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

Mastrick, Northfield (Aurora) & Denburn Development Project

OUTLINE BUSINESS CASE

28 March 2019

Note: This Outline Business Case can be made available in other languages and formats if requested.

Version: 1:9
NHS Grampian
Aberdeen City Health and Social Care Partnership

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Outline of Proposal

The Initial Agreement (IA) for the Investment in Facilities to support the Redesign and Modernisation of Primary and Community Care Services in Aberdeen City was approved on 22 March 2018 by the Scottish Government Health Directorate (SGHSCD) Capital Investment Group (CIG).

The Scottish Government accepted the recommendations set out in the IA and invited NHS Grampian (NHSG) to proceed with an Outline Business Case (OBC).

The OBC will identify the preferred option for implementing the strategic/service solution confirmed at IA stage, and will demonstrate that the preferred option optimises value for money and is affordable. It will also set out the supporting commercial and management arrangements to be put in place to successfully implement that option.

Summary of Strategic Case

Overview

The Strategic Case has been revisited and refreshed to respond to specific questions regarding the proposals strategic/service solution(s). Revisiting the information contained within the IA has included reviewing the key drivers for change, assumptions and investment objectives during the development of this Outline Business Case.

The revised IA was approved by the SGHSCD CIG in March 2018. The budget was increased from £5 Million to £8.1 Million to develop new facilities for the practice for a combined practice list of [redacted] patients.

Strategic Context

This outline proposal will contribute to the delivery of key national and local policies, providing national and local strategic synergy.

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

This project contributes to planned investment in infrastructure, consistent with NHS Grampian's strategic themes that will deliver:

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

Drivers for Change

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

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

Changes in underlying assumptions

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

Mastrick Clinic

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

General Medical Services Coverage

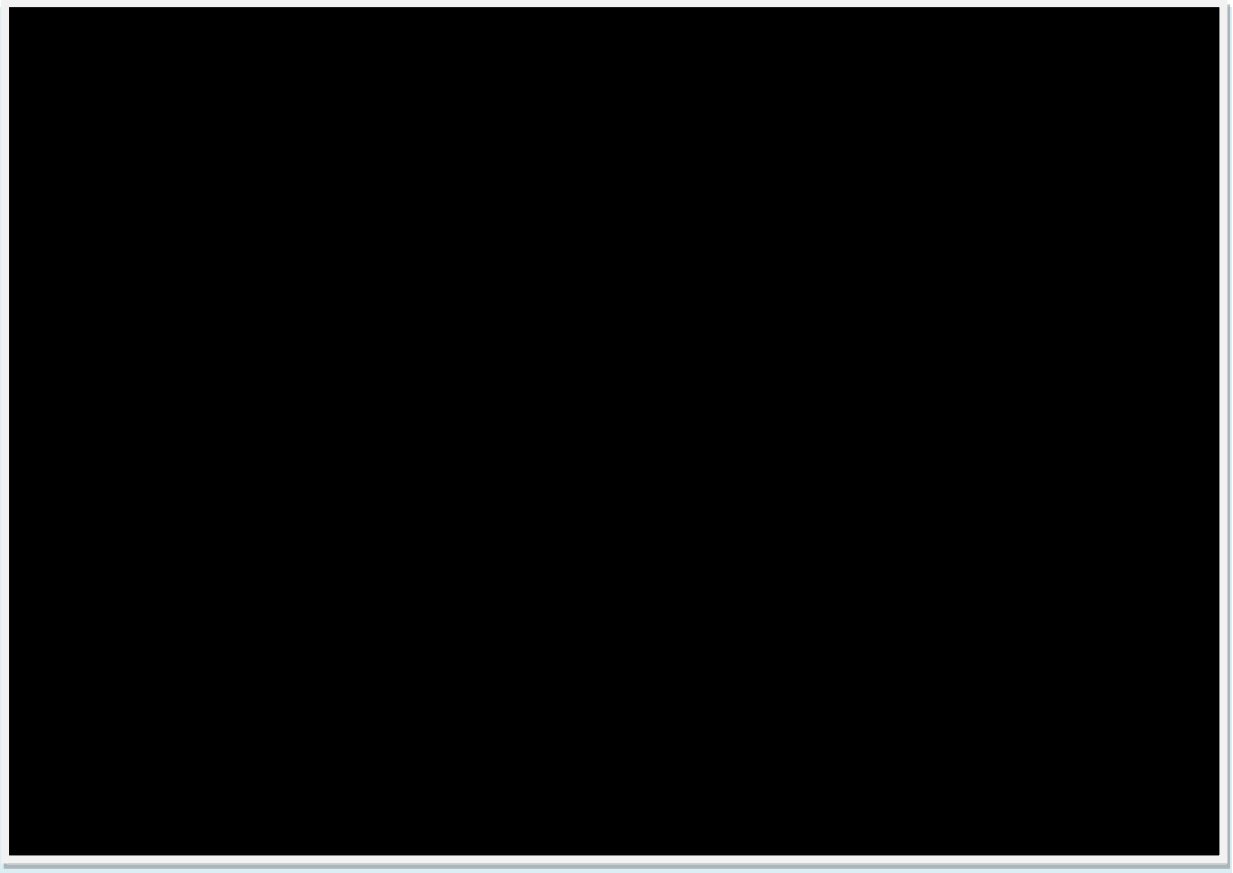
One of the key aims set out in the Aberdeen City HSCP Strategic Plan (2016-19) is to ensure services are provided at a community or locality level where it is more effective or efficient to do so. In order to achieve this there is a need to match capacity to the

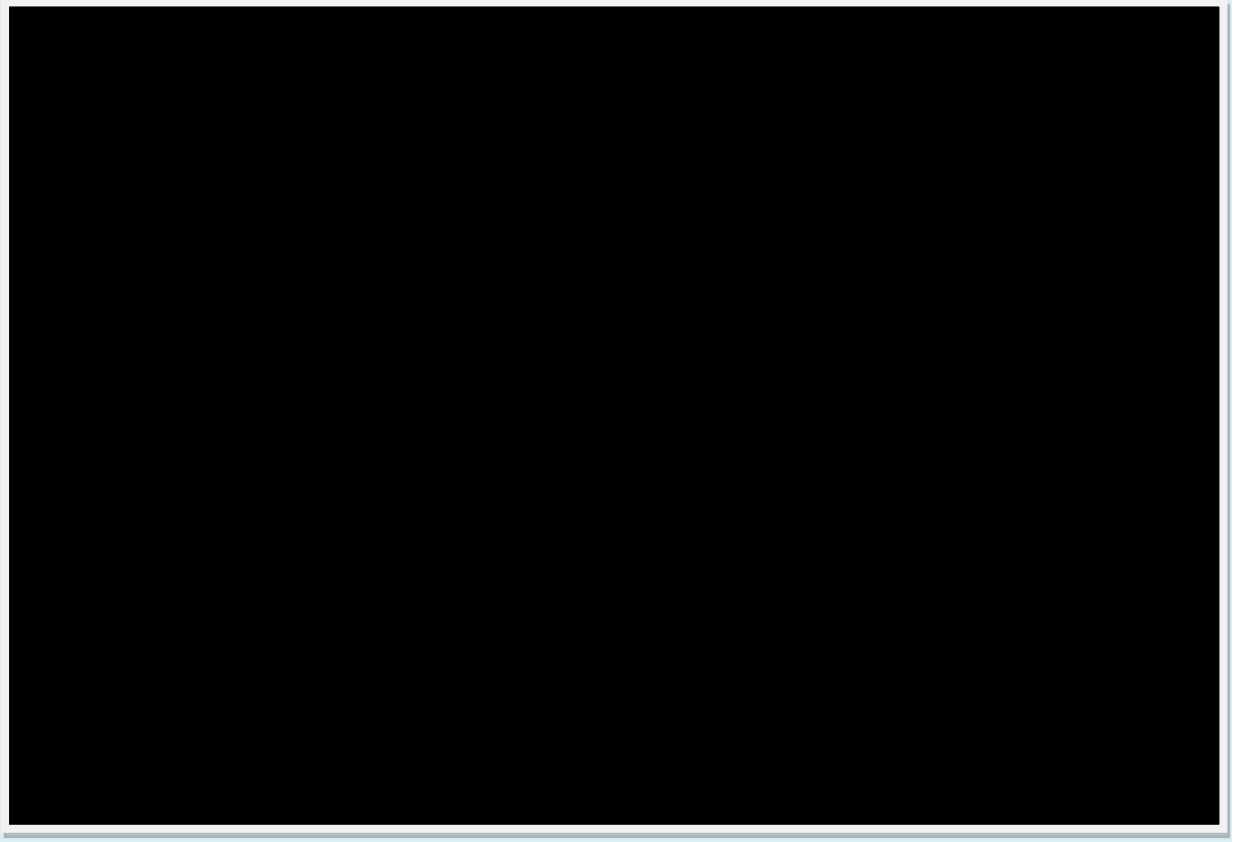
growing demand for services across the City by “rebalancing” the current distribution of service provision, which is heavily weighted towards the City Centre.

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

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

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





Summary of Economic Case

Overview

The purpose of the Economic Case is to undertake a detailed analysis of the costs, benefits and risks of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic/service solution identified.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

Costs and Economic Analysis

The OBC considers the indicative costs of the short listed options and sets out the results of the financial and economic appraisal carried out, It covers:

- The capital costs of each option
- The revenue costs of each option
- Economic Analysis (Net present costs/Equivalent Annual Costs)
- Value for money analysis
- Sensitivity Analysis

The highest scoring option from the short list as described in the IA is Option 3, which is confirmed at OBC stage. The Economic Analysis verifies that Option 3, as the highest scoring option in terms of qualitative points also provides the best value for money.

Option	Long List Reference	Description	OBC Score	% OBC Score
3	4b	New build on suitable site (extended service model), close Denburn Health Centre, close Northfield Surgery and close Mastrick Clinic to GMS	32	100%

Preferred Option

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

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

The innovative design will include a custom built triage and video consultation Hub,

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

In addition, the new facility will allow the service delivery model to be enhanced to include access to additional support sessions from a range of professionals in health, care and welfare support services to enable 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.

Site Options Appraisal

Following a site option appraisal a preferred site has been identified at Greenferns. The site is within an area zoned, in the Aberdeen City Development Framework, for mixed community provision and is located close to the newly built Heathryburn and Orchard Brae schools. Aberdeen City Council has confirmed a willingness to sell the site to the Board in order to facilitate the project.

Summary of Commercial Case

Overview

This section outlines the commercial arrangement and implications for the Project. This is done by responding to the following questions:

- The procurement strategy and appropriate procurement route for the Project;
- The scope and content of the proposed commercial arrangement;
- Risk allocation and apportionment between public and private sector;
- The payment structure and how this will be made over the lifetime of the Project;
- The commercial arrangements of the offer, and
- The contractual arrangements for the Project

Procurement

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

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

Following a mini competition process, the final outcome of the evaluation (combined quality, commercial and interview scores) resulted in RMF Health having the highest score, and consequently appointed as the preferred PSCP.

The procurement timetable from OBC to operation highlights the project's current status, what has already been achieved and what still needs to be done. A summary of the key milestones for the project procurement plan are detailed below:

Procurement Timetable

Stage	Start Date	End Date
IA approved by CIG	Feb 18	Mar 18
Conclusion of sites option appraisal	May 18	June 18
Land acquisition valuation/licence application (1 below)	Sept 18	Dec18
Appointment of PSCP	Sept 18	Oct 18
Appointment of Cost advisor	Oct 18	Nov 18
Construction procurement strategy	Nov 18	Dec 18
Early Market engagement	Dec 18	Jan 19
PSCP development of stage 2 cost	July 18	Feb 19
Soil and site investigations by PSCP	Dec 18	Feb 19
NDAP & AEDET review for OBC	Jan 19	Feb 19
Technical review of Stage 2 submission by external advisors	Feb 19	Feb 19
PSCP design development/readiness for stage 3 appointment	Mar 19	May 19
OBC approved by Programme Board	Mar 19	Mar 19
OBC to NHSG Board	Apr 19	Apr 19
OBC considered by CIG	May 19	May 19
Stage 3 development of target price	May 19	Sep 19
NDAP & AEDET review for FBC	Jul 19	Jul 19
Technical review of Stage 3 target price by cost advisor advisors	Jul19	Aug 19
Finalisation of design development/Contract Documents/mobilisation	Sep19	Nov 19
FBC to NHSG Board	Sep 19	Oct 19
FBC considered by CIG	Oct 19	Nov 19
Land acquisition purchase/concluded	Sept 18	Jun 19
Construction	Jan 20	Apr 21
Commissioning	Apr 21	May 21

Summary of Financial Case

Overview

The purpose of the Financial Case is to consider the financial profile and affordability of the Preferred Option. It sets this out by:

- Summarising the output of a Financial Model that considers the capital and revenue costs of the preferred option.
- Comparing the costs of the preferred option with the costs of the other short-listed options.
- Demonstrating the affordability of the preferred option for NHS Grampian and the Aberdeen City Health and Social Care Partnership.
- Describing the financial contributions to be made by external partners, and the current status of that commitment.

Capital Costs

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

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

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.

Summary of Management Case

Overview

The purpose of the Management Case is to demonstrate that NHS Grampian (NHSG) is ready and capable of successfully delivering this Project.

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.

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

Conclusion

The Initial Agreement (IA) for the Investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services in Aberdeen City was approved on 22 March 2018 by the Scottish Government Health Directorate (SGHSCD) Capital Investment Group (CIG).

The Scottish Government accepted the recommendations set out in the IA and invited NHS Grampian (NHSG) to proceed with an Outline Business Case (OBC).

In accordance with the Scottish Capital Investment Manual (SCIM) Guidance, each of the "five case model"; the Strategic, Economic, Commercial, Financial and Management Cases have been reviewed and refreshed accordingly.

The preferred way forward confirmed at IA stage remains the preferred option recommended at OBC stage, to build a single new integrated centre 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.

This OBC confirms the preferred option for implementing the strategic/service solution that will successfully deliver the key drivers for change, investment objectives and realise the benefits.

The OBC also demonstrates that the preferred option optimises value for money and is affordable. It also sets out the supporting commercial and management arrangements to be put in place to successfully implement the preferred option/solution.

2.0 INTRODUCTION

2.1 Outline of Proposal

The Initial Agreement (IA) for the Investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services in Aberdeen City was approved on 22 March 2018 by the Scottish Government Health Directorate (SGHSCD) Capital Investment Group (CIG).

The Scottish Government accepted the recommendations set out in the IA and invited NHS Grampian (NHSG) to proceed with an Outline Business Case (OBC). [See: Appendix 1 - Copy of the Initial Agreement approval letter].

In accordance with the Scottish Capital Investment Manual (SCIM) Guidance, each of the "five case model"; the Strategic, Economic, Commercial, Financial and Management Cases have been reviewed and refreshed accordingly.

The OBC will identify the preferred option for implementing the strategic/service solution confirmed at IA stage, and will demonstrate that the preferred option optimises value for money and is affordable. It will also set out the supporting commercial and management arrangements to be put in place to successfully implement that option.

3.0 STRATEGIC CASE

3.1 National and Local Strategic Synergy

This outline proposal will contribute to the delivery of key national and local policies, providing national and local strategic synergy. The OBC also addresses updates to local and national policies since the IA was completed.

3.1.1 Strategic Investment Priorities of NHS Scotland[1]

The OBC 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:-

- person centred, by taking account of the needs of the communities in the design and delivery of services,
- safe, through the development of a new purpose built health and care community hub,
- effective quality of care, by ensuring the most appropriate treatments, interventions, support and services are provided to best meet the needs of the population demographic,
- health of the population, by providing an opportunity to redesign care pathways to improve access to Primary and Community Care Services (PCCS) and will provide a more integrated and community based approach to supporting those with Long Term Conditions,
- value and sustainability, by maximising the utilisation of space.

[1] National Strategic Investment Priorities and Measures

[See Appendix 2 - National Strategic Investment Priorities and Measures]

3.1.2 North of Scotland Regional Clinical Strategy[2]

The North of Scotland region is currently developing a clinical strategy to ensure that there is a shared vision for the delivery of healthcare services for the future. The new service delivery model is in line with the ambitions of the regional clinical strategy, in particular:-

- care will be delivered close to a patient's home when this can be done,
- person Centred approach - the new service model will allow for the further implementation of the new General Medical Services (GMS) contract which will allow patients to see the most appropriate person at first point of contact ,
- collaboration and joint working will be unconstrained by present geographical and professional boundaries,
- plan services on a population basis,
- maximise access for all staff to educational opportunities and ensure a culture of lifelong learning - the new service model will provide training and development facilities to enable collaborative working with two local universities and facilitate pathways for General Practitioners (GPs), Nurses and other primary care roles to assist with workforce challenges.

3.1.3 2020 Vision for Health and Social Care[3]

The project will contribute to the delivery of the ambitions set out in the 2020 Vision for Health and Social Care. The new service delivery model will:-

- ensure partnership working by collocating services from across primary and community care services and allowing third sector organisations to access space within the new premises,
- a person centred approach, taking into account the health needs of the population, and
- a focus on prevention, with activities such as diagnostics and self-management being included in the new service model.

3.1.4 NHSG Clinical Strategy Strategic Priorities[4]

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. The preferred option 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 Health and Social Care Partnership (HSCP) to seize the opportunity to design and organise facilities to create the right environment for change (e.g. by 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 approximately 50% of all GP appointments. The project provides an opportunity to embed programmes to promote self-management,

[2] A National Clinical Strategy for Scotland (February 2016)
[3] A Route Map to the 2020 Vision for Health and Social Care;
[4] NHS Grampian Clinical Strategy 2016 – 2021

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.

3.1.5 New GMS Contract [5]

The new service delivery model will take account of changes set out in the new GMS contract which was introduced in early 2018. GPs in Scotland are no longer being paid for achieving 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 including focusing of the GP role as expert medical generalists. Priorities for a transformative service redesign in primary care in Scotland, over a three year planned transition period, include:-

- vaccination services,
- pharmacotherapy services,
- community treatment and care services,
- urgent care services, and
- additional professional services including First Contact Practitioner (FCP) musculoskeletal physiotherapy services, community mental health services and community link worker services.

GPs will continue to retain a professional role in these services in their capacity as expert medical generalists. The future services delivery model will support a number of these priorities.

The new GMS contract sets out key points how the Scottish Government will provide support with 'improving infrastructure and reducing risk'. The key points from the contract; are:-

- the risks associated with certain aspects of independent contracting will be significantly reduced,
- GP Owned Premises: new interest-free sustainability loans will be made available, supported by an additional £30 million investment over the next three years,
- GP Leased Premises: there will be a planned transition to NHS Boards leasing premises from private landlords, and new information sharing agreement, reducing risk to GP contractors.

3.1.6 NHSG Healthfit 2020 Vision[6]

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.

The service delivery model will improve joint working between health and social care community care teams and acute services to support patients being cared for in their own

[5] The 2018 General Medical Services Contract In Scotland
[6] The NHS Grampian 2020 - Health and Care Framework

communities, where possible. Improved integrated working between health and social care 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.

3.1.7 NHS Grampian Workforce Strategy

The NHSG Workforce Plan (2017-2020) recognises the need for innovation in our models of healthcare delivery, in the context of ongoing workforce supply constraints. The profile of our workforce is ageing, with approximately 30% of Nursing and Midwifery aged over 50, 35% of Healthcare Scientists are over 50 and 24% of Administrative staff aged over 55. The future service delivery model seeks to provide the space to deliver new professional roles to support GPs and Community Nursing. The project will also provide dedicated space to support training and development of staff to increase staff retention rates.

3.1.8 Aberdeen City and Shire Strategic Development Plan (2014) and Aberdeen City Local Development Plan (2017)

The strategy for the growth of the North East is set out in the Aberdeen City and Shire Strategic Development Plan (SDP) The programme will contribute towards tackling a changing climate by ensuring more efficient buildings to modern standards, protect valuable resources including the built and natural environment through the design of the building, create sustainable communities and make most efficient use of the transport network when designing access to new sites. Detailed projected build out rates for Aberdeen City up to 2035 are set out in the Local Development Plan (LDP) 2017.

3.1.9 Community Planning - Aberdeen

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 Plan (LOIP) 2016-2026. The new service delivery model will contribute to LOIPs priorities[7] including 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. Investing in the infrastructure required to respond to the needs of the future population will allow for these priorities to be delivered.

In addition the project will contribute to the delivery of the Aberdeen City Council Masterplanning[8] process delivering quality places including the Greenferns Development Framework and the Aberdeen City Centre Masterplan.

3.1.10 Primary and Community Care Strategic Plan

In April 2016, the Aberdeen City HSCP assumed full responsibility for the planning and delivery of PCCS, including the strategic planning for Secondary Care Services and the delivery of Hosted Services on behalf of the NHSG area. The Strategic Plan (2019-2022)[9]

[7] Community Planning - Aberdeen City: Aberdeen prospers; Children are our future; People are resilient, included and supported when in need; and Empowered, resilient and sustainable communities

[8] https://aberdeencity.gov.uk/services/planning-and-building/masterplanning

[9] The Aberdeen City Health and Social Care Partnership Strategic Plan 2019 - 2022

sets out the vision for the future delivery of services, whilst building on the work undertaken to redesign PCCS and modernise the related infrastructure. There is a further commitment legislated through the need for Locality Plans to ensure services are planned to meet the different needs of the population across Aberdeen City. [See Appendix 3: Table of strategic priorities Aberdeen City HSCP]

3.1.11 Primary and Community Care Transformation Programmes

Following consultation with key stakeholders, the Aberdeen City HSCP has developed a Transformation Programme to support the delivery of strategic objectives. The Transformation Programme to Modernise the Delivery of Primary and Community Care Services sets Transformation Fund investment priorities for each area. [See Appendix 4: Table of Transformation Programme priorities for Aberdeen City HSCP]

3.1.12 A Digital Strategy for Scotland

Scotland's refreshed digital strategy[10] sets out a vision for Scotland as a vibrant, inclusive, open and outward looking digital nation. It sets out plans for ensuring that we put digital at the heart of everything we do.

