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

INITIAL AGREEMENT
23 November 2017

Note: This Initial Agreement can be made available in other languages and formats if requested.

Version: Draft 2:6
NHS Grampian
Aberdeen City Health and Social Care Partnership

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EXECUTIVE SUMMARY

1:1 What is the proposal about?

NHS Grampian (NHSG) and the Aberdeen City Integration Joint Board (IJB) have worked together to identify the investment in infrastructure required to support the transformation of Primary and Community Care Services (PCCS).

An Initial Agreement (IA) for this project was previously approved by the NHSG Board and the Scottish Government, Health and Social Care Directorate (SGHSCD), Capital Investment Group (CIG) in December 2014. This identified the following key drivers for change:-

- the poor condition and inadequacies in the current facilities at Denburn Health Centre which severely limits the future opportunities for the development and change needed to ensure modern services can be delivered effectively and efficiently, and

- the continued growth of the City population, predominantly in new housing schemes planned for the green belt surrounding the City, which will require a redistribution of healthcare premises throughout the City to meet NHSGs ambition to ensure primary health care services are delivered locally and are an integral part of the community.

Subsequent to the approval granted by the NHSG Board, in December 2014, the following assumptions underlying the initial case were revisited:-

Economic landscape and impact on spread of housing development

While the rest of the UK economy is recovering from the 2008 Economic Downturn, Aberdeen is now experiencing a decline of its own due to the drop in price of oil[1]. The movement of oil and gas workers out with the City is also having an impact on new housing developments. A number of proposed developments, including two of the largest developments in the West Locality (Maidencraig and Countesswells) have reduced the size and number of units to be built in the coming years. There has also been a notable slowdown in the completion of each phase of live housing developments as completed units are selling 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).

Succession and Service Sustainability

The Northfield and Mastrick Medical Practice has historically experienced significant pressures with the recruitment and retention of staff. Further turnover in General Practitioner (GP) staffing at the practice, towards the end of 2016, prompted a full review of the service. This concluded with the Denburn Medical Practice being awarded a contract to provide General Medical Services (GMS) within the Northfield and Mastrick area, in addition to their existing practice responsibilities at the Denburn Health Centre. The Northfield and Mastrick Medical Practice was renamed the Aurora Medical Practice which, together with the Denburn Medical Practice now forms a new general practice grouping (The Aurora/Denburn

[1] Community Planning Aberdeen 'Local Outcome Improvement Plan' (2016)

Medical Practice grouping) that co-ordinates it's services across three sites, Denburn Health Centre, Northfield Surgery and Mastrick Clinic in the Central Locality. This arrangement will ensure the ongoing delivery of services to the immediate and wider Locality communities and, moving forward, the redistribution of GMS in the Central Locality will provide a platform for the development of capacity to service new and growing communities in the adjacent West Locality.

Population Demographic and impact on health and social care

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. [redacted]

Clinical Service Provision

The Aurora/Denburn Medical Practice grouping works closely with aligned community health and social care services to provide integrated care for their practice population [redacted] across the three locations[2].

[redacted]

State of Physical Premises

All three buildings are not considered functionally suitable to support modern primary health care provision and require significant investment to deal with essential backlog maintenance and statutory compliance issues. The backlog maintenance risk assessed at Denburn Health Centre, and included in NHS Grampians Asset Management Plan, is quantified as £6.4m. This figure however, is quoted before fees, VAT and other project related costs, and recent experience of delivering large backlog maintenance projects would suggest a more realistic estimate of the investment required to extend the useful life of the existing building for a further 10 to 15 years would be £20m. The Northfield Surgery and Mastrick Clinic also have no expansion space to meet the needs of the current population so could not be extended to accommodate any future growth. Planning permission was approved in 2015 to temporarily erect a portacabin to extend clinical space for a maximum period of 5 years, this reduced patient car parking space.

[2] The Denburn Health Centre, Northfield Surgery and Mastrick Clinic.

All three locations are identified as a priority for replacement in the NHS Grampian (NHSG) Asset Management Plan (AMP).

Spread of Population and General Practice Boundaries

[redacted]

One of the key aims set out in the Aberdeen City Health and Social Care Partnership (HSCP) 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.

1:2 Summary of Strategic Case

The Strategic Case explores the case for change and concludes that the proposal is necessary and fits with the overall local and national strategy.

The key Investment Objectives for the project are to;

- provide a safe working environment and support improvements to the physical quality and age of the healthcare estate in line with the NHSG AMP,
- support the development of a service model to meet future service demand [redacted],
- allow the development of service arrangements that support the delivery of an enhanced model of integrated PCCS leading to improved patient experience,
- achieve equitable access to service provision across the locality,
- support an efficient business model that promotes viability and sustainability, and
- create attractive employment opportunities.

In 2017, the priority for investment remains the urgent need to relocate GMS from the Denburn Health Centre in the Central Locality due to the ongoing structural deterioration of the building. The provision of GMS is currently delivered from the Denburn Health Centre, Northfield Surgery and Mastrick Clinic in the Central Locality and all three buildings have been identified as a priority for replacement in the NHSG AMP.

Case For Change

Recognising the key issues outlined above, the revised strategic assessment for the project now includes the following drivers for change:-

(i) the delivery of integrated PCCS focused on the needs of the local community,

(ii) continued growth in the population in the Green Belt areas away from the City Centre,

(iii) 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,

(iv) decant of all other services from the Denburn Health Centre to the Health and Care Village, Frederick Street, City Centre in the Central Locality,

(v) [redacted] as current facilities do not enable the service to progress the transformational change required to further modernise and enhance service delivery, and

(vi) securing the provision of GMS for existing communities, specifically Northfield and Mastrick in the Central Locality.

1:3 Summary of Economic Case

The Economic Case provides a robust assessment of the service solution set out in the Preferred Way Forward to assure the respective Boards that best value has been secured when compared against a 'Short List' of options.

The Project Group engaged in an extensive review and option appraisal process, involving consultation with key stakeholders, communication has taken place with the patient groups and more in depth engagement will take place from February 2018 in advance of developing the Outline Business Case (OBC).

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Physical Infrastructure to support the service model

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 3 options that were taken forward to the next stage for detailed consideration and scored against the Investment Objectives for the project.

The 'Short Listed' Options are summarised below :-

Option	Description	Score
1	Newbuild at a suitable site[3], close Denburn Health Centre, close Northfield Surgery and reconfigure Mastrick Clinic.	57.14%
2	Newbuild at a suitable site, close Denburn Health Centre, close Northfield Surgery and general maintenance at Mastrick Clinic.	57.14%
3	Newbuild on a suitable site, close Denburn Health Centre, close Northfield Surgery and close Mastrick Clinic.	100%

The Preferred Way Forward Option 3 is to build a single new integrated Community Hub for the delivery of health and care services at a suitable site in the Central Locality within close proximity to the existing services in the communities of Northfield and Mastrick in the Central Locality. 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[4].

[redacted]

[3] Suitable site to be within close proximity to the existing services in the Northfield/Mastrick communities.

[redacted]

[redacted]

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.

1:4 Summary of Commercial Case

The Commercial Case concludes that the service solution is attractive to developers and provides assurances that a commercially beneficial deal will be secured.

NHSG is committed, through a process mandated by the Scottish Government, to an exclusivity agreement that guarantees Hub North Scotland Limited, first refusal on all construction contracts for physical alteration or new build of community premises if the capital value is in excess of £750,000.

All investment in hub projects complies with relevant Scottish Government and European Union procurement regulations.

External advisors for Technical and Legal services will be procured by NHSG to scrutinise design stage submissions, and to assist the Project Team in the administration of the project.

The hub procurement timetable aligns with the business case process at Outline Business Case (OBC and Full Business Case (FBC) stages.

1:5 Summary of Financial Case

The Financial Case concludes that the preferred option is affordable within the available funding envelope.

Indicative Capital Costs

The indicative capital costs for the programme of works for the Preferred Way Forward 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.

[redacted] An option was considered to build this capacity for growth, including room for enhanced acute service provision in the community e.g. diagnostic radiology, in to the design at the outset. The capital cost of this option was £12.2m but recognising the conflicting priorities for the use of scarce capital resource and the 5 to10 year timescale to achieve this level of growth in population, it was agreed to limit the size of the development to reflect the current practice population with some capacity to absorb limited growth through

new and innovative ways of working.

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.

Indicative 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.

1:6 Summary of Management Case

The Management Case highlights the key challenges to be managed and mitigated to effectively and efficiently implement the service solution through the governance arrangements in the Aberdeen City IJB, NHSG and linking with new planning arrangements for the North East of Scotland.

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:-

Outline Business Case approval	December 2018
Final Business Case approval	September 2019
Land Purchase Concluded	September 2019
Commence construction	October 2019
Completion of new centre	December 2020

1:7 Conclusion

The development of a new integrated Community Hub will provide improved access to a wider range of services from a single location within the proximity of the communities of Northfield and Mastrick in the Central Locality.

The proposal takes account of the notable slowdown in the completion of each phase of live housing developments and revised targets set out in the Aberdeen City and Shire Strategic Development Plan (SDP).

[redacted]

The redistribution of GMS in the City is required in order 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. This arrangement will ensure the ongoing delivery of services to the immediate and wider communities and, moving forward, the redistribution of GMS in the Central Locality will provide a platform for the development of capacity to service new and growing communities in the adjacent West Locality.

[redacted]

The Aurora/Denburn Medical Practice grouping will provide GMS to a Practice Population [redacted] with built in 50% expansion space to meet future demand.

The investment of 8.1M is set again the current assumptions that the backlog maintenance risk assessed at Denburn Health Centre to extend the useful life of the existing building for a further 10 to 15 years would be £20m. There will also be ongoing backlog maintenance costs at Northfield and Mastrick and the high revenue costs of managing a 3 site model. All three locations are identified as a priority for replacement in the NHS Grampian (NHSG) Asset Management Plan (AMP).

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2: STRATEGIC CASE

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2: STRATEGIC CASE

2:1 What are the current arrangements?

In 2014, the Scottish Government Health and Social Care Directorates (SGHSCD) Capital Investment Group (CIG) approved an Initial Agreement (IA) for the Investment in Facilities to Modernise the Delivery of Primary and Community Care Services (PCCS) in Aberdeen City. The key driver was the need to decant the Denburn Medical Practice from the underutilised and structurally deteriorating Denburn Health Centre in the Central Locality. This would provide an opportunity to transform the delivery of PCCS and ensure a more viable and sustainable future service delivery model. From May 2016, work was progressed to proceed with the submission of an Outline Business Case (OBC) in line with the Scottish Capital Investment Manual (SCIM) Guidance to submit to the SGHSCD Capital Investment Group (CIG). In January 2017, the Denburn Medical Practice successfully tendered to secure the ongoing delivery of General Medical Services (GMS) at the Northfield/Mastrick Medical Practice in the Central Locality. The Practice was previously a 2C Practice managed by the NHS Grampian (NHSG) Board and a range of PCCS are delivered from both the Northfield Surgery and Mastrick Clinic.

The Northfield and Mastrick Medical Practice was renamed the Aurora Medical Practice which, together with the Denburn Medical Practice now forms a new general practice grouping that currently co-ordinates its services across three sites; the Denburn Health Centre, Northfield Surgery and Mastrick Clinic in the Central Locality.

Both sites have also been identified as a priority for replacement in the NHSG AMP within the next 5-10 years. It was agreed in partnership with the SGHSCD CIG that a refreshed IA would be developed to take account of the change in circumstances and the revised SCIM Guidance published in early 2016.

2:1:1 Service Details

The Denburn Medical Practice has a Practice List size of [redacted] accessing services at the Denburn Health Centre and the Aurora Medical Practice has a combined Practice List size of [redacted] accessing services at the Northfield Surgery and Mastrick Clinic. Therefore, the Aurora/Denburn Medical Practice grouping[5] provides GMS to [redacted] patients from locations within the boundaries of the Central Locality.

[redacted] They have improved access to services and designed a more cost effective model through tailoring the skills mix within the PCCS Multi-Disciplinary Team (MDT). However, future

[5] The Aurora/Denburn Medical Practice grouping will be referred to from this point forward as the Practice.
[6] The Practice Population is a snapshot in time as it may change on a monthly basis to reflect de-registration and new registrations patients.

progress will be constrained by the 3 site model, deteriorating state of the building at the Denburn Health Centre and the current configuration of the Northfield Surgery and Mastrick Clinic which has no room for further expansion space to meet the existing population or any future growth.

2:1:2 Service Arrangements

Denburn Health Centre

The Denburn Health Centre is at the Rosemount Viaduct, AB25 1QB in the City Centre [see appendix 1: Location Map of the Denburn Health Centre].

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

In April 2014, the Practice carried out a Patient Satisfaction Survey following the implementation of the 'Doctor First' system. Overall, 70% of patients were either satisfied or very satisfied with 'Doctor First' compared to only 45% with the previous system. 89% were satisfied with their outcome and 94% of patients seen in person were given an appointment either the same day or on an alternative suitable day of their choice. 80% were reassured by having earlier contact with their GP and 53% agreed that 'Doctor First' has encouraged them to contact the practice more often. 88% of all patients were able to receive a telephone call whilst 58% considered 'Doctor First' to be more convenient than the previous system. 61%

[redacted]

of patients considered communication to be equally as effective on the phone as it is in person; however 23% considered phone communication to be problematic. 45% of patients thought the phone consultation was less private than an appointment in person and this influenced the information that 41% of patients shared with their GP. 94% of all patients who received a face to face appointment were given one either the same day or on an alternative suitable day of their choice.

Figure 1: External Picture of Denburn Health Centre[10]

Northfield Surgery and Mastrick Clinic

The Northfield Surgery is located on Quarry Road, Northfield, AB16 5UU adjacent to the North Locality and the Mastrick Clinic is located on Greenfern Road, Mastrick, AB16 6TR adjacent to the West Locality (see appendix 4: Location Map of Northfield Surgery and Mastrick Clinic].

[10] Note: additional pictures are referred to at the end of section 2:1:2 for all 3 sites and numbers provided for the appendices.

[redacted]

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Figure 2: External Picture of Northfield Surgery

Figure 3: External Picture of Mastrick Clinic

2:1:3 Service Providers

GMS Services at the Denburn Medical Centre are provided by the Aurora/Denburn Medical Practice grouping and Community Nursing and Phlebotomy Services are provided by the Aberdeen City HSCP.

GMS Services at the Northfield Surgery and Mastrick Clinic are also provided by the Aurora/Denburn Medical Practice grouping. Dietetics, Podiatry, Speech and Language Therapy, Community Nursing and the Public Dental Services are provided by the Aberdeen City HSCP.

2:1:4 Associated Buildings and Assets

All 3 premises are owned by NHSG. The practice boundary covers the City Centre and the distinct communities of Northfield, Mastrick, Cornhill and surrounding areas [see appendix 7: Location Map of the Denburn Medical Centre, Northfield Surgery and Mastrick Clinic within the Central Locality and Practice boundaries].

The Practice accommodation within the Denburn Health Centre comprises of [see appendix 8: Floor Plan of the Denburn Health Centre]:-

- Main reception office at East Wind
- Waiting Area x 3 (2 East Wing and 1 North Wing)
- Health Visitor/Baby Clinic Room
- Community Nursing
- 4 on East Wing and 4 North Wing consulting rooms
- Treatment area that separate into 2 treatment rooms for practice nurses
- Meeting Room/Library
- District Nursing/HV Office
- Secretary/Admin Room/back office in East Wing
- 2 Practice Manager Rooms
- Communal Staff Room (shared with other NHSG and HSCP staff)
- 2 Staff toilets
- 2 Patient toilets

The Joint Premises Assessment Information for Denburn Health Centre stated the building would need an investment in the region of £6,425,200 to improve the physical condition, functional suitability and ensure statutory compliance. This figure however, is quoted before fees, VAT and other project related costs, and recent experience of delivering large backlog maintenance projects would suggest a more realistic estimate of the investment required to extend the useful life of the existing building for a further 10 to 15 years would be circa £20m.

Table 1: Joint Premises Assessment Information on the Denburn Health Centre (March 2008)

	Grade	Survey Required	Date of Last Survey	Surveyed By	Cost to improve	KPI Cost/m2
Physical Condition:	B[13]	No	03.3.08	Atisreal	£6,353,000	£2,085.69
Functional Suitability:	X[14]	Yes	03.3.08	Atisreal	£14,200	£4.66
Space Utilisation:	O[15]	No	03.3.08	Atisreal	N/A	Nil
Statutory Compliance:	B[16]	No	03.3.08	Atisreal	£29,000	£9.52
DDA:	N	Yes	03.3.08	Atisreal	£25,000	£8.21
Total improvement costs in March 2008					**£6,425,200**	**£2,107.81**
Revised total improvement costs in October 2017					**£20M[17]**	-

[13] Satisfactory condition with evidence of only minor deterioration; - element/sub-element is operational and performing as intended.
[14] Supplementary rating added to D only, to indicate that it is impossible to improve without replacement (D - unacceptable in its present condition, major change needed).
[15] Overcrowded, overloaded and facilities generally stretched.
[16] Generally compliant with statutory requirements.

Car parking is available underneath the property and has a dedicated disabled parking bay. The car park is owned and managed by Aberdeen City Council (ACC), tariffs apply for parking. It is not well lit and is not a desirable parking place for patients coming into the practice, especially in the darker winter months.

There have been plans to decant all services from the Denburn Health Centre for 15 years. This continues to be a high priority set out in the NHSG AMP (2016-17). Over the last 5 years all other services have decanted from the building, leaving only the Denburn Medical Practice onsite. A few Aberdeen City HSCP officers are also in situ but will be relocating in late 2018. [redacted]

Figure 4: Pictures of the Internal and External Building Condition at the Denburn Health Centre.

[17] Note: Inclusion of fees, VAT and other related project costs based on recent experience of backlog maintenance leads to a revised figure of 20M.

[see appendix 9: additional picture of Denburn Health Centre Internal and External].

Northfield Surgery

The Practice accommodation within Northfield Surgery located on Quarry Road, Northfield consists of [see appendix 9: Floor Plan of the Northfield Surgery]:-

- Main reception office
- Waiting Area
- Health Visitor/Baby Clinic Room
- 9 Consulting Rooms
- Treatment room
- Meetings Room
- District Nursing/HV Office
- Secretary/Admin Room
- Practice Manager Room
- Staff Room (shared)
- Staff toilets
- Patient toilets
- 2 seat Public Dental Service

On street car parking is available at the front of the property with plans to have a dedicated disabled parking bay and Duty Doctor parking bay. A car park is also available at the rear of the property.

