

# Consultation on the use of Joint Ventures to deliver primary care/joint premises





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# Preface

The Scottish Executive would welcome comments on this consultation paper which describes our proposals for the development of joint ventures to facilitate investment in Primary Care and joint premises developments. It has been prepared in advance of the drafting of legislation with the aim of receiving views from a wide cross-section of interested parties on the introduction and application of provisions which will give Scottish Ministers, and health bodies appointed by them, the powers to form and participate in forming companies to provide primary care/joint premises and services. Legislative changes will be required and will depend on a suitable legislative opportunity becoming available.

The consultation paper highlights specific issues on which the Scottish Executive would welcome views. If respondents wish to comment on other issues associated with the proposals made, they are of course free to do so. All comments on the consultation paper will be considered carefully and will assist the Scottish Executive in preparing the necessary legislation.

**The consultation period will last from 20 February 2004 until 14 May 2004.**

The Executive welcomes your views on any aspect of this proposal. **Please send in your responses by 14 May 2004 with a copy of the responsee information form.** This will help ensure we handle your response appropriately. An acknowledgement will be sent to you following receipt of your comments.

Responses should be addressed to:

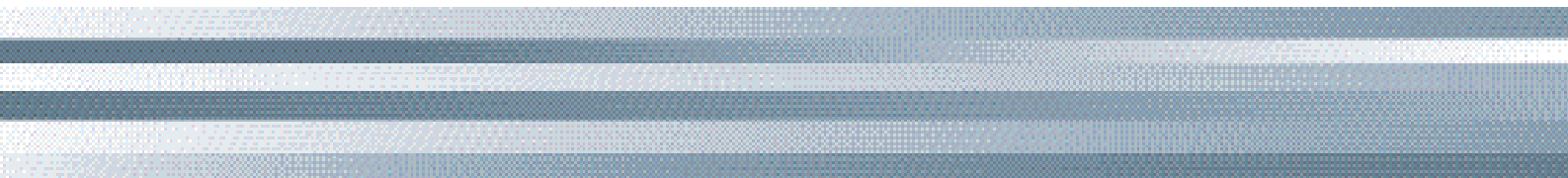
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Please note that copies of responses received will, as is normal practice, be made available to others, on request, unless respondents indicate that all or part of their response is confidential. In the latter case, the confidentiality of the response will be strictly respected. A summary of the responses will be made available on the Scottish Executive website.

This consultation document is also available on the Scottish Executive website at <http://www.scotland.gov.uk>

If you require this document in a different format please contact us at the above address or by email or telephone.



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# 1. Background

1.1 Improving public services and making a difference to the lives of people who use them are important challenges for the Scottish Executive, local government, NHSScotland, voluntary and community groups and other public bodies in Scotland.

1.2 In July 2003 the Short Life Working Group on Joint Premises Development, comprised of representatives of the NHS, Scottish Executive and Convention of Scottish Local Authorities (CoSLA), published and consulted on a report (a copy of which can be accessed at <http://www.scotland.gov.uk/library5/health/rslwg-00.asp>) which examined recent joint premises developments and made a wide range of recommendations aimed at promoting solutions and opportunities to progress joint premises development between local authorities and NHSScotland and other players in primary and community care.

## Why are we consulting and why now?

1.3 The consultation on the Report the Short Life Working Group on Joint Premises Development has recently concluded and the Executive would wish to continue the momentum in taking forward positive proposals to address the problems identified in the previous report and provide mechanisms to deliver improved public services.

1.4 In line with Executive policy, we are seeking views on these proposals in advance of considering any necessary legislative changes.

1.5 This consultation will build on the recommendations 20 and 21 of the Report of the Short Life Working Group on Joint Premises Development (in Table 1 below) and outline the Executive's vision of the scope of proposed powers and how they could be applied.

Table 1: Extract from the Report of the Short Life Working Group on Joint Premises Development

***“Recommendation 20 – Public Private Partnerships:*** *The Scottish Executive should introduce legislation that will enable Scottish Ministers, NHS bodies and contractors, local authorities and private sector providers to enter into Joint Venture agreements in order to make available another vehicle to support joint premises development. The first stage would be to consult on proposals.*

***Recommendation 21 – LIFT (Local Improvement Finance Trusts):*** *The Scottish Executive should consult within its proposals for Joint Venture Organisations such as LIFT on the basis that such arrangements offer flexibility for joint premises developments in community care under the umbrella of community planning partnership(s).”*

1.6 The recommendations detailed above built on earlier work undertaken in 2001 by the Scottish Executive Short Life Working Group on Primary Care Premises Development. This Group highlighted the changing nature of the primary care premises environment and recommended action to change systems and practice to reflect service change.

1.7 That Working Group recommended that the Scottish Executive develops and publicises innovative procurement options. As a consequence the Scottish Executive commissioned a report on procurement focussing particularly on the suitability of implementing NHS LIFT (Local Improvement Finance Trust), an initiative at that point under development by the Department of Health in England.