The Aberdeen City HSCP have produced a Technology Enabled Care Framework following the implementation of the strategy. The framework will support technology and digital systems to be used to help people to keep well, to be independent and to ensure they receive the right support at the right time when in need. The use of technology within our health and care systems is part of our modernising approach to working with people, communities and the professionals within our organisation, as described within the ACHSCP Transformation and Change Plan[11.] The new infrastructure will include systems that are in line with Scotland's Digital Strategy.

3.1.13 Primary Care Improvement Plans

In order to implement these changes, the HSCPs developed a detailed Vision Statement and Primary Care Improvement Plans (PCIP) (2018-23). The plans include a commitment to spend additional funding provided by the Scottish Government to support the delivery of the new GMS contact.

3.1.14 North Region of Scotland[12]

The NHS in the North Region of Scotland has an overall aim to only occupy properties which are needed to support the delivery of effective and efficient services consistent with the model of care. Given issues with an ageing estate, together with a growth in demand for services to be provided as locally as possible, the Regional Asset Plan has identified the need for priority investment in a number of key areas within acute, primary and social care sectors infrastructure. The immediate five year investment programme will continue to be focussed on the backlog maintenance, medical equipment replacement and commissioning

[10] A digital strategy for Scotland "Realising Scotland's full potential in a digital world" March 2017

[11] The Aberdeen City Health and Social Care Partnership Transformation and Change Plan was considered by IJB on 30 January 2018: https://committees.aberdeencity.gov.uk/documents/s78853/5.1.%20Transformation_and_Change_Plan.pdf

[12] North Region Asset Management Plan 2018 to 2028

of new health facilities to meet the requirements of the regional delivery plan. Current funded projects being taken forward include the Denburn Health Centre replacement, as well as Denburn, Mastrick and Northfield GP premises identified as priorities for redevelopment within NHS Grampian[13].

3.1.15 Infrastructure Plan

Aberdeen City HSCP have committed to the development of an Infrastructure Plan. This plan will ensure a more robust planning approach with the Partner Organisations Aberdeen City Council (ACC) and (NHSG), who manage all assets and related budgets to invest in the modernisation of buildings, Information and Communications Technology (ICT), equipment and transport infrastructure.

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.

3.2 Revisiting the Strategic Case

In 2014, the Scottish Government Health and Social Care Directorates CIG approved an IA for the Investment in Facilities to Modernise the Delivery of Primary and Community Care Services (PCCS) in Aberdeen City.

The key driver at this time was the need to decant the Denburn Medical Practice from an underutilised and structurally deteriorating Denburn Health Centre in the Central Locality. In addition this would also 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 OBC in line with the revised SCIM Guidance.

In January 2017, the Denburn Medical Practice successfully tendered to secure the ongoing delivery of GMS at the Northfield/Mastrick Medical Practice in the Central Locality. The Practice was previously a 2C Practice managed by NHSG and a range of PCCS are delivered from both the Northfield Surgery and Mastrick Clinic.

The Northfield Surgery and Mastrick Clinic was subsequently renamed the Aurora Medical Practice which, together with the Denburn Medical Practice now forms a new GP Grouping that currently co-ordinates its services across three sites; the Denburn Health Centre, Northfield Surgery and Mastrick Clinic – The Denburn/Aurora Medical Practice Grouping.

All three sites have been identified as a priority for replacement in both the Regional Asset Management Plan 2018 – 2028 and the NHSG Primary Care Premises Plan 2018 – 2028.

Taking all the above factors into account it was agreed in partnership with the SGHSCD CIG that a refreshed IA would be developed to take account of the contractual change, practice population across all locations and operating condition of all three sites.

[13] NHS Grampian Primary Care Premises Plan 2018 to 2028

The revised IA was approved by the SGHSCD CIG in March 2018. The budget was increased from £5 Million to £8.1 Million to develop new facilities for the practice for a combined practice list of [redacted] patients.

[See appendix 5: Initial Agreement Strategic Case Extract], providing the necessary background to the proposal]

3.2.1 Have the current arrangements changed?

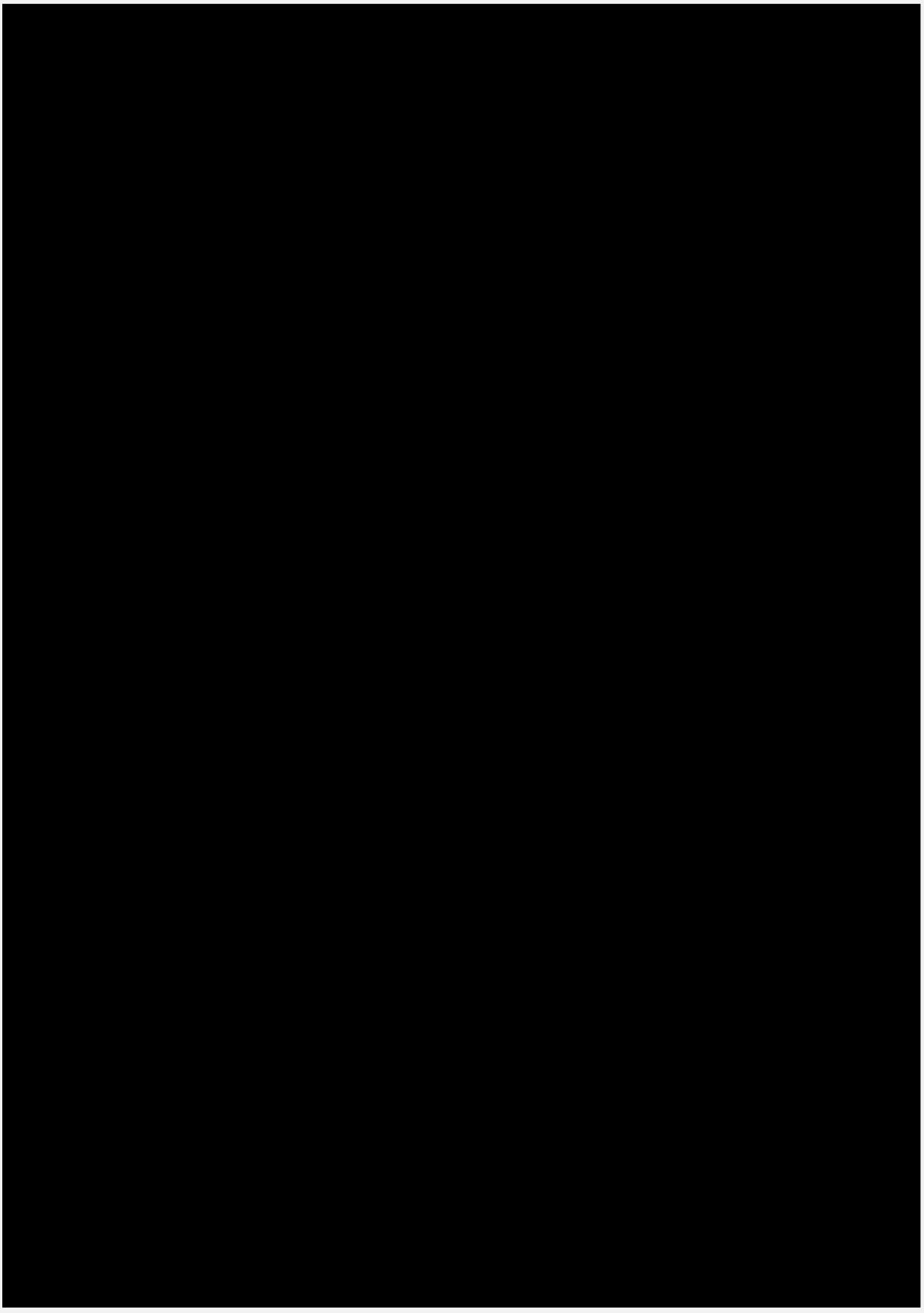
The preferred way forward identified at IA stage, remains the preferred option at OBC stage, to build a single new integrated centre for the delivery of health and care services at a suitable site in the Central Locality, within close proximity to the existing services in the communities of Northfield and Mastrick.

Revisiting the information contained within the IA has included reviewing the key drivers for change, assumptions and investment objectives during the development of this Outline Business Case.

Since the IA was submitted and approved in March 2018, changes have been identified in specific areas of the Strategic Case during the OBC development.

These changes are highlighted and are fully described within the OBC and are as follows:

- Final Service Delivery Model
- City Centre Provision and GMS Rebalancing



The project will aim to link with the wider service model being developed in the North Corridor Project[14] between Aberdeen City and Aberdeenshire Health and Social Care Partnerships to ensure an Integrated Health and Care facility and Locality spoke model.
There are however some aspects of the service delivery model which have been necessary to highlight, due to the changes identified as part of the OBC development. These changes have been fully described and addressed throughout the OBC, and reconfirm the suitability of the preferred option and strategic/service solution(s).

3.2.3 Final Service Delivery Model

Within the IA we provided details in relation to the current Public Dental Service Provision which is provided from the Northfield Surgery and Mastrick Clinic, both with two dental seats. With improvements in the availability of routine NHS dental services across Aberdeen City, in the future the Public Dental Service will be focusing only on providing dental care for people with complex medical and social needs.

It is really important that although there will be no public dental service in the new health and care centre, that we continue to provide these communities with persistent health inequalities with a Public Dental Service when required. With this in mind we have taken steps to ensure that these communities continue to have access to a public dental service for a transitional period and beyond as follows:

- Future of Dental Services

  During an agreed transitional period of up to 2 years the Aberdeen City HSCP will be producing a city wide dental plan, this will outline the future arrangements across the city for the longer term. In the short term the following key aspects will be progressed in relation to the services currently provided from Mastrick and Northfield.

- Northfield

  As with all PDS practices in the city, Northfield Dental Clinic will be undertaking a process called Rebalancing, where patients who require routine NHS dental care will be encouraged to transfer registration to a high street NHS dental practice. Where patients require the more specialised support of the PDS, their care will be transferred to another PDS practice within the city, including the Mastrick Dental Clinic. This work will continue until the new integrated health and care facility opens, when the Northfield Surgery will close its doors to the public fully.

- Mastrick

  At the Mastrick Clinic the rebalancing process will also take place, with a Public Dental Service remaining there for an additional transitional period of up to 2 years. This presents an opportunity to further integrate services from the Mastrick area to ensure an ongoing presence in the community; in addition there are plans within the Community Planning Partnership to develop this area too. During the longer term a clear defined exit strategy from the Mastrick Clinic within a 5 year transition period would be developed, along with an overall Dental Strategy for the city, linking to the North Corridor Project and other strategies and projects across the Aberdeen City Health and Social

[14] North Corridor Programme - Investment in Infrastructure to modernise the delivery of primary and community care services to the communities in the north commuter belt

Care Partnership, NHS Grampian and Aberdeen City Council Community Planning Partnership.

- Social Prescribing

There are opportunities to work with a range of partners in collaboration with the local community to develop support and promote activities aimed at prevention. For example falls prevention Stable and Able groups, Healthy Helpings groups to support healthy weight, or helping people to manage personal foot care. There may also be opportunities to support self-management of long term conditions such as pulmonary rehabilitation to support people living with long term respiratory conditions.

- Sport Aberdeen – Opportunity for Innovation

One of the partners that will assist us to deliver social prescribing is Sport Aberdeen. Sport Aberdeen manages two facilities within one mile of the planned new facility in Northfield and in Sheddocksley. As part of an integrated programme of outreach, it is envisaged that Sport Aberdeen will provide flexible administration and consultation space, dedicated programmes of activities and specialist high quality delivery.

Sheddocksley Sports Centre is an extensive, recently modernised health and fitness pitches and open space with concomitant changing provision. Its existing services include support for those who require specialists support and advice. It is a key platform for moving participants through to independent, self-directed participation in social prescribing including physical activity and volunteer led group service activities. Its fitness classes range from specialist referral-based instructed classes for people with a long-term condition to yoga and metafit offering affordable access for the general population.

Sheddocksley Sports Centre is the meeting point for a Walk Aberdeen group offering a low level, social health walk. Northfield Swimming Pool is scheduled for a £3m refurbishment to be completed in spring 2020. It will include a six lane 25 m swimming alongside gym and activity class space, consultation and office accommodation. Its programme will be designed to collaborate with the new facility, providing access to both water and dry side activities. Sport Aberdeen is a registered charity with a turnover of £13m. It has a contract with Aberdeen City Council for delivery of leisure services and the development of community-based sport, leisure and wellbeing provision across the City scheduled to run until 2045. The new facility has the opportunity to integrate into a network of local community-based provision supporting a wide range of prevention, early intervention and non-clinical service delivery. Sport Aberdeen's established infrastructure in the Northfield and Mastrick area already provides a successful and substantial programme. This is being designed to grow to meet the increase in demand and expectations of alternative prescribing associated with new ways of working.

Sport Aberdeen's Active Lifestyles service is well established with capacity to extend in parallel with the new facility. It currently delivers 117 specialist sessions per week across the City, accommodating around 40,000 participant visits each year through its team of full and part time trainers, coaches and mentors and through a network of volunteers and community-based organisers. Its programmes offer opportunities for those starting out or returning to exercise, recovering from an illness, living with a long-term condition, older adults and people with a disability. Already working in close partnership with GP practices across the City this work will be extend in collaboration with the new facility.

In addition Active Schools Aberdeen develops and delivers extra-curricular sport and physical activity opportunities in partnership with the schools in the local ASG and has a strong presence at Orchard Brae School, which is near to the planned new facility.

- City Centre Provision and GMS Rebalancing

The Central Locality currently has 6 Practices delivering across 9 sites; the Denburn / Aurora Medical Practice Grouping (across 3 sites), Calsayseat Medical Group, Elmbank Group Practice, Links Medical Practice, Westburn Medical Practice and Woodside Medical Group. The area is currently absorbing a high number of dispersed patients from Northfield, Mastrick and Cornhill in the Central Locality (adjacent to the North and West Localities) as well as Bridge of Don in the North Locality. At IA stage the HSCP set out clear plans to rebalance the provision of GMS to ensure adequate capacity in areas of high dispersal which are also adjacent to significant projected growth set out in LDP. Following the submission of the IA, two practices within Aberdeen City have tendered notice within the last year.

The Torry Medical Practice tendered notice and transferred to a 2C Practice effective from August 2018, this affected [redacted] patients. The Practice will initially operate an 'open but full list'. At the time of writing this Outline Business Case the Aberdeen City Health and Social Care Partnership is continuing ongoing work to embed the new service delivery model at the practice.

In July 2018, the Rosemount Medical Practice in the Central Locality tendered notice on their GMS contract. In August 2018, the Aberdeen City Integration Joint Board (IJB) approved recommendations to transfer patients on the practice list to other city practices. Patients were advised that the Partnership would transfer them to a practice as close to their home as possible, due to the practice closure. Patients were transferred to other GMS providers as of February 2019, affecting [redacted] patients on their list.

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.

In September 2018 the Aberdeen City HSCP embarked on phase two of a programme of redefining the boundaries across the city of Aberdeen with a dedicated working group and a range of workshops held with key stakeholders.

Within the IA we described the challenges around the spread of population and practice boundaries. To summarise historically there have been no defined GP boundaries within Aberdeen City and many natural communities are serviced by multiple practices. The Denburn/Aurora Medical Practice grouping is no exception, with a citywide disparate practice population serviced across three geographically dispersed centres.

The greatest challenge remains a concentration of providers in the City Centre and West End area. There is currently circa [redacted] patients with postcodes in the Northfield, Mastrick and wider Cornhill communities registered with a GP in Aberdeen. However, only [redacted] of them are accessing services at the Northfield Surgery or Mastrick Clinic and there is no expansion space on either site.

At the time of the IA development, [redacted] of these patients were accessing GMS from other Central Locality practices. There is also a high number of Bridge of Don patients from the North Locality accessing City Centre Practices which is being managed through the wider North Corridor Project with Aberdeenshire HSCP and NHSG.

There is also an evident slower transition and movement of patients than was anticipated. At the time of the IA, the Practice had anticipated a steady increase in new patient registrations at the Aurora Medical Practice which would have enabled the Denburn Patients to be transferred to other City Centre Practices. This has not been the case, with less than [redacted] patients to date[15].

It has therefore been necessary for the Aberdeen City Health and Social Care Partnership to take these important factors into account whilst refreshing the Outline Business Case.

In addition the Practice and relevant Clinical Leads highlighted a risk to the sustainability of GMS. Following discussions it was agreed to scope the deliverability of a City Centre Service to the dispersal of the Denburn Patient List, of which the majority is a transient student population.

In terms of determining the final service delivery model at OBC stage, key stakeholders have influenced the final proposal which is being presented. It is important as the project progresses that any risks and issues are identified and managed accordingly in terms of the agreed project Risk Management arrangements to ensure appropriate mitigating actions and governance throughout the life of the project.

The Practice and the HSCP remain committed to the medium to long term viability of the preferred option, however, there is a need to take account of the recent changes in the independent provider market and mitigate any further risk to the sustainability of GMS in the Central Locality.

Therefore in conjunction with the Aberdeen City Health and Social Care Partnership the Primary Care Team have developed a 7 year rebalancing plan, which will run from May 2019 until May 2026. The focus during this time will be to disperse the city centre patients whilst increasing capacity for the dispersed Northfield, Mastrick and Cornhill patients to receive their GMS closer to their communities in the new facility. [See Appendix 6: Patient list 7 year rebalancing plan]

When the new integrated health and care facility opens an additional city centre GMS presence will also operate from the Health Village on Frederick Street, Aberdeen. This will be operated as a satellite service with triage and management for the Practice List being based at the new facility to provide local access for a defined number of city centre patients and also the student population.

This will ensure that the city centre patients accessing their current service from the Denburn Health Centre will have a continuing presence and access to a GP service in the city centre as well as having access to the new integrated health and care facility. During this 7 year rebalancing period the Aberdeen City Health and Social Care Partnership and the Primary Care Team will review and monitor progress of the plan. In

[15] Net increase, the Practice had higher level of new registrations but also patients left the Practice.

the short term this city centre arrangement will be provided by the Denburn/Aurora Medical Practice Grouping.

In the medium to long term a clearly defined city centre model will be developed to take into account the full range of patient moves which will be ongoing during the 7 year plan, in particular reviewing the expected growth to the Denburn/Aurora Medical Practice Grouping patient list once they are operating from the new facility including reviewing the boundary changes across the city and available providers. It is anticipated that another provider may well provide these services after the transitional period.

From January 2019 the Project Group membership will be reviewed to include key personnel to plan for the satellite service into the Health Village, in addition to the operational change plans being developed for the transition into the new integrated health and care facility.

- Electronic Records Storage

A key aspect of this project is the requirement to be able to support the transition from paper records to electronic records. The ACHSCP is currently exploring options and potential opportunities available to support the affected practice and services as well as wider opportunities that this may present for the partnership as a whole. This will be detailed within the Operational Change Plans.

3.2.4 Service Activity Changes

The Denburn/Aurora Medical Practice Grouping is a [redacted] Practice, currently operating from the Denburn Health Centre, Northfield Surgery and Mastrick Clinic.

The whole practice population is approximately [redacted] In August 2018 the Denburn and Aurora Medical Practices merged systems; therefore the patient population is no longer split by Denburn and Aurora (Mastrick and Northfield) sites.

The practice provides GMS to the communities of Denburn, Mastrick, Northfield including Summerhill and Cornhill as defined in their current practice boundary and surrounding areas. [See appendix 8: Denburn/Aurora Medical Practice Grouping - Practice Boundary and Area Map]

The current activity below is based upon a practice population of [redacted] therefore it would be expected to increase as the population rises and rebalancing takes place across the city.

Table 1: Denburn/Aurora Medical Practice Grouping – Weekly/Daily Activity

Service	Activity per Week
Triage Calls	[redacted]
Clinic Appointments per GP	
Clinic Appointments per ANP/PA	

Service	Activity per day
Contacts	[redacted]
GP Appointments	
ANP Appointments	
Physician Associate Appointments	

Current activity based upon a practice population of [redacted] we would not expect there to be a significant increase to this number in the short term.

Table 2: Denburn/Aurora Medical Practice Grouping – Weekly/Daily Activity (16,500 practice population)

Service	Activity per Week
Practice Nurse Appointments	[redacted]
Phlebotomy Appointments	
Pharmacist	
GP Mental Health Link Worker	
GP Practice Counsellor	
Independent Counsellor	

Service	Activity per day
Practice Nurse Appointments	[redacted]
Phlebotomy Appointments	
Pharmacist	
Minor Surgery Appointments	
GP link worker	
GP Practice Counsellor	
Independent counsellor	

The Practice currently operates a Triage Hub Model "Doctor First" which is a doctor-led telephone triage appointment system. Doctor First is GP led with other services provided by other health care professionals including Allied Health Professionals (AHPs). The approach aims to make best use of technology to reduce the number of unnecessary or inappropriate face to face appointments e.g. to receive negative test results or be offered advice which could be more efficiently communicated over the phone or by e-mail. This enables the practice to also reduce the number of Did Not Attend (DNA) appointments.

It is anticipated that approximately [redacted] patients of the Denburn/Aurora Medical Practice Grouping will have their GMS provision provided from the city centre at the Health Village, Frederick Street. This will provide local access for a defined number of city centre patients and also the student population.

As highlighted the Aberdeen City Health and Social Care Partnership Primary Care Strategy includes rebalancing GMS across the city which will encourage more patients to register with Denburn/Aurora Medical Practice Grouping and this will allow the initial [redacted] patent population at the new facility to grow to [redacted] during the next 7 years.