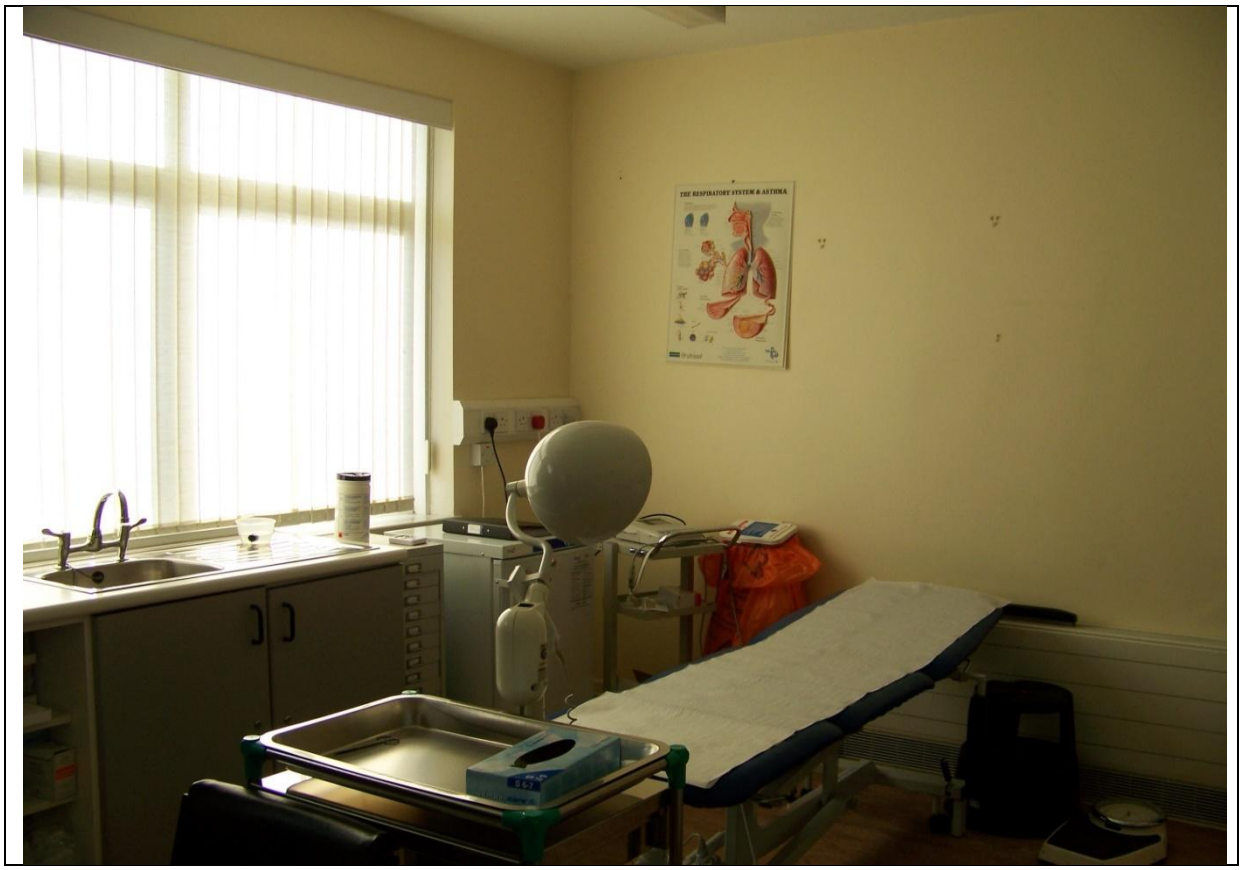
Northfield Surgery is a purpose built facility which opened a number of decades ago. Accommodation was extended in 2016 by way of a modular unit. This modular unit provides

a temporary extension to the building with the relevant Local Authority planning permission in place, with 4 years remaining of the temporary 5 year permission granted. The Northfield Surgery is located at the edge of the Central Locality adjacent to the boundaries of both the West Locality and North Locality. [redacted] The building is not functionally suitable to support modern primary health care provision and is currently assessed as a category B[19] listing. A number of other health care services are delivered from the Northfield Surgery. In addition the site has backlog maintenance as follows (building 28K, engineering 14K and statutory compliance 22K approximately, a total of £64,000). There is no further capacity to extend the site to meet the ongoing population growth in the Northfield community.

Figure 5: Pictures of the Internal and External Building Condition at the Northfield Surgery.

[redacted]

[19] Category B: satisfactory condition with evidence of only minor deterioration; element/sub-element is operational and performing as intended.


THE RESPIRATORY SYSTEM & ASTHMA

Mastrick Clinic

The Practice accommodation within Mastrick Clinic, Greenfern Road, Mastrick consists of:

- 3 Consulting Rooms
- Multipurpose Room (shared)
- Public toilets
- Main reception office
- Waiting Area
- Health Centre Staff Kitchen with seating for 2 people (shared)
- 2 seat Public Dental Service

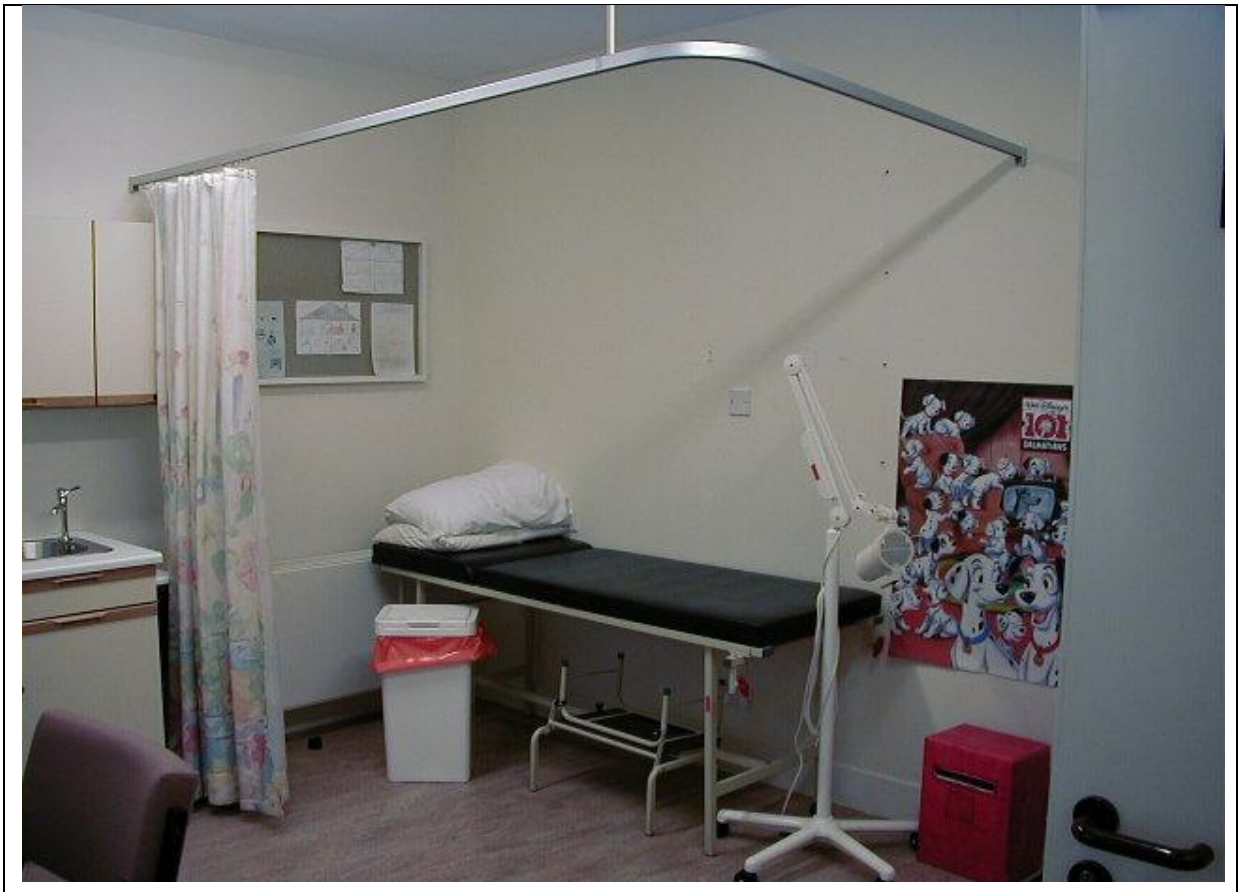
Car parking is available at the rear of the premises with access via walkway to the front of the premises. Parking is also available at the local shopping centre directly outside and across the road from the Practice, with designated disabled parking spaces. Mastrick Clinic is a long standing purpose built facility. The condition of the building continues to meet current requirements. A number of other health care services are delivered from this site [see appendix 11 – Floor Plan of Mastrick Clinic].

The replacement of both the Northfield Surgery and Mastrick Clinic has been identified as a priority in the NHSG AMP (2016-17). The commitment set out in the AMP is to provide a

new medical centre for the practice to respond to the growing population, ageing accommodation and limited space for expansion.

The Mastrick Clinic is a purpose built facility which opened a number of decades ago. The Mastrick Clinic is located at the edge of the Central Locality adjacent to the boundaries of the West Locality. [redacted] The building is not functionally suitable to support modern primary health care provision and is currently assessed as a category B[20] listing. In addition the site has backlog maintenance as follows (building 27K, engineering 22K, statutory compliance 13K approximately). There is no further capacity on site to extend the building.

Figure 6: Pictures of the Internal and External Building Condition at the Mastrick Clinic.



[20] Category B: satisfactory condition with evidence of only minor deterioration; element/sub-element is operational and performing as intended.

2:2 Why is the Proposal a Good Thing to Do?

2:2:1 Need for Change

In 2017, the need for change continues to be driven by:-

(i) the delivery of integrated PCCS focused on the needs of the local community,

(ii) continued growth in the population in the Green Belt areas away from the City Centre,

(iii) poor condition of the current Denburn Health Centre premises in the City Centre of the Central Locality means that the building is unfit for purpose, with a limited period of operational use and no expansion space, and limited life of the Northfield and Mastrick premises,

(iv) decant of all other services from the Denburn Health Centre to the Health and Care Village, Frederick Street, City Centre in the Central Locality,

(v) [redacted] current facilities do not enable the service to progress the transformational change required to further modernise and enhance service delivery, and the need to

(vi) secure the provision of GMS for existing communities, specifically Northfield and Mastrick in the Central Locality.

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Expanding service networks through all major investment programmes will help alleviate capacity pressures in Elective Care Services. Improved anticipatory care planning across PCCS should increase the number of patients supported in their own homes and communities and reduce avoidable unscheduled admissions to hospital.

Locality working also shifts the way we think about the accessibility of services for the local population and provides GPs and practices with a broader vision and approach than they might have as a single practice, with a particular ambition to develop a greater role in population health in addition to the delivery of healthcare services to individuals. The benefits to patients from this shared approach to planning are also clear and will allow for a freeing up of knowledge, experience, and communication and in some case services. The project will aim to link with the wider service model being developed in the North Corridor Commuter Belt between Aberdeen City (North Locality) and Aberdeenshire (Central Locality) [redacted]

The premises for Aurora Medical Practice will be required to meet the national and local strategy and vision. Our strategy is to ensure accommodation which is safe, fit for purpose, fit for future models of healthcare delivery, designed with accessibility and mutuality in mind and which offers the opportunity to benefit from improved efficiency, value for money and co-location where possible with relevant partners.

2:2:1:2 What are the problems with the current arrangements?

Economic landscape and spread of housing developments

While the rest of the UK economy is recovering from the 2008 Economic Downturn, Aberdeen is now experiencing a decline of its own due to the drop in price of oil[21]. The movement of oil and gas workers out-with the City is also having an impact on new housing developments. [redacted]

However, there is still a reduced projected growth in the population that we must continue to plan for within the wider Aberdeen City IJB Vision for the Modernisation of Primary and Community Care Services[22]. The project has taken account of the revised targets set out in the Aberdeen City and Aberdeenshire Strategic Development Plan (SDP) to increase the population of the City Region by 500,000 by building 31,500 new houses by 2035, achieving an annual house building rate of 3,000 per year by 2020 to meet the target. Aberdeen City

[21] Community Planning Aberdeen 'Local Outcome Improvement Plan' (2016)
[22] The IJB Vision for the Modernisation of PCCS will be submitted for approval in January 2018.

is expected to meet over 50% of the population and housing targets set out in the Aberdeen City and Shire SDP. The majority of projected growth in Aberdeen City will continue to take place in the West Locality where patients currently access GMS from a number of Practices in Aberdeen City[23]. The planned growth in Aberdeenshire will take place in the three transport corridors between Huntly/Aberdeen and Peterhead/Aberdeen (North Corridor) and Aberdeen/Laurencekirk (South Corridor)[24].

The greatest demand for services over the next 10 years in the City will be in the North Locality. There are an additional 12,346 housing units being developed that will lead to a further 37,015 patients requiring access to GMS provision. There are specific challenges in the North Corridor which includes the provision of services to approximately [redacted] The Scottish Government have earmarked revenue support up to a £19M bundle through the Capital Investment Fund for the development of infrastructure to support the transformation of services to communities in Aberdeenshire and Aberdeen City along the North Commuter Belt [redacted][25] [see appendix 12: Local Development Plan Directions for Growth].

Significant land allocations have been made to the area north of the River Don to support the Energetica Corridor concept promoted by Aberdeen City and Shire Economic Future. The Energetica concept seeks to improve the economy and promote the energy industry along the Aberdeen to Peterhead growth corridor. The Plan allocates sites for more than 7,000 homes in this area and employment land (in addition to land already zoned in that area in the 2008 Aberdeen Local Plan). Proposed road schemes which will provide benefits to this area include the Aberdeen Western Peripheral Route, the Third Don Crossing and Haudagain roundabout improvements. An Energetica Design Guide will be brought forward and adopted as Supplementary Guidance alongside the Plan in due course [see appendix 12: Local Development Plan Directions for Growth].

Proposed road schemes which will provide benefits to this area include the Aberdeen Western Peripheral Route, the Third Don Crossing and Haudagain roundabout improvements. The Third Don crossing has already made it easier for North Locality GPs to provide GMS services to some of the Central Locality communities e.g. Bridge of Don, Old Aberdeen, Tillydrone and Woodside.

The Hazlehead area of the West Locality does not have a Practice within the community; however, the Practice Population has easy access to a number of GP Practices and is a relatively affluent and mobile population. [redacted] The proposed Aberdeen Western Peripheral Route (AWPR) will provide benefits to this area with junctions proposed to the north and south-west of Kingswells[26].

There has been an increase in student accommodation in the City Centre of Aberdeen. These patients have tended to register with GMS in the Central Locality. The recent

[23] Note: The Aberdeen City IJB aim to approve the Vision for the Modernisation of PCCS and related Asset Plan in January 2018 and April 2018 respectively.
[24] Aberdeen City Local Development Plan (2017).
[25] Aberdeen City HSCP, Project Initiation Document for the North Corridor Project (2015).
[26] Local Development Plan 2016-2030

slowdown in the local economy and Brexit is anticipated to have an impact on the student population. However, at this time there is little or no evidence to support any changing trend that would allow us to predict any decline in future demand for the student population. The LDP continues to identify further student accommodation units will be built by 2030[27].

There are approximately [redacted] The limited housing development along the Deeside corridor will lead to an increase in demand in the locality. However, the main challenge in the locality remains the transport infrastructure, so services tend to be planned and located within the natural communities. [redacted]

In the South Locality, relatively limited development is proposed along the Deeside corridor with only one major site identified at Oldfold. There are significant transport and educational capacity infrastructure constraints in the area which restrict the scale of future development. The Oldfold development includes an opportunity to redevelop Milltimber Primary School[28].

The development of the Third Don Crossing and the development of the Aberdeen Western Peripheral Route are the two transport infrastructure developments that will have the greatest impact on the planning and delivery of primary and community care services. The Third Don Crossing provides improved links between the North and Central Localities and the Western Peripheral Route improve the access to the South Locality, West Locality and North Locality and improve the travel times connecting the three localities [see appendix 13: Road Infrastructure Improvement Map].

Succession and service sustainability[29]

An aging population with a growing burden of chronic disease has implications for staff numbers, skill mix and competencies. The Aberdeen City HSCP is committed to the integration of PCCS at Locality level. This will include the delivery of integrated services and will involve the redesign of services so that General Practitioners, Community Nursing, Care Management, Allied Health Professionals, Pharmacists, the Third Sector and Independent Sector work better together to provide seamless services at the point of care. This could include the co-location of some of all of these staff in Community Hub models. There are opportunities to provide outreach clinics in the community by Community Geriatrician Consultants, Clinical Psychologists and other Acute Sector Consultants.

PCCS across the City are facing similar challenges including specific areas where there is a need to; improve performance within a challenging financial envelope, manage increasing public expectation, respond to the demographic changes in the population that require the management of more complex Long Term Conditions, manage the ongoing challenges with recruitment and retention and the lack of potential for selling, expanding or developing some of the existing premises to deliver new and extended service delivery models.

In order to focus resources to improve performance and patient outcomes, the Aberdeen City HSCP has been developing a Performance Dash Board which sets out Key

[27] Local Development Plan 2016-2030
[28] Local Development Plan 2016-2030
[29] NHSG , GP Workforce Survey, 2013

Performance Indicators (KPIs) across the 9 National Outcomes [see appendix 14: HSCP Performance Dash Board Service Improvement Priorities]. The appendix table highlights a number of indicators where Aberdeen City is doing less well than the Scottish average with no improvement or change since the last data point, specifically in relation to the delivery of PCCS. The redesign of services will specifically focus on how patient experience and clinical outcomes can be improved by transforming the way services are delivered.

There are a number of transformation projects aimed at responding to the demographic changes in the population that require the management of more complex Long Term Conditions. By 2037, the population of over 65s is expected to grow by 56% and over 75s by 70%. This will require a more integrated and community based approach to the delivery of primary and community care services and the movement of services and resources from Elective Care Programme and the Acute Sector. The Aberdeen City HSCP is working with NHSG and neighbouring HSCPs to develop a clear strategic approach to this at a regional level.

There are ongoing workforce challenges with the recruitment of GPs to existing practices including ongoing challenges in recruiting and retaining qualified Nurse Practitioners in PCCS with most graduates seeking recruitment in the Acute Care Services. In 2013, NHS Grampian carried out a GP Workforce Survey which had a 94% response rate. The key challenges include; recruitment in General Practice and Nursing, availability of Locum GPs and the general age profile highlighting a high volume of planned retirals. [redacted] The evidence from this programme suggests that [redacted] that have gone through this programme have entered a GP Partnership.

Of the nursing staff, [redacted]

There will an increasing need to develop mixed competencies so that staff can manage and contribute to the work of integrated PCCS MDTs.

Consistent with the Healthfit vision our workforce requiring an office will be working differently in the future. The use of technology and an effective Information Communication Technology (ICT) network along with IP telephone systems will facilitate this. Office based costs must be reduced allowing redirection of funds into frontline healthcare, once a sustainable technology and ICT network is funded.

The new service delivery model will take account of any changes set out in the new GMS contract to be implemented from early 2018. GPs in Scotland will no longer be paid for hitting Quality Outcome Framework (QOF) targets from 2017 to take account of the fact that many patients have co morbidities. The new service delivery model is in line with the proposals set out in the new GMS contract under negotiation, early indications are that the new contract will support a number of key aspects of the future services delivery model and this will be taken into account in more detail at OBC stage.

Population demographics and impact of health and care services[30]

Demographic changes include a population that is living longer, low birth rates, changing family structures and high levels of inward migration. On the 30th June 2014, the estimated population of Aberdeen City was 228,990. This accounts for almost 4.3% of the total population of Scotland, and is the eighth highest population total in the country, out of the 32 Scottish Local Authorities. Over the longer period, the population of the city has fluctuated, however for the past decade there has been a consistent annual increase, and the population of the city is now at its highest level.

As well as the increase in the population, there has been a shift in the make-up of the city's population. In 1984, 18.7% of the population of Aberdeen City was aged under 16; in 2014, that proportion has fallen to 14.7%. The working age population of the city has grown during that time, and now makes up 70.4% of the city's total population, up from 67.1% in 1984. Over the past five years, population growth has been greatest in the Kingswells/Sheddocksley ward in the West Locality followed by Airyhall/Broomhill/Garthdee in the South Locality and Tillydrone/Seaton/Old Aberdeen wards in the Central Locality with population decline evident in Lower Deeside in the South Locality.

Population change has also been uneven at ward level over the past five years. For example, the over 65s population in Bridge of Don in the North Locality has risen by a quarter, yet the child and working age populations have reduced. It's a similar situation in Lower Deeside in the South Locality, yet in Hilton / Stockethill in the Central Locality, the older population has declined while the number of children and those of working age has increased.

A relatively high proportion of Aberdeen's population is in their twenties and early thirties, and this clearly illustrates the attractiveness of the city to students and young professionals.

Aberdeen City has a very diverse population, and this is clearly evidenced in the results of the 2011 Census. A total of 84% of Scotland's population, at that time, identified as 'White – Scottish'; in Aberdeen, while 8.1% of the city's population identified as either 'White – Polish' or 'White – Other' and a further 8.1% of the population of Aberdeen was from a non-white ethnic group. The high proportion of people identifying as 'White – Polish' or 'White – Other' reflects the high number of migrants that have been attracted to the city in recent years. A total of 15.9% of Aberdeen's population were not born in the UK; across the country, only 7% of the population were born out with the UK. The census results highlight that Aberdeen attracts a high number of people from African countries, and Aberdeen has the largest Nigerian community in Scotland. One in three people from Nigeria that are living in Scotland reside in Aberdeen.