1.8 The report concluded that:

- traditional processes of funding investment in primary care facilities had not been adequate to fully address the need for investment;
- as demand for high quality, modern and multi-functional primary care facilities increased the appropriateness of current methods of funding would diminish and require a complementary mechanism for investment;
- in addition to the need for financing structure to support this investment, there was also a clear need to reinforce current mechanisms for premises planning and their alignment with service delivery plans;

- there was a need for greater flexibility in the provision of primary care premises and services and this must be recognised by any new investment vehicle;
- greater joint working between care providers leads to more premises which do not have a natural ownership home; and
- an appropriate mechanism is required to deliver more flexible tenure and occupation arrangements for users.

1.9 The Scottish Executive concluded that any successful solution should therefore concentrate on:

- developing capital planning into a long-term programme for overall infrastructure needs rather than a set of discrete procedures;
- strengthened and improved joint planning and joint working across sectoral boundaries;
- resolve existing barriers to joint working;
- offer flexibility of approach in the face of continuing change; and
- promoting staff (particularly GP) mobility through a more flexible series of leasing options.

1.10 In moving this agenda forward the Scottish Executive is committed to these principles and identified solutions should address all of these issues. In considering their response to this consultation paper, it would be helpful if respondents could put their responses in the context of these principles and findings.

## 2. What is the nature and scope of the powers being sought?

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2.1 We are seeking powers for the Scottish Ministers and Health Boards to form, or take part in forming companies, the objects of which would be to provide facilities (including the provision or use of premises, goods, equipment, materials, vehicles, plant or apparatus) to persons and bodies exercising functions under the National Health Service (Scotland) Act 1978. The Scottish Ministers and Health Boards should also be able to hold shares in such companies.

2.2 Such powers are being sought to address a number of issues centred around required future investment in primary care premises and, in a wider context, more effective joint working within the public sector. It is the Executive's belief that the application of these powers will greatly enhance the effective planning and delivery of client-focused primary and community care services that recognise the distinct needs of local communities across Scotland. This approach is entirely consistent with the principles and direction of travel established in the White Paper "Partnerships for Care" launched in February 2003.

2.3 It is our view that these powers should be available generally and could be used in relation to the provision of such facilities in any area of the health service, i.e. primary

care or secondary care (hospitals). Whilst it is not intended at present that it should be used for the latter, it seems an unnecessary and awkward distinction to exclude it given that so-called primary and secondary care involve a great deal of overlap.

2.4 On the basis of research and practical experience both in England and Scotland, the use of a company structure is seen as the most convenient vehicle in which to pursue joint ventures with private sector organisations.

2.5 The granting of such powers will allow Local Partnerships to enter into and invest equity in joint venture companies which will provide modern, fit-for-purpose facilities support effective service delivery. Equivalent powers already exist in respect of local authorities and the granting of such powers would therefore address a current imbalance in the opportunities/vehicles available to deliver statutory functions across the public services.

2.6 The context for such companies would be the support of a wide range of existing policies, including specifically the extension of joint working arrangements across the public sector and between the public and private sectors.

2.7 It is intended that under these provisions the role and function of companies will be limited to the provision of facilities and allied services which enable the delivery of modern and effective primary and community care by healthcare and allied professionals. This approach underpins joint premises developments within the context of defined functions and flexibilities in the Community Care and Health (Scotland) Act 2002.

#### Consultation Point 1

1. Comments are welcomed on the scope and definition of the proposed powers in paragraphs 2.1 and 2.3.

#### Consultation Point 2

2. Comments are sought on how the formation/operation of joint ventures established under such powers should be regulated by Scottish Ministers.

#### Is private investment in primary care premises new?

2.8 **No.** The involvement of the private sector in funding the development of primary care healthcare facilities is not new. GPs and General Dental Practitioners have raised funds for the development of facilities and services and more recently some private sector organisations have already entered into partnering agreements with GPs to develop new facilities.

2.9 Around half of Scotland's GPs are currently either in leased or rented accommodation or are owner-occupiers. Where they own their property, they are reimbursed their financing costs and in leased accommodation, their rent and

rates. Changing attitudes and uncertainty as to the property's future value, particularly in remote and rural areas, has meant that fewer GPs are willing to purchase their properties. Like GPs, dentists are also responsible for providing their own premises. Concerns about the value of their properties on retirement and the risk of negative equity have also resulted in fewer General Dental Practitioners investing capital in their own properties and dentists are often based in private premises leased for Community Health purposes or in Health Centres. Investment in primary care premises at the moment tends to be fragmented and services are delivered through individual, relatively opportunistic developments.

#### Would this replace public sector investment?

2.10 **No.** This is an additional vehicle for investment. Public sector investment will still continue but can be targeted at areas where joint ventures may not be appropriate. In the last 4 years, The Scottish Executive has invested £51m to support over 100 community projects to improve premises. The Executive remains committed to a programme of sustained development in primary care premises.

