1. Actions Recommended

The Board is asked to approve the following recommendations:

**North Corridor Primary and Community Care Services**

- Approve, for submission to the Scottish Government Capital Investment Group (CIG), the Initial Agreement for the investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services to serve the populations of the North of Aberdeen City and Central Aberdeenshire (North Corridor Project).

**Denburn Health Centre Replacement**

- Authorise the Board Chairman and Interim Chief Executive, on the recommendation of the Programme Board, to appoint a Principal Supply Chain Partner and independent cost advisors for the project and to commit fees for site investigations and initial design planning to a maximum of £300,000 pending approval of the Outline Business Case (OBC).

- Note the change in recommended procurement route to utilise the National Framework Scotland 2 approach rather than the Hub process.

**Royal Cornhill Hospital**

- Approve a revised budget of £2.45 million in order to deliver the works programme at Fraser Ward in Royal Cornhill Hospital and delegate authority to the Board Chairman and Interim Chief Executive to agree a target price with Kier, the appointed Principal Supply Chain Partner (PSCP) or main contractor for this stage of the project.

- Note the final outcome of the project to reduce self-harm risks in Huntly Ward, that favourable feedback has been received from staff and service users and the impact of incorporating the revised scope in to the plans for the remaining five Acute Mental Health assessment wards at Royal Cornhill Hospital.

- Note the option appraisal process underway within Moray to determine the most effective model for the future delivery of mental health services, currently provided in Ward 4 at Dr Gray’s Hospital, and the intention to submit a separate proposal for approval at a future meeting of the NHS Grampian Board.
Woodhill House

- Authorise officers to prepare, in liaison with Aberdeenshire Council, a detailed case, in line with the process laid out in the Scottish Government’s Capital Investment Manual for the re-location of the main administrative offices in Aberdeen to Woodhill House.

- Note the findings and conclusions from the recent space utilisation study covering the main administrative offices in Aberdeen and the decision by the Senior Leadership Team (SLT) to establish formal governance arrangements, including a dedicated Programme Board, to oversee implementation of smarter working principles;

- Note the work ongoing with the Aberdeenshire Council to formalise the existing right of pre-emption on the Woodhill House site that has been granted to the Board in order to secure the site for health use in the longer term.

2. Strategic Context

The Asset Management Plan, approved by the Board in June 2017, sets out an ambitious programme of investment in our 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 the following benefits:

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

3. Key Matters Relevant to Recommendation

3.1 North Corridor Primary and Community Care Services

As part of the “pipeline” of schemes which the Scottish Government will support under the revenue HUB initiative, NHS Grampian was asked to develop proposals for the modernisation of primary care facilities supporting new and emerging communities in the North of Aberdeen City and in areas of Central Aberdeenshire. Revenue support funding equivalent to £19m of capital investment has been allocated to support the project which is being progressed under the oversight of a Programme Board, co-chaired by the Chief Officers of Aberdeen City and Aberdeenshire Integration Joint Boards.

Following an extensive health planning exercise to inform agreement on a proposed service model for the affected localities (Blackburn, Newmachar, Balmedie, Bucksburn and Dyce) the Initial Agreement, which represents the first phase of the business planning process, is now complete and is presented to the NHS Grampian Board for approval.
The Initial Agreement is intended to:

- establish the case for change and strategic fit with NHS Grampian's corporate/service strategies and with national and regional policies and priorities
- clearly identify the desired outcomes from the proposed project
- provide stakeholders with an early indication of the preferred way forward

Following approval of the Initial Agreement the two subsequent phases of the business planning process will involve the development and approval of Outline and Full Business Cases.

The preferred option is to develop a new integrated community service model on a single site to further integrate General Medical Services (GMS), wider Primary and Community Care Services (PCCS) and Treatment and Diagnostics in community settings in the North Commuter Belt. The facility will be designed to maximise utilisation of space and encourage increased community access through flexible use of the buildings, including evening and weekends and will include IT infrastructure to support a digitally connected model of care to improve access for patients residing in communities across the Corridor.

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/s 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.

A full appraisal of available sites will be undertaken at OBC including site accessibility, transport links and further stakeholder engagement with local communities. It should be noted that a two site option scored very closely to the single site option and may become the Preferred Way Forward (PWF) should a suitable single site not be available in the required location.