Every two years National Records of Scotland produce a set of council area population projections. The latest projections at this level are 2012-based and show that the population of Aberdeen City is projected to grow from 224,970 in 2012 to 288,788 in 2037, an increase of 28%. Aberdeen's population change is projected to be the largest of all Scottish local authorities, and is closely followed by Edinburgh City. Whilst there is expected to be a decrease in the transient population related to that industry there may be an increase in public sector workers in Aberdeen moving back into the city due to the fall in house prices and increased availability of housing. There is projected to be a significant rise in the older

[30] Community Planning Aberdeen 'Strategic Assessment' (2016).

age groups, with the over 65s population increasing by almost 56%. Even more concerning is the projection that the over 75s population is projected to grow by around 70%.

It is widely acknowledged that older people are getting 'younger', many live healthier for longer and improvements in healthcare mean that many will live independently for longer. Older people are assets and contribute significantly to society, but with a rising population of older people, it is almost inevitable that there will be considerable additional demand on high-cost services to support more complex long term conditions.

Life expectancy in the city is broadly similar to the national picture, but there is significant variation across the city, with males in the most deprived areas [redacted]

The death rate (age standardised) for all ages in Aberdeen City is considerably higher than the national rate (Aberdeen City – 1197.2 deaths per 100,000 population; Scotland – 1117.0 deaths per 100,000 population). The premature death rate (under 75s) is also higher than the national average.

Generally, people living in more deprived areas are more likely to suffer a premature death. There is a correlation between deprivation levels and the number of premature deaths from cancer. Those living in the most deprived areas of the City are three times as likely to die prematurely from cancer as people from less deprived areas.

Generally, people from more deprived areas of the City are more likely to attend Accident & Emergency. [redacted] The over-65s account for more than a third of emergency admissions to hospital in Aberdeen City. The more disadvantaged members of our community are the most likely to be admitted to hospital as an emergency, and are more likely to have repeat emergency admissions.

The rate of strokes recorded in the City has increased over the past decade. Older people are more likely to suffer a stroke, and stroke is the most common cause of severe disability. Survivors of strokes will often be left with complex and multiple care needs.

There are an estimated 3,300 people living with dementia in Aberdeen City, though these are not all diagnosed cases.

Almost 15% of the City's population are prescribed drugs for a mental health condition such as anxiety, depression or psychosis and this has been increasing over the past 5 years.

[redacted]

There is an obesity crisis in the Aberdeen area, as indeed there is in Scotland. Physical activity can also help in the fight against obesity, but again those from more deprived areas are the least likely to achieve recommended activity levels. [redacted]

The Scottish Index of Multiple Deprivation (SIMD) published in 2016 identifies 8 geographic areas as areas of particular concern; [redacted]

- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

State of physical assets

The Denburn Health Centre was built in 1975. It is a two storey building of concrete construction and felt roof with a complex modern design of interlinked sections. It was originally a multi-use building accommodating a range of PCCS including; 3 General Practices, Chiropody, Speech and Language, Social Work, District Nurses, 1 Dental Practice a shared reception, office, boiler, house plant rooms and storage space.

In March 2008, a survey was undertaken on the Denburn Health Centre for the NHSG Board and Community Health Partnership (CHP) Joint Premises Board. At that time the physical condition of the building was deemed to be operationally sound and safe with some deterioration. However, ongoing deterioration over the last 8 years has led the NHSG to conclude that any improvements would be impractical for the purpose of a modern health and care facility and too expensive to carry out so would be an inefficient use of resources.

The utilisation of space was deemed to be overcrowded, overloaded and facilities were generally stretched. However, following the development of the Health and Social Care Village at Frederick Street in the City Centre, all other services have decanted the building and it is now generally underused and in a state on ongoing physical deterioration with no plans to improve utilisation, as any improvements are considered to be both impractical and too expensive to be tenable.

The functional suitability of the internal space relationships, support facilities, location, amenities, comfort engineering and design appearance were considered unacceptable. The estimated cost is quantified as £6.4m. This figure however, is quoted before fees, VAT and other project related costs, and recent experience of delivering large backlog maintenance projects would suggest a more realistic estimate of the investment required to extend the useful life of the existing building for a further 10 to 15 years would be £20m.

Urgent remedial action takes place on an ongoing basis in order to comply with relevant guidance and statutory requirements. The backlog maintenance at the Denburn Health Centre continues to put pressure on the NHSG budget.

The building does not currently comply with the Disability Discrimination Act and significant physical adjustment would be required to achieve compliance.

In 2016, NHSG set out their continued commitment to replace the existing Denburn Health Centre due to the structural issues with the building. This is the third highest investment priority over the 5 year plan period. The project will be funded as a Hub Capital Scheme and significant developer contributions. NHSG also state that the organisations ability to meet aspirations of the NHSG AMP (2016-17) is dependent on receiving asset sales on 6 key sites, including the Capital Receipt for the sale of the current site of the Denburn Medical Practice.

The Aberdeen City IJB works in partnership with NHSG to identify existing premises that will have a lack of potential for selling, expanding or developing to support the development of new and extended service delivery models.

The Aberdeen City IJB will have a comprehensive AMP in place by April 2018. In the meantime, priorities continue to be identified through the NHSG Asset Management Group. A number of buildings have been identified as not fit for future purpose and these include; the Denburn Health Centre (urgent) and the Northfield/Mastrick Medical Centres (within 5-10 years). This is progressed in conjunction with the NHSG Asset Management Plan.

[redacted]

[redacted]

[redacted]

The current distribution of GMS provision is as follows[31] [see appendix 15: Map of Distribution of GMS in Aberdeen City]:-

The North Locality

The North Locality has 9 natural communities within the Locality. Seaton is the only regeneration area in the Locality and it has the Old Machar Medical Practice situated within the neighbourhood. All natural communities have direct access to GMS service provision. There has already been a practice closure due to recruitment and financial viability. There were 3 practices located within the natural community of Bucksburn. [redacted] The only natural community in the North Locality which doesn't have a practice situated within it is Denmore. This is a relatively new community and is currently serviced by the Oldmachar Medical Group.

The West Locality

The West Locality has 11 natural communities within the Locality clustered in 6 areas of the Locality. A Practice is located within most of the natural communities except for the community of Hazlehead which is serviced by a high number of Central and West Locality practices.

The West End area of Aberdeen has 5 small GP practices situated within the neighbourhood within close proximity; [redacted] There are no regeneration areas within the West Locality.

[31] Note: due to the historical citywide boundaries, many natural communities are serviced by multiple practices across the city, not just those in the wider locality as set out below

The Hazlehead area of the West Locality has no Practice located in the Community; however, the Practice Population has easy access to a number of GP Practices and is a relatively affluent and mobile population. The planned development of an additional 5,645 housing units will increase demand by 15,581 patients, specifically in the new communities of Summerhill, Countesswells and Maidencraig. The proposed Aberdeen Western Peripheral Route (AWPR) will provide benefits to this area with junctions proposed to the north and south-west of Kingswells. A large new community is proposed for Countesswells to the west of the city which will benefit from being close to the employment sites proposed for Kingswells. This development would include employment land plus appropriate community facilities. ACC have submitted a planning application to create 375 affordable homes on the city's former Summerhill Academy site on Lang Stracht. Building work is expected to commence early in 2017[32].

The Central Locality

The Central Locality has 20 natural communities within the Locality clustered into 4 areas in the Locality. There is not a General Practice situated within each natural community. However, these are long standing communities and there is little or no land available to further develop services. The communities are in close proximity and are serviced by other GP Practices across the Central Locality.

[redacted]

[redacted]

Stockethill does not have GMS services situated in the natural communities but are within close walking proximity to Midstocket where the Westburn Medical Group and Elmbank Medical Practice is located.

Ashgrove does not have GMS services situated in the natural community but is within close walking proximity to Rosemount Medical Practice, Westburn Medical Practice and Elmbank Medical Practice.

Tillydrone, Hilton and George Street do not have GMS services situated in the natural communities but are within close walking proximity to the Calsayseat and Woodside Medical Group.

There is also a Healthy Hoose located in the Central Locality which provides additional PCCS to patients registered with other practices in deprivation areas in the Central Locality. The service is a Nurse-Led Clinic providing anything patients can see their GP for including; sexual health, smears, chronic disease management, minor illness, dressing and wound care, immunisations and vaccinations and can refer patients directly to the hospital if

[32] Local Development Plan 2016-2030

[redacted]

required. There is an onsite counsellor, a visiting podiatrist, needle exchange on site and a visiting Credit Union service.

The Victoria Street Practice which was a Branch Practice of the Kingswells Medical Group has now moved to the same site at the Kingswells Medical Practice [redacted]

The South Locality

The South Locality has 8 natural communities within the Locality clustered into 6 areas in the Locality. There is a GP practice situated within each natural community.

Due to these ongoing challenges, practice boundaries and practice list sizes have continued to be subject to change at the strategic request of the Aberdeen City HSCP and GP practices. This continued work stream has helped to ensure a better balance of capacity and demand across the City, however, further work is required to ensure safe and sustainable service delivery, depending on local circumstances. [redacted]

[redacted]

[redacted]

[redacted]

2:2:1:3 What other drivers for change are there?

The IA proposals will contribute to the following strategic investment priorities of NHS Scotland as a direct result of the implementation of the new service delivery model and the investment in new infrastructure to deliver those services; person centred, safe, effective quality of care, health of the population, value and sustainability [see appendix 16: National Strategic Investment Priorities and Measures.

The delivery of modern and integrated PCCS will contribute to the delivery of improved outcomes set out in the Community Planning Aberdeen (CPA) Local Outcome Improvement Pan (LOIP) (2016-2026). It will specifically contribute to the delivery of the outcomes; (i) Prosperous Economy by investing in the infrastructure required in response to the needs of the future population, (ii) Inclusive Economic Growth by delivering integrated PCCS aimed at improving health and wellbeing outcomes and reducing health inequalities evident in areas of deprivation [redacted]. The new service delivery model which includes additional support sessions from a range of professionals in health, care and welfare support services will 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.

This project is an integral part of the overall strategy described in NHSG Healthfit 2020 Vision. The 2020 vision was developed in partnership with local authorities, the Third Sector including voluntary organisations and social enterprise, primary and secondary care and public representatives. The resulting vision was approved by the NHSG Board in October 2011 and provides a blueprint for local services design. [redacted] The Practice will support clinicians to use the Clinical Guidance Internet for PCCS. The model ensures the maximum space utilisation by moving to electronic record storage, shared administration space, flexible and adaptive clinical space, bookable multi-purpose rooms, a waiting area that is flexible and can be used by the community in the evenings and weekends and a purpose built triage hub that is flexible and can be used for training purposes. Improved integrated working between health and community care teams will have an 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.

The project will contribute to the delivery of the Quality Ambitions set out in the Quality Strategy as the new service delivery model will ensure (i) a safe environment through the development of a purpose built health and care community hub (ii) be patient centred by taking account of the needs of the communities in the design and delivery of services, and (iii) effective by ensuring the most appropriate treatments, interventions, support and services are provided to best meet the needs of the population demographic. It provides an opportunity to redesign care pathways to improve access to PCCS and will provide a more integrated and community based approach to supporting those with Long Term Conditions [see appendix 16: National Strategy Improvement Priorities and Measures]. .

The project will contribute to the delivery of the 4 strategic priorities set out in the NHSG Clinical Strategy (2016-2021) to focus on prevention, self-management, planned care and unscheduled care. A purpose built PCCS in a Community Hub model will better support the

delivery of a new service model that includes the implementation of secondary prevention activities that begin to reduce health inequalities (e.g. screening programmes, alcohol reduction programmes and mental health support). Capital investment in new facilities will enable the Aberdeen City HSCP to seize the opportunity to design and organise facilities 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. The Aberdeen City HSCP has made a commitment to develop Link Workers, Extended Pharmacy Models and Physician Associates and this will ensure that the wider resources in the community will be maximised as part of the health and care system.

In April 2016, the Aberdeen City HSCP assumed full responsibility for the planning and delivery of PCCS, including the strategic planning for Acute Services and the delivery of Hosted Services on behalf of Aberdeenshire and Moray HSCPs [see appendix 16: HSCP Performance Dash Board]. The Strategic Plan (2016-2019) sets out the vision for the future delivery of services, whilst building on the work undertaken to redesign PCCS. At a citywide level, the Partnership has identified 6 big ticket items including;

- Acute care at home
- Management of Long Term Conditions
- Modernisation of primary health and community care services
- Organisational culture change
- Strategic commissioning
- Transformation of ICT

The above includes a commitment to further embed the 'Locality Model (North, Central, West and South)' to meet the different needs of the population across the City.

Following consultation with key stakeholders, the Aberdeen City HSCP has developed a Transformation Programme to support the delivery of the 6 big ticket items. The Transformation Programme to Modernise the Delivery of Primary and Community Care Services sets out the following Transformation Fund investment priorities; integrated services, outreach clinics in communities, locality/neighbourhood centres and community hubs, new clinical roles, primary care new ways of working, GP beds in the community, anticipatory care, a citywide Phlebotomy Service, modernisation of existing infrastructure and technology enabled care [see appendix 17: HSCP Transformation Programme for Modernisation of PCCS].

In order to implement these changes, the Aberdeen City HSCP has approved the development of a detailed Transformation Plan for Primary and Community Care Services in Aberdeen City (2019-2029). The plan will include an assessment of need, mapping the current provision of services, projecting future demand and setting out a clear vision of transformation required to develop a new service delivery model for the delivery of citywide provision and locality based services. This will also include the identification of priority projects where it makes sense to work in closer collaboration across the North East of Scotland with HSCPs, respective Health Boards and Councils to improve the experience and outcomes of service users and achieve best value.

Whilst the focus will be on the transformation of service delivery, there will also be a requirement to modernise the related infrastructure to deliver that vision. The Aberdeen City HSCP has also committed to the development of a respective Asset Management Plan (HSCP AMP) (2019-2024). This is to ensure a more robust planning approach with the Partner Organisations ACC and NHSG, who manage all assets and related budgets to invest in the modernisation of buildings, ICT, equipment and transport infrastructure.

The Project Groups for the two work streams have recently been established and it is anticipated that the development of these two documents in consultation with patients, carers, service users and their families, the pubic, staff and partner organisations will take 18-24 months to complete and be approved [see appendix 18: Timeline for the Development of Transformation Plan to Modernise PCCS and Asset Management Plan].

It is important that any investment in service transformation and infrastructure to support the redesign and modernisation of PCCS is situated within the wider strategic intent of the Aberdeen City HSCP. [redacted]

2:2:1:4 Summary of the need for change

Therefore, the immediate challenges and pressures facing the Aberdeen City HSCP and NHSG are summarised as follows:-

Table 2: Need for Change

Cause of the need for change	Effect of the cause on the organisation	Why action now:
Accommodation with high levels of backlog maintenance and poor functionality.	Increased safety risk from outstanding maintenance.	Building condition and associated risks will continue to deteriorate, following decision to decant the site has been identified as a priority for redevelopment in the City Centre Master Plan.
Future service demand.	Existing capacity is unable to cope with future projected demands.	Service sustainability will be at risk if adequate levels of clinical staff cannot be secured.
Significant backlog maintenance across 3 sites. No expansion room at Northfield Surgery of Mastrick Clinic.	Unable to support an innovative practice to deliver extended services and new ways of working.	If no plans are progressed to provide a service solution then significant investment would have to be made in at least 2 of the sites, despite no room for further expansion.

Inefficient service arrangements impacting on the sustainability of Primary Care delivery.	Existing service arrangements affect service access across the city with large numbers of dispersed patients in the areas of deprivation and gaps in provision to new communities in the adjacent West Locality.	Continuation of the existing service performance and workforce challenges are unsustainable.
High cost delivery models and investment and recruitment challenges.	Existing service arrangements affect service access across the city with large numbers of dispersed patients in the areas of deprivation and gaps in provision to new communities.	Support service seeking to develop new and innovative ways of working to improve viability and sustainability.
The current workforce will not be able to meet the growth in demand for services.	3 site businesses model will be unsustainable in the longer term and could deter future investment.	Continuing to deliver traditional models of care with a declining pool of GPs will lead to increased clinical risk and demand on acute services.

2:2:2 What is the organisation seeking to achieve?

NHSG and the Aberdeen City HSCP are seeking to transform the delivery of PCCS and modernise the existing infrastructure to ensure a clinically efficient, effective, affordable and sustainable future service delivery model to meet the needs of the population. The proposed investment in the replacement of the Denburn Medical Centre, Northfield Surgery and Mastrick Clinic will enable a more sustainable business model and redistribute GMS services to the most vulnerable living in the Central Locality. [redacted] There is a clear commitment within NHSG and Aberdeen City HSCP to ensure the effective implementation of the project and to commit to post-completion evaluation and reporting to respective Boards. The innovative approach to the design of the Schedule of Accommodation will inform the development of future capital investment projects e.g. the North Corridor Project and may have wider application than Aberdeen City.

2:2:2:1Investment Objectives

The business need section set out the local drivers for change, what caused the need for change and effect of that change on the organisation. The Investment Objectives (IOs) set out specifically what needs to be achieved to overcome the local challenge and need.

Table 3: Investment Objectives	
Effect of the cause on the organisation	**What needs to be achieved to overcome this (IOs)**
Increased safety risk from outstanding maintenance.	Provide a safe working environment and support improvements to the physical quality and age of the healthcare estate in line with the NHSG AMP.
Existing workforce and site capacity is unable to cope with future projected demands.	Support the development of a service model to meet future service demand [redacted].
Unable to support an innovative practice to deliver extended services and new ways of working.	Allows the development of service arrangements that support the delivery of an enhanced model of integrated health and care services leading to improved patient experience.
Existing service arrangements affect service access across the city with large numbers of dispersed patients in the areas of deprivation and gaps in provision to new communities.	Achieve equitable access to service provision across the locality.
[redacted] business model will be unsustainable in the longer term and could deter future investment.	Support an efficient business model that promotes viability/sustainability.
Vacancies will lead to reduced access to services and longer waiting times.	Create attractive employment opportunities.

2:2:2:2 Benefit Register

Based on the Investment Objectives, a workshop took place in December 2016 to determine the demonstrable benefits of having a service that delivered the vision. The Benefit Realisation Plan (BRP) will be finalised at the (OBC) stage and will set out more detail around the metrics or indicators to ensure the Aberdeen City HSCP and NHSG can assess whether or not the project successfully meets its objectives in 5 years time.

2:2:2:3 Benefit Realisation Plan

The successful outcome of the Project will be to deliver each of the investment objectives and realise the desired benefits. (see appendix 19: Summary of Benefit Realisation Plan). Some of the key benefits include:-

- Improves the quality of the Health/Social Care Estate
- Delivery of extended service delivery model that includes the Integration of Health & Social Care Services

- Increased provision of enhanced services
- Positive contribution to the local community

2:2:2:4 Risk Management Strategy

At the Project Set Up Stage, the Denburn Project Group developed a Project Initiation Document (PID) which sets out assumption, constraints and dependencies for the proposal. In January 2017, a workshop took place to build on this work and determine the top 20% of risk events which could account for 80% of the total potential risk to the proposal.

The Risk Register (RR) will be finalised at the OBC stage and will set out more detail around the consequence, likelihood and specific action taken to manage or mitigate the risks. Risks have been identified in the following categories (see appendix 20: Summary of the Risk Register);-

- Client/Service
- Planning and Design
- Construction and Property
- Finance
- External

2:2:2:5 Constraints and Dependencies

The following constraints place limitations on the investment proposal:-

- Availability of suitable site within the necessary proximity to the current Northfield Surgery and Mastrick Clinic within the Central Locality.
- Availability of capital resources to deliver the project.
- Availability of revenue funding to develop the services.
- Investment in technology to support the delivery of new and innovative ways of working in primary health and care services.