#### Will joint ventures be the only model available for delivery of primary care/joint premises developments?

2.11 **No.** The Executive recognises that the joint venture model is one of a number of available methods for delivering improved services and that its use will not be applicable in all circumstances. Current delivery models will still be available.

## 3. How will joint ventures operate?

3.1 The development of joint ventures is a new solution to the investment needs of primary care/joint premises developments. Over the last few years, the public sector in Scotland has successfully developed public private partnerships for the provision of much needed facilities such as hospitals and schools but little has been done in the primary care estate.

3.2 The recent consultation exercise on the Report of the Joint Premises Working Group showed support not only for additional investment but also the availability of a wider range of delivery models to support such investment. The proposed application of joint venture model is not universal and would not be established to meet all primary and community care requirements in Scotland. The Executive would agree with respondents to the previous consultation that the joint venture model would only be used in appropriate circumstances, i.e. where there is a viable proposition that satisfies value for money criteria.

3.3 Public capital will continue to fund primary care provision and may be used in those areas where joint ventures are not appropriate. The establishment of joint ventures as proposed in this paper would allow those independent contractors who wished to invest in their premises the opportunity to do so whilst providing rental opportunities as an alternative. Premises would be provided as part of a strategic plan to meet defined service needs within an area and deliver “joined-up services” through a whole systems planning approach.

3.4 Having explored a number of options and approaches, the Executive believes, for reasons set out below, that a company limited by share capital is the most appropriate joint venture vehicle to deliver the scale and type of investment required. Consideration will be given to comments received on alternative models that address all of the benefit criteria set out in Section 1.9 above.

3.5 With any commercial enterprise, viability is the key concern. Evidence suggests that the minimum level of capital investment required in a joint venture of this type for initial developments is in the order of £20m.

### Consultation Point 3

We are seeking views on the application of Community Planning Partnerships and their planning processes as vehicles to establish joint premises developments delivered by joint ventures.

### Strategic Planning and a Whole Systems Approach

3.6 The local partners to the joint venture will develop Strategic Plans which will describe the strategy to be adopted for the investment in primary care/joint premises for a defined population possibly, but not necessarily Health Board area(s), such planning arrangements will be required to demonstrate the full support of the stakeholders.

3.7 The Strategic plans will be required to demonstrate that there is a need for change, describe the vision and show how the establishment of a joint venture will contribute to the delivery of the vision, demonstrate that the plans are affordable and demonstrate the requirements of the long-term strategic private partner.

3.8 The Community Planning process provides a framework for the better delivery of public services. Planning services in partnership and involving the community in that process should result in improved public services which better meet the needs of the communities who use them. Our proposals for the establishment of joint ventures are founded on the basis of a shared long-term strategic vision for the needs of local communities.

3.9 The Local Government in Scotland Act 2003 provides the statutory background for community planning and ensures there is consistency about how community planning is implemented throughout Scotland. Under the Act local authorities are required to “initiate, maintain and facilitate” a process by which the public services in an area are planned and provided following consultation among all the public bodies and relevant community bodies in their area. The aim of community planning is to draw together all community interests in an inclusive way to plan services and the Act places a duty on certain public bodies, including Health Boards, to participate in the community planning process. This involves joint planning, resourcing, managing and delivery of services to all community care groups. This may result in joint premises initiatives from which to deliver the service modernisations.

#### Consultation Point 4

Views would also be welcomed on methods to ensure that all appropriate stakeholders are fully engaged in the planning process.

#### Consultation Point 5

There are a large number of possible sizes and boundaries for joint ventures (recognising that there has to be a viable critical mass of capital investment). Comments are welcomed on the appropriate coverage and size of joint ventures.

#### What will joint ventures deliver?

3.10 A joint venture will supplement current investment in the estate and will build and refurbish premises which it will own. It will rent accommodation to public sector bodies and independent contractors on a lease basis. It will also, however, offer the potential for independent contractors or groups of independent contractors to become part-owners, and as shareholders, the NHS, other public bodies and independent contractors, will have a key role in determining where investments are made.

#### What will happen to profits made by the joint venture?

3.11 Parties to the joint venture will share in any profits generated. Such profits can then be reinvested in defined services including healthcare. Direct investment in the joint venture need not be a long-term commitment as its shares can be sold. This provides independent contractors with flexibilities which current arrangements do not permit.

## 4. Structuring the joint venture model

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4.1 It is recognised that a joint venture could take a number of forms including a contractual arrangement between principal parties, a not-for-profit distribution organisation (a trust or company limited by guarantee), or a company limited by share capital.

4.2 In considering the possible structure, recognition has been given to the:

- proposed role of the joint venture;
- associated risks borne by the entity in performing its role;
- involvement of a private sector entity or entities in the joint venture; and
- ability of the joint venture to invest in PPPs and its ability to obtain a return compatible with its risk exposure.

