

NHS GRAMPPIAN
Infrastructure Investment

Board Meeting 04 04 19 Open Session Item 11
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Denburn Health Centre and Northfield Surgery Replacement

1. Actions Recommended

The Board is asked to:

- Approve the Outline Business Case (OBC) for the investment in facilities to support the redesign and modernisation of primary and community care services in Mastrick, Northfield (Aurora) & Denburn Development Project, and
- Authorise the Chairman and Interim Chief Executive, on confirmation of Scottish Government approval of the OBC, to purchase the preferred site at a value not to exceed £0.65m and to commit design fee costs and other essential site investigations and enabling works up to a total value not to exceed £0.5m (£0.3m previously approved at Initial Agreement (IA) stage plus an additional £0.2m) in advance of Full Business Case approval

2. Strategic Context

The Asset Management Plan (AMP), approved by the Board in June 2017, sets out a programme of investment in infrastructure linked to NHS Grampian's Clinical Strategy and supporting the strategic theme of delivering high quality care in the right place through providing safer, effective and sustainable services.

The matters outlined for Board approval in this paper relate to planned investment in infrastructure, consistent with our strategic themes that will deliver:

- improvements in patient experience and environment (person centred),
- improved access, quality and efficiency of key diagnostic processes (effective), and
- a reduction in the level of backlog risks and enhance statutory compliance (safe).

3. Key matters relevant to recommendation

Following approval of the Initial Agreement (IA) in March 2018, the Board was invited by the Scottish Government Capital Investment Group (CIG) to prepare an Outline Business Case (OBC) which is now presented to the Board for approval. The OBC:

- Identifies the preferred option,
- Demonstrates that the preferred option delivers value for money and is affordable, and
- Sets out the supporting commercial and management arrangements to successfully implement the preferred option.

There is one further stage in the business planning process to be completed prior to commencement of construction of the new facility - the preparation of a Full Business Case (FBC). This is expected to be presented to the Board for approval in October 2019.

3.1 Drivers for Change

The strategic assessment for the project includes the following key drivers for change which remain consistent with those outlined in the Initial Agreement:

- the delivery of integrated Primary and Community Care Services (PCCS) focused on the needs of the local community,
- continued growth in the population in the Green Belt areas away from the City Centre,
- poor condition of the current Denburn Health Centre premises in the City Centre of the Central Locality means the building is unfit for purpose, with a limited period of operational use, and limited life of the Northfield and Mastrick premises with no further expansion space,
- decant of all other services from the Denburn Health Centre to the Health and Care Village, Frederick Street, City Centre in the Central Locality,
- destabilisation of the practice as current facilities do not enable the service to progress the transformational change required to further modernise and enhance service delivery, and
- securing the provision of General Medical Services (GMS) for existing communities, specifically Northfield and Mastrick in the Central Locality.

3.2 Changes in underlying assumptions

Subsequent to the approval of the Initial Agreement, the following assumptions underlying the case were revisited:

3.2.1 Mastrick Clinic

The IA assumed the eventual closure of Mastrick Clinic. However, a review of Public Dental Service (PDS) provision has highlighted the need to retain PDS services at Mastrick Clinic in order to ensure access for the local community in the short to medium term pending a strategic review of Dental Services for Aberdeen City. The Integration Joint Board (IJB) is, in liaison with Aberdeen City Council Community Planning Partnership and NHS Grampian, progressing a review to determine the various options to ensure that both the building and the site, given its strategic location, is most effectively utilised, in the longer term, for the benefit of the local community.

3.2.2 General Medical Services Coverage

One of the key aims set out in the Aberdeen City Health and Social Care Partnership's Strategic Plan (2016-19) is to ensure services are provided at a community or locality level where it is more effective or efficient to do so. In order to achieve this there is a need to match capacity to the growing demand for services across the City by "rebalancing" the current distribution of service provision, which is heavily weighted towards the City Centre.

The analysis of health needs that supports the preferred option was informed by the demographic composition of the patient lists, practice deprivation profile, distribution of the practice population, population health trends and disease prevalence, and a review of the number of displaced patients living in the communities of Northfield, Mastrick and Cornhill who access General Medical Services elsewhere in the City.

Current recruitment and retention difficulties in General Practice, in some cases leading to practice closure, and a slower than expected natural realignment of the wider patient list across the City mean there is now a risk that the anticipated shift in patient registration does not happen as quickly as anticipated. In order to mitigate this risk and to ensure continuation of access to GMS services for the affected communities, the Aberdeen City Health & Social Care Partnership have recently agreed a 7 year transitional plan. As part of this plan the Denburn/Aurora Medical Practice Grouping has agreed to establish a satellite branch located centrally at the Aberdeen Health and Care Village. This branch will have an anticipated patient list size of 5,000 consisting mainly of residents of the city centre and further and higher education students currently accessing services at the Denburn Health Centre.

The main reason for these transitional arrangements is to mitigate the drop in the availability in GMS provision in other areas of the city, while alternatives are developed. These arrangements do not directly affect the need for development of services as described in the preferred option but rather are indicative of a wider issue affecting General Practice and the need to react flexibly to ensure access. .