3: ECONOMIC CASE

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3: Economic Case

The purpose of the Economic Case is to set out the preferred strategic/service solution to realise the IOs. It sets this out by considering:

- details of stakeholder engagement in developing the preferred solution
- summary of the option appraisal process undertaken
- summary of the appraisal of options against the investment objectives
- recommendation for the preferred service solution
- indicative costs

3:1 Stakeholder Involvement

Organisation

The Project is led by an experienced Project Director and Project manager under the oversight of a Programme Board which is chaired by the Chief Officer for Aberdeen City IJB. The programme Board is accountable jointly to the NHSG (through NHSG's Asset Management Group (AMG) and to the Aberdeen City Integration Joint Board (IJB). Membership includes; NHSG's Head of Property and Asset Development, Assistant Director of Finance, Deputy Director of Workforce and the IJB's Locality Clinical Lead, Lead Planning Manager (Capital and Services) and Chief Finance Officer. This refreshed IA was approved by the Project Board in October 2017, NHSG's AMG in November 2017, the IJB in January 2018 and the NHS Grampian Board in February 2018.

The proposal contained within this IA is also incorporated into NHSG's Clinical Strategy (2016-2021), the Aberdeen City IJB Strategic Plan (2015-2019), NHSG Local Delivery Plan (2016-2017), NHSG Property and AMP and the Aberdeen City LDP (2017). .

Services

Executive and Senior Clinical Management at NHSG have been involved throughout the project with regular reporting and scrutiny at the NHSG AMG which is chaired by NHSG's Director of Finance. Membership of the AMG includes NHSG's Chief Executive, Director of Modernisation, Chair of the Area Clinical Forum and senior representation from each of the three Grampian IJB's.

Workforce

All affected services are represented on the Project Group which reports to the Project Board. Membership includes; General Practitioners and other practice staff from the Denburn and the Aurora Medical Practices, the Clinical Lead for the Central Locality Aberdeen HSCP, the Practice Development Manager for the Central Locality Aberdeen HSCP, lead for Allied Health Professional Aberdeen HSCP, lead for Nursing Aberdeen HSCP, lead for Public Health Aberdeen HSCP, Manager for Adult and Older Peoples Social Work Aberdeen HSCP, Staff Side Representative and representative of the Third Sector from Aberdeen Council of Voluntary Organisations. The work of the group is supported by the Project Director and Project Manager and others with technical financial and property development expertise. The group's remit was to support the detailed work involved in the development of the investment objectives, future service model, options appraisal,

development of the 5 case model in the Initial Agreement, Benefit Realisation Plan and Risk Register.

Scottish Health Council

A full review of the Major Service Change Assessment was undertaken and approved by the Project Group in October 2017. The Scottish Health Council (SHC) was informed in November 2017 on the impact of any proposed service changes on patient care. In December 2017, the SHC confirmed that they are content with this kind and level of engagement carried out to date and that it is in line with guidance. The SHC also confirm that the PWF would not constitute a Major Service Change.

Patients

[redacted]

There has been a long period of consultation with patients at the Denburn Health Centre since 2008. The Project Group has included two Patient Representatives previously registered with the Denburn Medical Practice who were engaged in the development of the investment objectives, future service model, options appraisal, development of the 5 case model in the IA, BRP, RR and their feedback incorporated as appropriate.

In January 2017, the Aberdeen City HSCP advised patients that they had secured the ongoing provision of GMS to the Northfield and Mastrick communities and that the Denburn Medical Practice were the preferred provider. Patients at the Northfield Surgery and Mastrick Clinic will have access to a greater range of integrated PCCS within a 1.5 mile radius of their current Practices. Many people currently residing in the Northfield, Mastrick and Cornhill area who are currently displaced to other City Centre Practices will be able to access a modern and integrated PCCS closer to their own communities. A patient representative from the Northfield Surgery and Mastrick Clinic will be identified to participate in the Project Group from February 2018 to contribute to the development of the OBC and FBC.

Further information sessions with the communities at Denburn, Northfield and Mastrick were carried out in early January 2018, a total of 104 patients completed 'Having Your Say Forms'. The two key themes arising from the consultation were (1) ensuring the new model of care provide access to GP appointments and (ii) ensuring the new site is accessible by foot and public transport for the communities being services by the Aurora Medical Practice and alternative GMS is within close proximity of the existing Denburn Health Centre for City Centre patients. Further work to consult with the current patient list to develop the future service delivery model will commence [redacted] before progressing to the OBC stage.

Other Key Stakeholders

Aberdeen City Council Senior Management Team Officers have been consulted on this proposal in order to establish whether NHSG can secure a Greenfield Site and to establish a

timeline and plan for the disposal of the Denburn Medical Centre site to realise the objectives set out in the wider City Centre Development Plan (2015-2035).

Elected Members of Aberdeen City Council.

Ward Councillors at Aberdeen City Council were briefed in January 2018. MSPs for Aberdeen City were also briefed at the NHSG Chief Officer/MSP meeting in January 2018. The briefing were followed up with a Project Briefing Paper. In addition, an information bulletin will be provided to Elected Members on a quarterly basis from February 2018.

Community Planning Aberdeen.

The Aberdeen City IJB is a key Outcome Group of Community Planning Aberdeen. The IJB Board endorsed the IA at the Board meeting in January 2018.

Table 4: Summery of Stakeholder Engagement

Stakeholder Group:	**Engagement that has taken place**	**Confirmed support for the proposal**
Patients/service users	Denburn patient's representatives have been long standing member of the Project Group. A number of patient engagement events held historically at the Denburn Health Centre up to 2014 IA approval. Communications Group set up in December 2017. 104 patients at the Denburn Medical Practice, Northfield Surgery and Mastrick Clinic completed 'Having Your Say Forms' in January 2018 before submission of revised IA.	Confirmed support for the proposal signed off at the Project Group, October 2017. Feedback and changes made recorded in the minutes of all Project Groups and QA feedback sheets.
General public	The wider general public will not be affected by this proposal.	N/a
Staff/Resources	Staff Side and Workforce representatives have been included in the Project Group.	Confirmed support for the proposal signed off at the Project Group in October 2017.

	Denburn Medical Practice has engaged with staff at separate workforce sessions.	Feedback and changes made recorded in the minutes of all Project Groups and QA feedback sheets.
Other key stakeholders and partners.	Third Sector represented on the Project Group by ACVO.	Feedback and changes made recorded in the minutes of all Project Groups and QA feedback sheets.
Ward Members and MSPs.	Briefing sessions took place in January 2018 to update members on the refreshed IA.	Additional written briefings provided to Ward Members and MSPs. IJB Board approved the endorsement of the IA in January 2018.

3:2 The Do Nothing Option

Table 7: Summary of Do Nothing	
The Do Nothing Option	**Strategic Scope of Option**
Service provision	Current service arrangements continue with no service reconfiguration. Service sustainability will be at risk if adequate levels of clinical staff cannot be maintained.
Service arrangements	Continuation of the existing service performance and workforce challenges are unsustainable.
Service provider and workforce arrangements	Continuing to deliver traditional models of care with a declining pool of GPs will lead to increased clinical risk and demand on acute services.
Supporting assets	Risks associated with Building condition, functional suitability and constraints on useable space a will continue.
Public and service user expectations	Service access is currently inequitable for the Central and West Localities and a dispersal of GMS services [redacted].

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				[redacted]

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Enhanced Primary Care Services[38]

The Scottish Government has set out a commitment to extend the core practice team in primary care services to include other health and care professionals. NHS Scotland has developed a definition of the key elements of the wider practice team. The Aberdeen City HSCP is exploring the workforce planning, resourcing and funding of these developments through the Transformation Programme and associated Transformation Fund.

[redacted]

[38] Currie and Brown ' Draft Strategic Assessment Report for the North Corridor Project, commissioned by NHS Grampian, Aberdeen City HSCP and Aberdeenshire HSCP.

The Scottish Government has given the commitment that an Enhanced Practitioner Pharmacist will be available to every General Practice in Scotland. The role of the Enhanced Practitioner Pharmacists will be to work directly with GPs to support patients with Long Term Conditions (e.g. COPD, asthma, type 2 diabetes, hypertension, antiplatelet and anticoagulant therapy), improve reliability for the safer prescribing/monitoring and dispensing of high risk medicines (e.g. warfarin and non-steroidal and anti-inflammatory drugs/NSAIDs), improve the reliability of medicine reconciliation when patients are discharged from acute hospital, through Practice Clinics to monitor medication compliance, provide advice to patients and resolve any issues relating to multiple drug prescribing and drug interactions and following training to achieve competencies in advanced clinical skills become independent prescribers.

The Aberdeen City HSCP is exploring the centralisation management of the Community Phlebotomy with bookable slots in the Locality setting. This will release GPs and Practice Nurses' capacity.

Based on studies undertaken by NHS Cumbria musculoskeletal related problems were assessed as making-up almost 30% of General Practitioners caseload. The development of the Advanced MSK practitioner role in primary care as a direct referral service may open up more space for GPs to manage medical conditions, with the benefit of shortening the amount of time that the patient has to wait for a consultation. This could improve the management of demand into the acute sector and the increasing level of referrals into specialist orthopaedic clinics. [redacted]

The ANP role in primary care has the ability to operate as an advanced generalist, and provide complete episodes of care for patients presenting with a wide variety of health and social care needs. The patient in primary care has the opportunity to consult with either a GP, ANP or both. An ANP in general practice that becomes the primary care provider may work with the patient to agree a plan of care, and may deliver a large proportion of that care themselves, or in partnership with medical colleagues and other members of the health and social care team. [redacted]

[redacted]

The Practice will build on the model of improved integrated working between primary care and mental health services. The value of having access to a named Consultant Psychiatrist and a named Mental Health Worker such as a Primary Care Mental Health Worker or Community Psychiatric nurse will be further explored in advance of OBC.

The Royal College of Paediatrics & Child Health recommends a link Consultant Paediatrician and a link Community Children's Nurse to improve access to advice on sick children, and the development of local care pathways for common conditions. A more prominent role for the Health Visitor in the management of a wide range of child health problems could help reduce the health inequalities for children living in some areas, [redacted] The use of a shared single electronic record alongside other

members of the primary care team would improve the level of integrated working. This will be further explored in advance of the OBC.

[redacted] The Aberdeen City HSCP will be liaising with the Alcohol and Drug Partnership (ADP) to consider opportunities for on-site access to a multi-disciplinary team that includes social workers and drug and alcohol teams and how this links to the Healthy Hoose already in the Central Locality.

Aberdeen City HSCP has worked over the last few years to align nursing and residential homes in the City to a GP Practice so that all patients in a home are cared for by one GP practice, except where a resident asks to be registered with a different practice. Likewise, one community pharmacy, ideally linked to the practice, provides advice on safe prescribing and medicines use in each home.

People at the end of life and their families should be able to identify and contact named individuals who lead on their care, for example a GP, community nurse, or specialist nurse. Healthcare professionals providing care to patients at the end of life should have access to an up-to- date care plan 24 hours a day, access to community nursing services 24 hours a day, and to night sitting services. They should have ready access to drugs commonly used at the end of life, and advice from palliative care specialists should be available 24 hours a day. Further work will be done to explore how the practice can ensure a more integrated approach to palliative care in the community with access to electronic records.

Fundamental to the new service models is addressing new ways of working between GPs and specialists. The Multispecialty Community Provider (MCPs) model envisages a much wider range of specialist services being delivered in the community, often from expanded community facilities that are closely linked to general practices. There will be an opportunity to further explore this at OBC stage and FBC stage alongside the wider developments in the North Corridor Project in the adjacent North Locality. It will also contribute to improving priority performance areas for the Aberdeen HSCP[39].

Acute Sector and Provision of Services in the Community

The flexible design of the Schedule of Accommodation will provide opportunities to deliver Outreach Clinics in the community by Community Geriatrician Consultants, Clinical Psychologists and other Acute Sector Consultants.

Table 7: Wider Health and Care Services Delivered in Community Care Setting[40]	
Prevention	The role of Public Health and other services will be important to ensure targeted interventions to prevent ill health, support those in the community with pre-existing conditions and reduce the health inequality gap. [redacted]

[39] Appendix 13: SCP Performance Dash Board.

[40] Developed by Pat Kilpatrick, Health Planner, Currie and Brown 'Draft Strategic Assessment Report for the North Corridor Project, commissioned by NHS Grampian, Aberdeen City HSCP and Aberdeenshire HSCP.

	[redacted]
Long Term Conditions	[redacted]
Ambulatory/Urgent Care	Explore the services required to better manage non-planned hospital attendances without admitting the patient to an acute hospital. The focus is on providing accessible alternatives to A&E. This will be further explored with the Elective Care Programme Board in advance of OBC.
Demand Management	Demand management through multi-agencies working to identify which patients are required to be treated in the acute setting and those who would be managed in the community.
Diagnostics	Investment in X-Ray and Ultrasound in GP settings could reduce the number of patients entering an acute setting to those with confirmed rather than suspected need.
Outpatients	Outpatient clinics could be better delivered in the community and will be further explored with the Elective Care Programme Board in advance of OBC focusing on the specific health trends in the patient population.
In Patients/Day Care	These services focus on providing many services currently only provided as an acute inpatient in alternative ways, this includes more day-case/ambulatory treatment options, minor procedures in primary care and community teams/facilities to provide ongoing care (to prevent admission or reduce length of stay). This will be further explored with the Elective Care Programme Board in advance of OBC focusing on the specific health trends in the patient population.

Information Communication Infrastructure (ICT)

Decanting from the Denburn Medical Centre provides an opportunity to consider how the Practice can transform service delivery including; buildings, equipment, transport and ICT infrastructure.

[redacted]

[redacted] The co-location of social care, community care, third sector and independent providers would further enhance the services delivered to the community. [redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

There is also an opportunity to explore funding from the NHSG GP Premises Group, HSCP Transformation Fund and NHSG Elective Care Programme to include Diagnostic Surgery Pods in the waiting rooms, Self Service check in points in the waiting room and X-Ray and Ultrasound facilities in Community Hub to help reduced unscheduled admission to hospital.

Service Sustainability

[redacted]

3:4 Options Appraisal

The Project Group engaged in an extensive review and option appraisal process, involving consultation with key stakeholders.

[redacted]

[redacted]

[redacted]

[redacted]

Following an Option Scoring Workshop in April 2017, it was agreed that the focus should now be on the development of a purpose built facility. The revised options focused on how this provides an opportunity to better deliver the service vision for an integrated PCCS Community Hub Model in the Central Locality adjacent to the wider North Corridor Regional Spoke Model.

Between October 2016 and April 2017, the Project Group participated in 4 Workshops to develop the future service delivery model and develop a 'Long List' of options [see appendix 21: Long List of Options and Scorings against Investment Objectives].

The following three options which were scored in the Long List of Options, have not been progressed to the Short List of Options as follows:-

Table 8: Long List of Options		
Reference	**Description**	**Score**
1a	Denburn reconfiguration.	14.29%
1b	Northfield / Mastrick reconfiguration.	21.43%
1c	Northfield only reconfiguration.	14.29%
1d	Mastrick only reconfiguration.	14.29%
2a	Replace Denburn with a City Centre facility.	42.86%
2b	Replace Denburn with a City Centre facility and refurbish/reconfigure Northfield and close Mastrick.	57.14%
3a	Newbuild at suitable site (current service delivery model), reconfigure Northfield and close Mastrick.	57.14%
3b	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and reconfigure Mastrick Clinic.	57.14%
3c	Newbuild suitable site (current delivery model) and City Centre New Build.	92.86%
3d	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and general maintenance at Mastrick Clinic.	57.14%
4a	Newbuild Greenfield (extended service model) and City Centre New Build and close Northfield and Mastrick.	100%
4b	New build on suitable site (extended service model), close Denburn Health Centre, close Northfield Surgery and close Mastrick Clinic.	100%
5a	Do Minimum – Backlog Maintenance – all facilities.	21.43%

[see appendix 21: Long List Decision Sheet]

Option 2(b), 3(c) and 4(a) score well across the IOs (57.14%, 92.86% and 100% respectively). However, they have not been included in the 'Short List' because there are a number of GMS providers in the City Centre and West End areas of the Central Locality. These options would not meet the IJBs objectives to redistribute GMS provision across the City. Also, work on the previous IA highlighted challenges in securing adequate sites for additional provision in the city and what is available would be a high cost to secure and equip in City Centre property market. This would not provide best value given the range of other providers in that area and need to ensure increased access to GMS in other existing and emerging communities in the Central and West Localities.

The following 'Short List' of options was approved for further detailed appraisal to determine a recommended Preferred Way Forward:-

Table 9: Short List of Options to determine Preferred Way Forward [41]			
Option	**Long List reference**	**Description**	**Score**
1	3b	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and reconfigure Mastrick Clinic.	57.14%
2	3d	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and general maintenance at Mastrick Clinic.	57.14%
3	4b	New build on suitable site (extended service model), close Denburn Health Centre, close Northfield Surgery and close Mastrick Clinic.	100%

The highest scoring option is Option 3 from the Short List which is to build a single new integrated Community Hub for the delivery of health and care services at a suitable site in close proximity to the existing services in the Northfield and Mastrick communities of the Central Locality. 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 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 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 enable will better support patients to direct their own care and

[41] Note: All newbuild options on a suitable site will be identified within close proximity to the communities of Northfield / Mastrick. The Initial Agreement sets out the investment for improved facilities to provide GMS to these communities. [redacted]

self-manage their health and wellbeing, where appropriate e.g. supported by the Link Worker to self-refer to other support services.

The Short List options above will be evaluated against the do minimum option 5b which scored 14.29% against the IOs.

3:5 Indicative costs

This section considers the indicative costs of the short listed proposed solutions.

Relevant monetary costs and benefits are considered at this stage and an appraisal period of 50 years is used. The first full year of operation is assumed to be 2020/21.

All costs are stated at 2017/18 pay and price levels.

Capital costs have been calculated using appropriate benchmarked floor area rates, tailored to each option. In accordance with the SCIM guidance the costs of VAT, inflation and capital charges (depreciation) have been excluded from the economic analysis.

Many costs associated with the proposed service solution will not be known until market testing has been completed therefore optimism bias has been completed and applied to provide a cost range.

Table 10 below provides an analysis of the capital and revenue operating costs of each of the shortlisted options compared to the do minimum option.

A summary of the indicative costs are set out in table 10a below with the impact of applying optimum bias reflected in table 12b.

Table 10a: Summary of Indicative Costs

	Do minimum	**3b**	**3d**	**4b**
	£million	**£million**	**£million**	**£million**
Capital cost	15.3	6.4	6.0	7.0
Whole of life capital costs	17.0	7.7	6.9	7.9
Whole of life operating costs	21.1	9.1	7.0	7.7
Estimated Net Present Cost	12.1	5.3	5.0	5.8

Table 10b: Summary of Indicative Costs – With Optimism Bias

	Do minimum	3b	3d	4b
	£million	£million	£million	£million
Capital cost	20.0	7.1	6.7	8.1
Whole of life capital costs	20.9	8.3	7.4	8.8
Whole of life operating costs	21.1	9.1	7.0	7.7
Estimated Net Present Cost	15.8	5.8	5.5	6.6
Optimism Bias % - Capex	23.4%	14.6%	14.6%	18.5%

Indicative Costs - Assumptions

The following reflects the approach taken in the development of cost.

Table 11: Whole of life capital costs

	Do minimum	3b	3d	4b
	£million	£million	£million	£million
Property and Opportunity Costs	16.7	5.1	4.7	5.8
Installation and Implementation	0	0	0	0
Enabling Costs	0	0.8	0.8	0.9
Equipment	0	0.2	0.2	0.2
Lifecycle Costs	4.2	2.2	1.7	1.9
Total Whole Life Capital Costs	**20.9**	**8.3**	**7.4**	**8.8**

- Opportunity Costs: the do minimum option assumes refurbishment of Denburn Health Centre which has a significantly larger footprint than required to accommodate the preferred service model.