4.3 Given the aims of accelerating investment in primary care facilities and supplementing the level of public capital planned to be invested in primary care infrastructure, a company limited by share capital is considered the most appropriate vehicle to deliver on these objectives. Why is this the case?

### Features of a company limited by share capital

4.4 A company limited by share capital has the following characteristics in this context:

- a clear corporate vehicle in which defined activities can be undertaken;
- financial liabilities of principal parties to the joint venture are limited (effectively to the share capital they hold);
- a recognised framework within which to operate PPPs;
- contractual agreements and obligations are clearly established through shareholders' agreements and memorandum and articles of association;
- contractual arrangements are standardised and there are simplified payment streams; and
- direct interest by the NHS (and independent contractors) will mean they have a key input to planning and decision making.

### Performance and Mitigation of Risks

4.5 All companies are exposed to risks and the joint ventures proposed are no different in this regard. Joint ventures could fail to meet objectives, generate lower than expected returns for shareholders or, in an extreme case, become insolvent.

4.6 In recognising these key issues and risk factors prior to inception, joint ventures and companies, more generally, can be structured and operated in such a way that can substantially mitigate such risks. Actions that can be taken include:

- reduction of third party liabilities including avoiding/limiting the need for third party debt;
- employment of staff through contracting for resources from other bodies, i.e. NHS through secondment or framework agreements;
- ensuring stakeholder involvement in the design and delivery of facilities and associated services; and
- establish appropriate management information systems (financial and performance).

#### What happens to the profits of joint ventures?

4.7 As with profits made by any private company, these are either paid out to shareholders as dividends or reinvested in the company in pursuit of its objectives. The proposal made here differs from traditional PFI/PPP schemes in that the public sector has a shareholding in the company and therefore shares in the profits made. Public sector shareholders are therefore free to re-invest profits back into the delivery of services.

#### Consultation Point 6

Comments are welcomed on any aspect of the proposed structure of joint ventures as companies limited by share capital.

#### Consultation Point 7

Please provide views on possible governance arrangements for those in the public sector acting as directors of joint venture companies.

#### Consultation Point 8

If you consider that there are alternative models that you would propose that satisfy the benefit criteria established, please detail your proposals as regards structure and governance arrangements.

## 5. NHS LIFT

5.1 One possible joint venture model examined by the Short Life Working Group on Joint Premises for application in Scotland was NHS LIFT. Recommendation 21 of the Report of the Short Life Working Group on Joint Premises recommended that any further consultation should consider the LIFT model. This section of the consultation paper will outline the LIFT model and seek views on its application in a Scottish context.

5.2 NHS LIFT is an initiative designed to encourage greater integration of service delivery within the primary and community care sector in England. Its aim, as stated in the NHS Plan for England, is together with public capital, to lever investment of £1bn into the primary care estate. The joint venture model has been applied at both a national level and at a local level.

5.3 The LIFT approach is based on the development of Strategic Service Delivery Plan (long-term joint service strategies), agreed by local partners and a private sector partner, which sets out a vision for the development of primary and community care services to be supported by the joint venture. The model links property requirements with a service strategy for the local health economy. This in itself is a progressive step, but the involvement of the private sector partner in planning future estates requirements to meet that strategy, as well as in managing and delivering services, are key changes introduced by the LIFT approach. This is transforming the

way that investment in primary care is being managed and delivered.

### National Level Joint Venture

5.4 At the national level a joint venture, "Partnerships for Health", was established between the Department of Health (DoH) and Partnerships UK plc (PUK).<sup>1</sup> The structure of Partnerships for Health is graphically represented in Annex A.

5.5 The national joint venture established by the DoH and PUK has the following functions:

- enabling investment;
- supporting local stakeholders in reaching agreement with a private sector partner; and
- investing, alongside local stakeholders, in the LIFT for the locality.

### Local LIFT Companies

5.6 LIFT (Local Improvement Finance Trusts) are companies limited by share capital in which the private sector, the Department of Health and the local coalition of NHS interests become shareholders with rights to a seat on the board and an entitlement to share in the profits which can then be reinvested in improved delivery of services. The relative shareholding of local LIFT companies is as follows:

- local health economy stakeholders (20%)
- private sector partner (60%)
- national joint venture "Partnerships for Health" (20%).

<sup>1</sup> PUK is the successor to the Treasury Taskforce, established in June 2000, to continue the Taskforce's role as the Government's focal point for public private partnerships (PPPs) across the public sector. PUK is itself a PPP, with 49% ownership by HM Treasury and the Scottish Executive, and 51% by a range of private sector interests. PUK's remit is to work exclusively for the public sector and the public interest.