A summary of the Initial Agreement is presented in Appendix 1.
3.2 Denburn Health Centre Replacement

In February 2018 the Board approved the Initial Agreement for the investment in facilities to support the redesign and modernisation of Primary and Community Care services in Aberdeen City. Work is ongoing to finalise the Outline Business case which will now be presented to the Board for approval in February 2019. The total planned investment is £8.1m (£5m met from NHS Grampian’s formula capital allocation and an additional £3.1m provided as a specific allocation from the Scottish Government).

The planned procurement route identified in the Initial Agreement was to contract with Hub North of Scotland Ltd, as part of the national exclusivity arrangements covering construction contracts for physical alterations or new build community premises. In subsequent dialogue with Hub North of Scotland Ltd and Scottish Futures Trust, NHS Grampian has exercised the right to suspend the exclusivity agreement and seek to progress the scheme using the National Framework Scotland 2 procurement route.

The Framework approach involved a mini competition to appoint a Principal Supply Chain Partner (PSCP) from a list of organisations previously appointed to the National Framework following a full EEC tendering process led by Health Facilities Scotland. This process is now complete and a preferred contractor has been identified as a PSCP.

The appointed PSCP will be required to support NHS Grampian through the project approval process i.e. Outline Business Case (OBC), development of Full Business Case (FBC) and throughout the design, construction and commissioning phases of the project.

A separate exercise, again using a mini competition to select from a previously procured National framework, to appoint an independent project cost advisor has also recently been completed. The cost advisor will support the Board providing an independent view at each stage of the project.

The first task for the PSCP will be to develop the building designs and produce robust project cost estimates sufficient to allow the Board to approve the Outline Business Case in February 2019. It is estimated that an initial outlay in fees payable to the PSCP and the Board’s cost advisors to support the work involved in this stage will be £0.3m. Provision has been made in the Board’s infrastructure programme to cover these initial fee costs in 2018/19.

3.3 Royal Cornhill Hospital

In June 2017, the Board received an improvement notice from the Health and Safety Executive (HSE) requiring action to reduce the environmental ligature risks within the in-patient wards at Royal Cornhill Hospital (RCH). In October 2017 the Board approved a programme of works aimed at reducing the risk of self-harm in the six Mental Health Acute Admission wards at RCH and one ward at Dr Gray’s Hospital, being the areas assessed where the patient population is at highest risk of self-harm.
Stage 1 - Upgrading of Huntly Ward at RCH

To maintain capacity for Acute Mental Health assessment and to minimise the impact on the service, it was agreed first to upgrade the empty Huntly Ward as an essential enabling step. The work was completed in September 2018 and the service became operational in the upgraded accommodation during October 2018.

The original scope of the agreed works programme was to remove identified ligature points but also included other improvements aimed at reducing the risk of self-harm such as replacement beds and other items of furniture, such as wardrobes and cabinets and installation of low risk electrical sockets and light fittings. Additional work was also required as a condition on the building warrant such as installation of additional fire precaution measures in the corridors and dining and dayroom areas of each ward and an upgrade to the main fire alarm panel for RCH.

However, as work progressed, the engagement of staff and service users in the final design and outcome for the ward resulted in a number of essential changes to the initial scope. Consequently the final cost of the work was £1.66m compared to the initial estimate of £1.3m. The key changes in scope are summarised below:

- The nature of the work required was invasive and patients in neighbouring wards found the noise and general disruption associated with the construction activity unsettling. For this reason, the construction activity was rescheduled to reduce the amount of time on site from 8 hours per day to 4 hours per day, extending the programme by 3 months and with a consequential increase to project costs.

- Some communal areas and certain types of finishings/fittings were excluded from the initial works programme on the basis that they were low risk and there were adequate processes in place to ensure effective management of the risks associated with self-harm. Subsequent advice from HSE was that all communal areas should be included in the required improvements to the physical environment and fittings and finishings should be consistent throughout the facility, again with a consequential impact on programme and cost.

The finished ward, incorporating these changes, has been well received by staff and service users alike and provided valuable learning to inform the design and delivery of the planned future programme. The finished ward is now recognised as an exemplar NHS Scotland facility.