- Installation and Implementation: There are no costs associated with installation of equipment.

- Enabling Works: These costs relate to site purchase.

- Equipment (inclusive of Information Technology): The level of investment in equipment has been assessed based on the current asset register information, taking into account, current equipment in use, age profile, gross book value and inflation.

- Lifecycle Costs: indicative lifecycle replacement costs of asset elements during the appraisal period for each option has been calculated.

Table 12: Whole of life operating costs

	Do minimum	3b	3d	4b
	£million	**£million**	**£million**	**£million**
Non- Clinical Operating Costs	0	0	0	0
Clinical Service Costs	0	0	0	0
Building Running Costs	21.1	9.1	7.0	7.7
Monetary Benefits	0	0	0	0
Transitional Costs	0	0	0	0
Externalities	0	0	0	0
Net Income Contribution	0	0	0	0
Total Whole Life Operating Costs	**21.1**	**9.1**	**7.0**	**7.7**

Non-Clinical Operating Costs: It is assumed that any development in services for patients arising as a consequence of the project will be contained within existing resources.

Transitional Costs: Project delivery will be met within existing establishment supported as appropriate by the Boards Estates, Planning, Finance and Procurement teams.

Monetary Benefits: none are anticipated

Building Related Running Costs: these costs have been estimated based on current unit costs pro rata to floor area and include: maintenance, heat light and power, cleaning and general rates.

Externality/Displacement Costs: none are anticipated.

Net Income Contribution (income generated from non-public sector organisation): none are anticipated.

3:6 Assessment of Short List of Options

The following table sets out a summary of “Do Nothing’ and ‘Do Minimum’ options which would be to close the Denburn Medical Centre and refurbish the Northfield Surgery and Mastrick Clinic.

Table 13: Assessment of Short List of Options			
	Do Nothing	**Do Minimum 5(b)[42]**	**Preferred Way Forward 4(b)[43]**
Strengths and Opportunities	None.	Improve the quality of the healthcare estate.	Rationalise the healthcare estate (reduce from 3 sites to 1). Reduce the age of the healthcare estate. Purpose built estate to deliver new integrated model of care at locality level.
Weaknesses and Threats	Building fabric poses safety concerns (D[44]). No expansion space (N/M[45]).	The lack of availability of suitable city centre sites excludes a central new build option. Consequently refurbishment of Denburn HC to address all backlog maintenance issues would result in a significantly larger facility than is required to ensure continuity of service. It is not practical to restrict refurbishment to a designated area of the building for statutory compliance and health and safety reasons. Also there is no suitable available accommodation to allow decanting of services during refurbishment work and this would result in significant disruption to service delivery during the construction period. No expansion space is available at Mastrick or Northfield facilities and	Agreement for additional £3.1m capital funding required (NHSG have £5m provided from within the Board's formula capital allocation against a projected cost of £8.1m) Availability of a suitable site to support the development.

[42] Refurbishment of Northfield and Mastrick and closure of Denburn Medical Centre.
[43] New build on a suitable site and close Denburn, Northfield and Mastrick sites.
[44] Denburn Medical Centre.
[45] Northfield Surgery and Mastrick Clinic

		any refurbishment would be restricted to the existing footprint. Utlising the space within Denburn for the Northfield/Mastrick lists would result in patients travelling considerably out-with their local communities (N/M).	

Does it meet the Investment Objectives[46]			
Investment Objectives[47]	**Do Nothing**	**Do Minimum 5 (b)**	**Preferred Way Forward 4(b)**
Investment Objective 1	0	1	2
Investment Objective 2	0	0	2
Investment Objective 3	0	1	2
Investment Objective 4	0	1	2
Investment Objective 5	0	1	2
Investment Objective 6	0	1	2
Total Score	0	5	12

Are the indicative costs likely to be affordable? (Yes, maybe/unknown, no)	
Affordability	<u>Do Minimum (5b)</u> This option is not currently affordable either in revenue or capital terms and makes little sense from a VFM perspective. The costs to refurbish Denburn Health Centre are significantly higher than the more modest purpose built facility that could be delivered as a new build solution. Additionally, it is unlikely that suitably located accommodation will be available to allow decanting of services during construction causing significant disruption and potential additional costs associated with any temporary accommodation. Also there is an opportunity cost associated with continuing to operate Denburn Health centre which is 75% empty and therefore incurring unnecessary revenue costs associated with heating, lighting, security and maintenance.

[46] 0 = No / 1 = Partially / 2 = Fully.

[47] IO 1 - Increased safety risk from outstanding maintenance.
IO 2 - Existing workforce and site capacity is unable to cope with future projected demands.
IO 3 - Unable to support an innovative practice to deliver extended services and new ways of working.
IO 4 - Existing service arrangements affect service access across the city with large numbers of dispersed patients in the areas of deprivation and gaps in provision to new communities.
IO 5 – 3 site business model will be unsustainable in the longer term and could deter future investment.
IO 6 - Vacancies will lead to reduced access to services and longer waiting times.

	4(b) – Preferred option – Replace Denburn/Northfield/Mastrick This option will require £3.1m of additional capital funding to be made available for its delivery. Property running costs will however be lower due to the reduced footprint and the additional costs associated with decanting of services and maintenance/security of surplus accommodation will be avoided.

3:7 Preferred Service Solution

The Preferred Way Forward is Option 3: to build a new integrated Community Hub for the delivery of health and care services at a suitable site in the Central locality. The site will be located within proximity to the existing services in the communities of Northfield and Mastrick. This will reduce the Practice delivery model from a 3 site model to a single site model. The Service Solution will ensure the community receives an enhanced service from a wider range of health and care professionals, including the Third Sector. There will be further opportunities to link to the wider developments in the North Corridor to provide a Hub and Spoke model with access to acute services delivered in community settings.

3:8 Design Quality Objectives

As detailed within the SCIM guidance, all preferred strategic/service solutions are likely to need a designed physical solution.

The process of developing design objectives has commenced and a multi-stakeholder review of existing property arrangements was carried in September 2017 to establish a benchmark score for each facility and setting a target score from which design expectation can be measured [see appendix 22: Diagram 1: Denburn Achieving Excellence in Design Evaluation Toolkit [AEDET] Benchmark Summary, Diagram 2: Northfield AEDET Benchmark Summary and Diagram 3: Mastrick AEDET Benchmarking Summary.

As per the AEDET Refresh guidance, the requirements of the IA stage have been met in that an AEDET workshop was held using the generic question set only, to achieve Target and Benchmark scores. Due to difficulties in arranging a suitable date for this workshop, this has only just been completed and has now been submitted via the NHSScotland Design Assessment Process (NDAP).

A summary table detailing the benchmark and target for each facility is included within Appendix 22. The diagrams detail the benchmark scores for each facility and the target score for the project.

Further AEDET workshops will be carried out at OBC and FBC stages and Post Occupancy Evaluation (POE) stages where a combination of AEDET and project specific Design Statements will be used.

4: COMMERCIAL, FINANCIAL AND MANAGEMENT CASES

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4: Commercial, Financial and Management Cases

4:1 Commercial Case

This section provides a statement of the proposed procurement route likely for the preferred solution(s), along with a timetable covering the key business case stages, design development milestones, main procurement steps and likely implementation periods based on the available information at this stage.

The Commercial Case concludes the preferred service solution is attractive to developers.

4:1:1 Procurement Route likely for the preferred solution(s)

The hub initiative in the North Territory is provided through a joint venture company (Hub North Scotland Limited) bring together local public sector participants, SFT and a Private Sector Development Partner (PSDP).The North Territory hubCo PSDP is a consortium between Galliford Try PLC (formerly Millar Corporate Holdings) and Sweett Equitix.

The NHS Scotland guidance for delivering any strategic solutions relating to Community or primary care premises that require alteration or replacement are covered by an exclusivity agreement that requires Hub North Scotland Ltd to be offered lead contractor status, if the capital value is in excess of £750,000.

The procurement route options available for delivering the preferred solution(s) through the hub initiative is either by revenue funding via a Design, Build, Finance & Maintain (DBFM) project agreement, or by capital funding via Design & Build Development Agreement (DBDA). Considering the estimated project costs, it is unlikely that a revenue funding model would meet a value for money test, so the more appropriate procurement route would be a capital funded Design and Build option (DBDA).

All investment in hub projects complies with relevant Scottish Government and European Union procurement regulations.

External advisors for Technical and Legal services will be procured by NHSG to scrutinise design stage submissions, and to assist the Project Team in the administration of the project.

4:1:2 Procurement Timetable

An outline of the Project's timetable covering the key business stages, design development milestones, main procurement steps and likely implementation period is described below.

In essence the Hub process for DBDA procurement is divided into 3 sequential stages, these being:

- New Project Request (NPR) – an NPR will be issued by the Board in consultation with SFT, based on benchmarking costs derived from SFT's Performance Metrics of their previously delivered community facilities.

- Stage 1: this stage aligns with the OBC approval process. The hub company's construction and design team will develop the Board's schedule of accommodation requirements to an appropriate level of design development and submit a Stage 1 submission.

- Stage 2: this stage aligns with the Full Business Case (FBC) approval process. The hub company's contractor and design team will complete the design development to the Boards construction requirements, including planning consent and submit a stage 2 submission.

The procurement timetable is outlined in the table 14 below:-

Table 14: Procurement Timetable based on preferred strategic solution

Stage	Start Date	End Date
Service planning for IA	Feb 17	Sept 18
AEDET review of existing accommodation	Sept 18	Sept 18
IA to NHSG Board & North Regional Board for determining prior to CIG submission	Nov 17	Jan18
IA considered by CIG	Jan 18	Feb 18
NPR issued by NHSG	March 18	April 18
Stage 1 development of preferred option	April 18	Oct 18
NDAP & AEDET review for OBC	Aug 18	Aug 18
Technical review of Stage 1 submission	Aug 18	Sept 18
OBC to NHSG Board & North Regional Board for determining prior to CIG submission	Sept 18	Nov 18
OBC considered by CIG	Dec 18	Dec 18
Stage 2 development of preferred option* (see below)	Oct 18	July 19
NDAP & AEDET review for FBC	May 19	May 19
Technical review of Stage 2 submission	Oct 18	July 19

FBC to NHSG Board & North Regional Board for determining prior to CIG submission	June 19	Aug 19
FBC considered by CIG	Sept 19	Sept 19
Land acquisition purchase/concluded	Jan 19	Sept 19
Finalisation of Contract Documents	Sept 19	Oct 19

*based on hub agreement to overlap stage 2 design development with OBC approved timetable.

4:1:3 Scope of Works/Services

The physical element of the solution(s) will be delivered by hub North Scotland Ltd, in conjunction with their construction and design team supply chain.

In essence Hub North Scotland Ltd will be responsible for providing all aspects of the design and construction to comply with, the Board's required schedule of accommodation, construction requirements, and clinical output specifications.

Soft facilities management services (such as domestic, catering, portering, portable appliance testing and external grounds maintenance) will be provided by NHS Grampian.

Hard facilities management services (such as security, planned and preventative maintenance and lifecycle replacement) will be provided by NHS Grampian.

Group 1 items of equipment, which are generally large items of permanently installed plan or equipment will be supplied and installed by hubCo. Future maintenance and replacement will be by NHS Grampian, subject to any items requiring rectification within the defects liability period.

Group 2 items of equipment, which are items of equipment having implications in respect of space, construction and engineering services, will be supplied by NHS Grampian, installed by hubCo and future maintained by NHS Grampian Board.

Group 3-4 items of equipment are supplied, installed maintained and replaced by NHS Grampian.

NHS Grampian will pay for the service through monthly payments in arrears for the value of construction work completed and materials properly delivered to the Works, to hubCo.

4:2 Financial Case

The purpose of the Financial Case within this Initial Agreement (IA) is to consider the affordability and financial consequences of the Project. It sets this out by considering:

- A statement of the organisation's financial situation in relation to the proposal, including confirmation of its affordability.
- Identification of resources proposed for the project, including their suitability and availability.
- Any capital or revenue constraints on the project.
- Description of any financial contributions to be made by external partners, and the current status of that commitment

The preferred service solution as set out in the Economic Case is:

- Option 3: to build a new integrated Community Hub for the delivery of health and care services at a suitable site in the Central locality.

4:2:1 Statement of the Organisation's Financial Situation and affordability

For the financial year 2017/18, the NHS Grampian Board had a revenue budget of approximately £1.1 billion, and core capital budget of approximately £13 million.

In 2016/17 the Board achieved all of its financial targets. The Board presented a fully financially balanced 5 year (2017/18 to 2021/22) Local Delivery Plan (LDP) to the Scottish Government Health and Social Care Directorate in June 2017, which includes the Board's projected revenue and capital funding and expenditure across those years.

Implementation of the preferred service solution would commence in 2018/19 and is expected to complete within 18 months. The cost of the preferred service solution will be accommodated within the Board's and the IJB's financial plans for 2018/19 and future years and agreed through the LDP process assuming Scottish Government agreement to an additional capital contribution of £3.1m towards the construction costs.

4:2:2 Capital Costs

Agreement for an additional £3.1m core capital funding is required (NHSG have £5m provided from within the Board's formula capital allocation against a projected cost of £8.1m).

NHSG's Formula Capital Allocation is fully committed over the next 5 years as a result of the significant pressures around Equipment replacement and backlog maintenance on its buildings. Agreement to allocate an additional £3.1m to enable the project will allow the preferred option to proceed, delivering not only an opportunity for site rationalisation and realignment of General Practice services to local communities within the city but also a new and innovative General Practice model. The accommodation sharing principles that will be piloted within this development will allow a noticeably leaner approach in terms of the layout and size of the building and also provide a benchmark for the IJB to shape future community health and care development across the city.

4:2:3 Revenue Costs

Property Costs

The innovative approach to be adopted in the use of the accommodation will result in a net reduction in the overall footprint (the Denburn Health Centre is presently 75% unoccupied) and it is anticipated that revenue running costs of the buildings will be managed within existing resources.

The annual property costs of the current service [redacted] reflect those of the 3 buildings currently in operation – Denburn Health Centre, Northfield Surgery and Mastrick Clinic. All of the other options show a significantly reduced annual cost. This is because the other options allow for the closure of Denburn Health Centre. While several of the other options also include opening new premises, these will be significantly smaller than the Denburn Health Centre, which though now largely unoccupied, still incurs significant Rates and Heating costs.

Service Revenue Costs

It is assumed that any development in services for patients arising as a consequence of the development will be met within existing resources.

There are not anticipated to be any additional costs of staffing or any other additional service delivery costs as a direct result of the proposals in this IA, rather the focus, initially will be on maximising the benefit available from re organising and redesigning service delivery using the existing team. [redacted]

4:2:4 Disposal of Assets

Completion of the preferred option will result in the Denburn, Northfield and Mastrick properties becoming surplus to requirements and available for disposal.

The Northfield site would most likely be placed on the market for sale, with a view to being developed for affordable housing, due to its location within the housing estate. It is therefore unlikely to obtain a significant sale price.

The Denburn site, while being a more desirable city centre site, is likely to take some time to sell due to current market conditions in Aberdeen. As a result of these market conditions, it is currently NHS Grampian's policy not to factor in any asset sales into its financial plans until those sales are guaranteed.

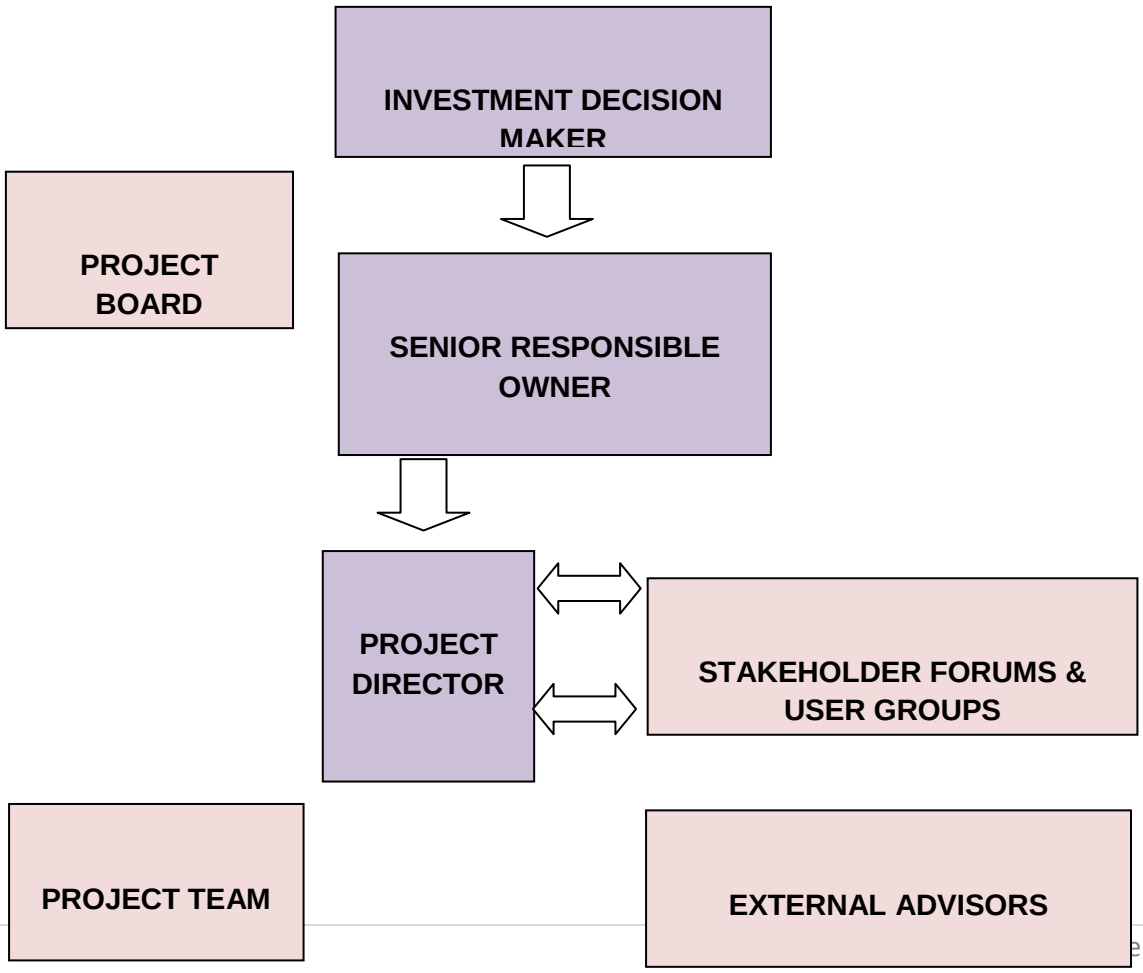
Therefore this IA does not make any assumption that disposal of surplus sites can contribute to funding the development. Any fortuitous benefit from future sales will be re-invested into NHS Grampian's key infrastructure priorities in line with the Board's LDP and AMP.

4:3 Management Case

Table 15 in the Commercial Case sets out the milestones for the development of the project through Initial Agreement, New Project Request, Outline Business Case, Full Business Case approval and finalisation of Contract documents.

4:3:1 Project Governance

In compliance with the SCIM guidance, this project will deploy a Programme and Project Management Approach (PPM) with a structure as shown below:



The above approach will be applied to the project to ensure that:

- A process and audit control framework is applied to the project;
- Project risks are being managed effectively; and
- Learning and good practice points can be transferred to other projects across NHS Grampian and the wider NHS Scotland.

4:3:2 Roles and Responsibilities

Role	Responsibility
Investment Decision Maker	Collective and final responsibility for the approval of the Investment Proposal.
Senior Responsible Officer	Personal accountability and overall responsibility for the delivery of the successful outcome.
Project Director	Leading, managing and co-ordinating the Project Team on a day to day basis.
Project Board	Provides the SRO with stakeholder and technical input to decisions affecting the project.
Project Team	Takes forward the decisions of the Project Board and develops the operational elements of the project.
Stakeholder forums and User Groups	Provides the Project Board with further insight and advice on the detailed requirements of the project.