Full details of the practice and services activity changes are described within [See Appendix 9: Practice and Services - Specific Clinical and Operational Requirements] this document has been developed in conjunction with the practice and all services moving into the new facility, including the requirements for Domestic Services, Waste, Goods Receipt and Despatch. Identified key departmental briefers have provided key information such as key operational processes, patient flow, facility requirements, key departmental relationships as well as environmental and service requirements. A key aspect of this process has been for the practice and services to sign acceptance of the overarching brief and specifications for their service.

- Practice Team

The practice is clinically supported by Salaried GP's and a Practice Nursing Team/Practice Nurses, Advanced Nurse Practitioners, Pharmacist's, counsellors and healthcare staff. Two Practice Managers and an Operations Co-ordinator provide managerial support with a team of receptionists and medical secretaries.

- Community Nursing Team

The dedicated practice attached community Nursing team which comprises Community Nurses and a Specialist Practitioner District Nurse provide a community nursing service to the patients registered with the Aurora/Denburn Medical Practice Grouping in their own home or nurse led beds in a care home setting. They also run a drop in clinic open to patients residing in the Northfield / Mastrick communities.

The team requires frequent and daily access to the GP's, other healthcare professionals and multi-agency professionals to co-ordinate and facilitate the timely treatment, care and support of patients in the community.

Table 3: Community Nursing Team Activity

Service	Activity per Week
Clinic Based Sessions	[redacted]
Domiciliary Appointments	

Service	Activity per day
Clinic Based Sessions	[redacted]
Domiciliary Appointments	

- Health Visitor Team

The Health Visitor Team provides a service to ante-natal women and the 0-5 year old population registered with the practice. The service framework is directed by the Universal Health Visiting Pathway offered to every child/family predominantly within the home. Getting it Right for Every Child (GIRFEC) is a framework across children's services that support health visitors identify need, risk and ensure the wellbeing of children and families, referring to multi-agency colleagues and services.

The team work mainly in the community with children, young people and their families in their own home, or community setting.
Current services delivered from the Health and Care Centre include developmental assessments of children, immunisations within the clinic setting, and one-to-one support sessions.

Table 4: Health Visitor Team Activity

Service	Activity per Week
Developmental assessment	[redacted]
Immunisation clinic	

Service	Activity per week
Developmental assessment	[redacted]
Immunisation clinic	

- Community Midwifery Team

The Community Midwifery service will provide consultations to pregnant women including confidential discussion, routine ante natal check to include physical examination and minor diagnostic and treatment procedures for the patient population registered with the practice.

Table 5: Community Midwifery Team Activity

Service	Activity per Week
Clinical sessions	[redacted]
Ante natal group sessions	

Service	Activity per day
Clinical sessions	[redacted]
Ante natal group sessions	

- Allied Health Professionals

Allied Health Professionals (AHPs) are a distinct group of practitioners who diagnose, treat and rehabilitate people of all ages, across health, education and social care. They are experts in rehabilitation and enablement, supporting people to recover from illness or injury, manage long-term conditions with a focus on maintaining and improving independence or developing strategies to manage longer-term disabilities.

The AHP groups working across Aberdeen City are dietetics, occupational therapy, physiotherapy, podiatry, speech and language therapy and the prosthetics and orthotics service. These AHP services are delivered in a range of clinic, community and education settings, including in the person's own home or in care homes. Some services are delivered locally with others being provided from more centrally based clinics or community teams, depending on the nature and scale of what is being provided.

A range of Allied Health Professional led services are currently provided from Denburn, Northfield and Mastrick as follows:

- Speech and Language Therapy
- Dietetics
- Podiatry

- Speech and Language Therapy

Speech and language therapists (SLTs) provide life-improving therapy, support and care for people who have difficulties with communication, eating, drinking or swallowing. SLTs assess and treat people with speech, language and communication problems to enable individuals to communicate better. They also assess, treat and develop personalised plans to support people who have eating and swallowing problems. Using specialist skills, SLTs work directly with patients and their carers and provide them with tailored support.

Table 6: Speech and Language Therapy Activity

Service	Activity per Week
Community speech and language paediatric services – community clinics	[redacted]

- Podiatry

The Podiatrist works as an autonomous healthcare professional and, also within the Multidisciplinary Team to diagnose and provide a comprehensive care plan to manage foot and lower limb pathologies. This includes, but not limited to a wide variety of disorders, injuries and local manifestations of systemic disease. The podiatric management may include curative, preventative or require long term palliation or heath education.

Table 7: Podiatry Activity

Service	Activity per Week	Planned
Core Community Services	[redacted]	
Wound Care/Specialist Service		

- Dietetics

The dietician will assess, diagnose and treat dietary and nutritional problems. They also run "healthy helpings" group work sessions.

Table 8: Dietetics Activity

Service	Activity per Week	Planned
Clinic Sessions	[redacted]	
Patient Education Groups e.g. DM and Healthy Helpings		

The Aberdeen City Health and Social Care Partnership are currently exploring the role of Occupation Therapists working in primary care to support part of the mental health and wellbeing pathway, including vocational rehabilitation etc. This is an area of future development currently being explored in relation to new ways of working with our partners.

New professional roles also include Physiotherapy – First Contact Practitioner (FCP) Service. Further details regarding this new role are provided in section 3.2.5.

- Mental Health Team

A range of professional mental health services in addition to those offered by Denburn/Aurora Medical Practice Grouping (GP link worker, GP practice counsellor, Independent counsellor) are currently provided, these include;

- Substance Misuse service
- Chaplaincy Listening Service

Substance Misuse Service - Works with substance misuse patients registered with the Medical Practice providing support with their mental health and medication.

Community Chaplaincy Listening (CCL) is a service provided by NHS Grampian's Healthcare Chaplaincy Department. CCL Listeners are experienced and trained in active listening. The service helps people explore their deepest hurts and draw strength from their own inner resources and those of the communities of support around them. The service is a short term, early intervention model of person-centred; assets based listening with the aim of promoting personal and communal wellbeing. Religion and spirituality are not spoken about unless done so by the patient.

Table 9: Mental Health Team Activity

Service	Activity per Week
Substance Misuse Service	[redacted]
Chaplaincy Listening Service	

- Pharmacy

Helping patients make the best use of their medicines including; medication reviews (where height, weight, blood pressure may be measured with other clinical monitoring dependant on the experience of the pharmacist), responding to patient (or carer) queries or concerns related to their medication, and minor ailments. The pharmacist also supports practice staff and the wider health and social care team with all aspects of medicines management. These roles are in addition to the practice pharmacist.

Table 10: Pharmacy Activity

Service	Activity per week
Pharmacist - Clinical sessions	[redacted]

Additional detail can be found at section 3.2.5, which provides further information regarding the new Pharmacotherapy service.

- Workforce – Current Staffing Establishment

Table 11: Current Practice Staffing Financial Year 2018 – 2019

Area of Work	Head Count	FTE
Partners	[redacted]	
Clinical		
GP		
ANP		
NP		
Clinical Support		
Practice Pharmacist		
PA		
Councillor		
Nurses		
HCA		
Management		
Practice Manager		
Operations Co-ordinator		
Administration		
Site Operations Co-ordinator		
Secretaries		
Reception		
Other		
Vacancies (Non Clinical)		
Vacancies (Clinical)		
Total		

Table 12: Current Practice Attached Staffing

HSCP Practice Attached Staffing	FTE
Community Nursing Staff	[redacted]
Health Visitors	
Trainee Health Visitor	
Administrator	
Pharmacist	

Table 13: Current HSCP & Visiting Services Staffing

HSCP Staffing & Visiting Services	FTE
Independent Counsellor	[redacted]
NHSG Mental Health Counsellor	
Community Mental Health Nurse	
Dietetics	
Podiatry	
Speech and Language Therapy	

All visiting services are delivered to people not just from the practice but for those within the local geographical area.

- Public Dental Service

A public dental service is currently provided from Northfield Clinic and Mastrick Surgery. It was determined at IA stage that this project would not include dental provision within its scope, therefore arrangements for provision in these communities have been considered separately and are fully described within section 3.2.3 of this OBC.

3.2.5 Service Provider and Workforce Changes

In January 2017, the Denburn Medical Practice successfully tendered to secure the ongoing delivery of GMS at the Northfield and Mastrick Medical Practices.

The Northfield and Mastrick Medical Practice was renamed the Aurora Medical Practice which, together with the Denburn Medical Practice forms the Denburn/Aurora Medical Practice Grouping that currently co-ordinates its services across three sites; the Denburn Health Centre, Northfield Surgery and Mastrick Clinic.

On the 13th August 2018 the Aurora/Denburn Medical Practice grouping merged their systems. The medical practice grouping now provides GMS services to a combined total of [redacted] patients; this is no longer split by Denburn Medical Practice and Aurora Medical Practice as previously described within the IA.

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

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

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.

[17] 0.2 initially based at Frederick Street.
[18] 0.2 initially based at Frederick Street.

Consistent with the Healthfit vision our workforce 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.

It is important that the future Schedule of Accommodation aims to maximise the utilisation of space in the new facility as well as the satellite service, improving the overall efficiency of the service delivery model. A key aspect of this is to ensure that the workforce is adequate to support such an innovative Schedule of Accommodation.

The practice has already established and embedded new clinical roles such as ANPs, Practice Counsellor and Phlebotomy Services. However as highlighted in the IA there is a need to also take account of the 2018 General Medical Services Contract in Scotland, which came into force on 1 April 2018, the impact of this is fully described within section 3.6.1.

- Future Arrangements

The majority of services will be delivered from the new integrated health and care facility. All Practice Management, Administration, Triage Hub Facilities and wider extended services will be based at the new site. The additional city centre GMS presence will also provide accommodation for practice attached community nursing and sessional input from extended services.

- Workforce – Future Staffing Establishment

Table 14: Future Practice Staffing - Financial Year 2019 – 2021

Area of Work	Head Count	FTE
Partners	[redacted]	
Clinical		
GP		
ANP		
NP		
Clinical Support		
Practice Pharmacist		
PA		
Councillor		
Nurses		
HCA		
Management		
Practice Manager		
Operations Co-ordinator		
Administration		
Site Operations Co-ordinator		
Secretaries		
Non-clinical Call Handlers		
Reception		
Other		
Vacancies (Non Clinical)		
Vacancies (Clinical)		
Total		

The ACHSCP is committed to the implementation of the new GMS contract and priorities identified for a transformative service redesign in primary care in Scotland. Further details regarding new professional roles can be found below. The following new professional roles have been built into the schedule of accommodation for the new facility.

Table 15: Aberdeen City HSCP - New Professional Roles

Staffing Model	FTE
Link Worker	[redacted]
Physiotherapy – First Contact Practitioner Service	
Pharmacotherapy	
Social Work/Care Management Teams	
Community Mental Health Services	
Vaccination Services	

- Link Worker

The AHSCP launched the Link Practitioner framework in 2018, which signposts patients presenting with non medical needs at GP surgeries to services they may find beneficial. Person-centred wellbeing support is organised through a dedicated member of staff in each GP practice called a Link Practitioner. They aim to improve people's resilience by supporting them to link more closely with the opportunities and resources within their own communities. A link worker will be aligned to the Denburn/Aurora Medical Practice Grouping from March 2019.

Table 16: Link Worker Activity

Service	Activity per Week	Planned activity per week
Link Worker	[redacted]	

- Physiotherapy – First Contact Practitioner Service

The Physiotherapy first contact practitioner service has been introduced as part of the new GP contract and will evolve and develop to meet patient needs. Patients with a musculoskeletal problem will be offered an initial assessment of their complaint by either phone or in the practice and brief intervention is provided as required. Patients will see a specialist physiotherapist as an alternative to their GP. Ongoing physiotherapy treatment will be carried out at Woodend Hospital, or the Health Village physiotherapy departments.

Table 17: Physiotherapy – First Contact Practitioner Service Activity

Service	Activity per Week	Planned activity per week
Physiotherapy – First Contact Practitioner Service	[redacted]	
Falls Classes		

- Pharmacotherapy

The new GP contract includes provision of a pharmacotherapy team who will provide prescribing and pharmacy support. The new model will allow for all ACHSCP pharmacists to be able to undertake their new GMS role (i.e. patient facing clinical role, polypharmacy reviews, supporting cost-effective prescribing, management of systems & processes relating to prescribing). During year 1, scoping, planning and implementation of the new service model will begin, Year 2 will involve the continued implementation and development of the pharmacotherapy teams in practices as well as potential changes to the existing model where more practice pharmacists & pharmacy technicians are recruited and employed

[19] Post to commence from March 2019

through the partnership. Year 3 will see the full delivery of the new model with pharmaceutical support to every practice, where work force availability allows, and an interim model where there are workforce challenges.

Although the model is yet to be confirmed, this could range from 1.5 FTE pharmacy staff per 10,000 patients to 2FTE pharmacy staff per 5000 patients.

Table 18: Pharmacy Activity

Service	Activity per week	Planned
Pharmacist - Clinical sessions	1 day per week	[redacted]

- Social Work/Care Management Teams

Care Managers and Community Care Co-ordinators will be located in the practice at various points throughout the week. Care Managers in Aberdeen operate on a city-wide basis, aiming to provide a comprehensive service to enable people to remain as independent as possible within the community. They provide the following services to patients and their carers:

- An assessment of your ability and needs that generally takes place at home. During the assessment your physical, psychological, social, culture and personal outcomes and the outcomes of your carer will also be taken into consideration.
- Advice to you and your carers on coping with problems that arise in everyday life as a result of your condition.
- Support services to assist you to live at home. This may include personal care, meals service, community alarm, and day care.
- Admission to long term care if you are no longer able to live at home.
- A service to respond to and manage appropriately any concern about the protection of vulnerable adults.

Table 19: Social Work/Care Management Activity

Service	Activity per week
Social Work/Care Management	[redacted]

- Community Mental Health Services

The Scottish Government's approach to Mental Health, a 10 year vision has been outlined in the Mental Health Strategy 2017 – 2027[20]. In particular Action 15 within section - Access to treatment and joined-up, accessible services. Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.

During Year 1, working in conjunction with mental health services to continue existing GP aligned mental health hubs and determine the potential for scale up and sustainability of this service, alongside any other mental health services that provide early intervention and prevention and subsequently reduce GP workload. During Year 1, a plan will be submitted

[20] Mental Health Strategy 2017 - 2027

with regards to Action 15 of the Mental Health Strategy and aligned to the Aberdeen City HSCP Primary Care Improvement Plan.

- Vaccination Services - Transformation Programme

The Vaccination Transformation Programme (VTP) began on 1 April 2018 and will run for three years. It forms one of the six strands of the Primary Care Transformation Programme, and aims to ensure the health of the Scottish public through modernising the delivery of vaccinations, empowering local decision making and supporting the transformation of the role of the GP.

Year 1 will include centralised co-ordination of travel vaccines, neonatal BCG, and pregnancy related vaccinations. Year 2 will include centralised co-ordination of pre-school and shingles immunisations. Year 3 will include centralised co-ordination of adult vaccinations such as flu and additional vaccinations for patients at high risk (e.g. coeliac patients, immunosuppressed, etc).

- Community Midwifery Team

With the changes required to implement 'Best Start – Five Year forward Plan for Maternity and Neonatal Services' and a clear focus on community based hubs and the provision of care closer to home alongside the move to The Baird Family Hospital by 2021, it is important to recognise the need for community midwives to increasingly work from primary care hubs alongside the primary care team. This may mean that some services may need to be accessible to women over the seven day week, with access therefore being required to the building at a weekend.

- Teaching and Training Practice

The Denburn/Aurora Medical practice is an accredited teaching and training practice and contributes to the teaching of undergraduate doctors and nurses, accreditation was awarded in November 2017. The practice is currently training the following key roles;

- *GPST trainees/training*
  The practice currently has 1 ST3 trainee with a ST1 trainee due to start in February 2019. GPST training involves training a doctor to be a GP by the end of their ST3 program. It involves, review of video consultations, joint surgeries, and assessing their competencies against those set by the RCGP.

- *FY2 doctors*
  The practices receives 2 FY2 trainees yearly every quarter. These are junior doctors who are gaining an experience in general practice prior to embarking on their chosen specialty training programme. They generally see patients and are supervised by a mentor GP.

- *Medical students*
  The practice currently teaches 1st to 4th year medical students in the fundamentals of primary care community course. This is a practice based teaching programme, where the GP facilitates group discussion via case discussion and didactic teaching methods. The practice also regularly has 4th and 5th year medical students attached for 6 week blocks as part of their training. These students will generally see patients under direct supervision of a GP.

To ensure an adequate and supportive learning experience the new facility should be equipped to support trainee's supervision requirements, making best use of new ways or working as defined in the service delivery model.

3.3 Impact on Boards Assets

All three sites are owned by NHS Grampian and are all identified as priorities within the North Region Asset Management Plan 2018 – 2028 and the NHS Grampian Primary Care Premises Plan 2018 – 2028, due to the condition of the Denburn Medical Centre and the functional suitability and lack of expansion space at the Northfield Surgery and Mastrick Clinic.

3.3.1 Denburn Health Centre

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, 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.
There have been plans to decant all services from the Denburn Health Centre for 15 years. Over the last 5 years all other services have decanted from the building, leaving only the Denburn Medical Practice onsite as well as a few remaining HSCP staff members.

3.3.2 Northfield Surgery

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 3 years remaining of the temporary 5 year permission granted.

The Northfield Surgery building is not functionally suitable to support modern primary health care provision and is currently assessed as a category B[21] listing. 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.

3.3.3 Mastrick Clinic

The Mastrick Clinic is no longer functionally suitable to support modern primary health care provision and is currently assessed as a category B listing. In addition the site has backlog maintenance as follows (building £27K, engineering £22K, statutory compliance £13K approximately).

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

The decision for the Public Dental Service to remain in the Mastrick site for a transitional period of up to 2 years, presents an opportunity to work in conjunction with our Aberdeen City Community Planning Partners to further integrate services from the Mastrick area to maximise opportunities for the community. This will ensure an ongoing presence of the wider HSCP provision at the centre of the community while further plans are progressed to regenerate the Mastrick Centre as set out in the LDP.

During the longer term a clear defined exit strategy and potential links to the North Corridor Project and Frederick Street Health and Care Village would be developed in conjunction with NHS Grampian and partners, due to the fact that the Mastrick site is not functionally suitable in the long term.
The IJB will liaise with the NHS Grampian Board to develop options to ensure that the building and site are most effectively utilised for the benefit of the local community.

Any future progress is constrained by the current 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, emerging communities or any future growth.

It is important that the future Schedule of Accommodation for both the new facility and the transitional city centre service are designed to maximise utilisation of space and encourage increased community access through flexible use of the buildings.

3.4 Design Quality Objectives

Consistent with SCIM and CEL (2010) 19, NHS Grampian is committed to improving the level of good design and ensuring business case outcomes are mapped into the design brief, to allow NHS Grampian Board assessment of quality throughout the development process.

The Achieving Excellence Design Evaluation Toolkit (AEDET) will be used throughput the development of the project to help NHS Grampian manage the design from initial proposals through to detailed design and will continue to do so through to post project evaluation.
Compliance with the Design Statement will be monitored and reviewed by the NHS Grampian throughout the development of the projects. The SCIM's supplementary guidance:

NHS Scotland Design Assessment Review Process (NDAP) also provides the benefit of an independent design review at key stages from Architect and Design Scotland (ADS) and Health Facilities Scotland (HFS).

The Design Statement for the project was concluded following a series of Design Statement workshops held during August and September 2018 as well as Design Concept workshops held during November 2018. Those involved in the process included key representatives and colleagues from the practice, services and stakeholders including patient and community representation. The Denburn/Aurora Communications and Engagement Sub Group which includes patient and community representation from all three affected communities also contributed to the development of the finalised Design Statement. [See Appendix 10: Preferred Option Design Statement]

The project will deliver 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 (NHSG and Aberdeen City Council ACC) 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 and services to further develop extended delivery models including the triage Hub and introduce new ways of working by extending the use of technology enabled care, improving efficiency to ensure no appointment backlog and a same day service for patients.

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

Further detail regarding the Schedule of Accommodation and Floor Plans for the new facility can be found in the following appendices.

[See Appendix 11: Preferred Option Schedule of Accommodation]
[See Appendix 12: Preferred Option 1:200 Layouts - Ground Floor Plan]
[See Appendix 13: Preferred Option 1:200 Layouts - First Floor Plan]

3.5 AEDET Update

3.5.1 Achieving Excellence Design Evaluations Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, Achieving Excellence Design Evaluation Toolkit (AEDET – HFS Refresh December 2014) will be used throughout the development of the Project to help NHSG manage the design from initial proposals through to detailed design and will continue to do so through to Project Evaluation. In addition, the preferred options will be reviewed as part of the NDAP process.

The AEDET toolkit has three key dimensions (functionality, build quality and impact) and outlines 10 assessment criteria. Each of the 10 areas are assessed using a series of questions which are scored on a scale of 1 - 6. The standard required should result in all 10 dimensions of the AEDET toolkit scoring between 4 and 6.

During the development of the IA baseline AEDET workshops for Denburn Health Centre, Mastrick Surgery and Northfield Clinic were completed in 2016, these were led by Clare Houston, Project Manager, assisted by Susan Grant, Principal Architect HFS. The summary scores are outlined and demonstrate that the existing facilities score poorly at between 1 and 4 in all 10 categories. [See Appendix 14: AEDET Baseline and Target Scores]

AEDET Target workshops for each facility were also completed in 2016. Target scores of between 4 and 6 were agreed for each dimension by the team.

During February 2019, AEDET workshops were also held to review the emerging reference designs against the agreed target scores and the OBC stage designs against the agreed target scores. This workshop involved clinicians, Project Team, the Board's Technical Advisors, the PSCP RMF Health and their design team and were led by [redacted] Principal Architect, HFS. During each AEDET assessment, an effort was made to achieve a consistent approach in terms of who was involved in the AEDET process. A core group of people have been involved in all three AEDETs to date for each development.

The next AEDET assessments will be undertaken at FBC stage.