5.7 Local health economies bringing forward schemes under NHS LIFT are generally based on existing Health Authority boundaries. They will have an integrated and co-ordinated health service strategy for the area and its population, and identified service requirements (and related facilities requirements) to be met under the proposed LIFT scheme. The typical structure of the local LIFT Co. is replicated at Annex A. The principal functions of the LIFT are to:

- plan future estates service requirements, to meet the care service objectives and needs of the local community;
- implement agreed investments;
- deliver agreed services; and
- receive payment for delivering investments and services to agreed standards.

5.8 The joint venture company invests over a defined period in a rolling programme of premises modernisation in a specific geographical area. All the public sector partners in this area establish a "Strategic Partnering Board" to identify and agree the local community's needs and requirements that could be provided by the joint venture company. This is then developed as a Strategic Service Development Plan (SSDP). Local authorities have been involved to varying degrees across the 62 projects to date from investors to end users who lease accommodation.

5.9 A competitive procurement process is run to identify a private sector partner to join in the LIFT and become the long-term

partner to deliver investment and services to cover the care needs of the locality's whole population (as defined in the SSDP), over the life of a long agreement.

5.10 Examples of services provided by the LIFT, alongside the on-going planning and liaison on existing and future requirements, include:

- investment in new one-stop health centres, providing an integrated range of primary and intermediate care services;
- leasing premises to individual primary care service deliverers (including independent contractors), on terms that can respond/adapt to changing requirements over time; and
- management of the facilities provided, such as maintenance over the whole life of the assets, providing all energy and utility requirements, potentially cleaning and equipping premises.

#### Consultation Point 9

Comments are welcomed on the suitability of the LIFT model for roll out in Scotland?

#### Consultation Point 10

Are there any unique conditions in Scotland that would merit variation in the model adopted in England? If so, what would these variations be?

#### Consultation Point 11

Comments are welcomed specifically from the private sector currently involved in LIFT as to their likely interest in a Scottish LIFT and what changes, if any, they propose?

### What benefits will this approach deliver?

5.11 The NHS LIFT approach has identified a number of key benefits for stakeholders. The main benefits identified are shown in Diagram 1 below.

Diagram 1 Benefits Promoted Through the NHS LIFT Model



## 6. Next steps and timetable

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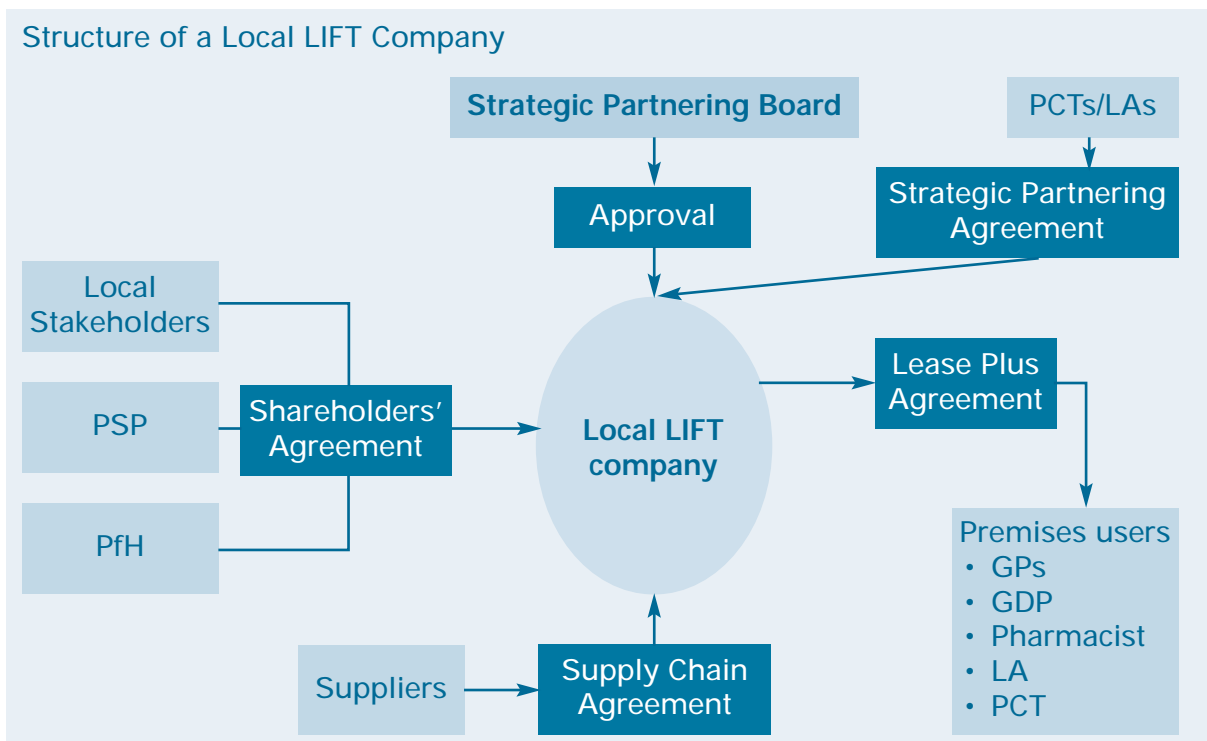
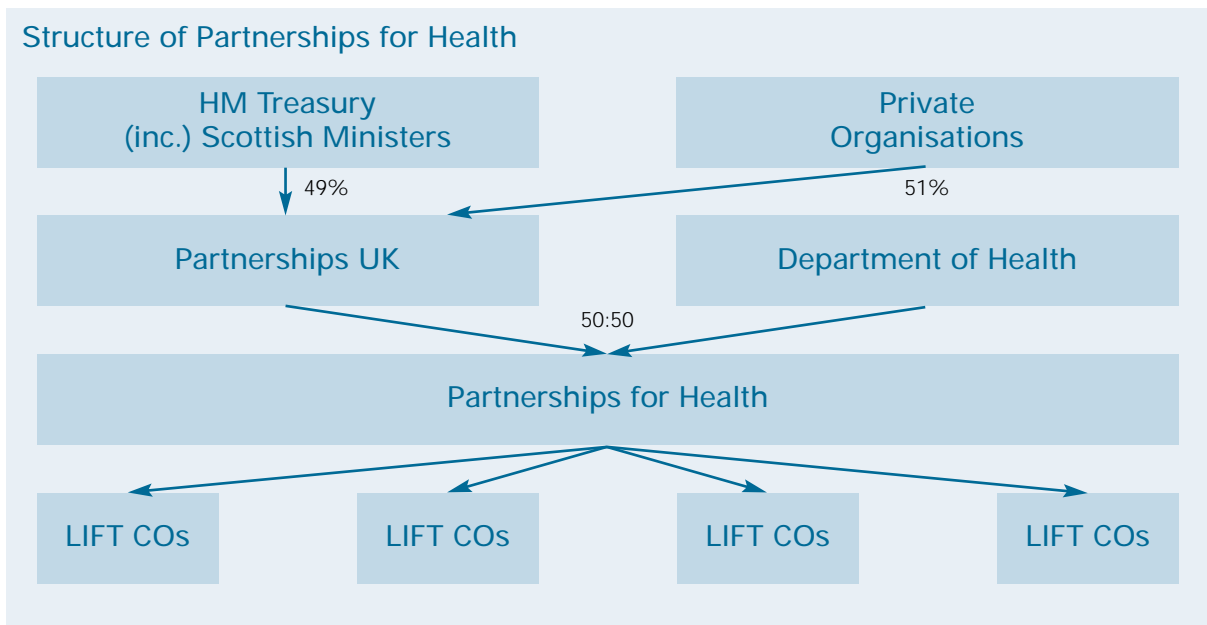
6.1 The Report of the Short Life Working Group on Joint Premises recommended that legislation should be introduced to allow Scottish Ministers and NHS Boards (for whom legislative powers do not exist) to create and participate in joint venture agreements as a vehicle to support joint premises development.