One of the key learning points from the work undertaken on Huntly Ward was the need to minimise the impact of the noise and general disruption associated with the construction activity on patients occupying neighbouring wards. Accordingly the programme has been reorganised to allow the construction works in future phases to be completed two wards at a time (top floor and bottom floor). Fraser Ward is located immediately below Huntly Ward and is therefore the next ward to be upgraded. This work will be progressed in a single stage.
Stage 2 - Upgrading of Fraser Ward at RCH

In June 2018, Kier Group were appointed as the main contractor to progress the programme within the remaining Acute Mental Health Assessment wards. Work is nearing completion on an updated target cost for the next stage of the project, to complete the works in Fraser Ward at RCH. An extensive consultation with both staff and service users was undertaken following completion of the works in Huntly Ward and this information has been used to inform planned works programme.

The following scope changes have been incorporated in the plans for Fraser Ward:

- Repositioning of service voids – ground floor ward requires strengthening of load bearing walls.
- Additional En suite – improve patient experience to prevent queuing for showers – feedback from staff and services users on Huntly Ward.
- Install additional fire dampers – essential to comply with current fire code and to obtain building warrant.
- Noise suppression dampers – programme assumes construction work will be able to continue for 8 hours per day with suitable noise suppression
- Replacement electrical distribution board and rewiring of ward - judged essential by technical advisors,
- Interview rooms for clinical consultations and family visiting – essential to ensure privacy and adhere to principles of Mental Health Act for respect and dignity – required to be retrofitted to Huntly Ward
- Informal staff rest area – essential for wellbeing of staff and again had to be retrofitted to Huntly ward.

The anticipated project cost for this revised scope is £2.45 million. There are a number of areas under review and subject to value engineering, such as the requirement to re wire the ward, which if not required will reduce this cost considerably. In order to meet the timetable agreed with the HSE however, it is necessary to ensure that the work commences in early January and to facilitate this, the Board are asked to approve a not to be exceeded budget of £2.45 million, for the upgrading of Fraser Ward and to delegate authority to the Chairman and Interim Chief Executive, on the advice of the Director of Finance and the Programme Board to agree a final target price with the PSCP to progress this stage of the project.
Future Stages

Following agreement on a final target price for Fraser Ward, a costed programme to deliver Dunnottar and Fyvie Wards and then Muick and Davan Wards will be presented to a future meeting of the NHS Grampian Board for approval.

With regard to Ward 4 at Dr Gray’s hospital, the Moray Integration Joint Board have commissioned an option appraisal process to determine the most effective model for the future delivery of mental health services, currently provided in Ward 4 at Dr Gray’s Hospital. A separate proposal for the Moray service will be presented for approval at a future meeting of the Grampian NHS Board.

3.4 Woodhill House

To inform planning around future requirements for office accommodation, the Senior Leadership Team (SLT) commissioned a space utilisation study focusing on the main administrative offices in Aberdeen, including Summerfield House, Ashgrove House and Westholme. The results of the study were presented to the SLT on 13 November with an overview of the utilisation of each location noted below:

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<th>No. of Workstations used on Avg.</th>
<th>Peak Utilisation</th>
<th>No. of Workstations used at Peak</th>
<th>Peak Time</th>
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<tr>
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<td>72.7%</td>
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</tr>
<tr>
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<td>38.0%</td>
<td>35</td>
<td>53.8%</td>
<td>50</td>
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<tr>
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</table>

The SLT agreed to establish formal governance arrangements, including a dedicated Programme Board, with the remit to oversee implementation of smarter working principles.

The outcome of this survey also, in part, informs recent dialogue with Aberdeenshire Council regarding the potential to utilise surplus office accommodation at Woodhill House in Aberdeen. Additionally, NHS Grampian along with the University of Aberdeen are engaged in dialogue with the Council to formalise the existing right of pre-emption on the Woodhill House site in order to allow flexibility securing this site for health use over the long term.

Co-location at Woodhill House offers the prospect of creating a public sector hub with Aberdeenshire Council adjacent to the Foresterhill Campus (formerly was part of the Foresterhill Campus). It also creates a catalyst for a new modern working environment and facilitate the rationalisation of office accommodation.
The Board is asked to note the opportunity for co-location and to authorise the SLT to evaluate the available options, in liaison with Aberdeenshire Council, and for a detailed case to be prepared in line with the process laid out in the Scottish Government’s Capital Investment Manual.