3.6 Is the case for change still valid?

- Need for change

The immediate challenges and pressures facing the Aberdeen City HSCP and NHS Grampian were highlighted within the IA, this described that the need for change was being driven by the following key drivers and this continues to be the case when reviewing the OBC.

(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] of the Practice as current facilities do not enable the service to progress the transformational change required to further modernise and enhance service delivery, and the need to
(vi) secure the provision of GMS for existing communities, specifically Northfield and Mastrick in the Central Locality.

In addition to the key drivers for change, there are other factors which need to be taken into account when developing the outline business case, the majority of these being legislative.

3.6.1 The 2018 General Medical Services Contract In Scotland

It is important that any new service delivery model and schedule of accommodation takes account of the new 2018 General Medical Services Contract in Scotland.

The 2018 Scottish GMS Contract has been developed by the (SGPC) Scottish General Practitioners' Committee of the British Medical Association (BMA) and the Scottish Government to provide the secure foundations that general practice needs to create a sustainable, dynamic and positive career for doctors and ensure that practices continue to have the very best care for people in Scotland, accessible high quality general medical services.

The new contract effective from the 1st April 2018, proposes a focus of the GP role as expert medical generalists. This role builds on the core strengths and values of general practice –

expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable patients to have better care.

This focusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities2, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including FCP musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services in their capacity as expert medical generalists.

Priorities for a transformative service redesign in primary care in Scotland over a three year planned transitional period have been outlined within the contract.

These priorities include:

- Vaccination Services
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care Services
- First Contact Practitioner (FCP) Musculoskeletal Physiotherapy Services
- Community Mental Health Services
- Community Link Worker Services

- <u>Improving Infrastructure and Reducing Risk</u>

The contract provides significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability.

Under the proposed contract offer, as detailed further within the National Code of Practice for GP premises a new GP Premises Sustainability Fund will be established, with an additional £30 million investment over the next three years. The investment will support a long term shift that gradually moves towards a model which does not presume GPs own their own premises. A new National Code of Practice for GP premises sets out how the Scottish Government will achieve a significant transfer away from GPs of the risk of providing premises. By 2023, interest free secured loans – “GP Sustainability Loans” – will be made available to every GP contractor who owns their own premises. NHS Boards will gradually take on the responsibility from GP contractors for negotiating and entering into leases for GP practice premises.

3.6.2 Aberdeen City Health and Social Care Partnership - Primary Care Improvement Plan

Each Integration Joint Board (IJB) is required to set out aims and priorities for releasing GP capacity within a Primary Care Improvement Plan (PCIP).
Related to the new GMS contract is the provision of transformation funding to help provide GP's with the capacity to undertake their roles as Expert Medical Generalists.

The Aberdeen City PCIP was submitted to the Scottish Government in July 2018 and to the Aberdeen City Integration Joint Board in August 2018. [See appendix 15: Aberdeen City Health and Social Care Partnership - Primary Care Improvement Plan].

To ensure that this project aligns with the new GMS contract, extended services workshops have been held to begin to define how these models of care can be developed.

3.6.3 Implementation of the Technology Enabled Care Framework

The Aberdeen City Health and Social Care Partnership have produced a Technology Enabled Care Framework following the implementation of Scotland's Digital Health and Care Strategy March 2018. [See appendix 16: Aberdeen City Health and Social Care Partnership – Technology Enabled Care Framework]

The framework will support technology and digital systems to be used to help people to keep well, to be independent and to ensure they receive the right support at the right time when in need.

The use of technology within our health and care systems is part of our modernising approach to working with people, communities and the professionals within our organisation, as described within the ACHSCP Transformation and Change Plan[22].

3.6.4 Reimagining Primary and Community Care

The partnership's vision for Primary and Community Care[23] presents a developing blueprint which identifies a changing relationship between people and health and social care systems. This vision includes widening the first point of access; effective triage; and transforming the way that people access information: in summary, improved, accessible support where needed.

[22] The Aberdeen City Health and Social Care Partnership Transformation and Change Plan was considered by IJB on 30 January 2018:
https://committees.aberdeencity.gov.uk/documents/s78853/5.1.%20Transformation_and_Change_Plan.pdf
[23] "Reimagining Primary and Community Care – a vision for Aberdeen" was considered by IJB on 30 January 2018:
https://committees.aberdeencity.gov.uk/documents/s78859/8.1%20Primary%20Care%20Paper%20Final%20Draft%201.pdf

3.6.5 GMS sustainability challenges, current pressures and future demand

Within the IA we highlighted the ongoing concerns both locally and nationally in relation to sustainability challenges, current pressures and future demand of GMS. Whilst the introduction of the 2018 GMS contract in Scotland goes someway to addressing these challenges and pressures, the Aberdeen City HSCP have an integral part to play.

A recent sustainability questionnaire sent to all city GP Practices confirmed some of the challenges around workforce, the major one being an ageing GP and nursing population. The majority of practices who completed the questionnaire stated that they had a high number of GP's and nurses approaching retirement age or choosing to retire at 55.
The ability to recruit GPs is an ongoing challenge – the numbers entering and remaining in the profession are lower than required and an increasing number of GPs are choosing not to enter partnership for a variety of reasons (workload/ prohibitive cost of taking a share in practice owned premises etc.)

The nursing workforce faces similar challenges and there are concerns about the future availability of suitably trained and experienced replacements for those nurses who are retiring.
There are also challenges with filling vacant posts for pharmacists, pharmacy technicians, health visitors and other Allied Health Professionals (AHPs). This could impact on our future ability to recruit to the multi-disciplinary practice teams as outlined in the new General Medical Services contract.

The impacts of these challenges, particularly in respect of GPs, have led to a number of general practices in Aberdeen struggling to recruit which is impacting on sustainability and workload and creating wider system issues. While this has been challenging, these situations have also provided opportunities for new models to be developed and tested.

3.7 Investment Objectives

We identified within the IA the following Investment Objectives which set out specifically what needs to be achieved to overcome the local challenges and need.

- 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 and demographic challenges,
- 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.

3.8 Is the choice of preferred strategic/service solution(s) still valid?

- Confirmation of the preferred strategic/service solution(s)

The preferred way forward confirmed at IA stage remains the preferred option recommended at OBC stage, to build a single new integrated centre 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.

This OBC confirms the preferred option for implementing the strategic/service solution that will successfully deliver the key drivers for change, investment objectives and realise the benefits.

The final service delivery model has been reconfirmed at OBC stage, with no dental provision and changes identified and fully described throughout the OBC in relation to the Mastrick site and the city centre satellite solution. This presents no significant change to the overall outcome and preferred option being recommended for investment, reconfirming the suitability of the preferred strategic/service solution.

The OBC also demonstrates that the preferred option optimises value for money and is affordable. It also sets out the supporting commercial and management arrangements to be put in place to successfully implement the preferred option/solution.

4.0 ECONOMIC CASE

4.1 Introduction to the Economic Case

The purpose of the Economic Case is to undertake a detailed analysis of the costs, benefits and risks of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic /service solution identified within the Initial Agreement.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

4.2 Economic Appraisal

- Identify a short list of Implementation Options

Within the IA a long list of implementation options was developed taking the future service delivery model into account, these were scored against the agreed set of Investment Objectives for the project.

Table 20: Long List of Options – Initial Agreement Stage

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[24]	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[27]	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[27]	Newbuild Greenfield (extended service model) and City Centre New Build and close Northfield and Mastrick.	100%
4b[25]	New build on suitable site (extended service model), close Denburn Health Centre, close Northfield Surgery and close Mastrick Clinic to GMS.	100%
5a	Do Minimum – Backlog Maintenance – all facilities.	21.43%
5b	Do Minimum – Backlog Maintenance – Denburn only	14.29%

[24] Options 2b, 3c and 4a did not proceed to short list, explanation provided below
[25] Preferred Way Forward identified at IA stage and confirmed at OBC stage (Closure of all facilities to GMS)

It has become apparent whilst reviewing the IA information during the development of the OBC that the scoring methodology applied did not include any weighting to the Investment Objectives.

The SCIM Options Appraisal Guide states that the weighted scoring method is the one generally recommended by SGHSCD. It was therefore agreed by the Denburn/Aurora Working Group to complete a full review of the original set of data (long list to short list).

In order to complete this task the original long list of options were revisited, taking the original scorings; agreed weightings were applied across the Investment Objectives.

The outcome of both long list and short list options altered marginally once weightings were applied, the ranking of the long list and short list remain in line with the original set of data, apart from a slight change in rankings 2 & 3. The revised scores are shown below comparing both the IA and OBC full set of scores and rankings where applicable, those shown as not applicable were discounted.

Table 21: Long List of Options – Outline Business Case (Revised Scores)

Reference	Description	IA % Score	Rank	OBC % Score	Rank
1a	Denburn reconfiguration.	14.29%	N/A	12.5%	N/A
1b	Northfield / Mastrick reconfiguration.	21.43%	N/A	25%	N/A
1c	Northfield only reconfiguration.	14.29%	N/A	12.5%	N/A
1d	Mastrick only reconfiguration.	14.29%	N/A	12.5%	N/A
2a	Replace Denburn with a City Centre facility.	42.86%	N/A	37.5%	N/A
2b[26]	Replace Denburn with a City Centre facility and refurbish/reconfigure Northfield and close Mastrick.	57.14%	N/A	56.25%	N/A
3a	Newbuild at suitable site (current service delivery model), reconfigure Northfield and close Mastrick.	57.14%	N/A	56.25%	N/A
3b	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and reconfigure Mastrick Clinic.	57.14%	2	56.25%	2
3c[29]	Newbuild suitable site (current delivery model) and City Centre New Build.	92.86%	N/A	90.62%	N/A
3d	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and general maintenance at Mastrick Clinic.	57.14%	2	46.87%	3
4a[29]	Newbuild Greenfield (extended service model) and City Centre New Build and close Northfield and Mastrick.	100%	N/A	100%	N/A
4b[27]	New build on suitable site (extended service model), close Denburn Health Centre, close Northfield Surgery and close Mastrick Clinic to GMS.	100%	1	100%	1
5a	Do Minimum – Backlog Maintenance – all facilities.	21.43%	N/A	18.75%	N/A
5b	Do Minimum – Backlog Maintenance – Denburn only	14.29%	N/A	12.5%	N/A

It is important for the project to be open and transparent regarding the review of the original set of data and the subsequent process followed to deal with the situation that arose, recording this as lessons learned in the project documentation.

[26] Options 2b, 3c and 4a did not proceed to short list, explanation provided below
[27] Preferred Way Forward identified at IA stage and confirmed at OBC stage (Closure of all facilities to GMS)

4.3 Develop a short list of Implementation Options

Options appraisal activities were completed by the Project Group between October 2016 and April 2017 in the form of an extensive review and option appraisal process, involving consultation with key stakeholder [See Appendix 17: Implementation Options - Long List Decision Sheet]

The following three options which were scored in the Long List of Options, were not progressed to the Short List of Options, these are described within the IA and are summarised as follows:

Option 2(b), 3(c) and 4(a) score well across the IOs (56.25%, 90.62% 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 Integrated Joint Boards (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.

Table 22: Short List of Options – Outline Business Case (Revised Scores)

Option	Long List reference	Description	OBC Score	% OBC Score
1	3b	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and reconfigure Mastrick Clinic.	18	56.25%
2	3d	New build on suitable site, close Denburn Health Centre, close Northfield Surgery and general maintenance at Mastrick Clinic.	15	46.87%
3	4b	New build on suitable site (extended service model), close Denburn Health Centre, close Northfield Surgery and close Mastrick Clinic to GMS.	32	100%
Do Minimum	5a	Do Minimum – Backlog Maintenance – all facilities.	6	18.75%

The Short List options listed above was evaluated against the do minimum option 5a which scored 18.75% against the Investment Objectives.

The highest scoring option from the short list as described in the IA is Option 3, which is confirmed at OBC stage. 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 self-manage their health and wellbeing, where appropriate e.g. supported by the Link Worker to self-refer to other support services.

- Site Options Appraisal

The Initial Agreement detailed the preferred way forward 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.

Site options appraisal activities began In April 2018. Aberdeen City Council had commissioned Ryder to undertake a Site Assessment Report for an Early Years Centre. [See Appendix 18: Ryder Feasibility Study Report] A meeting was arranged to discuss potential opportunities to consider a shared site with this emerging project. Following a meeting with Hub North Scotland Ltd, NHS Grampian and Aberdeen City Council it became apparent that any joint venture would not be possible due to the fact that the Denburn/Aurora Project was much more advanced, and it would not have been possible to align timescales to achieve any associated benefits.

The Ryder report was passed to NHSG Property and Asset Development as the Site Selection List for the Denburn/Aurora Project in the greater Northfield and Mastrick community area. The NHSG Property and Asset Development Team had also been advised that a further two further sites were available; Maidencraig and another site option on the Greenferns development. These further two sites had both previously been scoped at earlier Initial Agreement stages.

- Site Selection Process:

During the site selection process key meetings took place between 4 May 2018 to 21 June 2018 with key stakeholders involved in the project including the Denburn/Aurora Practice Management Team, members of the Property Asset Development Team, Capital and Services Team as well as the Denburn/Aurora Project Group and relevant programme board for governance throughout the process.

The site options appraisal was completed and concluded in June 2018, this process included a feasibility study of available sites. The scoring methodology applied by the Project Group included assessment against a defined set of scoring criteria, weighting was applied and a scoring matrix completed, including an assessment against project tolerances. The long list of available sites was assessed and a short list defined following the above methodology.

The option of doing nothing and doing minimum has been considered at both the IA as well as the OBC stages against the set of agreed Investment Objectives. Both these options have been included in the long list of options and have been scored in accordance with the agreed scoring methodology.

An Extraordinary Project Group Meeting was held to apply the scoring methodology across each site on 30 May 2018; attendance included a Patient/Community Representative.
Once complete the scoring record provided an overall score for each site, which also provided an overall ranking order as follows:

Table 23: Site Selection – Scoring Record: Long List of Options

Ranking	Site/Option	Score
1	(Area D1) Greenferns	185
2	(Area E2) Greenferns	174
3	Granitehill	149
4	Northfield Academy Pitches	120
5	Maidencraig	119
6	Northfield Outdoor Sports Centre	111
7	Northfield Swimming Pool	99
8	Mastrick Redevelopment	97
9	Do Minimum	82
10	Do Nothing	60

Taking all the above scoring methodology and assessment against the project tolerances into account, this provides the project with a short list of viable options as follows:

Table 24: Site Selection – Short List:

Ranking	Site/Option	Score
1	(Area D1) Greenferns	185
2	(Area E2) Greenferns	174
3	Maidencraig	119

Taking all the above information and factors into account the recommendations below were presented in a Site Options Appraisal Report, [See Appendix 19: Site Options Appraisal Report] which was approved by the Aberdeen City Capital Programme Board on 26 July 2018.

- To approve the preferred site option as Greenferns Area D1, Bucksburn Farm (Site A), which scored highest throughout the comprehensive and robust site scoring process.
- Instruct the Property and Asset Development Team to begin dialogue with those relevant to secure the Greenferns Site A (Area D1, Bucksburn Farm)

The Property and Asset Development Team are now in advanced stages of acquiring the site from Aberdeen City Council.

4.4 Costs and Economic Analysis

This section of the OBC considers the indicative costs of the short listed options and sets out the results of the financial and economic appraisal carried out. It covers:

- Description of the short listed options in a financial context
- The capital costs of each option
- The revenue costs of each option
- Economic Analysis (Net present costs/Equivalent Annual Costs)
- Value for money analysis
- Sensitivity Analysis

The financial evaluation of each option is set in the context of the guidance provided in the Scottish Capital Investment Manual (SCIM).

All costs are stated at 2018/19 price levels.

- Short Listed Options

The **Do Minimum** option consists of the undertaking of the backlog maintenance on each of the 3 buildings under consideration in this OBC, those being; Denburn Health Centre, Northfield Surgery and Mastrick Clinic. While Northfield and Mastrick do require a significant level of investment, the main issues lie with the Denburn Facility. The structural problems are such that the building would require to be largely demolished and rebuilt. The Denburn facility has also been largely vacated and so the other short-listed options in this OBC require less floor space than is currently provided. This inevitably results in lower property running costs and lifecycle replacement in Options 1-3.

- **Option 1** consists of a New Build facility on a green field site which would re-provide the services currently within Denburn Health Centre and Northfield Surgery, including the GP Practice. The Denburn and Northfield buildings would then be closed. Under this option, the GP Practice would retain a presence in Mastrick Clinic, which would be re-configured to better meet their requirements.

- **Option 2** is the same as Option 1, but with only the backlog maintenance undertaken at Mastrick Clinic.

- **Option 3** scored highest against the benefit criteria. This option consists of a larger New Build facility than Options 1 & 2, which would allow the GP Practice to vacate Mastrick Clinic and therefore be fully located in the new facility. Again, the Denburn and Northfield buildings would be closed, with the Aberdeen Health & Social Care Partnership retaining Mastrick Clinic for its purposes.

- Initial Capital Costs

  - The estimated construction cost of the preferred option has been provided by the Principle Supply Chain Partner – RMF Health, following their appointment in December under the Frameworks Scotland procurement route.
  - The 'Do Minimum option' cost is an estimate of the backlog maintenance required on Denburn Health Centre, Northfield Surgery and Mastrick Clinic.

- The two remaining option 'New Build' capital costs are provided using the benchmark rates available from Scottish Futures Trust.
- Optimism Bias has been added to the costs of construction as an individual percentage for each option. The calculation of these percentages is in line with HM Treasury guidance.
- A site for the preferred option has been identified and negotiations with the landowner are at an advanced stage. Site acquisition costs for each of the relevant options are based on the acreage value placed on this site by the District Valuer.
- Equipment costs are provided for and are based on experience of Health Centres provided under the Hub programme in 2018.
- In accordance with SCIM guidance the cost of VAT, inflation and capital charges (depreciation) have been excluded from the Economic Case.

The following table outlines the capital costs for the Do Minimum option and each of the short-listed options:

Table 25: Capital Costs Comparison

Capital Cost	**Do Minimum – Backlog Maintenance of Denburn, Northfield & Mastrick £000s**	**Option 3 – New Build, Close Denburn & Northfield (Practice vacates Mastrick) £000s**	**Option 1 – New Build, Close Denburn & Northfield (Reconfigure Mastrick) £000s**	**Option 2 – New Build, Close Denburn & Northfield (Backlog Maintenance Mastrick) £000s**
Construction Cost	13,506	5,447	3,815	3,815
Mastrick Refurb/Backlog	Inc	N/A	500	150
Sub Total	**13,506**	**5,447**	**4,315**	**3,965**
Optimism Bias %	23.4%	9.4%	9.9%	9.9%
Optimism Bias Value	3,160	512	427	393
Total Construction Cost	**16,667**	**5,959**	**4,742**	**4,358**
Equipment	Inc	250	250	250
Site Acquisition	N/A	618	455	455
Decanting/Re-location	Inc	30	30	30
Total Other Costs	**Inc**	**898**	**735**	**735**
Total Capital Cost	**16,667**	**6,857**	**5,477**	**5,093**

The **Do Minimum** option has the largest capital cost, due to the structural issues with Denburn Health Centre. It is not possible to undertake repairs to the facility to extend the useful economic life without addressing these. This effectively results in a re-build. Options 2 and 3 are of less overall cost than Option 3, due to their smaller footprint. However both of these options would require the GP Practice to maintain a presence in Mastrick Clinic, as well as the New Build facility.

- Lifecycle Costs

  - New Build lifecycle costs have been calculated using a recent example from the financial model of a completed 'Hub' procured Health Centre. NHS Grampian does not hold records on lifecycle costs incurred on individual properties, therefore the costs of current buildings have been estimated using the same rates per m2 as the New Build properties.

Table 26: Lifecycle Costs Comparison

Lifecycle Costs	**Do Minimum – Backlog Maintenance of Denburn, Northfield & Mastrick £000s**	**Option 3 – New Build, Close Denburn & Northfield (Practice vacates Mastrick) £000s**	**Option 1 – New Build, Close Denburn & Northfield (Reconfigure Mastrick) £000s**	**Option 2 – New Build, Close Denburn & Northfield (Backlog Maintenance Mastrick) £000s**
New Build/Refurb	81	29	23	23
Current Mastrick CL	8	8	8	8
Total Lifecycle Costs	**89**	**37**	**31**	**31**

  - All 3 short-listed options have a lower Lifecycle cost than the Do Minimum option. This is due to the smaller building footprint under each of the proposals than is currently in place.

- Buildings Related Running Costs

  - Property running costs on the New Build options have been calculated using information on floor area rates from similar facilities for the following categories; Rates, Water charges, Refuse, Heating, Electricity, Cleaning and Maintenance of Buildings and Grounds.

  - The costs are Gross costs – i.e. before any contribution from external stakeholders. It is however assumed that the GP Practice will continue to meet it's obligations to contribute to an appropriate share of these running costs. This is further explored in the Financial Case.

Table 27: Building Running Costs Comparison

Revenue Cost	**Do Minimum – Backlog Maintenance of Denburn, Northfield & Mastrick £000s**	**Option 3 – New Build, Close Denburn & Northfield (Practice vacates Mastrick) £000s**	**Option 1 – New Build, Close Denburn & Northfield (Reconfigure Mastrick) £000s**	**Option 2 – New Build, Close Denburn & Northfield (Backlog Maintenance Mastrick) £000s**
Property Running Costs				
New Build				
Rates	N/A	70	55	55
Water Rates	N/A	7	6	6
Refuse	N/A	3	2	2
Heating	N/A	10	8	8
Electric	N/A	18	14	14
Cleaning	N/A	42	33	33
Maintenance	N/A	40	30	30
Sub Total-New Build	**N/A**	**190**	**148**	**148**
Current Denburn HC	361	0	0	0
Current Northfield S	97	0	0	0
Current Mastrick CL	50	50	50	50
Total Property Running Costs	**508**	**240**	**198**	**198**

- All 3 short-listed options have lower property running costs than the Do Minimum option. This is due to the smaller building footprint under each of the proposals than is currently in place. Mastrick Clinic is retained under each option, but is only vacated by the GP Practice under Option 3.