6.2 The results of the consultation exercise on that report have been broadly supportive of the principle of developing joint ventures within the context of joint premises development. This consultation paper develops further the Executive's thinking regarding the scope of proposed powers, a possible model that could be applied as well as seeking views on the possible application of the NHS LIFT model in a Scottish context.

6.3 The scope of organisations covered by this consultation is deliberately wide. This approach reflects not only the importance of this issue but also the desire of the Executive to base such developments on a whole systems approach.

6.4 Views expressed by respondents will be considered carefully in the drafting of appropriate legislation and in the development of joint venture model(s) once legislation is in place.

# Annex A



# List of Consultees

NHS Boards  
NHS Trusts  
NHS/Local Authority Estates & Planning Officers  
Community Planning Partnerships  
Special Health Boards  
Mental Welfare Commission  
Central Legal Office  
Local Health Councils  
Local Authorities  
Department Committee Liaison Officer  
Scottish MEPs  
The British Library  
Copyright Libraries  
Scottish Executive Library  
SPICe  
Scotland Civic Forum  
Scottish Council for Voluntary Organisations  
Voluntary Issues Unit  
WRVS  
Voluntary Health Scotland  
SECTA  
Scottish Public Services Ombudsman  
Scottish Joint Consultants Committee  
Department of Health  
Institute of Healthcare Management  
HFMA  
Medical Research Council  
Association of Directors of Social Work  
Audit Scotland  
Scottish Users Network  
BASW Scotland  
The Scottish Community Care Forum  
Convention of Local Authorities  
Scottish Partnership Forum  
RCN Scotland