4. Risk Mitigation

Approval of the recommendations as outlined will assist in mitigating Strategic Risk 855 by ensuring that we implement an asset investment, disposal and backlog maintenance programme or redesign of service provision to reduce dependence on physical buildings. Failure to progress will result in existing infrastructure not able to support our objectives for future patient care.

5. Responsible Executive Director and contact for further information

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

<table>
<thead>
<tr>
<th>Responsible Executive Director</th>
<th>Contact for Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Gray</td>
<td>Garry Kidd</td>
</tr>
<tr>
<td>Director of Finance</td>
<td>Assistant Director of Finance</td>
</tr>
<tr>
<td><a href="mailto:alangray@nhs.net">alangray@nhs.net</a></td>
<td><a href="mailto:garry.kidd@nhs.net">garry.kidd@nhs.net</a></td>
</tr>
</tbody>
</table>

Date 23 November 2018

Additional supporting information:

Initial Agreement for the Investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services in the North Corridor (see summary at Appendix 1).
Appendix 1: Summary of North Corridor Initial Agreement

**North Corridor Primary and Community Care Services**

The Initial Agreement is the first phase in the business planning process for the project. The Initial Agreement describes the strategic context within which the proposed investment will take place and to establish the position of the project in relation to NHS Grampian’s overall organisation and service strategies. Following approval of the Initial Agreement the two subsequent phases of the business planning process will involve the development and approval of Outline and Full Business Cases.

The Initial Agreement aims to:

- Establish the case for change and strategic fit with NHS Grampian’s corporate/service strategies and with national policies and priorities
- Clearly identify the desired outcomes from the proposed project
- Provide stakeholders with an early indication of the preferred way forward

**Background**

NHS Grampian (NHSG), Aberdeen City Integration Joint Board (IJB) and Aberdeenshire IJB have worked together to identify the investment in infrastructure required to support the transformation of Primary and Community Care Services (PCCS), referred to as the North Corridor Programme. This will deliver on commitments to develop purpose built health and care facilities enabling the redesign of services to meet the anticipated increase in demand. The investment will ensure the sustainability of service delivery in the North Commuter Belt for the populations residing in communities including and between Blackburn, Newmachar, Balmedie, Bucksburn and Dyce highlighted on the map below.
Summary of Strategic Case

The Strategic Case explores the case for change and concludes that the proposal is necessary and fits with the NHS Grampian Clinical Strategy and 2020 vision, IJB Strategies, National and Regional Strategy and the new General Medical Services (GMS) Contract.

The key Investment Objectives for the project are to;

- Develop a patient focused service model to meet future service demand and demographic challenges across the boundaries of Aberdeen City HSCP (North) and Aberdeenshire HSCP (Central).
- Providing a flexible and adaptable space to allow for new and innovative models of care, anticipating that this would attract workforce to the area.
- Improved patient access to general medical services, and other primary care and enhanced services provision across the Aberdeen City HSCP (North) and Aberdeenshire HSCP (Central) population.
- Provide a safe and adaptable working environment that supports health and wellbeing for staff and patients.
- Purpose-built estate to deliver new integrated model of care at locality level, with adaptability to meet the future demands and new ways of working, improving the physical quality and age of the healthcare estate in line with the NHSG AMP.
- Improve patient experience by ensuring that they receive access to the most appropriate service at the most appropriate time.
- Support an efficient integrated service delivery model that promotes sustainability and provides opportunities for collaborative cross sector working.
- To enable patient access to appropriate treatment and diagnostic services in the community, shifting the balance of care from acute to the community and at home.
- Allows the development of service arrangements that support the delivery of an enhanced model of PCCS leading to improved patient experience.
- Delivers a wider enhanced range of PCCS across the Aberdeen (North) and the Aberdeenshire (Central) Localities that include increasingly advancing technological solutions.
Case For Change

The Strategic Assessment for the project takes account of the following drivers for change:

(i) The delivery of integrated PCCS focused on the needs of the local community, shifting the balance of care from acute to the community setting, taking pressure off Aberdeen Royal Infirmary (ARI) and the Aberdeen Health and Social Care Village.