4.5 Economic Analysis - Net Present Cost/Equivalent Annual Cost

- This section takes the capital and revenue cost projections for the short-listed options (excluding VAT & Capital Charges) and derives the Net Present Cost (NPC) and Equivalent Annual Cost (EAC). A Generic Economic Model (GEM) and discounted cash flow techniques have been used for this purpose, in line with SCIM guidance. An appraisal period of 50 years + the period to completion of the construction is used for all options, with the first full year of operation assumed to be 2021/22.

[See Appendix 20: Generic Economic Model – Summary Outputs]

- The results of the calculations are summarised in the table below:

Table 28: Net Present Cost and Equivalent Annual Cost Comparison

Option	Net Present Cost (NPC) £000s	Equivalent Annual Cost (EAC) £000s	Ranking
Do Minimum	30,295	1,208	4
Option 1	11,986	478	2
Option 2	11,620	464	1
Option 3	14,391	574	3

- From the above analysis the option with the lowest EAC is Option 2, however we now require to undertake an assessment of the value for money that each option represents.

4.6 Value for Money Analysis

- Value for money (VFM) is defined as the optimum solution in terms of comparing qualitative benefits to costs. This analysis has been performed on an economic annual cost basis using the output from the economic appraisal above, in line with HM Treasury guidance and the results are shown in the table below:

Table 29: Value for Money Analysis

Option	Qualitative Benefits Score	Equivalent Annual Cost £000s	Cost per benefit point £000s	VFM Economic Ranking
Do Minimum	6	1,208	302	4
Option 1	18	478	27	2
Option 2	15	464	31	3
Option 3	32	574	18	1

- The VFM analysis compares the cost per benefit point of the options. The option that is preferable is the one that demonstrates the lowest cost per benefit point.
- From this analysis and the results, the preferred option from a value for money perspective is Option 3.

4.7 Sensitivity Analysis

- The net present costs have been subjected to a range of sensitivity tests to check whether changes to any of the assumptions about capital or revenue costs have a significant impact on the option rankings. The tests undertaken were:

  - Running Costs +10%
  - Capital Construction Costs + 20%

- The outcome of these tests in terms of the value for money analysis is summarised in the table below:

Table 30: Sensitivity Analysis

	Do Minimum – Backlog Maintenance of Denburn, Northfield & Mastrick £000s	**Option 3 – New Build, Close Denburn & Northfield (Practice vacates Mastrick) £000s**	**Option 1 – New Build, Close Denburn & Northfield (Reconfigure Mastrick) £000s**	**Option 2 – New Build, Close Denburn & Northfield (Backlog Maintenance Mastrick) £000s**
Baseline				
EAC £000s	1,208	574	478	464
Qualitative Benefits	6	32	18	15
Cost per benefit point £000s	306	18	27	31
VFM Rank	**4**	**1**	**2**	**3**
Running Costs + 10%				
EAC £000s	1,268	606	505	491
Qualitative Benefits	6	32	18	15
Cost per benefit point £000s	317	19	28	33
VFM Rank	**4**	**1**	**2**	**3**
Capital Costs + 20%				
EAC £000s	1,331	618	514	497
Qualitative Benefits	6	32	18	15
Cost per benefit point £000s	333	19	29	33
VFM Rank	**4**	**1**	**2**	**3**

4.8 Conclusions

- Sensitivity 1 – 10% Increase in Running Costs

  Increasing the annual running costs by 10% for each option did not affect the VFM, with Option 3 remaining the preferred option.

- Sensitivity 2 – 20% Increase in Capital Costs

  Increasing the capital costs by 20% for each option also did not affect the outcome of the VFM result, with Option 3 remaining the preferred option.

  The Economic Analysis therefore verifies that **Option 3,** as the highest scoring option in terms of qualitative points also provides the best value for money. The Financial Case will consider the overall affordability of this option.

5.0 COMMERCIAL CASE

5.1 Overview

This section outlines the commercial arrangement and implications for the Project. This is done by responding to the following questions:

- The procurement strategy and appropriate procurement route for the Project;
- The scope and content of the proposed commercial arrangement;
- Risk allocation and apportionment between public and private sector;
- The payment structure and how this will be made over the lifetime of the Project;
- The commercial arrangements of the offer, and
- The contractual arrangements for the Project

5.2 Procurement Strategy

- Procurement Route

[redacted] the [redacted] procurement option available to the Board for delivering the preferred solution is by capital funding under the NHS Scotland Frameworks Scotland 2 arrangement, which is administered by Health Facilities Scotland (HFS). Additionally the NHS Scotland Framework can be used by the Board to appoint external professional advisors, such as a cost advisor.

The benefits of using the NHS Scotland Frameworks Scotland 2 (FS2) as an alternative procurement include:

- Speed in appointing a Principal Supply Chain Partner (PSCP) – there is a well-defined process for the Board to call off PSCP's through a mini competition, which will maintain the Board's procurement timetable. A similar defined process is available, through the consultants Professional Services Contract (PSC) Framework 2018 for appointing an external cost advisor, again through mini-competition.
- Familiarity with the FS2 process – the NHS Scotland Framework procurement route has been successfully used to deliver a wide range of health projects, both locally in Grampian and nationally.
- The FS2 Framework provides flexibility in the selection of main contract options, ranging from a priced contract (option A), a target contract (option C) and a cost reimbursable contract (option E) to suit the particular specifics of the project. In consultation with HFS, the High Level Information Pack (HLIP) issued to

perspective PSCP's requested commercial costs to be provided on the basis of Option C. The Framework allows flexibility to change from one option to the other at the next stage i.e. between stage 2 and 3, should specific circumstances arise i.e. change in risk profile.

- All investment in the NHS Scotland Framework complies with relevant Scottish Government and European Union procurement regulations.

- EU Rules and Regulations

Under FS2, there is no further requirement to advertise in the Official Journal of the European Union (OJEU). The five PSCP's on the NHS Scotland Framework have been selected via an OJEU tender process for capital investment construction schemes across Scotland. Appointment of a PSCP is made following a mini-competition process, as described in the following section. The same form of process applies for the PSCP cost advisor appointment.

The European Union's particular procurement processes, regulations, directives and the like must still be followed, particularly in the appointment of supply chain contractors, designers and advisors.

5.3 FS2 Procurement Process (Mini Competition)

The FS2 mini competition process for the appointment of a PSCP involved issuing a HLIP to each of the five participants on the framework. The pack described what facilities and services are to be provided, and the specific form of contract option to be used. It also sets out what the procurement process would look like for the programme and deliverables, and the detailed evaluation and selection criteria. The PSCP is selected on the basis of quality and commercial evaluation.

The High Level Information Pack (HLIP) for the appointment of the PSCP followed a standard template, prepared in conjunction with HFS. [See Appendix 21: PSCP High Level Information Pack/Appointment Template]

The mini-competition involved a two stage process:

Stage 1

A HLIP was drafted by the Board, and reviewed by the appointed HFS Capital Projects Advisor prior to issuing to all PSCPs on the framework, via the Public Contracts Scotland QuickQuote portal.

PSCP returned expressions of interest were then evaluated by a review panel, including the attendance of the HFS Capital Projects Advisor (but solely in the role of moderation and compliance) in terms of their separate commercial and quality submissions. The quality submission was given a 70% weighting, and the commercial submission a 30% weighting. PSCPs were then invited to attend an interview.

Stage 2

At Stage 2, the PSCPs were interviewed by a review panel, with the interview consisting of a 15 minute presentation by the PSCP, followed by a pre-determined question set asked by

the interview panel. The HFS Capital Projects Advisor was also in attendance, solely in the role of moderating and compliance for consistency. PSCP's responses to questions were evaluated by the review panel.

The final outcome of the evaluation (combined quality, commercial and interview scores) resulted in RMF Health having the highest score, and consequently appointed as the preferred PSCP.

- Procurement Timetable

An outline of the Project's procurement plan is described below, which highlights the Project's current status, what has already been achieved and what still needs to be done.

The procurement timetable from OBC to operation is outlined below and aligns with the overarching project plan below:

Table 31: Procurement Table based on preferred strategic solution

Stage	Start Date	End Date
IA approved by CIG	Feb 18	Mar 18
Conclusion of sites option appraisal	May 18	June 18
Land acquisition valuation/licence application (1 below)	Sept 18	Dec18
Appointment of PSCP	Sept 18	Oct 18
Appointment of Cost advisor	Oct 18	Nov 18
Construction procurement strategy	Nov 18	Dec 18
Early Market engagement	Dec 18	Jan 19
PSCP development of stage 2 cost	July 18	Feb 19
Soil and site investigations by PSCP	Dec 18	Feb 19
NDAP & AEDET review for OBC	Jan 19	Feb 19
Technical review of Stage 2 submission by external advisors	Feb 19	Feb 19
PSCP design development/readiness for stage 3 appointment	Mar 19	May 19
OBC approved by Programme Board	Mar 19	Mar 19
OBC to NHSG Board	Apr 19	Apr 19
OBC considered by CIG	May 19	May 19
Stage 3 development of target price	May 19	Sep 19
NDAP & AEDET review for FBC	Jul 19	Jul 19
Technical review of Stage 3 target price by cost advisor advisors	Jul19	Aug 19
Finalisation of design development/Contract Documents/mobilisation	Sep19	Nov 19
FBC to NHSG Board	Sep 19	Oct 19
FBC considered by CIG	Oct 19	Nov 19
Land acquisition purchase/concluded	Sept 18	Jun 19
Construction	Jan 20	Apr 21
Commissioning	Apr 21	May 21

5.4 External Advisor Procurement

The procurement of a cost advisor was carried out as mini-competition, using the NHS Scotland Professional Services Contract. The HLIP for the appointment of the Cost Advisor followed a standard template, prepared in conjunction with HFS. [See appendix 22: Cost Advisor Template]

- Scope and Content of Proposed Commercial Arrangements

The purpose of this section is to specify the scope and content of the proposed works/services included within the proposed commercial arrangements.

- Scope of Works/Services

The PSCP Scope of Services are as defined in the standard FS2 Framework Agreement[28], and in, summary relates to providing all aspects of the design and construction of the facilities as set out in the HLIP.

All Facilities Management (FM) services, maintenance and lifecycle (including soft FM such as domestics and external grounds maintenance) will be provided by the Board.

Responsibility for procurement of equipment is as follows:

- Group 1 items of equipment, which are generally large items of permanently installed plant or equipment, will be supplied and installed by the PSCP and maintained and replaced by the Board
- Group 2 items of equipment, which require to be fixed to the building structure, will be supplied by the Board, installed by the PSCP and maintained by the Board
- Group 3 - 4 items of equipment are supplied, installed, maintained and replaced by the Board and/or by the Independent GP Practice.

The purchase of Group 2-4 equipment will be via Health Facilities Scotland procurement, who will obtain tenders for the most competitive purchase. The stakeholders and customers for these services include patients (in-patients, day-patients and outpatients), patient support groups, clinical and non-clinical staff and visitors. It is not anticipated that there will be any

[28] www.frameworks-scotland2.scot.nhs.uk

change in any service assumptions in the solution offered, as the service needs have been modelled and tested to take account of population trends and anticipated health care trends.

It is, of course, possible that future external factors could affect any of the assumptions above. Population and health trends may be affected by the general economic outlook, affecting house building, employment and household income. The design and location of the proposed new facility allows for 50% future expansion should it be required at a later date.

The Board has requested that the project includes monthly photographic recording to facilitate construction quality monitoring. The programme for the Project, included within Table 31 indicates the timescales for procuring and delivering these services.

5.5 Project Information

Table 32 below provides a checklist of Project information requirements at this stage of the Project's development. Further details will be provided at FBC.

Table 32: Project Information Requirements

Design Information Requirements	Confirmation that information is available (Yes, No, n/a)
Land/title information.	The site is currently in the ownership of Aberdeen City Council. The Board are in discussions with the Council regarding the site acquisition and a title report for the site will be prepared by Central legal Office (CLO) – further details to be provided in FBC.
Site Feasibility Studies or Masterplan (≥ 1:1000).	A development framework has been prepared by Aberdeen City Council in October 2017 titled Greenferns, Aberdeen, available to be downloaded online from the City Council Planning website[29].
Analysis of site option(s) (≥ 1:500, plus 3Ds).	Yes.
List of relevant design guidance to be followed – SHPNs, SHTMs, SHFNs, HBNs, HTMs, HFNs, Including a schedule of any key derogations.	Yes. Referenced within Works Information
Evidence that Activity Data Base (ADB) use is optimised.	Yes. Used for Room Data Sheets, equipment lists.
Design Statement, with any updates in benchmarks highlighted.	Yes. Design Statements agreed with A+DS and HFS.
Evidence of completion of self-assessment on design in line with the procedures set out in the design statement.	Yes. Will be assessed as part of the AEDET review.
Completed AEDET review at current stage of design development.	Yes. Refer to Strategic Case for details of process and appendices with baseline and target scores.
Evidence of Local Authority Planning consultation on their approach to site development and alignment with Local Development Plan.	To be fully developed during FBC. Initial consultation being carried out by the PSCP's designer JM Architects during stage 2 design development.
Risk Register detailing benefits and risks analysis.	Yes. Refer to appendix 35
Photographs of site showing broader context.	Yes, included within the Greenferns, Aberdeen Development Framework referred to above.
Building Information Modelling (BIM) requested	Yes, level 2, in conjunction with the Board's Works Information
Evidence on Sustainability and BREEAM Healthcare commitments.	Yes. Target set in the Works Information for best pragmatic score for BREEAM, and EPC.
Evidence that relevant DDA, Dementia, Health Promotion and Equality commitments are incorporated.	Yes. Incorporated in Board Works Information.

[29] www.aberdeencity.gov.uk/services/planning-and-building/masterplanning

5.6 NHS Scotland Design Assessment Process (NDAP)

The purpose of the NHS Scotland Design Assessment Process (NDAP) is to promote design quality and the service outcomes, it realises this by mapping design standards to the key investment deliverables, including Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent, assessments.

The Project Team have had regular dialogue with Architecture Design Scotland (A+DS) and HFS during the OBC stage of the Project. A+DS colleagues facilitated the development of a Design Statement for the facility. This information has formed part of the design brief since the outset of the Project.

During the OBC stage of the Project, the Project Team has worked with A+DS, HFS, RMF Health and their supply chain to participate in the design assessment process as outlined in the Scottish Capital Investment Manual (SCIM) Guidance.

A second assessment was held on 26th February 2019 in advance of the OBC submission. A copy of the A+DS "supported" NDAP report was received on 19 March 2019. [See appendix 23: NHSScotland Design Assessment Process (NDAP) Report] This report identifies some matters highlighted for verification. In response to this the Project Director has submitted additional supporting evidence, however some of which will be addressed during the FBC stage of the Project.

5.7 Building Information Modelling Requirements

Building Information Modelling (BIM) describes the process of designing and constructing a building collaboratively using one coherent system of digital models and linked non graphical data, as opposed to separate sets of drawings and documents. These models and data also incorporate information which will be carried over and used in the operational phase.

NHS Scotland is supporting the adoption of Level 2 BIM maturity following the SG mandate in support of the recommendations of the "Review of Scottish Public Sector Procurement in Construction" which endorsed that "BIM will be introduced in central government with a view to encouraging adoption across the public sector. The objective states that, where appropriate, projects across the public sector adopt BIM level 2 by April 2017."

The NHS Scotland BIM strategy is intended to ensure the creation of a digitised information management process which all Boards and teams working on NHS Scotland programmes should follow to maintain consistency and facilitate collaborative working, which will in turn reduce waste and non-conformances.

The Project will use BIM as a key design tool during the design and construction phases of the Project. This resource will also be kept dynamic by NHSG Estates colleagues during the operational phase of the Project.

An NHS Grampian BIM Strategy and Employers Information Requirements (EIR) has been developed in collaboration with the NHS Scotland BIM Working Group being led by HFS and supported by the consultancy WSP (Professional Services and Engineering Consultancy). The Strategy is based on achievement of BIM Level 2.

This has informed the development of a BIM Execution Plan, developed over recent months with RMFHealth[30] for use throughout the design, construction and operational phase of the Project. The BIM Execution Plan has been developed to meet NHSG requirements, including project specific fields for asset information. By providing a good understanding of the inputs required by the NHSG FM and Estates teams the design team is able produce information from the model that can be fed directly into the NHS software.

One of the main benefits of BIM will be that the Board has true "as built" records along with the project specific asset tagging that will assist the operation/maintenance and replacement of components. The BIM model will also be made available to NHSG for functional modelling.

5.8 Sustainability

Sustainable developments are a major requirement for NHSScotland and NHSG. The works information outlines the technical brief for this Project and has been developed with colleagues from NHSG Estates and Facilities teams, Technical Advisors, colleagues from HFS and more recently RMFHealth and their design team to try to ensure clarity regarding what these facilities should achieve in sustainability terms.

One measure to be used is (BREEAM) Building Research Establishment Environmental Assesstent. BREEAM sets the standard for best practice in sustainable building design, construction and operation and has become one of the most comprehensive and widely recognised measures of a building's environmental performance. Consistent with NHSScotland, NHSG has an aspiration that, where possible, all new buildings achieve a BREEAM Excellent rating. In that regard, an independent BREEAM assessor has been appointed to work with the Project Team with the aim of achieving BREEAM Excellence with a degree of pragmatism. Target scores for each building were developed at a BREEAM Workshop held on 23rd January 2019 with NHSG, the PSCP and the design team, and shared with HFS colleagues for comment. The preferred solution – potential score of 71.29%. The PSCP is using a software system to manage and record progress with achievement of the targeted credits over the life of the Project.

During the design development stage, a range of analyses has been undertaken with the PSCP and their design team to ensure the anticipated carbon emission and energy consumption targets are met. The Energy Performance Certificate (EPC) targets will meet or exceed those set out in the Works Information. The PSCP will ensure that the new facility will operate to achieve an appropriate EPC rating.

Passive Design Analysis has been carried out on both buildings during Stage 2 to identify where energy demands of the buildings can be reduced and improved efficiencies will, in turn, reduce the carbon demand associated with the buildings. Progress reports have made recommendations in a number of areas, these will be re-evaluated during Stage 3 to ensure they are all still appropriate. The Passive Design Analysis has covered the opportunities and carbon reduction associated with the following:

- Ventilation Strategy –reduction or elimination of Mechanical Ventilation
- Indoor Thermal Comfort – Overheating Analysis, Energy Consumption, Space Requirements, Flexibility, Control Requirements

[30] RMF Health is a consortium comprising of Robertson and FES on Framework Scotland 2.

- Thermal Mass Evaluation
- Natural Lighting Considerations - Building Orientation Optimisation, Solar Control Strategies, Glazing Optimisation, Solar Shading and Daylighting Strategy
- Building Fabric improvements have been incorporated into the design to date

The carbon reduction associated with the Mechanical and Electrical systems will be analysed further during Stage 3 design development in line with the Works Information, Building Regulations and BREEAM requirements and as design progresses. Anticipated net additional energy costs have been provided for within the business case. These are based on m2 metrics for existing facilities, no specific adjustment has been made to these metrics for reduction in energy consumptions.

There are wider sustainability platforms for this investment, notably the potential to deliver community benefits through education, training and Small and Medium Enterprises (SMEs) and wider associated benefits for the construction and operational phases of the Project. A Community Benefits Project Plan will be developed before submission of the FBC.

5.9 Risk Allocation

A key principle is that risk has been allocated to the party best able to manage it, with the objective to optimally allocate risk. This will be achieved commercially during the construction stage by the identification of employer risks in the PSCP contract and by the allocation of the costed risk register between the employer and the contractor.

The Risk Register, in SCIM format is set out in section 7.14 has been prepared and maintained collaboratively with RFM and appointed consultants associated with this Project. This sets out the owner and manager for each risk. The risk allocation shown in Table 33 shows the potential allocation of risk between the parties (PSCP and the Board). This is shown as percentage allocation.

Table 33: Risk Allocation

Risk Category	Potential allocation of risk		
	Public	Private	Shared
Client / Business risks	100%	0%	
Design	0%	100%	
Development and Construction	50%	50%	✓
Transition and Implementation [commissioning, migration Board responsibility]	100%	0%	
Availability and Performance	100%	0%	
Operating	100%	0%	
Revenue	100%	0%	
Termination	50%	50%	✓
Technology and Obsolescence	50%	50%	✓
Control	100%	0%	
Financing	95%	5%	✓
Legislative	100%	0%	
Other Project risks	50%	50%	✓

Business and title risks of the land acquisition sits with NHS Grampian. Design risk sits with the PSCP, so far as complying with the Board's works information. Development and construction risk is a shared risk i.e. a number of delay and compensation events (stated in the contract) could entitle the PSCP to compensation if the events materialised. Transition and implementation is a Board risk subject to agreed commissioning timetable.

