li> <li>PCN unable to deliver planned service developments.</li> <li>Some under-utilisation of existing assets.</li> </ul>
<b>Option 1</b>	<ul style="list-style-type: none"> <li>Partial delivery of clinical model.</li> <li>Net financial saving to ICB (Revenue).</li> <li>Relatively fast deployment (subject to available funding).</li> <li>Improves VFM on existing assets.</li> <li>Best VFM option.</li> </ul>	<ul style="list-style-type: none"> <li>No capital budget identified, unless Vandyke Road is released.</li> <li>Unable to deliver full PCN clinical model, including full same-day access service.</li> <li>Lack of parking (whilst increasing activity on-site).</li> <li>May not meet patient/resident expectations.</li> <li>Doesn't maximise all available resources (e.g. Vandyke Road site).</li> </ul>
<b>Option 2a</b>	<ul style="list-style-type: none"> <li>Provides sufficient clinical space to enable delivery of clinical model.</li> <li>Improves VFM on existing assets.</li> <li>Net financial saving to ICB (Revenue), compared to BAU.</li> </ul>	<ul style="list-style-type: none"> <li>Separation of admin and clinical space compromises operational delivery.</li> <li>No capital budget identified unless Vandyke Road is released.</li> <li>Lack of parking (whilst increasing activity on-site).</li> <li>May not meet patient/resident expectations.</li> <li>Potential resistance from stakeholders regarding release of Vandyke Road to fund this solution.</li> </ul>
<b>Options 2b</b>	<ul style="list-style-type: none"> <li>Enables delivery of clinical model.</li> <li>Improves VFM on existing assets.</li> <li>Net financial saving to ICB (Revenue), compared to BAU.</li> </ul>	<ul style="list-style-type: none"> <li>No capital budget identified (likely to require release of Vandyke Road).</li> <li>Lack of parking (whilst increasing activity on-site).</li> <li>May not meet patient/resident expectations.</li> <li>Potential resistance regarding release of Vandyke Road to fund this solution.</li> </ul>
<b>Option 3</b>	<ul style="list-style-type: none"> <li>Enables delivery of clinical model.</li> <li>Provides additional capacity to future proof primary and community services.</li> <li>Enables space for potential mobile diagnostics and screening in the future.</li> <li>High quality clinical environment.</li> <li>Adequate parking.</li> <li>Increases choice of locations for accessing health and wellbeing services.</li> <li>Improves access for residents to east of the town meeting demand from housing growth.</li> <li>Whilst this may not meet all patient/resident expectations, this is likely to be the most acceptable option.</li> <li>Potential to engage in joint working with other public sector organisations.</li> </ul>	<ul style="list-style-type: none"> <li>Highest capital cost option with capital shortfall</li> <li>Requires significant revenue investment from ICB and PCN which is not currently available.</li> <li>Leaves existing assets poorly utilised (void space in health centre).</li> <li>This option offers poorest VFM to taxpayer.</li> <li>Potential for access challenges, for residents of west of the town (with limited public transport).</li> <li>Potential challenges around delivery mechanism.</li> <li>Option would take the longest to deliver.</li> </ul>



# Next steps

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**The OBC does not make a recommendation of a preferred option. Only one of the options has the potential to be viable and affordable at this stage and based on the resources available. This option is 2b – the reconfiguration of the health centre and the creation of new administrative space in the adjacent ambulance station – which would result in 10 additional clinical rooms to benefit patients from all three GP practices in the town.**

Each option has been rigorously investigated by the project team, who have in turn sought feedback from wider ICS stakeholders, the local PCN and the wider community in attempting to identify a preferred option.

However, all options have scored below 4.00 on the CIA model (the best practice benchmark for business cases) and whilst all have benefits to the delivery of care in Leighton Buzzard, all have constraints (largely financial) that inhibit the identification of a viable delivery path. Only one of the options has the potential to be viable and affordable at this stage and based on the resources available – Option 2b – but this is not without its risks and challenges, and would require agreement from central Government for the sale of the Vandyke Road site to achieve. The scale of the project would ultimately be dependent on the value of the net capital funding secured through the disposal of the site.

The project team has therefore chosen to present this OBC to the ICB for further consideration and to obtain an updated mandate in how the project should be progressed. The project team believe that it may be appropriate to carry out additional engagement with the community, their representatives and stakeholders regarding the best way forward from among the potential options that have been identified.





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