The nominated officers for the project are shown as follows and will be a mixture of full and part time posts.

Senior Responsible Officer (SRO) – [redacted] Chief Officer, Aberdeen City Health & Social Care Partnership

The key functions of this role will be to provide corporate leadership, support the development of the OBC and FBC through the approval process to CIG. Lead on external communication with Scottish Government and Members of the Scottish Parliament (MSP's) etc. Obtain funding and resources to ensure the projects delivery and negotiate on escalated issues with NHSG Board. To support the Project Director and the project team to deliver the project as agreed in the FBC.

Project Director – [redacted] NHS Grampian

The key function of this role will be to lead and co-ordinate the project through all of its stages in collaboration with the Project Team, Service Planning Lead, Project Board, hubCo and SFT from IA through New Project Request (NPR) Stage 1, OBC, Stage 2, FBC and Contract Close/start on site. Ensuring that the contract is fit for purpose, consistent with the strategic objectives, is affordable and demonstrates value for money. To lead on the production and approval of the SCIM compliant OBC and FBC. To ensure successful completion of the facilities and bring into operation consistent with the project objectives and contract agreement.

Project Manager – [redacted] NHS Grampian

The key functions of this role during implantation will be to assist the Project Director in ensuring that the project is progressing in all areas consistent with the agreed programme and cost envelope. To ensure regular risk identification, review and management in collaboration with hubCo.

Commercial Lead – [redacted] NHS Grampian

To lead on production of the Contract Documents and working with hubCo, legal and technical advisors and SFT to ensure that the commercial deal is fit for purpose, commercially sound, has transferred appropriate risks to hubCo and demonstrates value for money for NHS Grampian. To lead on the Commercial Case in the OBC and FBC.

Finance Lead – [redacted] NHS Grampian

The key functions of this role during implementation will be lead on all key financial issues in relation to the business case for NHSG for e.g. financial analysis and value for money. Also to work with the Commercial Lead to lead the economic and financial sections of the OBC and FBC.

Technical Lead – [redacted] NHS Grampian

The key functions of this role during implementation will be to lead on the production of the technical specification and production of the technical authority requirements and to ensure that hubCo's proposals are consistent with the authority requirements including any agreed derogations. To work with hubCo to ensure all RDD, finishes and Group 2 equipment and change protocol issues are concluded consistent with the Contract Agreement during construction and commissioning.

Service Planning Lead – [redacted] Aberdeen City Health and Social Care Partnership

To lead on the IA and create the Strategic Case for the OBC and FBC and ensure that the strategic objectives and service/clinical brief is clear and delivered by the project. To secure Transformation Funding to support the delivery of the service vision. To lead on all service redesign required to ensure that the new facility delivers the desired service benefits. To ensure the relevant and appropriate representation from both Clinical and Patient representatives/perspectives. To support the project team during commissioning and bring the facilities into operation.

4:3:3 Next Steps

The Project Board has already identified the key high level risks associated with this project and these are set out in this IA. It also has in place a more detailed RR which is regularly reviewed by the Project Board and will be continually updated during the life of the project.

As with risk management, benefits realisation will also require active management if the benefits envisaged from this project as set out in this IA are to be fully realised. A more detailed benefits realisation plan will be developed and overseen by the Project Board. This plan will clearly describe each benefit including the success measured and will also show who has the accountability for its realisation.

There has been a high level of appropriate stakeholder engagement to date through the pilots developed for the Health and Care Framework and this will continue through the life of the project. Stakeholder groups have been identified; this membership will be kept under review to ensure appropriate representation and engagement at all times. The Project Board will have ongoing responsibility for the active management of communication and involvement of stakeholders during the life of the project.

The refresh of the IA will also involve further option appraisal on the preferred service model, in particular further developing the way current services are integrated or reconfigured from the 3 existing premises (Denburn Medical Centre, Northfield Surgery and Mastrick Clinic). Condition surveys and potential for adaptation reports on the 3 premises will also need to be developed through the AEDET.

Benefits realisation workshops, benchmarking for project evaluation planning and further public engagement with the 3 communities will also need to be further developed.

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5: CONCLUSION

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5: CONCLUSION

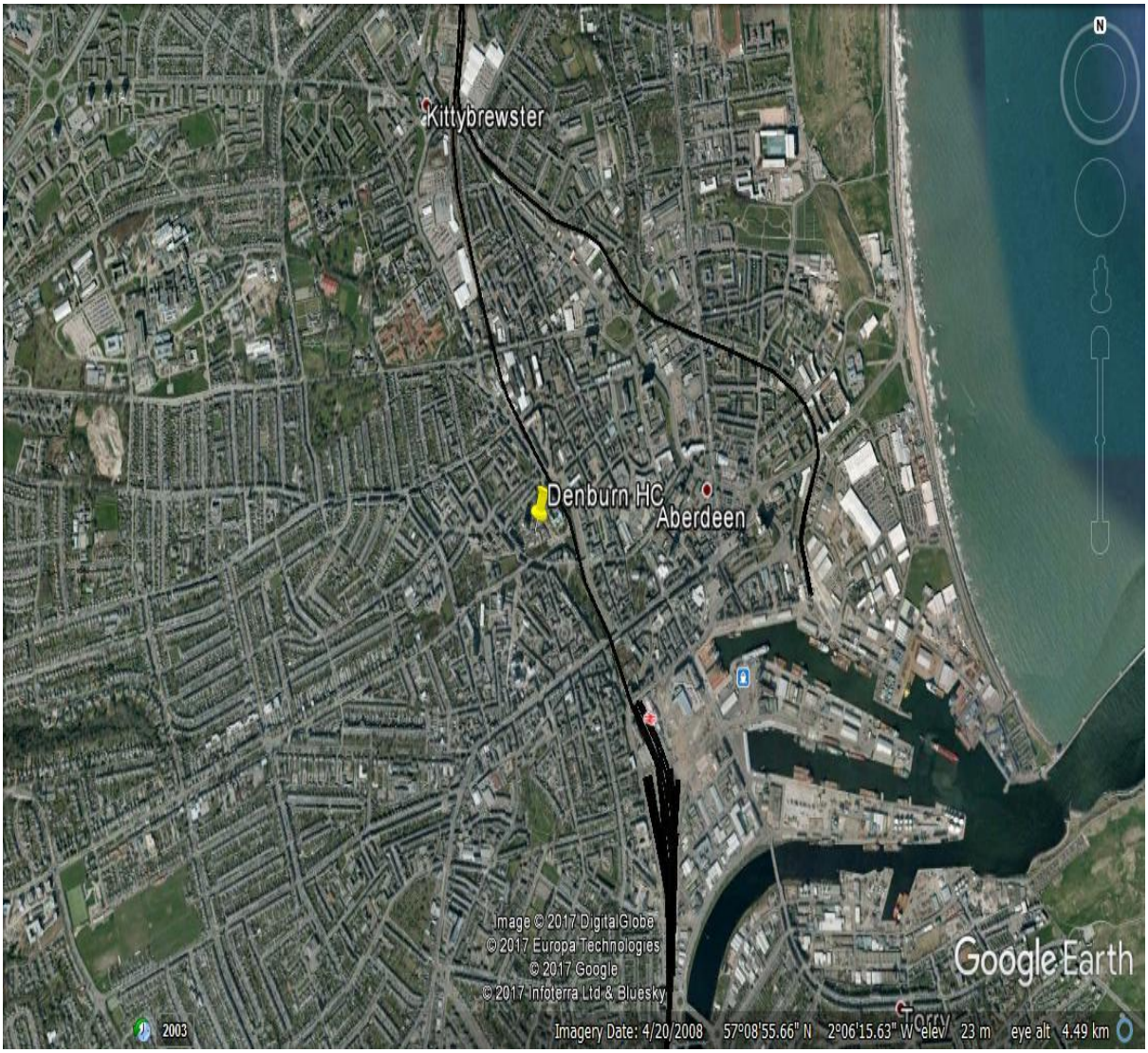
5.1 Updated Strategic Assessment

The development of a new integrated Community Hub for PCCS will provide improved access to a wider range of services from a single location within close proximity of the communities of Mastrick and Northfield in the Central Locality. Patients currently accessing services within the City Centre will continue to access an equitable level of GMS within close proximity of the Denburn Health Centre. [redacted]

The new service delivery model will provide an enhanced range of integrated PCCS, supported by the introduction of new professional roles in the Public Sector, Third Sector and Independent Sector. [redacted]

The infrastructure solutions to support the delivery of the service will reduce backlog maintenance, improve the age and quality of the healthcare estate, and introduce new technology to improve access and patient experience, [redacted]. The reduction from a 3 site to a single site model will deliver better value in terms of both revenue and capital costs in the longer term.

Appendix 1: Location Map of Denburn Health Centre



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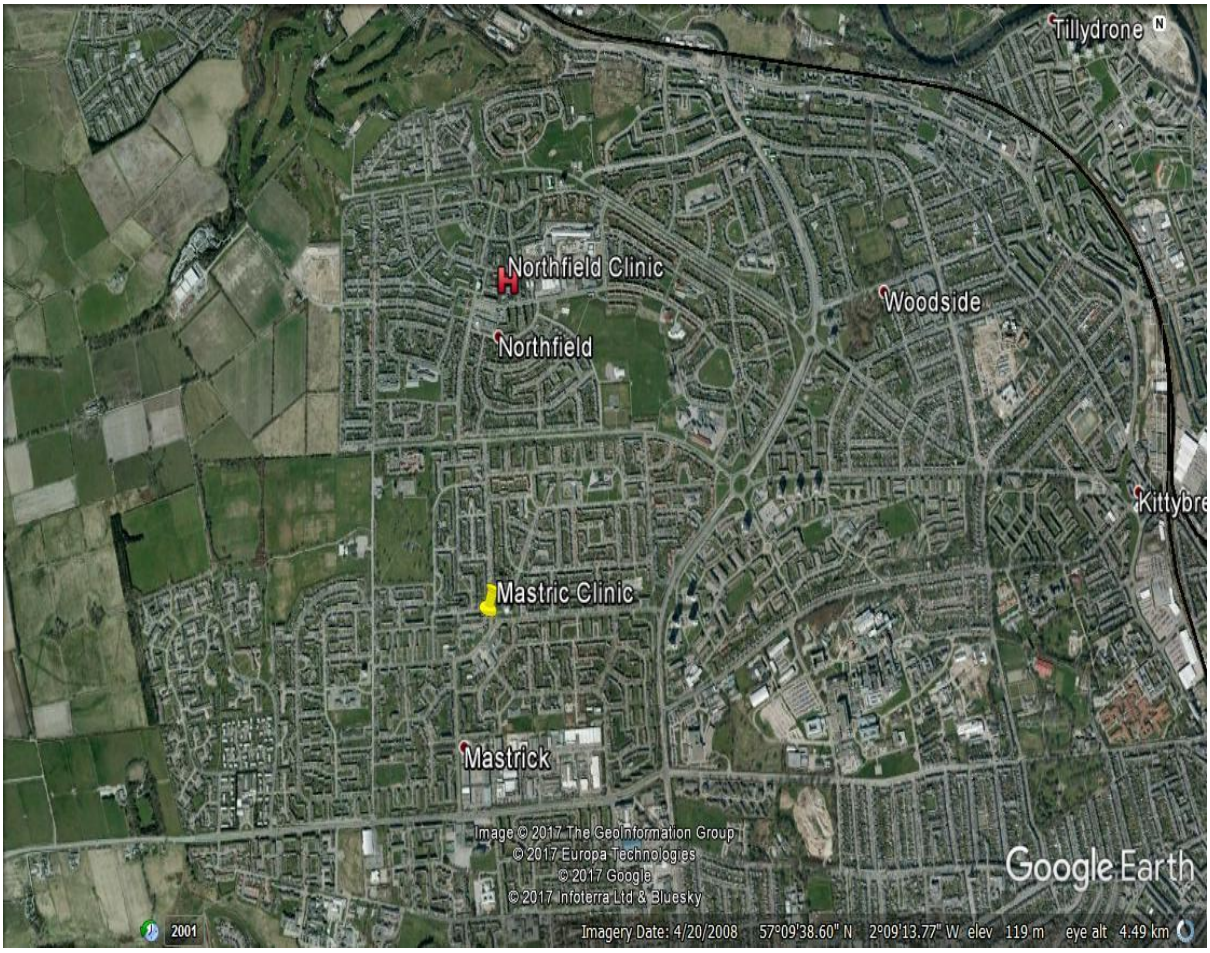
Appendix 4: Location Map of Northfield Surgery and Mastrick Clinic



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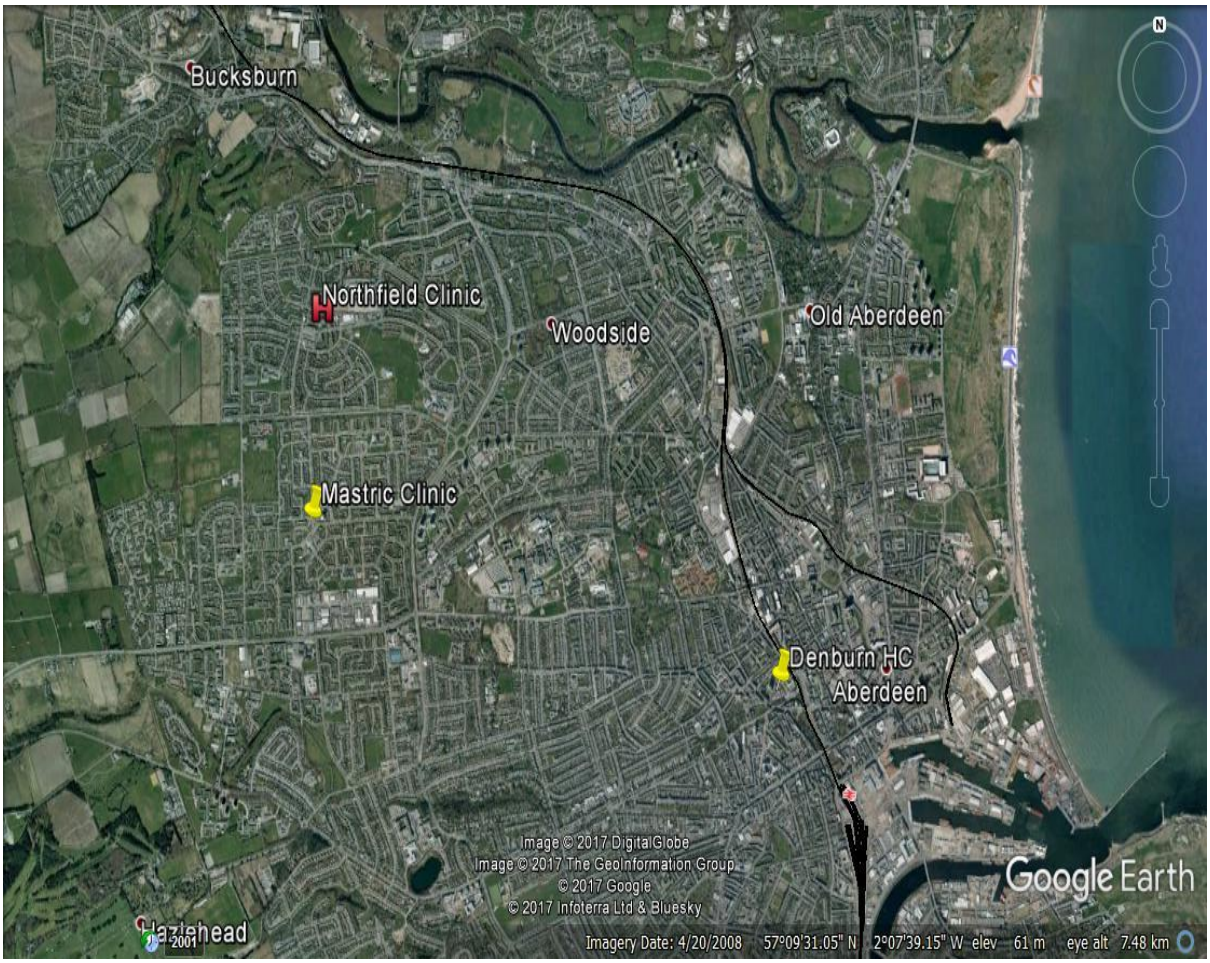
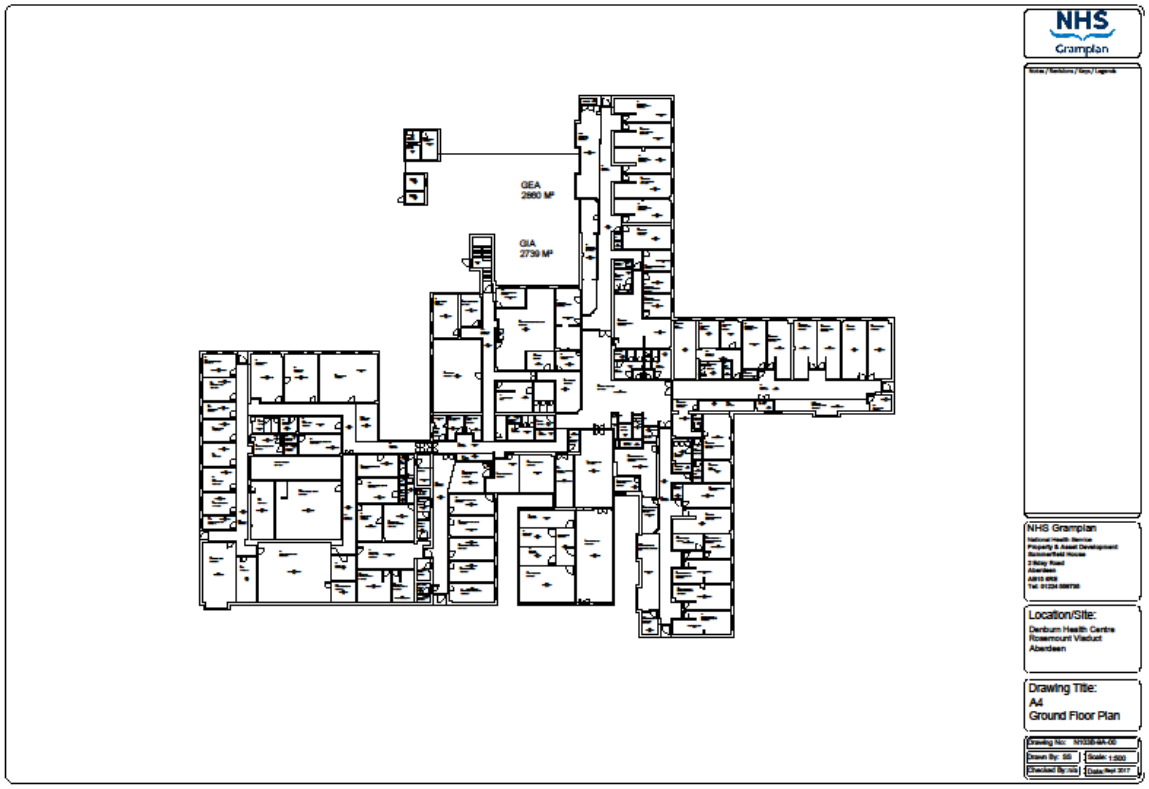
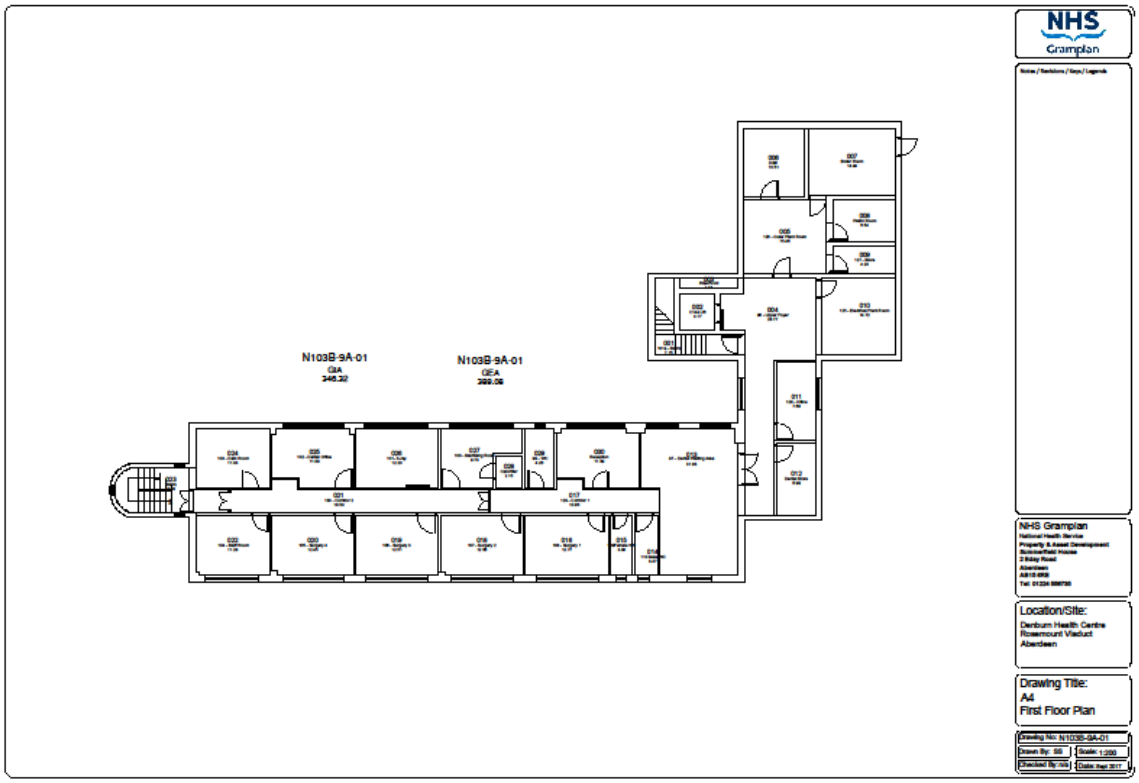
Appendix 7 – Location Map of the Denburn Medical Centre, Northfield Surgery and Mastrick Clinic