Law Society of Scotland  
The Institute of Chartered Accountants in Scotland  
Insolvency Practitioners Association  
Pharmaceutical Liaison Group  
Royal Pharmaceutical Liaison Society of Great Britain  
Scottish Pharmaceutical General Council  
Scottish Joint Consultants Committee  
Academy of Royal Colleges & Faculties  
Royal College of Psychiatrists  
Royal College of Physicians of Edinburgh  
Royal College of Physicians & Surgeons of Glasgow  
Royal College of Midwives  
Royal College of General Practitioners  
Royal College of Nursing  
British Medical Association  
British Dental Association  
National Board for Nursing, Midwifery & Health  
Visiting in Scotland  
COSLA  
General Medical Council  
UNISON  
GMB  
Transport & General Workers Union  
Amicus  
Scottish Trade Union Congress (STUC)  
Equal Opportunities Commission  
DRC Helpline  
CRE Scotland  
Disability Action Scotland  
Medical & Dental Defence Union  
Scottish Funding Councils for Higher & Further Education  
Addictions Manager, Greater Glasgow  
NHS Board

## Private Sector

Skanska Construction Group  
Oxford Magnet Technology  
Taylor Woodrow Developments  
United Medical Enterprises Ltd  
ABN AMRO Bank NV  
Bank of Ireland  
Dresdner Kleinwort Wasserstein  
Financial Security Assurance (UK) Ltd  
Heleba  
Irinisfree Limited  
Investec Bank UK Ltd  
M & G House  
MBIA Insurance Corp  
SCRA  
Shepherd & Wedderburn  
Partnerships UK  
Miller Ventures  
RMJM Scotland  
McLure Naismith  
Morrison Facility Management  
Price Waterhouse Coopers  
Anderson Strathern WS  
Bucknall Austin  
Dundas & Wilson  
Cornelius McClymont Architects  
Keppie Designs Ltd  
Grampian Enterprise  
Morven South Giat  
Fishers Services  
Young & Gault  
Deloitte & Touche  
Bullen Consultants  
GJW Scotland  
Lovells  
Reiach & Hall Architects  
Eversheds Solicitors  
James Walker (Leith) Ltd  
Hunter & Partner  
Morgan Sindall  
Apollo Capital Projects  
Equion Plc  
Carillion Prime Partnership  
The William Pears Group  
Chiltern Securities Ltd  
Quintain Estates & Development Plc  
Bradford & Northern Group  
CMC Group  
Midas Head Office  
Matrix Securities Ltd  
General Practice Investment Corporation  
Scotland Ltd  
Ernst & Young  
KPMG  
Halifax Bank of Scotland  
Barclays Bank PLC  
Barclays Private Equity Limited  
British Linen Bank Ltd  
Charterhouse Bank Limited  
Deutsche Bank AG London  
European Investment Bank  
Lombard North Central Plc  
Ballast Wiltshier  
Alfred McAlpine Construction Ltd  
Amec Construction Scotland Ltd  
Babcock & Brown  
Balfour Beatty Construction  
Barr Holdings Ltd  
Jetro  
HBG Construction  
Jardine Construction Services  
John Laing Construction  
John Mowlem & Company Plc  
Primary Healthcare Centres Ltd  
Morrison Construction  
Raynesway Construction  
Scottish Construction Industry Group  
Tarmac Services  
Babtie Group  
Civil Engineering Construction Association  
Scotland  
Cuthbertson Environmental Ltd  
Hyder Consulting Ltd  
Institute of Civil Engineers  
Keller Group Plc

Laing Hyder  
 Trinity Medical Properties  
 Mott MacDonald  
 Parkman Ltd  
 Pell Frischmann Group  
 Scott Wilson Kirkpatrick  
 PMP Plus Ltd  
 Abbey National Treasury Services  
 Barclays Capital  
 Capital Data  
 Capital Value & Risk Ltd  
 Hyder Investments  
 Matrix Securities Ltd  
 Noble & Company Ltd  
 The Portfolio Partnership  
 (Association of) Scottish Chambers of  
 Commerce  
 Canmore Partnership  
 CCTA  
 CIBC Woodgundie Oppenheimer  
 Gehe UK  
 Entech UK Ltd  
 J & H Marsh & McLennan (UK) Ltd  
 Jet Risk Solutions Ltd  
 Montague Evans  
 Northern Developments Co  
 CBI  
 Qualye Munro Ltd  
 RMD  
 Norton Rose  
 Bovis Lend Lease (Scotland) Ltd  
 Constain Group Plc  
 Sir Robert MacAlpine  
 Securicor Plc  
 Laing Investments  
 Scottish Council Development & Industry  
 Stuart Milne Group  
 Chesterton  
 Malkyn Capital  
 Barnett Alexander  
 Biggart Baille Solicitors  
 Hammend Suddards  
 Ledingham Chalmers  
 MacRoberts Solicitors  
 Masons  
 McGrigor Donald  
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 Confederation of British Industry Scotland  
 Prime Plc  
 RIAS  
 Bull Information Systems  
 Capital Project Consultancy  
 Faithful & Gould  
 Gordon Medical Investments  
 British Health Enterprise  
 MPM Capita Ltd  
 Group 4 Falck Global Solutions Limited  
 Jarvis Primary Health Ltd  
 Galliford Try Plc  
 Infracare Fujitsu  
 Ryhurst Limited  
 Eric Wright Group  
 Clarson Goff Management  
 The Mill Group Limited  
 Mount Anvil Healthcare  
 The Vinden Partnership  
 Jones Lang Lasalle UK  
 Robertson Group  
 Sewell Group PLC

# The Scottish Executive Consultation Process

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Consultation is an essential and important aspect of Scottish Executive working methods. Given the wide-ranging areas of work of the Scottish Executive there are many varied types of consultation. However, in general, Scottish Executive consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body. Consultation exercises may involve seeking views in a number of different ways, such as public meetings, focus groups or questionnaire exercises.