(ii) Continued expansion of communities in the North Commuter Belt putting significant pressure on general medical and other primary care services across the three corridors: Bucksburn to Blackburn (Corridor 1), Bucksburn/Dyce to Newmachar (Corridor 2), Bucksburn/Dyce to Balmedie (Corridor 3).

(iii) Lack of provision in the North Commuter Belt – Newmachar, Balmedie and Blackburn, with these communities largely accessing services in Aberdeen City practices.

(iv) Poor condition and/or lack of expansion space at the current premises (Gilbert Road Medical Practice, Dyce Medical Centre and Bucksburn Clinic) in Aberdeen (North) means that the buildings cannot meet the infrastructure needs to support the future delivery of PCCS to those localities.

(v) Ensure the sustainability of General Medical and other essential primary care Services for existing communities and capacity to respond to future demand, by creating the right environment to recruit and retain staff, in particular workforce planning and space for training and development, particularly to deliver on the commitments set out in the new GMS Contract.

(vi) Changing demographics, an aging population and an ageing workforce leading to challenges recruiting to clinical and professional roles required to support that population.

Assumptions Underlying the Case for Change

1. Economic Landscape and Impact on Spread of Housing Development

While the rest of the UK economy is recovering from the 2008 Economic Downturn, Aberdeen had been experiencing a decline of its own due to the drop in the price of oil\(^1\). The movement of oil and gas workers out with the City has had an impact on new housing developments with build out rates being revised in the Local Development Plan (LDP) as house builders have experienced a notable slowdown in the completion of each phase of live housing developments as units sell at a significantly slower rate than initial projections. Planning assumptions have been updated in line with the revised targets set out in the Aberdeen City and Shire Strategic Development Plan (SDP).

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\(^1\) Community Planning Aberdeen ‘Local Outcome Improvement Plan’ (2016-2026)
2. Succession and Service Sustainability

A number of the practices that service the North Corridor population are experiencing or anticipating issues with the recruitment and retention of staff, projected retirement rates across General Practice and Community Nursing and the ongoing challenge in securing locum staff to fill vacancies across Aberdeenshire and Aberdeen City. This issue is not unique to the North Corridor, and is reflected across the wider north of Scotland, but is compounded by significant growth predicted in the LDP.

3. Population Demographic and Impact on Health and Social Care

An assessment of the build out rates in the SDP show increasing demand across the North Corridor over the next 10-20 years and although there has been a slowdown of housing developments, there remains a significant impact with an estimated 23,225² additional patients projected by 2035.

Changes in the population demographic include a population that is living longer, low birth rates, changing family structures and high levels of inward migration. There is an increasing rate of people presenting with multiple morbidities in the general population and the ageing population with more complex and Long Term Conditions (LTC).

Based on Practice Registrations reported data, the following conditions are most prevalent in the North Commuter belt population; Hypertension, Depression, Asthma, Diabetes, Coronary Heart Disease, Chronic Kidney Disease, Cancer, Stroke, Transient Ischaemic Attack (TIA), Chronic Obstructive Pulmonary Disease (COPD), Atrial Fibrillation, Heart Failure, Peripheral Arterial Disease, Dementia, Rheumatoid Arthritis and Mental Health.

4. Clinical Service Provision

Approximately 13,000 patients in the North Commuter Belt reside in Aberdeenshire (Blackburn, Newmachar and Balmedie) and regularly access General Medical Services in Aberdeen City Practices (Scotstown Medical Group, New Dyce Medical Practice and Gilbert Road Medical Group).

Aberdeen City and Aberdeenshire Health and Social Care Partnerships (HSCP’s) are actively working together to redesign PCCS to improve access and ensure sustainability of services and to maximise opportunities to deliver Secondary Care Services in a community setting where evidence shows improved outcomes, including the delivery of joint outcomes of the NHSG Elective Care Programme (Community Treatment and Diagnostic Hubs).

² Figures taken from Draft Housing land Audit, calculations of projected patients based on 2.3 patients per new build.
5. State of Physical Premises

The Gilbert Road Surgery, New Dyce Health Centre, Bucksburn Clinic and the Brimmond Medical Practice surgery have functional suitability issues that hamper implementation of the future model of integrated health and care services which embraces flexible working and development of new professional roles. In addition there is limited space to expand the existing buildings to cope with the projected future growth in demand or to increase the educational and training opportunities necessary to encourage local recruitment and retention, required to grow the staffing complement not only for GPs but also in a number of other key clinical roles.