Appendix 8 – Floor Plan of Denburn Health Centre



Appendix 8 (continued) – Floor Plan of Denburn Health Centre



Appendix 9: Additional Pictures of Denburn Health Centre Internal and External

Appendix 9 (continued): Additional Pictures of Denburn Health Centre Internal and External

Appendix 9 (continued): Additional Pictures of Denburn Health Centre Internal and External

Appendix 9 (continued): Additional Pictures of Denburn Health Centre Internal and External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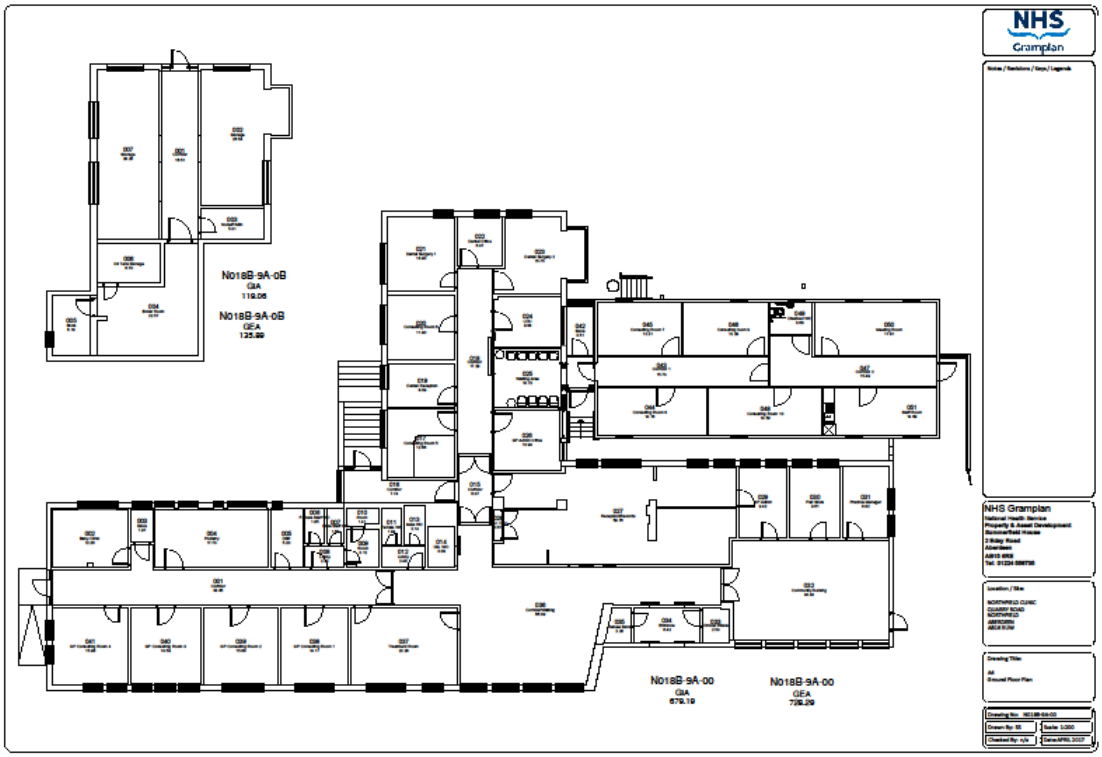
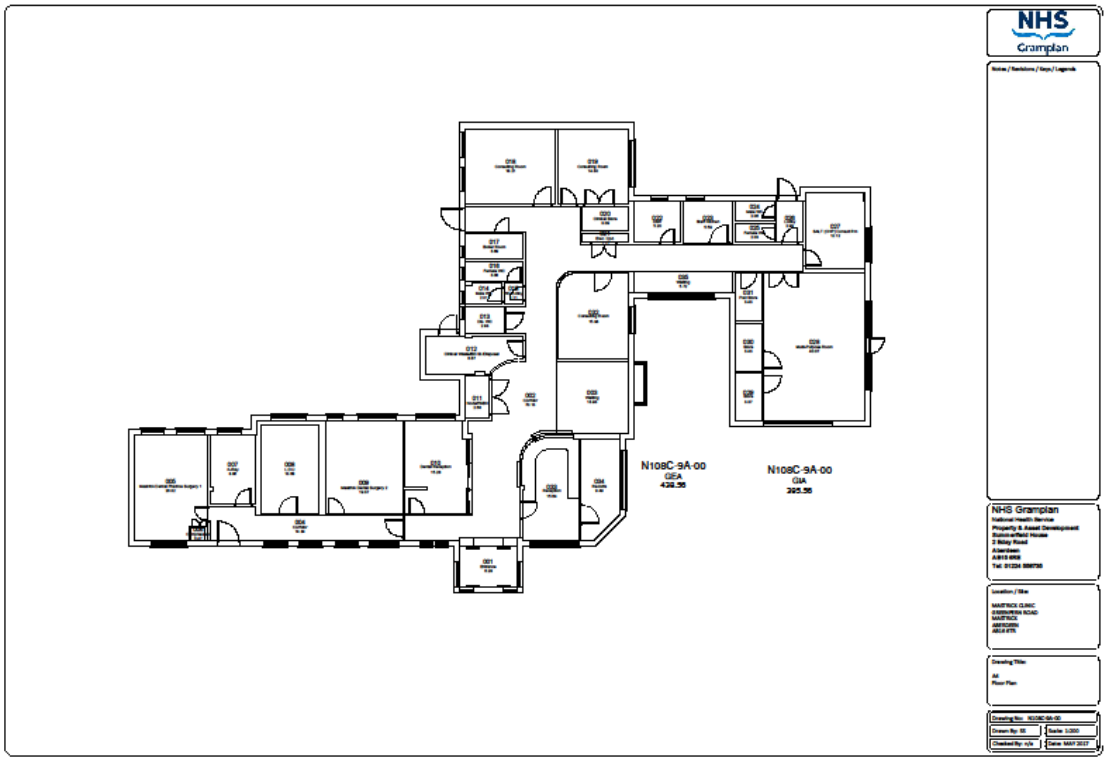
Appendix 10: Floor Plan of the Northfield Surgery



Appendix 11: Floor Plan of the Mastrick Clinic



Appendix 12: Table of Local Development Plan Directions for Growth

LDP Directions for Growth[48]					
Locality	**Community**	**Homes Existing to 2016**	**2017-2027**	**2027-2035**	**Patients**
North	East Woodcroft North	60	-	-	
	Grandhome	2,600	2,100	2,300	
	Dubford	550	-	-	
	Stoneywood	500	-	-	
	Craibstone South	750	250	-	
	Rowett South	1,000	700	240	
	Greenferns Lanward	750	250	500	
	Woodside (Persley Den)	300	-	-	
	Total	**6,510**	**3,300**	**3,040**	
West	Kingswells	170	-	-	
	Greenfern[49]	600	350	400	
	Maidencraig[50]	750	-	-	
	Countesswells[51]	2,150	850	-	
	Summerhill Academy	-	375		
	Total West	**3,670**	**1,575**	**400**	
South	Deeside	554	255	-	
	Loirston and Cove	1,100	400	-	
	Total South	**1,654**	**655**	-	

[48] Local Development Plan 2017-2035
[49] Greenfern could be serviced by Northfield/Mastrick Medical Practice and any new practice at Counteswells.
[50] Maidencraig has Developer Gain worth £9,200 to contribute towards GMS provision.
[51] Countesswells has Developer Gain worth £2,472 to develop a 5 seat GP practice or an alternative delivery model.

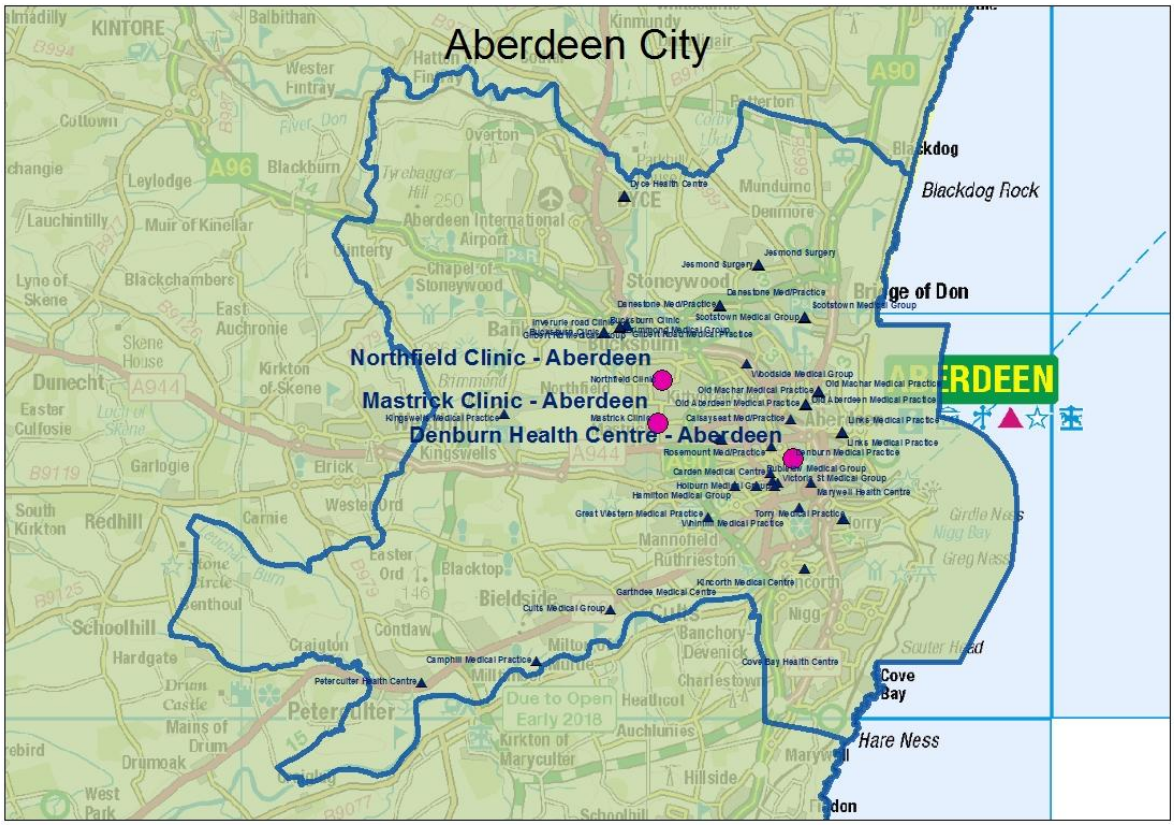
Appendix 13: Road Infrastructure Improvement Map

[To BE INSERTED]

Appendix 14: HSCP Performance Dash Board

Descriptor
▪ Premature mortality ▪ Life expectancy males ▪ Life expectancy females ▪ Dementia registrations per 100 practice population
▪ % of adults supported at home who agree they are supported to live as independently as possible ▪ % of adults supported at home who agreed that they had a say in how their help or care was provided
▪ % of adults supported at home who agreed that they had a say in how their help or care was provided ▪ % of adults supported at home who agreed that their health and care services were well coordinated ▪ % of adults who receive any care or support who rate it as excellent or good ▪ % of adults who use care or support services who feel they have been treated with respect ▪ % of adults who use care or support services who feel they have been treated with compassion and understanding ▪ % of people who feel we took account of the things that matter to them
▪ % of adults supported at home who agreed that their services and support had an impact in improving or maintaining their quality of life
▪ Premature mortality rate
▪ % of carers who feel supported to continue their caring role
▪ Number of adults supported at home who agreed they felt safe
▪ N/a
▪ % of adults supported at home who agreed that their health and care services were well coordinated ▪ Shift in resources from institutional to community settings

Appendix 15: Map of GMS Provision in Aberdeen City



Appendix 16: National Strategic Investment Priorities and Measures

Priorities	How the proposal responds to these priorities	As measured by
Person Centred	Supports people in looking after and improving their own health and wellbeing [QOI[52]].	% adults able to look after their health well or very well.
	Ensures that people who use health and social care services have positive experiences and their dignity respected [QOI].	% of patients who rate their experience of their GP as good or excellent.
	Improves support and allows people to live at home independently [QOI].	Rate of emergency in-patient bed days for adults. Patient re-admission rates.
	Improves the physical condition of the healthcare estate [SAFR[53]].	Proportion of estate categorised at A or B for the Physical Condition appraisal facet.
	Improves the quality of the healthcare estate [SAFR].	Proportion of estate categorised at A or B for the Quality appraisal facet.
	Reduces the age of the healthcare estate [SAFR].	% of estate less than 50 years old.
Safe	Improves statutory compliance [SAFR].	% compliance score from Statutory Compliance Audit and Risk Tool [SCART].
	Reduces backlog maintenance [SAFR].	Reduction in backlog maintenance costs.
Effective Quality of Care	Reduces emergency admissions to hospital [QIO].	Rate of emergency admissions per 100,000 population.
	Improves the functional suitability of the healthcare estate [SAFR].	Proportion of estate categorised at A or B

[52] QOI - Quality Outcome Indicator
[53] SAFR - Sustainable Assets and Facilities Report.

		for the Functional Suitability appraisal facet.
	Reduces the rate of A&E attendance [QIO].	Number of unplanned A&E admission per 100,000 population.
Health of Population	Supports early cancer detection [HEAT][54].	% cancer diagnosis at Stage 1.
	Supports smoking cessation initiatives [HEAT].	Number of successful quits at 12 weeks in Scottish Index of |Multiple Deprivation [SIMD] area.
	Supports suicide reduction initiatives [HEAT].	Suicide rate per 100,000.
	Supports child healthy weight interventions [HEAT].	Number of interventions delivered.
Value and Sustainability	Increase levels of staff engagement [QIOs].	% staff who would recommend their workplace.
	Improves accommodation space utilisation [SAFR].	Proportion of estate categorised as Fully Used for Space Utilisation appraisal facet.
	Optimising overall running cost of buildings [SAFR].	Total occupancy cost of building.
	Optimising property maintenance costs [SAFR].	Property maintenance costs £ per sq.m.
	Optimises energy usage costs [SAFR].	Energy costs £ per sq.m.
	Optimises rent or rate costs [SAFR].	Rent or rates £ per s.q.m.
	Reduces financial burden of backlog maintenance and / or replacement expenditure [SAFR].	Backlog maintenance costs and Facilities Condition Index.

[54] HEAT Target - Health Improvement, Efficiency, Access to Treatment and Treatment Targets.

	Improves financial performance [HEAT].	Recurring revenue budget.
	Reduces energy consumption [HEAT].	% reduction in energy consumption.

Appendix 17: HSCP Transformation Programme for the Modernisation of Primary Health and Community Care Services

Integrated services	The delivery of integrated services will involve the redesign of services so that General Practitioners, Community Nursing, Care Management, Allied Health Professionals, Pharmacists, the Third Sector and Independent Sector work better together to provide a seamless services at the point of care.
Outreach Clinics in the Community	The provision of outreach clinics in the community by Community Geriatrician Consultants, Clinical Psychologists and other Acute Sector Consultants.
Locality / Neighbourhood Centres and Community Hubs	The co-location of a range of local services delivered from one place in the community including Council, Health, Independent Sector and Third Sector services.
New Clinical Roles	Establishing new clinical roles including; Advance Nurse Practitioners, Primary Care Mental Health Workers, Link Workers, Pharmacists in Practices, Extended Pharmacy Role, Physician Associates, Community Psychiatric Nurses.
Primary Care New Ways of Working	Piloting and scaling up Peripatetic Community Hub Teams, Doctor First Triage, Advance Nurse Practitioner Triage, the Buurtzorg Community Care Model, practice mergers, collaborations and confederation models and the review of the 2C General Practice model.
GP Beds in the Community	GP led step up and step down care home beds availability at a local level across the city to reduce unplanned hospital admissions and improve discharge from hospital.
Anticipatory Care Planning	Improving integrated assessment and planning to deliver more patient, family and carer focused end of life care.
Citywide Phlebotomy Service	Taking a more coordinated approach to the delivery of phlebotomy services to

	improve the efficiency and effectiveness of the service and reduce the administrative burden on point of care services.
Modernisation of Existing Infrastructure	Ensure the modernisation of all assets required to transform service delivery including; buildings, equipment, transport and ICT infrastructure.
Technology Enabled Care	Investing in the information and ICT infrastructure to deliver technology enabled care including the development of electronic systems for all equipment, joint budgeting, home adaptations, improved diagnostics tools, and equipment to support staff to be more effective and efficient.

Appendix 18: Timeline for the development of a Transformation Plan to Modernise PCCS and Asset Management Plan

Transformation Plan to Modernise P&CC Services		**Aberdeen City HSCP Asset Plan**	
Key Milestone	**Timescale**	**Key Milestone**	**Timescale**
Map current service model.	[redacted]	Update the current map of existing assets.	[redacted]
Undertake strategic assessment.		Analysis of strategic assessment and future service delivery models (building, ICT, transport and equipment requirements).	
Research new service delivery models.		Engage key stakeholder on future asset requirements.	
Draft framework for Service Transformation Plan.		Full consultation on draft an Asset Plan (AP).	
Engage key stakeholders.		Approval of (AP) by IJB, NHSG and ACC.	
Formal consultation.		NHSG submission of AMP to Scottish Government Capital Investment Programme.	
Approval of IJB.			