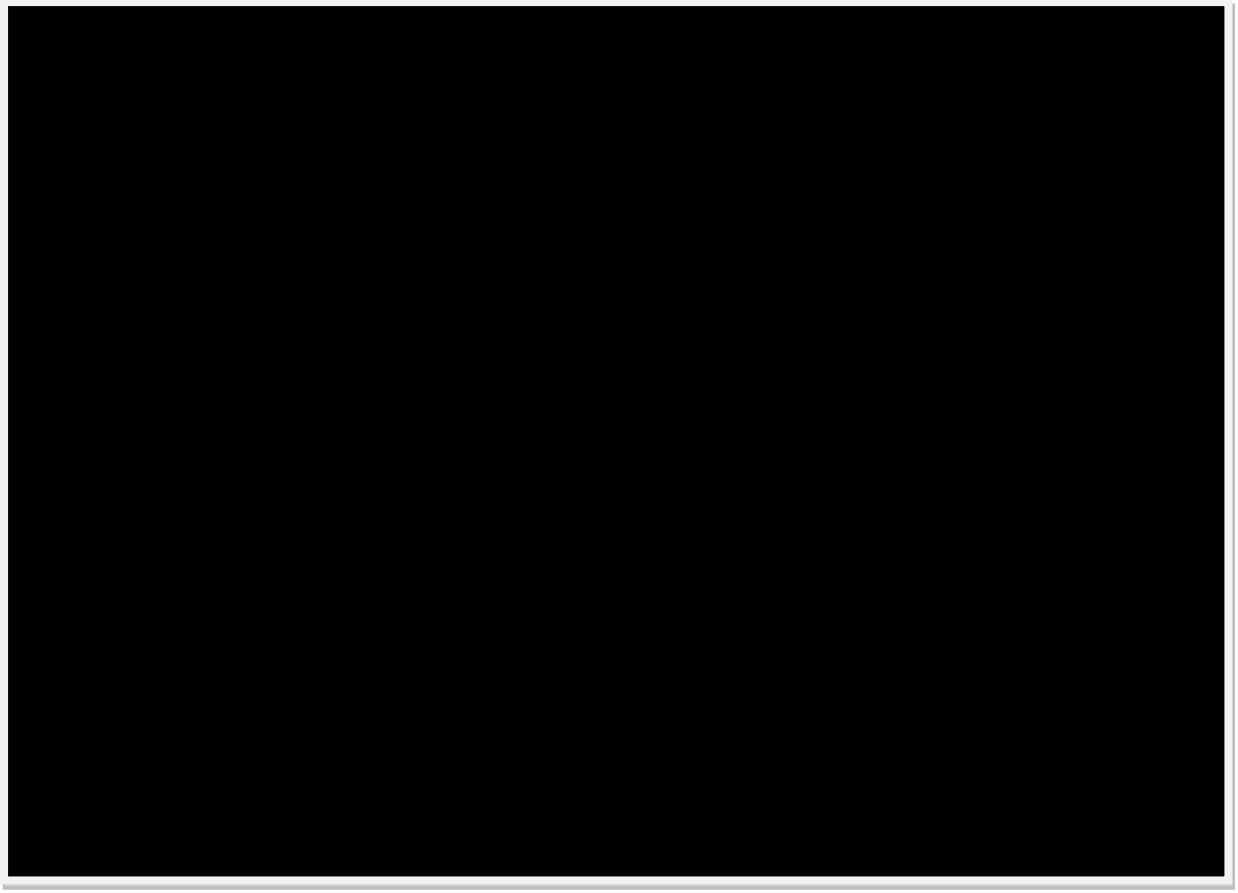
Availability, performance and operating risk sits with Board, subject to the PSCP having followed the Board's specification and rectification of defects. Termination risk is a shared risk.

Technology and obsolescence risk is shared between the Board and PSCP i.e. NHS Grampian could be exposed through specification and derogation within its works information, and similarly the PSCP failing to comply with specifications or their own contractors design proposals. Change of control, for example termination sits with the Board.

Financing risks predominantly sits with the Board, however a pain/gain share mechanism is an integral part of FS2 to incentivize the PSCP to keep the target price within agreed limits.

Legislative risks such as changes in law or NHS changes predominantly sit with the Board, however if the PSCP doesn't comply with legislation set down by building regulations then they could be exposed to a claim from the Board for defective design or latent defects.

A number of other project risks could materialise from the risk register.



5.11 Risk Contingency Management

The general risk management process and high level allocation is noted in table 33. A full Project Risk Register has been developed and the risk contingency will be managed under the Compensation Event (CE) process noted below. This involves the Project Team raising early warnings of potential risks that are addressed at risk reduction meetings.

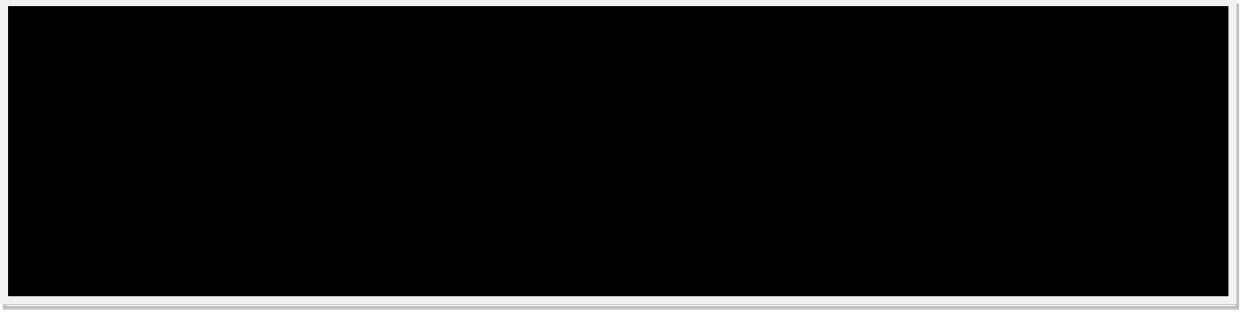
5.12 Contract Variations

As noted, the Project is procured under the FS2 NEC3 form of contract which manages contract variations by means of compensation events. The major benefit of this process is that variations are dealt with as soon as they become apparent and are costed and agreed as they arise.

The compensation event process enables any variations or employer's risk items which transpire to be reflected in an adjustment to the Target Price and/or an adjustment to the programme reflecting the impact of the variation.

5.13 Disputed Payments

The FS2 NEC3 form of contract has processes to manage disputed payments and PSCP applications for payment may have disallowed costs which are monitored by the Cost Advisor at each monthly assessment to ensure that only payments due and fully accounted for are passed.



5.15 Utilities and Service Connection Charges

As the Project is publically funded, utilities and service connection charges are paid by NHSG as part of the contract.

5.16 Performance Incentives

FS2 has a pain/gain incentivisation model as detailed earlier in section 5.10, Payment Structure.

5.17 Contractual Arrangements

This section outlines the contractual arrangements for the procurement, including the use of a particular contract, the key contractual issues for the commercial deal and any personnel implications.

5.19 Personnel Implications

There are no employees who are wholly or substantially employed on services that will be transferred to the private sector under the proposals for this Project, and therefore the Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply.

5.20 Key Commercial Risks

The Risk Register is included within section 7.14; it outlines the current risks being managed by the Project Team. The Register is dynamic and is updated regularly by the joint Project Team.

There are a number of key risks currently being actively managed by NHSG, the PSCP and wider Project Team. These risks are assessed as high, medium and low risk and the possible financial impact of the risks outlined in the Risk Register have been included in the costed Risk Register. Risk provision has been included in the cost plan presented in this OBC.

6.0 FINANCIAL CASE

6.1 Purpose of the Financial Case

The purpose of the Financial Case is to consider the financial profile and affordability of the Preferred Option. It sets this out by:

- Summarising the output of a Financial Model that considers the capital and revenue costs of the preferred option.
- Comparing the costs of the preferred option with the costs of the other short-listed options.
- Demonstrating the affordability of the preferred option for NHS Grampian and the Aberdeen City Health and Social Care Partnership.
- Describing the 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: New build on suitable site (extended service model), close Denburn Health Centre and Northfield Surgery, GP Practice exits Mastrick Clinic.

6.2 Capital Costs

The following table sets out the estimated capital costs of each of the short-listed options.

- The estimated construction cost of the preferred option has been provided by the Principle Supply Chain Partner – RMF Health, following their appointment in December under the Frameworks Scotland procurement route.
- The 'Do Minimum option' cost is an estimate of the backlog maintenance required on Denburn Health Centre, Northfield Surgery and Mastrick Clinic. Due to the structural issues with Denburn, the backlog cost is effectively a complete demolition and rebuild of the facility.
- The two remaining option 'New Build' capital costs are provided using the benchmark rates available from Scottish Futures Trust.
- Optimism Bias has been added to the costs of construction as an individual percentage for each option. The calculation of these percentages is in line with HM Treasury guidance.
- A site for the preferred option has been identified and negotiations with the landowner are at an advanced stage. Site acquisition costs for each of the relevant options are based on the acreage value placed on this site by the District Valuer.
- Equipment costs are provided, based on experience of Health Centres provided under the Hub programme in 2018 and include an allowance for enhanced requirements as a result of the innovative Service Model being implemented.

Table 34: Capital Costs

Capital Cost	Do Minimum – Backlog Maintenance of Denburn, Northfield & Mastrick £000s	Option 3 – Preferred Option, New Build, Close Denburn & Northfield (Practice vacates Mastrick) £000s	Option 1 – New Build, Close Denburn & Northfield (Reconfigure Mastrick) £000s	Option 2 – New Build, Close Denburn & Northfield (Backlog Maintenance Mastrick) £000s
Construction Cost	13,506	5,447	3,815	3,815
Mastrick Refurb/Backlog	Inc	N/A	500	150
Sub Total	**13,506**	**5,447**	**4,315**	**3,965**
Optimism Bias %	23.4%	9.4%	9.9%	9.9%
Optimism Bias Value	3,160	512	427	393
VAT	3,334	1,192	949	871
Total Construction Cost	**20,000**	**7,151**	**5,691**	**5,229**
Equipment	Inc	250	250	250
VAT	Inc	50	50	50
Total Equipment Cost	**Inc**	**300**	**300**	**300**
Site Acquisition	N/A	618	455	455
Decanting/Re-location	Inc	30	30	30
Total Other Costs	**Inc**	**648**	**485**	**485**
Total Capital Cost	**20,000**	**8,099**	**6,476**	**6,014**

The total estimated capital cost of the preferred option is £8.1M, Options 2 and 3 are £6.5M and £6M respectively and a high level cost of £20M is provided for the Do Minimum option.

The profile of capital expenditure and associated funding for the preferred option is indicated in the following Table:

Table 35: Preferred Option – Capital Expenditure/Associated Funding

Year	Capital Cost £000s	NHS Grampian Funding £000s	SGHSCD Funding £000s
2018/19	270	270	0
2019/20	2,850	2,850	0
2020/21	4,979	1,879	3,100
2021/22	0	0	0
Total	**8,099**	**4,999**	**3,100**

NHS Grampian has provided for a total of £4.999M of capital funding within its infrastructure programme over the financial years 2018/19-2020/21 and it is anticipated that a further £3.1M will be required to be provided by SGHSCD in financial year 2020/21. This is in line with the values indicated in the Initial Agreement.

[See Appendix 24: Preferred Option Capital Cost]

6.3 Revenue Costs

The following table sets out the estimated recurring revenue costs of each of the short-listed options.

- Property running costs on the New Build options have been calculated using information on floor area rates from similar facilities for the following categories; Rates, Water charges, Refuse, Heating, Electricity, Cleaning and Maintenance of Buildings and Grounds.
- New Build lifecycle costs have been calculated using a recent example from the financial model of a completed 'Hub' procured Health Centre. NHS Grampian does not hold records of lifecycle costs incurred on individual properties, therefore the costs of current buildings have been estimated using the same rates per m2 as the New Build properties.
- Depreciation has been calculated based on a life of 50 years for New Builds and 10 years for equipment. It is assumed that the valuation of New Build properties would result in a circa 10% Impairment against total construction cost upon completion, being typical of properties of this type.
- Mastrick Clinic is retained in all of the options and it's costs are those recorded in 2017/18.

Table 36: Revenue Costs

Revenue Cost	Do Minimum – Backlog Maintenance of Denburn, Northfield & Mastrick £000s	Option 3 – Preferred Option, New Build, Close Denburn & Northfield (Practice vacates Mastrick) £000s	Option 1 – New Build, Close Denburn & Northfield (Reconfigure Mastrick) £000s	Option 2 – New Build, Close Denburn & Northfield (Backlog Maintenance Mastrick) £000s
Property Running Costs				
New Build				
Rates	N/A	70	55	55
Water Rates	N/A	7	6	6
Refuse	N/A	3	2	2
Heating	N/A	10	8	8
Electric	N/A	18	14	14
Cleaning	N/A	42	33	33
Maintenance	N/A	40	30	30
Sub Total-New Build	**N/A**	**190**	**148**	**148**
Current Denburn HC	361	0	0	0
Current Northfield S	97	0	0	0
Current Mastrick CL	50	50	50	50
Total Property Running Costs	**508**	**240**	**198**	**198**
Lifecycle Costs				
New Build/Refurb	96	35	27	27
Current Mastrick CL	10	10	10	10
Total Lifecycle Costs	**106**	**45**	**37**	**37**
Property Running + Lifecycle	**614**	**285**	**235**	**235**
Depreciation				
New Build/Refurb	360	159	102	94
Current Mastrick CL	10	10	10	10
Current Denburn HC	(104)	(104)	(104)	(104)
Current Northfield S	(18)	(18)	(18)	(18)
Total Depreciation	**248**	**47**	**(10)**	**(18)**

6.4 Property & Lifecycle Costs

The innovative approach to be adopted in the use of the accommodation will result in a net reduction in the overall footprint under the preferred option (the Denburn Health Centre is presently 75% unoccupied).

This is reflected in the costs above, which demonstrate that the preferred option (cost of £285k in total) is significantly lower in terms of recurring revenue cost than the Do Minimum option (of £614k in total).

This also demonstrates that the property and lifecycle costs of the preferred option can be contained within the resources currently allocated to the Denburn and Northfield properties by NHS Grampian/ACHSCP, as these will be closed upon completion of the new building.

An assumption is made that the Medical Practice will also continue to contribute to property running costs, reflective of their occupation of the building.

6.5 Depreciation

The table above demonstrates a £47k increase in depreciation over the current position. This increase is affordable, due to the net reduction in property and lifecycle costs outlined above.

The Denburn/Aurora Medical Practice will occupy the new building only, having decanted from the Denburn, Northfield and Mastrick properties. The costs above reflect this and represent the most recent iteration of the proposed accommodation schedule. Section 6.9 provides an update on Stakeholder Support and the current stage of discussions with the practice.

6.6 Other 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 OBC, rather the focus, initially will be on maximising the benefit available from re organising and redesigning service delivery using the existing team. The proposals do however provide a platform to enable future service change as necessary to manage growth in demand or to facilitate the transfer of services from acute setting in to the community. The IJB have robust procedures in place to manage all consequences arising from planned service change and any future requests for additional staffing or other resources to support local service delivery will be considered by the IJB against available funding as appropriate using the agreed organisational approval routes.

6.7 Statement of the Organisation's Financial Situation and affordability

For the financial year 2018/19, the NHS Grampian Board has a revenue budget of approximately £1.2 billion, and core capital budget of approximately £13 million.

In 2017/18 the Board achieved all of its financial targets. The Board presented a fully financially balanced 1 year (2018/19) Operational Plan to the Scottish Government Health and Social Care Directorate in June 2018, which includes the Board's projected revenue and capital funding and expenditure. The Board continues to forecast that all financial targets will be achieved in 2018/19.

Implementation of the preferred option would commence in 2019/20 and is expected to complete during financial year 2020/21. The capital and revenue costs of the preferred service solution will be accommodated within the Board's and ACHSCP's financial plans for 2019/20 and future years and agreed through the Operational Plan process, assuming Scottish Government agreement to an additional capital contribution of £3.1m in 2020/21 towards the construction costs.

6.8 Disposal of Assets

Completion of the preferred option will result in the Denburn and Northfield 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 OBC 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 Operational Plan and AMP.

6.9 Stakeholder Support

The Denburn/Aurora Medical Practice Grouping is identified as a key stakeholder within the project. The practice has been involved in the project during the development of both the Initial Agreement and the Outline Business Case. A letter from the Denburn Medical Practice confirming Agreement in Principle to the costs associated with an occupation agreement for the new facility has been provided in support of the project.

[See appendix 25: Statement of "In Principle Agreement" from the Denburn Medical Practice]

The practice will continue to be involved, engaged and consulted as the FBC stage progresses in relation to developing the necessary documentation for the final stage.

7.0 MANAGEMENT CASE

7.1 Overview

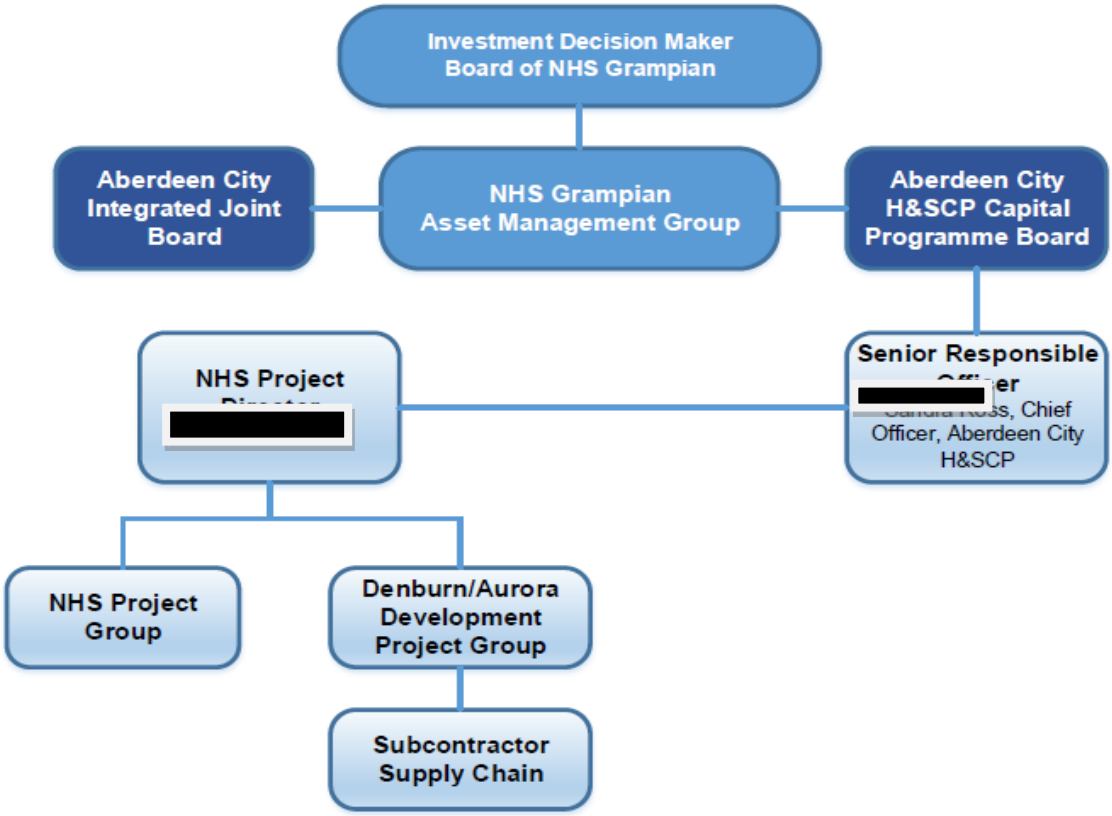
The purpose of the Management Case is to demonstrate that NHS Grampian (NHSG) is ready and capable of successfully delivering this Project. This section will provide an update on the project management arrangements indicated in the Initial Agreement (IA), with the focus now shifting to the detailed arrangements within the OBC stage.

7.2 Project Management Proposals

- Reporting Structure and Governance Arrangements

The governance and reporting structure for the Project is consistent with the Scottish Capital Investment Guidance (SCIM) and seeks to ensure that the Scottish Government Capital Investment Group (CIG), Scottish Futures Trust (SFT), the Aberdeen City Integration Joint Board, as well as the Board of NHSG are appropriately involved in the Project as it progresses through its key milestones. In compliance with SCIM, this Project will deploy programme and project management approaches within the reporting structure, as shown in Figure 1 below.

Figure 1: Structure and Governance Arrangements



The investment decision maker is the Board of NHSG. The reporting and governance arrangements outlined in Figure 1 (above) identifies the groups who will be involved in providing assurance to the Board as part of the governance process for the Project. They include:

- The NHSG Asset Management Group (AMG)

The remit of the AMG is:

- To ensure the system-wide co-ordination and decision making of all proposed asset investment/disinvestment decisions for NHSG, ensuring consistency with policy and the strategic direction of NHSG.

- The Aberdeen City H&SCP Capital Programme Board (Chair – Senior Responsible Officer)

The Aberdeen City H&SCP Capital Programme Board is accountable jointly to NHS Grampian (through the AMG to the Board of NHSG) and to Aberdeen City Joint Integration Board (IJB). The Aberdeen City Health and Social Care Partnership Capital Programme Board is chaired by the Chief Officer, Aberdeen City H&SCP, who is also Senior Responsible Officer for the Project.

The remit of the Aberdeen City H&SCP Capital Programme Board is:

- To agree the scope of the Project, including the clinical service model and the benefits to be realised by the development, with appropriate stakeholder involvement
- To ensure that the resources required to deliver the Project are available and committed.
- To drive the Project through each stage of the business case approval within NHSG and thereafter, the CIG at Scottish Government Health & Social Care Department (SGHSCD).
- To supervise the appointment of the Principal Supply Chain Partner (PSCP), inclusive of the PSCP design and construction supply chain, and the appointment of external advisors to support the board.
- To assure the Project remains within the framework of the overall project strategy, scope, budget and programme.
- To approve changes to the scope of the Project, within agreed authority.
- To review the Risk Management Plan, ensuring all risks are identified, that appropriate mitigation strategies are actively applied, managed and escalated as necessary, providing assurance to the Board of NHSG that all risks are being effectively managed.
- To ensure that staff, partners and service users are fully engaged in designing the operating policies that will inform the detailed design and overall procedures that will apply, which in turn will inform the Board's requirement i.e. ensuring that the facilities are service led rather than building-led.
- To ensure that the Communication Plan enables appropriate involvement of and communication with, all stakeholders, internal and external, throughout the Project from conception to operation and evaluation.
- To commission and participate in appropriate external reviews e.g. SFT key stage review, Architecture and Design Scotland (A+DS) and NHSScotland Design Assessment Process (NDAP).