6. Spread of Population and General Practice Boundaries

One of the key aims set out in the respective Aberdeen City and Aberdeenshire HSCPs Strategic Plans (2016-19) is to ensure services are person centred to enhance independence and well-being in their own communities. 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 and ensure access to the right professional at the right time.

Service Model

The Project Group engaged in an extensive review and option appraisal process, involving consultation with key stakeholders. The first step in this process was to agree the model of service necessary to meet the health and care needs of the population of patients within the North Commuter Belt. This exercise was informed by the demographic composition of the patient lists, practice deprivation profiles, distribution of the practice populations, population health trends, disease prevalence and demand on care services, as well as a review of the number of patients living in the communities of the North Commuter Belt and where they access their services.

The outcome was agreement to develop an innovative model that builds on the concept of a health village and includes the following key attributes :-

- GMS Provision to Include a Triage Hub\(^3\), led by GPs with Advanced Nurse Practitioners (ANPs), Physiotherapists and other Primary Care roles as first Point of Contact where appropriate.

- An integrated model of working to include :
  - Shared and flexible hot desking space for management, administration and support services
  - Co-location of clinicians, and all practice and aligned staff who will share flexible and adaptive clinical space and bookable multi-purpose rooms with facilities for visiting services

\(^3\) The triage hub will allow for patients to be seen by the most appropriate person at first point of contact, such as Advanced Nurse Practitioners, Musculoskeletal Physiotherapy Services or Pharmacotherapy Services which will assist with the implementation of the New GMS Contract.
- Open plan hot desking space for Nursing, Allied Health Professionals (AHPs), and Social Care management to allow for integrated working across all services

- Shared staff space including staff room, kitchen and toilets

- Shared reception and waiting room for all services

- Encourage community use and ownership

- Technological solutions including:
  - Virtual Consultation, e.g. Attend Anywhere / Near Me, with telephone consultation and screening, all consulting rooms to have the necessary IT Connectivity, as well as one larger multi-purpose space that can be used for various attend anywhere / near me clinics
  - Diagnostic Surgery Pod\(^4\)
  - Paper Lite and move to electronic records
  - Opportunity to explore Point of Care Imaging/Testing e.g. X Ray, Ultrasound and D-Dimer
  - Opportunity to explore Virtual Consultation space within Aberdeenshire Communities
  - Flexibility for a changing environment

- Treatment and diagnostic services in the community setting including Phlebotomy, Point of Care Testing and Minor Injuries

- Training and Development facilities

- Public Dental Service

The above service model will:

- Assist with the implementation of the new GMS Contract by; providing clinical space for specialist roles such as Clinical Pharmacists, Advanced Nurse Practitioners (ANPs), phlebotomy and other primary care roles; and multi-purpose space which could be used for centralised vaccination service.

- Promote preventative care and self-management, as the building will have multi-purpose space that can be used by third sector as well as the community at evenings and weekends.

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\(^4\) A diagnostic surgery pod will allow for self-monitoring and early intervention of various things such as blood pressure, weight/ BMI, alcohol consumption levels and smoking in which abnormal readings can trigger automatic alerts to the GP to follow up with the patient.
• Improve integrated working between primary 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.

• Allow for the redesign of care pathways to improve patient access to PCCS and a more integrated and community based approach to supporting those with Long Term Conditions.

• Provide opportunities to deliver Acute Outreach Clinics in the north community by Community Geriatrician Consultants, Clinical Psychologists and other Acute Sector Consultants.

• Enable development of Outreach clinics in Aberdeenshire communities, which can be part of new services implementation of the new GMS Contract

• Enable development of Virtual Wards.

• Enable more collaborative working with two local universities.

• Create pathways for GP, Nurse and other primary care roles to assist with workforce challenges.

• Enable a re-balancing’ of the Public Dental Service in Aberdeen (North) and Aberdeenshire (Central) to ensure those eligible can have access to appropriate provision whilst maximise the capacity of Independent Dental Services in Aberdeen City (North) and Aberdeenshire (Central) Enable joint contingency planning across Aberdeen (North) and Aberdeenshire (Central).