Typically, Scottish Executive consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the area of consultation, and they are also placed on the Scottish Executive website ([www.scotland.gov.uk](http://www.scotland.gov.uk)), enabling a wider audience to access the paper and submit their responses. Copies of all the responses received to consultation exercises (except those where the individual or organisation requested confidentiality) are placed in the Scottish Executive library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh EH11 3XD, telephone 0131 244 4552).

The views and suggestions detailed in consultation responses are analysed and used as part of the decision-making process. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented.

If you have any comments about how this consultation exercise has been conducted, please send them to:

Scottish Executive  
Consultation Exercise  
PFCU  
Basement Rear  
St Andrew's House  
EDINBURGH  
EH1 3DN

# Consultation on the use of Joint Ventures to deliver primary care/joint premises

## Respondee Information Form

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Please complete the details below and attach it with your response. This will help ensure we handle your response appropriately:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Title of consultation: Consultation on the use of joint ventures to deliver primary care/joint premises

1. Are you responding as:

An individual

On behalf of a group or organisation

2. Do you agree to your response being made public (in SE library and/or on SE website)?

Yes

No

Where confidentiality is not requested, we will publish your full response including your name (and address, where provided).

If you do not wish for these personal details to be published, please tick this box:

Are you content for the Scottish Executive Enterprise, Transport & Lifelong Learning Department to contact you again in the future for consultation purposes?

Yes

No

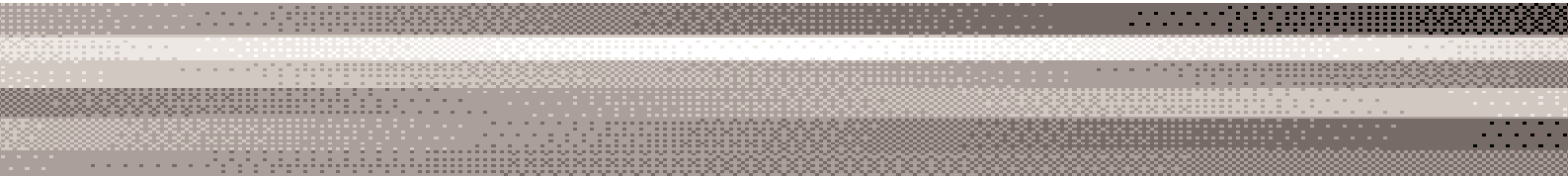
# Response Form

| Consultation Points   | Comments |
|---|----------|
| <p>1. Comments are welcomed on the scope and definition of the proposed powers in paragraphs 2.1 and 2.3.</p>   |          |
| <p>2. Comments are sought on how the formation/operation of joint ventures established under such powers should be regulated by Scottish Ministers.</p>   |          |
| <p>3. We are seeking views on the application of Community Planning Partnerships and their planning processes as vehicles to establish joint premises developments delivered by joint ventures.</p> |          |

| Consultation Points   | Comments |
|---|----------|
| <p>4. Views would also be welcomed on methods to ensure that all appropriate stakeholders are fully engaged in the planning process.</p>  |          |
| <p>5. There are a large number of possible sizes and boundaries for joint ventures (recognising that there has to be a viable critical mass of capital investment). Comments are welcomed on the appropriate coverage and size of joint ventures.</p> |          |
| <p>6. Comments are welcomed on any aspect of the proposed structure of joint ventures as companies limited by share capital.</p>  |          |

# Consultation on the use of Joint Ventures to deliver primary care/joint premises

| Consultation Points  | Comments |
|--|----------|
| <p>7. Please provide views on possible governance arrangements for those in the public sector acting as directors of joint venture companies.</p>  |          |
| <p>8. If you consider that there are alternative models that you would propose that satisfy the benefit criteria established, please detail your proposals as regards structure and governance arrangements.</p> |          |
| <p>9. Comments are welcomed on the suitability of the LIFT model for roll out in Scotland.</p>   |          |



| Consultation Points   | Comments |
|---|----------|
| <p>10. Are there any unique conditions in Scotland that would merit variation in the model adopted in England? If so, what would these variations be?</p>                               |          |
| <p>11. Comments are welcomed specifically from the private sector currently involved in LIFT as to their likely interest in a Scottish LIFT and what changes, if any, they propose?</p> |          |

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