Appendix 19: Summary of Benefit Realisation Plan

Summary of Benefit Realisation Plan		
Investment Objectives	**Benefits**	**Proposed Measure**
Provide a safe working environment and support improvements to the physical quality and age of the healthcare estate in line with the Asset Management Plan.	Improves the quality of the health care estate. Improves the suitability of the healthcare estate. Reduces carbon emissions and energy consumption. Reduces backlog maintenance. Reduces age of the healthcare estate. Improves the physical condition of the healthcare estate. Improved health, safety and security.	▪ Improves the quality of the healthcare estate ▪ Reduced the age of the healthcare estate ▪ Buildings that meet Grade A compliance with Health and Safety and other Statutory Compliance Standards ▪ Buildings that meet Grade C compliance with the Disability and Discrimination Act ▪ Reduces carbon emissions and energy consumption ▪ Reduce backlog maintenance ▪ More efficient use of resources ▪ Buildings that meet Grade A survey standards for Physical Condition ▪ Buildings that meet Grade A survey standards for Functional Suitability ▪ Buildings that meet Grade F survey standards for Utilisation ▪ Adequate transport links in place ▪ Adequate lighting ▪ Adequate parking ▪ Safe access to buildings ▪ Reduced incidents of vandalism ▪ Reduced health and Safety incidents
Support the development of a service model to meet future service demand and demographic challenges.	Ability to cope with increasing population demand. Ability to become a GP in training. Increased provision of enhanced services.	▪ Delivery of extended service delivery model that includes the integration of health and care services ▪ Co-location of health and care staff ▪ 50% expansion capability in buildings
Allows the development of service arrangements	Positive contribution to the	▪ Partner Organisations utilising space

that support the delivery of an enhanced model of integrated health and care services leading to improved patient experience.	local community. Increase use of space by the community. Improve functionality of space allowing for increased in skills mix of staff. Access to third sector community support. Improve information communication between health and care staff due to co-location.	▪ Community space in health and care buildings ▪ Increased delivery of Public Health information and initiatives at Locality level ▪ Improved access to third sector community support information e.g. Self Care, Welfare Rights and Social Isolation ▪ Increased number of pharmacist appointments in Locality ▪ Staff feedback surveys ▪ Service users satisfaction surveys ▪ Disability access that meet the Act ▪ Increased capacity ▪ Improved waiting times ▪ Better respond to need in the community ▪ Better population health outcomes
Achieve equitable access to service provision across the locality.	Increased provision of enhanced services.	▪ Redistribution of services across locality ▪ Increase provision in areas with high numbers of displaced patients ▪ Increase patient choice in areas with no GMS services in the immediate community
Support an efficient business model that promotes viability/sustainability.	Improves the quality of the health care estate. Improves the suitability of the healthcare estate.	▪ Equipment sharing and utilisation ▪ ICT improvements, including the use of technology in diagnostics and consultations ▪ Delivery of Technology Enabled Care ▪ Maximise space utilisation through co-location, hot-desking and the delivery of new service delivery models that reduce [physical space requirements) ▪ Maximum realisation of Developer Gain contributions to the delivery of the NHSG Asset Development Plan ▪ Minimise management costs ▪ Minimise back office costs ▪ Minimise building and backlog maintenance costs

		▪ Minimise revenue costs for ongoing building maintenance
Create attractive employment opportunities.	Ability to become a GP in training. Increased provision of enhanced services.	▪ Improved recruitment of key clinical and professional roles ▪ Improve Partner investment ▪ Increase flexibility in Practice Service Model ▪ Develop succession planning arrangements ▪ Enhanced opportunities for training and professional development

Appendix 20: Summary Risk Register

Summary of Risk Register		
Category	**Risk Description**	**Proposed Action / Mitigation**
Client / Service Risks		
Business	Required levels of business continuity are not maintained during the project.	Develop a detailed mitigation plan to manage the risk during the transitional period where Aurora Medical Practice commences delivery of GMS Services at the Northfield Surgery and Mastrick Clinic.
	Poor stakeholder engagement will result in lack of support for the project.	Prepare and implement a Project Communication Plan which includes defined levels from the Ladder of Engagement and a clear timeline to involve the wider patient groups at the Denburn Medical Centre, Northfield Surgery and Mastrick Clinic.
[redacted]	[redacted]	[redacted]
Demand	Demand for GMS services in the Northfield/Mastrick communities and surrounding area in the Central Locality does not match the level projected or presumed.	[redacted]
Occupancy	Occupancy at 3 sites is not an efficient model for long term sustainability	[redacted]
Operational	The accommodation is less efficient to support the proposed service model.	Continue to deliver GMS at the Denburn Medical Practice, Northfield Surgery and Mastrick Clinic during the term of the project until new premises are open. Ensure continued maintenance in the interim.

Decant	Unable to decant staff from one site to another in a timely manner.	A decant plan will be developed that aligns with any refurbishment/construction plan.
Technology	Funding is not available for technical solutions to deliver new ways of working.	An ICT proposal is being developed to be considered by the NHSG and HSCP Transformation Board to secure authorisation and resources e.g. paper lite and scanning of historically records for electronic filing.
Planning and Design Risks		
Planning	Local community consent not obtained.	The Project Team are writing to the Scottish Health Council to update them on the recent changes [redacted] Seeking guidance on the criteria for Major Service Change at IA stage to ensure all required consultation with the wider patient group and the public is completed in advance of the OBC/Full Business Case (FBC) submission deadline.
Planning	Local Authority Planning Permission	Depends on identified site and site selection at OBC stage. Ensure appropriate guidance is sought from relevant Community Planning Partnerships (CPP's).
Construction and Property Risks		
Construction	Critical programme dates are not met or are unachievable.	The Project Director has consulted with housing developers to ensure Section 75 agreements supporting the Preferred Way Forward (PWF). Robust Project Governance. Early engagement with contractors. Agreement on construction programme and full options appraisal at Outline Business Case (OBC) stage.

Finance Risk		
Funding	The project becomes unaffordable.	The project has been assessed as affordable on both revenue and capital terms at IA stage. The capital cost is based on benchmark SGM cost estimated for similar facilities applied to the agreed Schedule of Accommodation for the project.
External Risk		
Developer Contributions	The housing developers do not deliver their commitment to contribute circa 800k under their Section 75 development obligations.	Options have detailed the impact of specific accommodation options on conditions of the Developer Contributions and this has been accessed in the Financial Case.
Independent Sector	General Practice in Aberdeen City supports the Preferred Way Forward.	[redacted]

Appendix 21: Long List of Options and Scoring

The full document is not compatible with this file so is available as a separate Excel Spreadsheet on request, will be submitted to SGHSCD CIG as a stand-alone document.

Table 10: Summary of Decision Note

Reference	Description	Score
1a	Discounted as did not fit with NHSG or IJB strategic objectives / plans.	14.29%
1b	Discounted as did not fit with NHSG or IJB strategic objectives / plans.	21.43%
1c	Discounted as would not deliver the proposed Investment Objectives.	14.29%
1d	Discounted as would not deliver the proposed Investment Objectives.	14.29%
2a	Discounted as did not fit with NHSG or IJB strategic objectives / plans.	42.86%
2b	Discounted as did not fit with NHSG or IJB strategic objectives / plans.	57.14%
3a	Discounted as would not deliver the proposed Investment Objectives.	57.14%
3b	Shortlisted.	57.14%
3c	Discounted as would not deliver the proposed Investment Objectives and also unaffordable.	92.86%
3d	Shortlisted.	57.14%
4a	Discounted as would not deliver the proposed Investment Objectives and also unaffordable.	100%
4b	Shortlisted.	100%
5a	Do nothing / Do Minimum	21.43%

Appendix 22: AEDET Benchmarking Summary Denburn Medical Centre, Northfield Surgery and Mastrick Clinic

Diagram 1: Denburn AEDET Benchmark Summary

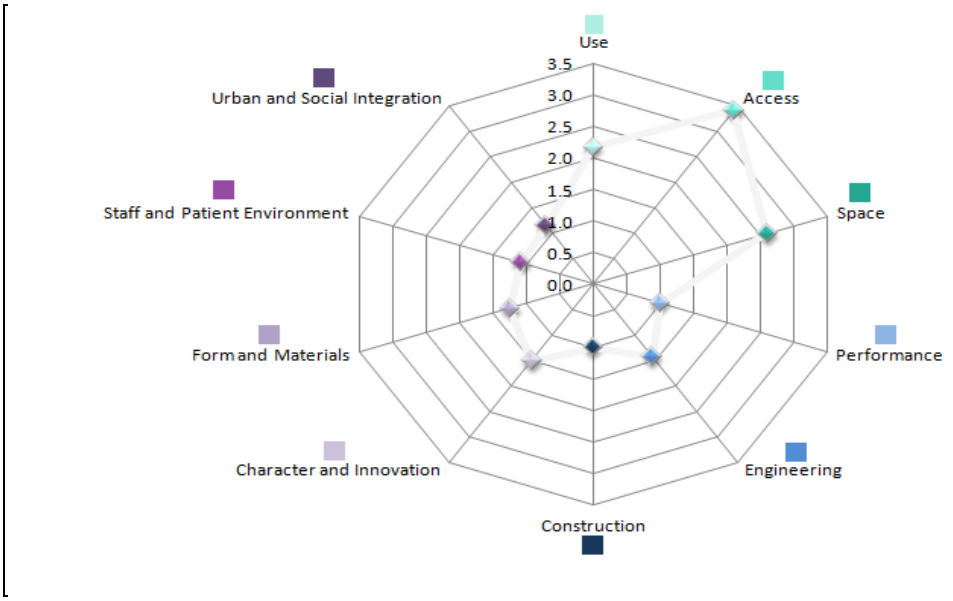


Diagram 2: Northfield AEDET Benchmark Summary

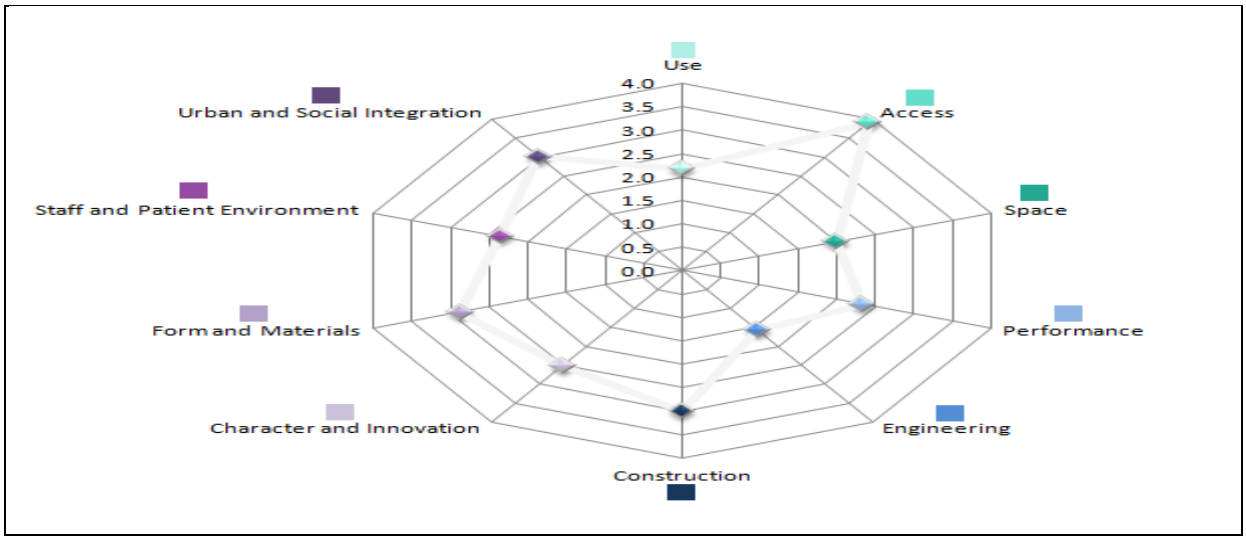


Diagram 3: Mastrick AEDET Benchmark Summary

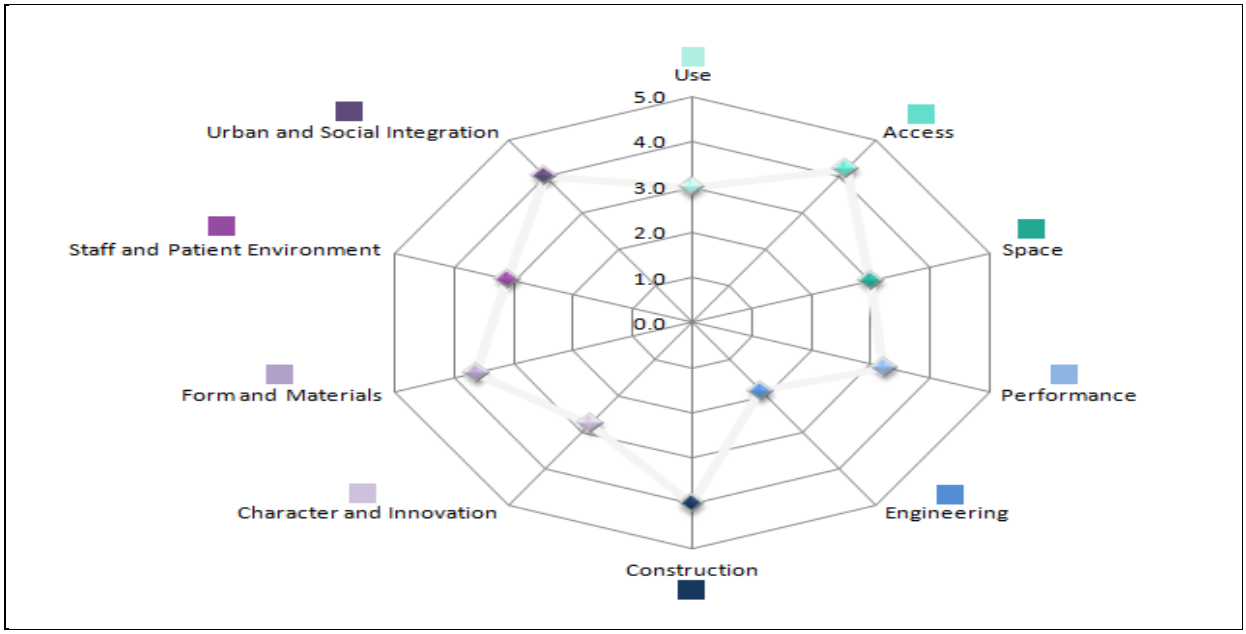
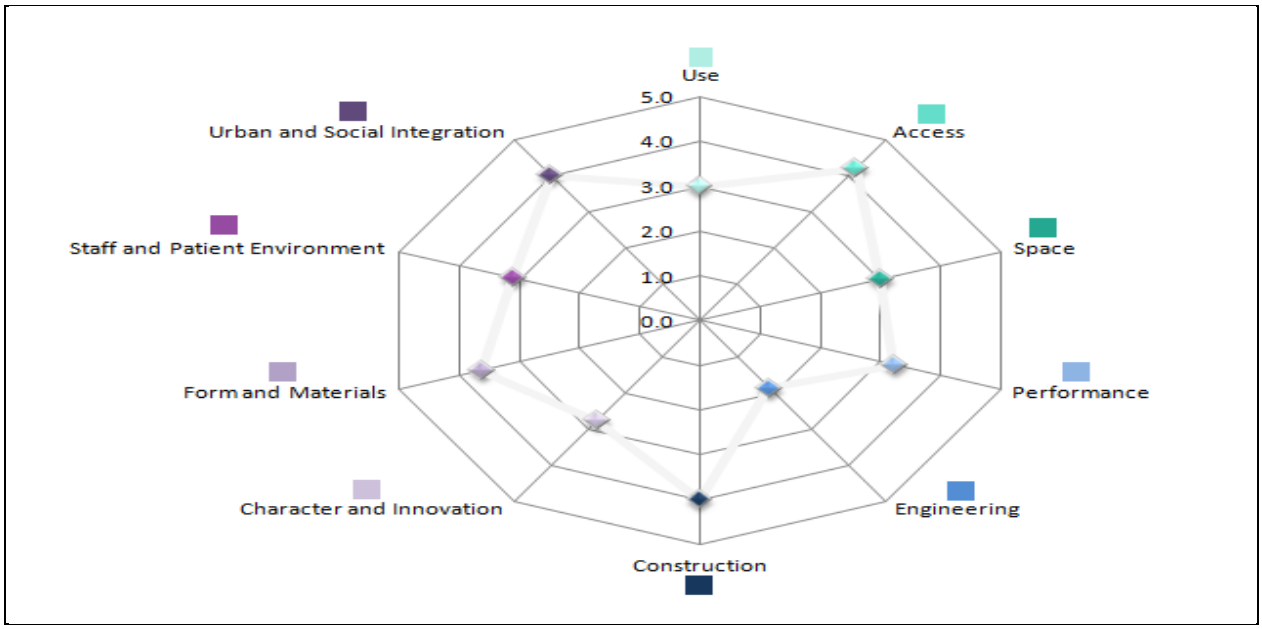


Diagram 4: Project AEDET Target Summary



GLOSSARY OF TERMS	
ACC	Aberdeen City Council
ADP	Alcohol and Drug Partnership
AEDET	Achieving Excellence in Design Evaluation Toolkit
AHP	Allied Health Professionals
AMG	Asset Management Group
AMP	Asset Management Plan
ANP	Advanced Nurse Practitioner
AWPR	Aberdeen Western Peripheral Route
CHP	Community Health Partnership
CIG	Scottish Government Capital Investment Group
CLO	Central Legal Office
COPD	Chronic Obstructive Pulmonary Disease
CPA	Community Planning Aberdeen
DBDA	Design Build Development Agreement
DBFM	Design Build Fund and Maintain
FBC	Full Business Case (SCIM Guidance)
GMS	General Medical Services
GP	General Practitioner
HSCP	Health and Social Care Partnership
IA	Initial Agreement (SCIM Guidance)
ICT	Information Communication Technology
IJB	Integrated Joint Board
Ios	Investment Objectives (SCIM Guidance)
KPIs	Key Performance Indicators
LDP	Local Development Plan
LOIP	Local Outcome Improvement Plan
LP	Locality Plans
LTC	Long Term Conditions
MCP	Multi-specialist Community Provider
MDT	Multi-disciplinary Team
MSC	Major Service Change
NDAP	NHS Scotland Design Assessment Process
NHSG	National Health Service Grampian
NPR	New Project Request (SCIM Guidance)
OBC	Outline Business Case (SCIM Guidance)
PCCS	Primary and Community Care Services
PDMs	Practice Development Managers
PID	Project Initiation Document
POE	Post Occupancy Evaluation Stage
PPM	Programme and Project Management Approach
PSDP	Private Sector Development Partner
PWF	Preferred Way Forward (SCIM Guidance)
QA	Quality Ambitions
QOF	Quality Outcome Framework
QS	Quality Strategy
RR	Risk Register

SCIM	Scottish Capital Investment Manual
SGHSCD	Scottish Government Health and Social Care Directorate
SDP	Strategic Development Plan
SFT	Scottish Futures Trust
SHC	Scottish Health Council
TIA	Transient Ischaemic Attack
TUPE	Transfers of Undertakings and Protection of Employment Regulations 2006

DOCUMENT CONTROL

Rev	Date	Description	Prepared By	Approved By
1:0	09.05.17	Document created.	[redacted]	Project Group
1:2	31.05.17	Amended following feedback from Project Group.	[redacted]	Project Group
1:3	30.01.17	Amended following feedback from North Board.	[redacted]	North Board
1:4	08.06.17	Inclusion of Northfield and Mastrick data and service information.	[redacted]	Project Group
1:5	30.07.17	Amended following feedback from Project Group.	[redacted]	Project Group
2:0	29.09.17	Issued Final Draft.	[redacted]	Project Team
2:1	05.10.17	Amended following final proof read.	[redacted]	Project Team
2:2	09.10.17	Amended following revised section from Finance Team NHSG.	[redacted]	Project Team
2:3	23.10.17	Amended following Project Group and GP feedback.	[redacted]	North Board
2.4	17.11.17	Amended following final input from Finance/Planning Team NHSG.	[redacted]	Project Team
2.5	29.11.17	Amended following final proof.	[redacted]	Project Team
2.6	20.01.18	Amended following public consultations and further amendments from NHS finance.	[redacted]	Project Team