Optional Appraisal

An initial ‘Long List’ of options for the associated physical infrastructure required to support this service model was then developed. Each option was scored against the Investment Objectives and refined down to a ‘Short List’ of 5 options that were taken forward to the next stage for detailed consideration. The ‘Short Listed’ Options are summarised below:

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<th>Option</th>
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<td>B</td>
<td>Do Minimum Option</td>
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<tr>
<td>C</td>
<td>One-site options with GMS and Enhanced Services</td>
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<tr>
<td>D</td>
<td>Two-site option with GMS and Enhanced Services either shared or duplicated,</td>
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<td>E</td>
<td>Two-site option with GMS and Enhanced on one site and GMS only on second site</td>
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The **Preferred Way Forward** is to develop a new integrated community service model on a single site to further integrate General Medical Services (GMS), wider Primary and Community Care Services (PCCS) and Treatment and Diagnostics in community settings in the North Commuter Belt. The model will include IT infrastructure to support a digitally connected model of care to improve access for patients residing in communities across the Corridors.

Location options will be further appraised at OBC stage to determine if there is an appropriate and accessible single or dual location to site services.

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, including evening and weekend usage.

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 including Third Sector, 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/s 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.

**Deliverability of Site Models**

The option appraisal has determined that the site location is key in terms of location and size to determine the deliverability of the future service delivery model in line with practice list size and potential for expansion to meet the projected future growth in population. A full appraisal of available sites will be undertaken at OBC including site accessibility, transport links and further stakeholder engagement with local communities. Therefore, it should be noted, that Option D (Two-site option with GMS and Enhanced Services either shared or duplicated) scored very closely to Option C, and may become the Preferred Way Forward (PWF) at OBC stage should a suitable single site not be available in the required location.

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5 There will be a programme of communication with those communities from February 2018 to ensure they are aware this is not the removal or reduction of service but an investment in purpose built facilities to extend the service delivery model to better meet the needs of the population, ensure the sustainability of GMS in those communities and increase access to GMS for people in these communities who are currently registered with other GPs across the North Commuter Belt (most of which are registered with Aberdeen City GPs).
Summary of Financial Case

Indicative Capital Costs - The Hub Design Build Finance and Maintain (DBFM) model is a revenue funded solution. The indicative capital value of construction for this project agreed with the Scottish Government is £19m. In addition £2.25m of capital funding is provided within the Board’s infrastructure investment plan to cover the cost of acquiring the land, sub debt investment in Hub Co. and the costs of equipping the new facility.

Indicative Revenue Costs – The DBFM model assumes that additional revenue support funding will be made available from the Scottish Government in the proportions previously notified to NHS Boards (typically 85% of the DPFM contract cost). The remaining costs (typically 15% of DBFM costs and any additional running costs such as rates and utilities) will be accommodated within the Board’s and the IJBs’ financial plans, as appropriate, for the duration of the contract. These costs will be refined and finalised for the OBC. It is assumed that any development in services for patients arising as a consequence of the project will be met within existing resources.

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:-

<table>
<thead>
<tr>
<th>Business Case Stage</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline Business Case approval</td>
<td>December 2019</td>
</tr>
<tr>
<td>Full Business Case approval</td>
<td>October 2020</td>
</tr>
<tr>
<td>Land Purchase Concluded</td>
<td>August 2020</td>
</tr>
<tr>
<td>Commence construction</td>
<td>December 2020</td>
</tr>
<tr>
<td>Completion of new centre</td>
<td>July 2022</td>
</tr>
</tbody>
</table>

Conclusion

The development of a new integrated PCCS Hub (that includes: GMS, extended PCCS, treatment and diagnostics) at a suitable location in the North Commuter Belt that is accessible to all communities, will provide improved access to a wider range of services across the North Commuter Belt communities in Aberdeen City (North) and Aberdeenshire (Central).

The new service delivery model will relocate existing GMS providers to purpose built premises and provide an enhanced range of integrated PCCS, supported by the introduction of new professional roles in the Public Sector, Third Sector and Independent Sector. Opportunities to deliver on joint outcomes with the NHSG Elective Care Programme will be maximised through the provision of treatment and diagnostic services in the community.

The infrastructure solutions to support the delivery of the service will reduce backlog maintenance, improve the age and quality of the healthcare estate, introduce new technology to improve access and patient experience, and support the future sustainability of the practices in the North Commuter Belt.