- To work with the PSCP to ensure that the completed facilities are delivered on programme, within budget and are compliant with the Board's construction requirements.
- To supervise the functional commissioning and bring into operation of the facilities post-handover and thereafter completion of the Project Evaluation.

- The Aberdeen City Integration Joint Board (IJB)

The Aberdeen City IJB is a corporate body established under the Public Bodies (Joint Working) (Scotland) Act 2014. The following is a comprehensive list of what is reserved to the IJB or any of its committees:

a) Any other functions or remit which is, in terms of statute or legal requirement bound to be undertaken by the IJB itself

b) To establish such committees, sub-committees and joint committees as may be considered appropriate to conduct business and to appoint and remove Conveners, Depute Conveners and members of committees and outside bodies

c) The approval of the annual Budget

d) The approval of the Financial Strategy

e) The approval of the IJBs Accounts

f) The approval or amendment of the Standing Orders regulating meetings proceedings and business of the IJB and Committees and contracts in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners Procurement Standing Orders, Schemes of Delegation and Procurement Regulations

g) The approval or amendment of the Scheme of Governance – Role and Responsibilities Protocol, detailing those functions delegated by the IJB to its officers

h) The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement

The approval or amendment of the Strategic Plan (including the Financial Plan) to deal with matters reserved to the IJB by Standing Orders, Financial Regulations and other schemes approved by the IJB

j) To issue Directions to the Partners under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the CEO's of the Partners
k) The approval of the Clinical Care Governance Framework

- The Denburn/Aurora Development Project Group (Chair H&SCP Service Manager with NHGS Service Project Manager in attendance)

The remit of the Denburn/Aurora Development Project Group is:

- To lead on communication and involvement with clinical staff, service user groups, stakeholder forums, patient groups and the wider population.
- To ensure that any lease agreements are agreed with relevant stakeholder partners i.e. GP Practices.
- To contribute towards key documents such as the clinical output specification.
- To lead on the production of Benefits Realisation Plans.
- To lead on all service redesign activities associated with the successful operation of the new facility, including design and operation of services and workforce etc.
- To lead on the development of operational policies in collaboration with the Service Project Manager.
- To participate in external reviews e.g. SFT key stage review and NDAP, helping to ensure project delivery readiness at each key project gateway.
- To participate in the development of functional commissioning programme, including service relocation, staff orientation and training etc.

- <u>The NHS Project Group (Chair – Service Project Manager/NEC3 Project Manager)</u>

The remit of the NHS Project Group is:

- To co-ordinate the production of the Board's construction and clinical requirement documents for the project.
- To co-ordinate the production of all technical and contract schedules from an NHS perspective.
- To lead the PSCP design and construction appointments, and the external advisor procurement process.
- To participate in external reviews e.g. SFT key stage review and NDAP, helping to ensure project delivery readiness at each key project gateway.
- To lead and co-ordinate the production of the Business Case.
- To work with the PSCP to ensure that the Project is delivered to cost, quality and programme.
- To agree appropriate derogations.
- To supervise the development of Lease Agreement(s) as appropriate with building users.
- To ensure communication with all internal and external stakeholders and appropriate user involvement in relation to e.g. workforce planning, functional commissioning and relocation.
- To ensure the development of all appropriate policies and procedures (clinical and hard/soft Facilities Management (FM)) to ensure the smooth operation of the building once operational.
- To plan for the Project Evaluation.
- To lead the specification, procurement and commissioning of all Group 2, 3 and 4 equipment.
- To review the specification of all Group 1equipment to ensure consistency with the Boards requirements, specifically the room data sheets and equipment schedules.
- To ensure compliance with the Boards requirements.
- To lead development and implementation of functional commissioning programme, including service relocation, staff orientation and training etc.

7.3 Key Roles and Responsibilities

Putting the right team together is key to the successful delivery of the Denburn/Aurora Development. One of the recommendations resulting from the Review of Scottish Public Sector Procurement in Construction (May 2014) was the production of guidance on Baseline Skill sets for construction projects of different sizes and complexity, refer to Tables 37-42. This guidance has been used to assess the complexity level of the Project and to assess the experience and suitability of the Lead Officers, specifically the Senior Responsible Officer (SRO), Project Director (PD), Service Project Manager/NEC3 Project Manager (PM) and Aberdeen City Health and Social Care Partnership Service Manager (SM).

An active Project Plan is in place and has been approved by the Project Board. The plan is updated regularly and formally reviewed on a quarterly basis, with each formal update shared with the Project Board. [See appendix 26: Denburn/Aurora Project Plan]

Table 37 indicates that using the Scottish Public Sector Procurement in Construction (May 2014) guidance, the Project is assessed to be a Level 2 Project in terms of its complexity etc. Using the 'Baseline Skillset Matrix' from the guidance referenced above, the following three tables (38, 39 and 40) demonstrate the experience level of the three lead officers, in line with guidance for a Level 2 Project.

Table 37: Project Complexity Level Matrix

Project Complexity Criteria	Level 1	Level 2	Level 3	Level 4
Value	Up to OJEU threshold	Less than £10 million	Less than £15 million	£150m
Number of Organisations	1	1-2	1-2	Any
Number of User Consultees	1-5	1-5	1-12	13+
Number of Tier 1 Contractors	1	1-2	1-2	Any
Number of Design Teams	1	1-2	1-2	Any
Degree of Technical Complexity and/or Operational Risk	Low	Low or Medium	Low or Medium	Low Medium or High

The SRO for the Project is [redacted] Chief Officer, Aberdeen City Health and Social Care Partnership. [redacted] is the person within NHSG with the authority to provide leadership and clear accountability for the Project's success. [redacted] has ultimate responsibility at Board Executive level for delivery of the Project's benefits and the appropriate allocation of resource to ensure its success. [redacted] joined the Aberdeen City Health and Social Care Partnership in September 2018. [redacted] has previous involvement and experience of capital projects, being involved at senior level in the planning, commissioning, build and delivery of projects, with 30 years' experience in the health and social care sector.

Table 38: Senior Responsible Officer (SRO) – Skills Matrix

Senior Responsible Officer: [redacted] Chief Officer		
Main Responsibilities:	The business sponsor who has ultimate responsibility at Board/Executive level for delivery of the Project's benefits and the appropriate allocation of resources to ensure its success.	
Experience and suitability for the role:	**Skill set Expected**	**Skill set of Individual**
Development Management	Previous Involvement	Experienced
Governance	Experienced	Experienced
Commercial Acumen	Experienced	Experienced
Project Management	Previous Involvement	Experienced
Stakeholder Management	Previous Involvement	Experienced
Procurement Management	Previous Involvement	Experienced
Construction Management	Previous Involvement	Experienced
Resource Commitment	10-20%	10%

The Project Director (PD) for the Project is [redacted] is responsible for the ongoing day to day management and decision making on behalf of the SRO to ensure that the desired Project objectives are delivered. [redacted] is also responsible for development progress and reporting of the Business Cast to the SRO. [redacted] has undertaken a similar role on a number of Framework capital and hub revenue funded health projects in NHSG over the last 10 years.

Table 39: Project Director (PD) – Skills Matrix

Project Director: [redacted]		
Main Responsibilities:	Responsible for the ongoing day-to-day management and decision making on behalf of the SRO to ensure that the desired Project objectives are delivered. Also responsible for the development, progress and reporting of the Business Case to the SRO.	
Experience and suitability for the role:	**Skill set Expected**	**Skill set of Individual**
Development Management	Previous Involvement	Expert
Governance	Experienced	Expert
Commercial Acumen	Experienced	Expert
Project Management	Previous Involvement	Expert
Stakeholder Management	Previous Involvement	Expert
Procurement Management	Previous Involvement	Experienced
Construction Management	Previous Involvement	Expert
	10-20%	80%

The Project Manager role for the project will be undertaken by [redacted] and the NEC3 Project Manager is [redacted] They are responsible for leading, managing and co-

ordinating the integrated Project Team on a day to day basis. Both [redacted] and [redacted] have undertaken a similar role on 2 health projects in Scotland over the last 2 years.

Table 40: Service Project Manager/NEC3 Project Manager – Skills Matrix

Project Manager/NEC3 PM: [redacted]		
Main Responsibilities:	Responsible for leading, managing and co-ordinating the integrated Project Team on a day to day basis. [redacted] will deal with service aspects of project management such as liaising with clinical services etc. [redacted] dealing with the technical/NEC contract aspects of the project management role such as the NEC named PM in the contract etc.	
Experience and suitability for the role:	**Skill set Expected**	**Skill set of Individual**
Development Management	Experienced	Experienced
Governance	Previous Involvement	Previous Involvement
Commercial Acumen	Experienced	Experienced
Project Management	Experienced	Expert
Stakeholder Management	Experienced	Expert
Procurement Management	Previous Involvement	Previous Involvement
Contract Management	Previous Involvement	Experienced
Resource Commitment	40-70%	70%

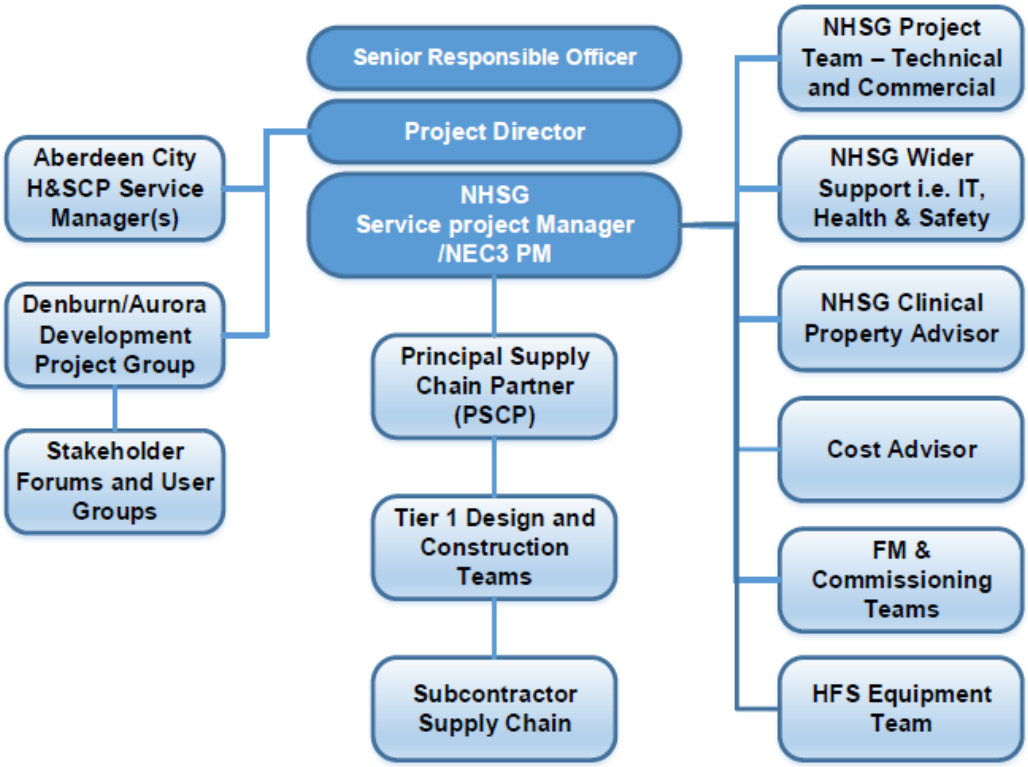
Table 41: Aberdeen City Health & Social Care Partnership, Service Manager – Skills Matrix

Service Manager: [redacted]		
Main Responsibilities:	Responsible for leading on, managing and co-ordinating the service moves into the new facility. Liaising with the integrated project team on a day to day basis as the single point of contact within the IJB.	
Experience and suitability for the role:	**Skill set Expected**	**Skill set of Individual**
Development Management	Experienced	Experienced
Governance	Previous Involvement	Previous Involvement
Commercial Acumen	Experienced	Experienced
Project Management	Experienced	Expert
Stakeholder Management	Experienced	Expert
Procurement Management	Previous Involvement	Previous Involvement
Contract Management	Previous Involvement	Experienced
Resource Commitment	40-70%	70%

7.4 The NHSG Project Team Structure

The NHSG Project Team structure, including links as appropriate to the wider NHSG support network, PSCP, Aberdeen Health & Social Care Partnership Service Managers and the Project Group is outlined in Fig 2.

Figure 2: NHSG Project Team Structure



7.5 Aberdeen City H&SCP Capital Programme Board

This Project is a capital project involving the construction of a standalone health facility on a Greenfield site, with the predicted construction cost just slightly above the OJEU threshold. Notwithstanding the low complexity level of the project, a Programme Board is still required to oversee the Project's successful delivery. The role and remit of the Aberdeen City H&SCP Capital Programme Board is outlined in Section 7.2, and is chaired by the SRO. The PD produces a monthly Director's Report for review by the Programme Board. Membership of the Programme Board is outlined in Table 42. The table also outlines the Programme Board role and main responsibilities of each member of the Programme Board and their previous experience of similar project roles.

Table 42: Programme Board Membership

Programme Board Membership	
Name **Designation**	**Experience of similar Project Roles**
Organisation's project leadership representatives	**Representing the organisation's project delivery interests**
[redacted] Chief Officer Aberdeen Health & Social Care Partnership Senior Responsible Officer for Project	[redacted] has previous involvement and experience of capital projects, being involved at senior level in the planning, commissioning, build and delivery of projects in the health and social care private sector.
[redacted] Project Director	[redacted] is a member of the Royal Institution of Chartered Surveyors (RICS) and an accredited NEC 3 & 4 PM. [redacted] has extensive experience as a PM within NHSG on a range of capital Framework health centre projects and PD on hubCo revenue healthcare projects.
Organisation's business and finance representatives	**Representing the organisation's business and finance interests**
[redacted] Deputy Director of Finance	[redacted] is a member of the Chartered Institute of Management Accountants (CIMA). [redacted] has a wide range of responsibility including the financial management of NHSG's capital and infrastructure programme.
Organisation's senior service/operational management representatives	**Representing the organisation's service/operational management interests**
[redacted] Senior Service Manager	[redacted] has extensive experience across the Health and Care Sector managing service planning and transformation for service redesign and capital projects, this includes experience of managing service integration across a number of thematic areas.
Organisation's senior property, asset and commercial representative	**Representing the organisation's property, asset and commercial management interests**
[redacted] Head of Property & Asset Development	[redacted] is a member of the British Institute of Facilities Management and Member of the Institute of Management. [redacted] has 23 years of experience developing healthcare premises (inc 27 health and care centres) and prior to this private sector development experience.
Organisation's senior workforce management representatives	**Representing the organisation's workforce management interests**
[redacted] Head of Workforce Development & Re-design	[redacted] has extensive experience within NHS Grampian and has overall leadership and management of the Workforce Development & Re-design team and has responsibility for delivering the overall objectives of the team.
Organisation's senior clinical management representatives	**Representing the organisation's clinical interests**
[redacted] / Clinical Director	[redacted] was appointed as Clinical Director for the ACHSCP in January 2019. [redacted] has been a partner at Peterculter Medical Practice for 14 years. [redacted] has extensive experience in the delivery of

	primary care services demonstrating leadership skills through her prominent role with professional GP bodies and in key partnership initiatives. [redacted] is currently leading on the Primary Care Improvement Plan and its implementation across the city as well as being a GP representative on the Primary Care Premises Group for approximately 5 years.
Health and Social Care Partnership (HSCP) Representative	**Representing the HSCP's interests**
[redacted] Lead for Primary Care (GP)	[redacted] has over 17 years experience in management roles, spending the last 9 years in senior management positions, specialising in implementing change and effective working processes and project management. [redacted] joined the partnership as Head of Locality in 2017 and is now Lead for Primary Care (GP) most recently leading on the Torry Medical Practice transferring to a 2c practice affecting 7,500 patients after tendering their notice on their GMS contract.
The Project Team representatives	**Provide reassurance to the Project Board on progress in line with brief, quality, programme and cost.**
[redacted] Service Project Manager (will only attend as and when requested to provide updates)	[redacted] has extensive project and change management experience within a healthcare setting, in particular working with community/primary care teams. [redacted] has recently completed 2 healthcare projects in Scotland as a Service Project Manager.
[redacted], NEC3 Project Manager (will only attend as and when requested to provide updates)	[redacted] is a member of the Royal Institution of Chartered Surveyors (RICS) and is an NEC3 and 4 Accredited Project Manager. [redacted] has recently completed 2 healthcare projects in NHSG as Technical/Commercial Lead.
[redacted] Health and Social Care Partnership, Service Manager (will only attend as and when requested to provide updates)	[redacted] has over 20 years project and change management experience in both NHS and council across a wide range of services.

7.6 Independent Client Advisors

In addition to the key officers outlined above, a number of client advisors have been procured to provide support to the Project Team to ensure the successful completion of all project activities, to specification, on time and to cost. The advisors are listed in Table 43, who were procured via the SFT National Advisor Framework Contract – further details of the procurement process is part of the Commercial Case.

NHSG has also entered into a Service Level Agreement (SLA) with the HFS Equipping Service consistent with earlier projects to support the specification, procurement and deployment of most Group 2, 3 and 4 equipment and the specification of Group 1 medical equipment.

Table 43: Independent Client Advisors

Independent Client Advisors	
Cost Advisor	AECOM – [redacted]
Equipment Advisor	HFS Equipping Service – [redacted]

7.7 Project Recruitment Needs

The Board of NHSG and Aberdeen City H&SCP have each invested significant financial and organisational resources in ensuring that they have sufficient capacity and capability to be able to effectively deliver and manage primary care infrastructure projects across each organisation.

The project management structure for this project was prepared from local experience, taking advice from other similar projects in Scotland and with guidance of the SFT. The cost of the Project Team over the lift of the project, including directly appointed external advisors has been provided for within the Project Budget.

7.8 External Reviews

SFT do not carry out formal governance key stage review at any of the key milestones in the Framework 3 design and build procurement option. That said, the Board has agreed that the relevant SFT North Territory Programme Director will provide diligence to the Board throughout the Project, and more specifically at the issue by the Board of the stage 1 and stage 2 submissions by the PSCP.

- Project Plan and Key Milestones

Table 44 below describes a number of key Project milestones. The Project programme has been developed and agreed in dialogue with the PSCP and NHSG.

Table 44: Key Milestones

Key Milestones – Greenferns Development	Start Date	End Date
IA approved by CIG		Mar 2018
Conclusion of sites option appraisal	May 2018	June 2018
Land acquisition valuation/licence application (1 below)	Sept 2018	Dec 2018
Appointment of PSCP	Sept 2018	Oct 2018
Appointment of Cost Advisor	Oct 2018	Nov 2018
Construction procurement strategy	Nov 2018	Dec 2018
Early market engagement	Dec 2018	Jan 2019
PSCP development of stage 2 cost	July 2018	Feb 2019
Soil and site investigations	Dec 2018	Feb 2019
NDAP & AEDET Review for OBC	Jan 2019	Feb 2019
Technical review of Stage 2 submission by external advisors	Feb 2019	Feb 2019
PSCP design development/readiness for stage 3 appointment	Mar 2019	May 2019
OBC approved by Programme Board	Mar 2019	Mar 2019
OBC to NHSG Board	Apr 2019	Apr 2019
OBC considered by CIG	May 2019	May 2019
Stage 3 development of target price	May 2019	Sep 2019
NDAP & AEDET review for FBC	Jul 2019	Jul 2019
Technical review of Stage 3 target price by cost advisor	Jul 2019	Aug 2019
Finalisation of design development /Contract Documents/mobilisation	Sep 2019	Nov 2019
FBC to NHSG Board	Sep 2019	Oct 2019
FBC considered by CIG	Oct 2019	Nov 2019
Land acquisition purchase/concluded	Sept 2018	Jun 2019
Construction	Jan 2020	Apr 2021
Commissioning	Apr 2021	May 2021

7.9 Summary of Project Plan

Table 45 below outlines some of the key activities to be considered in relation to the delivery of the Project, notably constraints towards completing these key activities, and an overview of planned mitigation measures. [See appendix 26: Denburn/Aurora Project Plan]

Table 45: Key Activities

Activity	Resource Plan	Constraints
Resource Recruitment	Recruitment of the NHSG Project Team, H&SCP Service Managers, and supporting professional advisors has been successfully completed.	Resources identified are working on multi projects and may have conflicting priorities at key intervals. The level of resource, and more specifically commitments to the Project will be reviewed on a regular basis by the PD to make sure that all Project activities are successfully delivered. Project resources is a standing item on the Project Group which meets monthly.
Design& Planning	A+DS facilitated a design workshop to develop the Board's Design Statement in Aug 2018. Stage 1 Building Warrant will be submitted by the PSCP to comply with the construction programme. Full Planning Permission, and stage 2 Building Warrant will be submitted by PSCP as part of the stage 2 design development. In addition, A+DS will complete their external NDAP review in advance of the OBC submission. Baseline, Target and OBC design stage AEDET assessments have been completed, reviewing the emerging design and informing the next stage of the design process.	The proposed Project is located within Aberdeen City Council's Greenferns Development Framework, on a 1.75 acre greenfield site within the Greenferns bounded development, identified for community use. The Greenferns Development Framework identifies an area for community use including a medical facility The final design will need to comply with the Council's development framework, for example its overall impact on visual receptors, as well as complying with local planning conditions. A favourable NDAP report will be necessary to support the OBC.
Site Purchase	The proposed site is located within an area known as the Greenferns.	The site is in the ownership of Aberdeen City Council. The Board is currently in formal discussions about acquiring the site.
Site Constraints	A programme of site investigation surveys has been completed by PSCP to assess the risks associated with potential abnormal ground conditions.	Provision has been made in the cost plan for risks outlined in the Risk Register.
Construction Phase	NHSG has considerable experience of working collaboratively with PSCP contractors in the safe, timeous and efficient delivery of health	Construction activities will have to take account of both the risk of Healthcare Associated Infection (HAI)

	centre construction projects, with Woodside, Forres, Inverurie & Foresterhill being but four recent examples.	
Equipment Procurement	The NHSG has considerable experience of identifying & procuring equipment requirements (both new from room data sheets or maximising opportunities for transfer from existing facilities) for health centre buildings. This important activity will be led by the NHSG Service Project Manager, as well as commissioning the building into use. In addition, the HFS Equipping Service has been commissioned by NHSG to support the process of equipment specification, procurement and the commissioning of all new equipment. They will also agree with NHSG what existing equipment will be transferred.	The OBC will include a budget cost for new equipment based on the completed room data sheets for each room in the new development. An assumption will be made regarding the level of transferring equipment as this analysis will not be complete at the OBC stage. An audit of existing equipment is however underway and will inform the list of transferring equipment in the FBC.
Hand-over	NHSG will work with the PSCP during the construction period to ensure the successful delivery of a detailed soft landings programme for the Project to ensure readiness for the technical commissioning led by the PSCP, and functional commissioning led by NHSG. The Project Team contains a number of members with considerable experience of technical and functional commissioning of community facilities.	The NHSG Service Project Manager/NEC3 PM, supported by the team will lead the co-ordination of developing the soft landings programme and the Board's functional commissioning. This will help to ensure a structured approach to bringing the building into use. The Health and Social Care Partnership Service Manager will act as a liaison point for all services moving into the new building
Operational Change	The new facility involves relocating a number of clinical services from 3 existing facilities (at Denburn, Mastrick & Northfield) into one purpose built facility, with a satellite service also operating from the Health Village. As a result, a service redesign	The new facility is being developed in order to rationalise the NHS Estate, as well as meet the operational change requirements identified in the Strategic Case of this OBC. If these operational changes and service redesign objectives are not realised, the Project will not have met its

	agenda has been identified. Appropriate governance and delivery mechanisms have now been put into place to enable the strategic investment priorities and the service benefits outlined in the OBC to be realised.	investment objectives and optimum clinical care requirements will be left unfulfilled. An active service redesign agenda is being progressed and led by the Health and Social Care Partnership Service Manager along with a range of operational managers with the support of the project team.