3.3 Service Model

The key aspects of the proposed service model are summarised as follows:

- A triage and video consultation Hub to ensure a no appointment backlog service for patients and incorporating facilities to support training.
- Enhanced use of technology and diagnostic services to build on the Dr First model, diagnostic pods, attend anywhere, telemedicine, telephone consultation and screening.
- An asynchronous care model making full use of email consultation.
- Co-location of all practice and aligned staff e.g. community nursing, allied health professionals and social services professionals.
- Clinicians and professionals share flexible and adaptive clinical space and bookable multi-purpose rooms with facilities for visiting services. There will be a single integrated reception area, shared administration space and staff facilities, a waiting area that is flexible and can be used by the community in the evenings and weekends.
- Support for clinicians to use the Clinical Guidance Internet for PCCS.
- Electronic record storage
- Improved integrated working between health and community care teams to impact on reducing unplanned admissions to hospital through a greater anticipation of need and increasing the ability to provide specialist planned care closer to home.
- Redesign of care pathways to improve access to PCCS and a more integrated and community based approach to supporting those with Long Term Conditions.
- The roles of Primary Care Mental Health Workers, Link Workers, Physician Associates and an integrated model of working with Social Work Care Management will be extended and embedded in the new service delivery model.
- Integrated care management (e.g. Virtual Ward Rounds) to provide support in the community to people with the most complex medical and social needs to reduce unplanned admissions and delayed hospital discharge for the +75s.
- Joint working with local Pharmacies delivering the Extended Pharmacy Role.

The project also provides opportunities to further explore the development of services in the following areas:

- primary prevention activities to meet the specific needs of a population within an area of deprivation (e.g. immunisations),
- secondary prevention activities that begin to reduce health inequalities (e.g. screening programmes, alcohol reduction programmes and mental health support),
- to create the right environment for change (e.g. investing in new technology, targeting information to address the health profile of the population, creating community space and supporting health choices for staff, patients and the community accessing the space),
- people with Long Term Conditions account for 50% of all GP appointments so the project provides an opportunity to embed programmes to promote self-management, person-centred care and shared decision-making, and
- further develop Link Workers and this will ensure that the wider resources in the community will be maximised as part of an integrated health and care system.

3.4 Physical Infrastructure to support the service model

3.4.1 Preferred Option

The preferred option remains to build a single new integrated centre for the delivery of health and care services at a suitable site close in proximity to the existing services in the communities of Northfield and Mastrick.

This will be a purpose built facility with a schedule of accommodation designed to maximise utilisation of space and encourage increased community access through flexible use of the buildings.

The innovative design will include a custom-built triage and video consultation hub, shared clinical space, multipurpose bookable rooms, hot-desking facilities for other partner organisations, electronic records, additional sessional clinics and targeted public health programmes and shared service areas (e.g. waiting rooms, receptions and joint staff facilities). This will create the basic infrastructure platform to enable the practice to further develop extended delivery models including the triage hub and introduce new ways of working by extending the use of technology-enabled care, improving efficiency to ensure no appointment backlog and a same day service for patients.

In addition, the new facility will allow the service delivery model to be enhanced to include access to additional support sessions from a range of professionals in health, care and welfare support services to better support patients to direct their own care and self-manage their health and wellbeing, where appropriate e.g. supported by the link worker to self-refer to other support services.

3.4.2 Preferred Site

Following a site option appraisal a preferred site has been identified at Greenferns. The site is within an area zoned, in the Aberdeen City Development Framework, for mixed community provision. It is located close to the newly built Heatheryburn and Orchard Brae Schools. Aberdeen City Council have confirmed a willingness to sell the site to the Board in order to facilitate the project. The Board are asked to approve a “not to be exceeded” budget of £0.65m for purchase of the site to include all related fees and surveys.

3.5 Financial Case

3.5.1 Capital Costs

The total estimated capital cost of the preferred option is £8.1m (inclusive of VAT and fees), including land purchase, enabling works and a provision for moveable equipment. This investment will deliver a facility to support the preferred service solution based on the current practice list size. The intention is to design the building to allow future expansion of up to 50% of the current capacity to be built on at a later stage.

The capital costs will be financed partly from NHS Grampian’s formula capital allocation (£5m) supplemented by additional capital funding of £3.1m allocated specifically to support the project by the Scottish Government Health Finance Directorate

Board members should note that the Frameworks Scotland contract model is designed to mitigate construction risk on large capital projects through effective “up front” design planning. In order to maintain momentum on the programme by utilising available capacity within the design team (and of key personnel working on the project) the Board are asked to approve purchase of the land at the preferred site in Aberdeen at a cost not to exceed £0.65m and to commit to design and site preparation/enabling works, not to exceed £0.5m (£0.3m previously approved at IA stage plus an additional £0.2m), in advance of final approval of the FBC.

3.5.2 Revenue Costs

The innovative approach to be adopted in the use of the accommodation will result in a net reduction in the overall footprint and it is anticipated that revenue running costs of the buildings will be managed within existing resources. It is assumed that any development in services for patients arising as a consequence of the development will be met within existing resources.

3.6 Procurement

In December 2018 the Board agreed to progress the project using the National Framework Scotland 2 contract for construction schemes and approved the appointments of a Principal Supply Chain Partner (PSCP) or main contractor and independent cost advisors for the project.

The PSCP works closely with the project team throughout the project approval process i.e. Outline Business Case (OBC) and development of Full Business Case (FBC) and is the lead construction contractor throughout the design, construction and commissioning phases of the project.

3.7 Project Management Arrangements and Timescales

A project governance structure has been established for this project using a programme and project management approach (PPM). The following table provides indicative timescales for completion of key milestones for delivery of the project

Initial Agreement Approved by CIG	March 2018
Outline Business Case approval by the Board & CIG	May 2019
Final Business Case approval by the Board & CIG	December 2019
Land Purchase Concluded	May – August 2019
Commence construction	January 2020
Completion of new facility/occupation	May 2021

4. Risk Mitigation

Approval of the recommendations, as outlined, will assist in ensuring that the needs of the population served by the practice are met and that the existing backlog maintenance is addressed through disposal of the current Denburn practice.

5. Responsible Executive Director and contact for further information

If you require any further information in advance of the meeting please contact:

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Additional supporting information:

Outline Business Case for the Investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services in Aberdeen City.