7.10 Service Redesign Plans

- Change Management Arrangements

High level Operational Change Plans have been developed and are listed below. These include details regarding Key Departmental Briefers/Business Change Managers who have a key role in leading change within their department/service.

- Denburn/Aurora Medical Practice Grouping
- Aberdeen City Health and Social Care Partnership services
- Facilities Maintenance (Including Soft FM)

Service redesign is to be pursued in tandem with the project programme, further detailed Operational Change Plans will be developed during FBC stage, however these are currently in development via the practice, HSCP and FM services.

[See appendix 27: Practice - Service Redesign/Change Plans]
[See appendix 28: ACHSCP - Service Redesign/Change Plans]
[See appendix 29: FM - Service Redesign/Change Plans]

These redesign/change plans will be developed with the relevant NHS Grampian operational management team in the lead up to FBC stage.

- Stakeholder Engagement and Communication Plan

A considerable number of people will be affected by the Project, their engagement in supporting and shaping how services are delivered now and in the future is very important to NHSG/Aberdeen City Health and Social Care Partnership and the success of the project.

This OBC was developed following a significant programme of communication with Key Stakeholders including GP providers, extended PCCS (including Allied Health Professionals, Community Nursing, Public Health and Social Care). Further engagement with wider Community Planning Partners was undertaken at the Aberdeen City Capital Programme Board. In addition this process involved key stakeholders, staff, managers, patients, public and community representatives, third sector groups and the Scottish Health Council (SHC) including those affected directly or indirectly with the project.
A specific communication and engagement work stream has been established. These work stream activities are reviewed regularly by the HSCP Service Manager, Denburn/Aurora

Project Group and the NHSG Public Involvement Officer and HSCP Engagement Officer, as well as being submitted to the Aberdeen City Capital Programme Board at regular intervals. This work will continue over the life of the project

To support appropriate engagement, a Communication Plan was developed and agreed by the Programme Board at IA stage. During the development of the OBC this document has been reviewed and refreshed on an ongoing basis by the Communications and Engagement Sub Group to meet the needs of stakeholders and the project as it has progressed. [See appendix 30: Stakeholder and Communications Engagement Plan].

To summarise the following stakeholder engagement sessions have been held as part of the OBC stage 2 development:

- Local Councillor Engagement Sessions, including 1-1 sessions – 26th November 2018 – 11th December 2018.
- MSP Briefing – 30th November 2018
- Patient, Carer, Public and Staff Engagement Drop in sessions held in a number of community centres and GP surgeries – 27th November 2018 to 5th December 2018.
- Attendance at Community Council Meetings – 11th November/18th December 2018 and 16th January 2019.

A stakeholder engagement analysis has been undertaken for the engagement activities which took place as detailed above. This report provides full details of the engagement activity which took place including an evaluation section and copies of all engagement materials which were developed. [See appendix 31: OBC Stage - Stakeholder Engagement Report]

Within the IA we described that the project was not classed as Major Service Change following completion of the necessary documentation to the Scottish Health Council. The SHC have been kept up to date on progress regarding the project and also attended one of the OBC stage engagement sessions held.

The National Standards for Community Engagement[31] are good-practice principles designed to support and inform the process of community engagement, and improve what happens as a result. VOiCE[32] is planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement. The system will enable all users to use a common approach for analysing, planning, monitoring, evaluating and recording community engagement.

VOiCE has been developed and supported by the Scottish Government to implement the National Standards for Community Engagement.

Members of the Communications and Engagement Sub Group have registered the project with the online VOiCE system, completing various actions throughout the OBC stage. At their meeting held on 28 February the final review stage was completed and a report has been produced. [See Appendix 32: VOiCE Report – Community Engagement]

Further engagement on the Preferred Option (PO) design, construction and commissioning phases will commence at FBC stage 3.

[31] www.voicescotland.org.uk
[32] www.voicescotland.org.uk/voice

- Benefits Realisation Plan

7.11 Benefits Register

The rationale for an investment needs to be reflected in the realisation of demonstrable benefits, as this will provide the evidence base that the proposal is worthwhile and that a successful outcome is achievable. The benefits to be achieved are discussed in the Strategic Case and have resulted in the creation of a Benefits Register and Benefit Realisation Plan for the Project.

The register of the benefits to be realised as a consequence of this proposal is outlined in the Benefit Register, enclosed [See appendix 33: Benefits Register]. The Benefits Register outlines the strategic investment priorities and other key benefits that will be assessed over the life of the project and as part of the project evaluation:

- Improved patient and staff experience;
- Backlog maintenance and opportunity savings;
- Performance benefits;
- Environmental benefits;
- Improved joint working with voluntary sector partners; and
- Local community benefits

A baseline value and target value for each benefit has been identified. A number of benefits require the creation of baseline information, this is mainly in relation to qualitative patient and staff survey work scheduled for 2019 to inform the Benefit Register. This work will be completed in advance of the FBC submission.

Additionally, a Red, Amber, Green (RAG) score highlighting the relative importance of each benefit is indicated using the scale outlined below in Table 46.

Table 46: RAG Scale – Relative Importance

Scale/RAG	Relative Importance
1	Fairly insignificant
2	Moderately important
3	Vital

The Benefit Register was put together following a workshop with a wide variety of stakeholders. Each benefit includes a target that will be used to indicate the measure of success during the Post Project Evaluation (PPE).

When the benefits were developed, some were expressed in a quantitative manner and others are qualitative in nature.

For the quantitative benefits, the register indicates the baseline (current position) at the start of the Project and this will be compared with the same data source when the PPE is completed.
For benefits that are qualitative in nature, a series of questionnaires have been developed and a mix of patient and staff surveys/interviews will be undertaken in 2019 in advance of the FBC submission to outline the baseline for these benefits. The same survey tools will be used during the PPE to examine to what degree the improvements sought were achieved.

7.12 Local Community Benefits

There are wider sustainability opportunities associated with the Greenferns Development, notably the potential to deliver community benefits through education, training and recruitment opportunities associated with the new builds, targeting work packages offered to Small or Medium sized Enterprises (SMEs) and wider associated benefits for the construction and operational phases of the Project.

The Project Team are currently working with the PSCP and our Public Health colleagues to develop a Community Benefit Project Plan for the Project reflecting the guidance outlined in the SFT Community Benefits Toolkit for Construction. The Project Team along with the PSCP are keen to maximise on the opportunities that the location of the preferred site will bring in terms of Community Benefits. There are two schools located right next to the preferred site:

Heatheryburn School which provides children from the local area with 2 years pre-school education and seven years of primary education.
Orchard Brae School which is a hub for supporting children with additional needs (ASN) from across Aberdeen.

Greenferns is also an area of high persistent health inequalities and high unemployment so the objective of our Community Benefit will be around Partnership and Community Engagement to maximise opportunities for local people focussing on health, wellbeing and education and training.

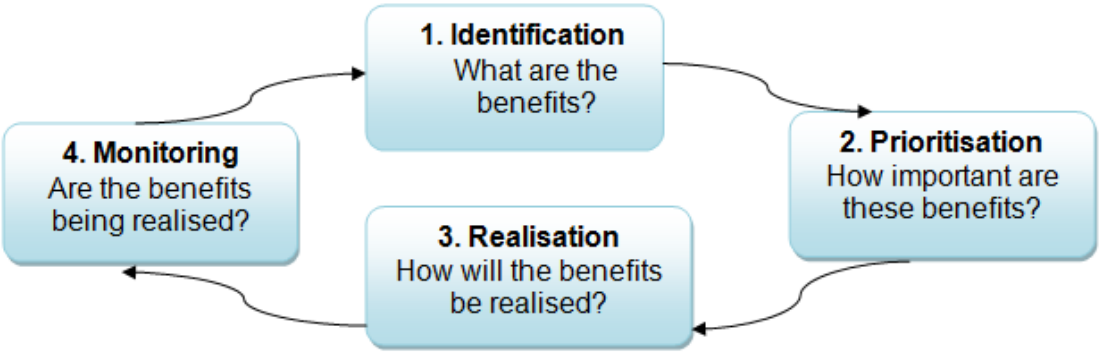
A copy of the Community Benefit Project plan will be developed before submission of the FBC.

7.13 Benefits Realisation Plan

Building on the Benefit Register discussed in section 7.11, a Benefit Realisation Plan has been produced and is included [See appendix: 34: Benefits Realisation Plan].

The Benefits Realisation process is a planned and systematic process consisting of four defined stages outlined in Figure 3. The implementation of this plan will be reviewed regularly by the Greenferns Development Project Group and its sub-groups.

Figure 3: Benefits Realisation Process



The Benefits Realisation Plan outlines:-

- Which Investment Objective the benefit addresses
- Who will receive the benefit
- Who is responsible for delivering the benefit
- Description of any dependencies that could affect delivery of the benefit
- Any support needed from other agencies etc. to realise the benefit; and
- A target date by which it is hoped the benefit is achieved

Benefits monitoring will be ongoing over the life of the Project through the planning, procurement and implementation phases. Progress will be reported to the Project Board at regular intervals and will culminate in the Project Evaluation Report, refer to Section 7.28 Project Evaluation.

- Risk

Effective management of the project risks is essential for the successful delivery of any infrastructure project. A robust risk management process has been put in place and will be actively managed through the whole programme to reduce the likelihood of unmanaged risk affecting any aspect of the Project. Risk is managed within the Project Team and is led by the Project Director and managed by the Service Project Manager/NEC3 Project Manager and the H&SCP Service Manager.

7.14 Updated Risk Register

In developing the Risk Register, the initial activities of the Project Team focussed on establishing a range of Project risks reflecting both the scope of the Project as well as those risks inherent in any revenue funded infrastructure project. Primary risks have been identified across a range of categories, including:

- Construction Risks
- Operational (including equipping and commissioning) risks
- Service change and redesign risks

- Procurement and commercial risks
- Project and programme management risks; and

These risks were further allocated across a range of categories depending on where these risks would apply within the overall structure of the Project. These include:

- The phase of the project to which they apply
- Those that would have a major impact on the cost of the Project; and
- The ownership of the risks including those which can be transferred to the PSCP

Each risk has subsequently been assessed for its probability and impact, and where quantifiable, its expected value. The optimism bias allowance included in the IA has been developed into a fully costed risk allowance, where risks can be quantified.

The Risk Register is maintained as a dynamic document and is updated at key milestones, or as the need arises and is maintained by the Service PM/NEC3 PM and H&SCP Service Manager in collaboration with the wider Project Team and the PSCP.

A copy of the most up to date Risk Register is included in [See Appendix 35: Denburn/Aurora Project Risk Register]

7.15 Risk Control Plan

Risk Management is an integral part of the Project Reporting, approval and governance arrangements. The following are key examples:

- The Programme Board reviews risk regularly and its membership includes a range of senior clinical and management representatives
- Although SFT will not be conducting Key Stage Reviews as outlined in Section 7.8 “External Reviews”, the Frameworks Scotland 2 contract administered by HFS includes regular monitoring by their Capital Projects Advisor and external consultants resulting in audits being carried out; and
- NHSG has a Risk Management Policy and the management of risk within this Project aligns to that Policy

7.16 Identification of Risk

The following stages of risk management are observed by the Project:

- Identifying the risk
- Assessing the risk
- Documenting the risk
- Managing and reporting the risk; and
- Closing the risk

7.17 Assessment of Risks

Risk exposure is assessed through assigning possibilities to events. The likelihood of each of the risks occurring and the impact, should it occur, has been assessed using the following scale: Low, Medium High and Very High, refer to Table 47.

Table 47: Assessment of Risk Scale

LIKELIHOOD	SEVERITY / IMPACT				
	Insignificant	**Minor**	**Moderate**	**Major**	**Extreme**
	Score 1	**Score 2**	**Score 3**	**Score 4**	**Score 5**
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Score 5	5	10	15	20	25
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Score 4	4	8	12	16	20
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Score 3	3	6	9	12	15
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Score 2	2	4	6	8	10
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM
Score 1	1	2	3	4	5

Each risk is assessed prior to identifying mitigation and with a further assessment of residual risk.

7.18 Governance Arrangements

A comprehensive Risk Register is maintained by the Project Team with risk owners identified and individuals allocated to manage each risk. The process for maintaining and managing the Risk Register is as follows:

- The H&SCP Service Manager and NHSG Service PM/NEC3 PM are responsible for ensuring that the Risk Register is up to date and that risk owners are managing their specific risks
- Where a risk is major i.e. has a scoring of 'high' or 'very high' an action plan for managing and monitoring is maintained by an individual allocated to manage that risk;
- The Project Team review risks on a monthly basis at the Progress Meetings with the PSCP and at the Greenferns Development Project Group
- The Project Team uses an early warning process to raise potential and emerging risks that could eventually lead to Compensation Events as part of Frameworks Scotland 2 contract. Regular meetings are held to review all early warnings and, where appropriate they are included on the Risk Register
- Risk specific risk reduction meetings are also scheduled for significant risks, and action plans are agreed, implemented and reviewed
- The Risk register and associated action plans are formally reviewed at Project Group meetings
- A change control mechanism for Compensation Events is an integral part of the Frameworks Scotland 2 contract and supports the realisation of risks and the funding of any intervention from the risk allowance identified within the cost plan. Approvals for NHSG expenditure is subject to the existing Scheme of Delegation for the Project;

- The PD is responsible for ensuring an adequate system of control is in place over the management of risks; and
- The PD reports the status of the Risk Register at each Programme Board meeting and provides an update on each major risk

If the Programme Board identifies a risk where inadequate process is being made in the management of the risk, they can request to review the action plan and instruct further work to mitigate the risk.

7.19 Commissioning

Commissioning can be divided into two important and overlapping processes that need to be planned and co-ordinated to ensure the successful bring into operation of the new facility. For clarity, commissioning is described in two separate streams within this section of the OBC:

- Technical Commissioning; and
- Functional Commissioning

7.20 Technical Commissioning

Technical Commissioning of the facility will be led by the PSCP and will be completed prior to handover of the facility to NHSG. NHSG will work with the PSCP to ensure the successful delivery of a detailed programme for each facility which will ensure readiness for the functional commissioning led by NHSG to commence.

An outline Technical Commissioning programme will be developed in time for submission of the FBC.

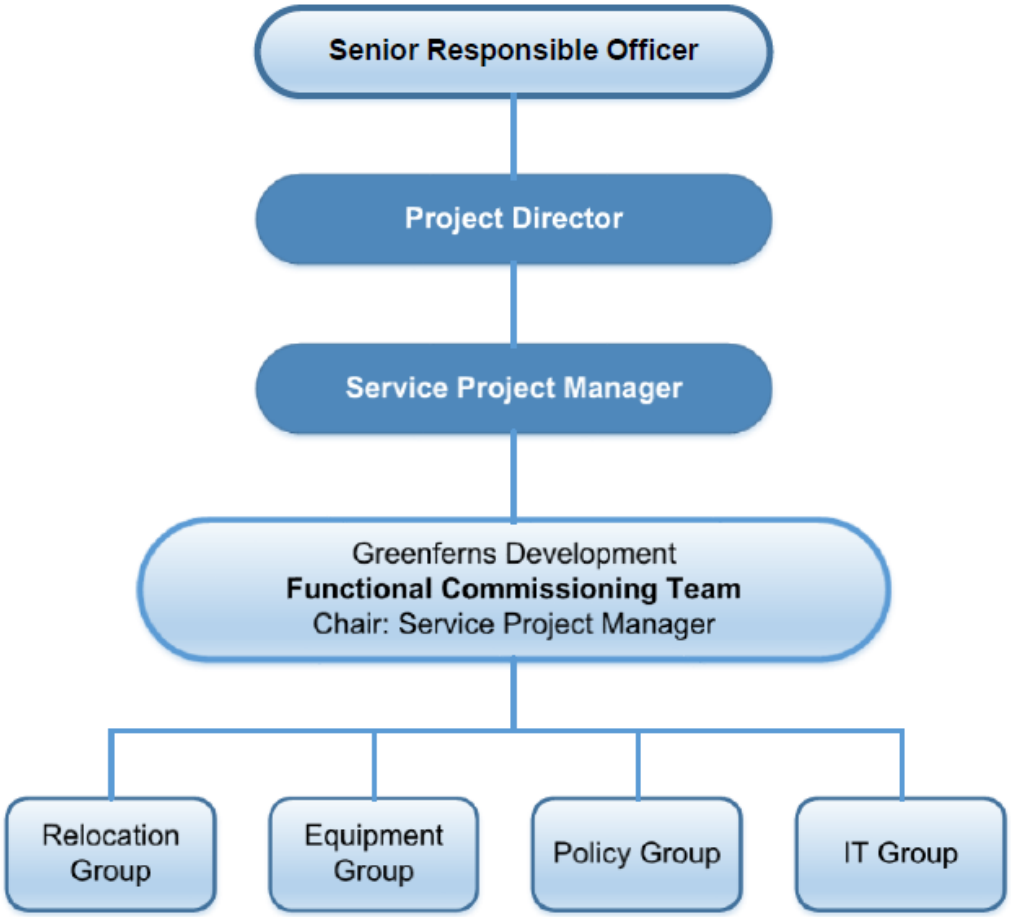
7.21 Functional Commissioning

Functional commissioning will commence following the handover of the facility to NHSG. The functional commissioning will be led by the NHSG Service Project Manager and the project team in close collaboration with the Aberdeen Health & Social Care Partnership.

7.22 Reporting Structure Aligned to Main Project Structure

Figure 4 outlines the planned reporting structure for functional commissioning activities. The functional commissioning team, led by the Service Project Manager will include staff from Aberdeen H&SCP; Facilities Management and Logistics; HFS Equipping Service along with members of the Project Team.

Figure 4: Functional Commissioning Structure



7.23 Person Dedicated to Leading this Process

The PD and a number of Project Team members have considerable experience of commissioning primary healthcare facilities. The Service Project Manager has the appropriate skills and will be supported by the wider Project Team to develop and implement a smooth and efficient commissioning programme.

The Functional Commissioning Programme once developed in detail, will cover the period from FBC approval until three – six months after the building has been brought into operation. This will ensure that all activities are planned, co-ordinated and delivered and that all functional commissioning teething issues are resolved post-occupation in discussion with H&SCP team and PSCP as appropriate. This work will include preparation of the Denburn, Northfield and Mastrick buildings.

The H&SCP Service Manager, with operational colleagues will be responsible for:

1. Planning for revised operational procedures to reflect changes to ways of working associated with the new building and re-design agenda;
2. Preparing staff to work differently;

3. Developing a detailed occupation plan with clinical colleagues to ensure the safe continuation of appropriate clinical services throughout the commissioning period;
4. Agreeing a service reduction plan with operational teams to facilitate the smooth relocation of the new facility with as little disruption as possible for patients and staff;
5. Planning for and procuring a removal company and supervise the removal of all equipment, furnishings and items agreed to transfer; and
6. Arranging the production of all printed material required to facilitate the move e.g. patient information booklets, staff information booklets etc.

The Service Project Manager, with the NHSG Project Team will be responsible for:

1. Confirming with the HFS Equipment Service and operational colleagues the new equipment to be specified and procured, the equipment to be transferred and ensure its successful implementation;
2. Producing a comprehensive commissioning programme with clinical and logistics colleagues and to ensure its successful delivery;
3. Working with the security team to ensure that the facility is safe and secure after handover from the PSCP and that appropriate operational procedures are implemented;
4. Ensuring a comprehensive plan to clean the building is in place and agreed with the domestic team and the Infection Prevention and Control Team;
5. Ensuring involvement with the Public Involvement officer and H&SCP Service Manager that the public, staff, patients and visitors are briefed about the relocation and occupation plan and what their role is in relation to it;
6. Arranging and hosting open days for the public to see the facility before they are in use;
7. Arranging staff orientation and training for all staff who will work in the building and issue of security enabled badges;
8. Producing a comprehensive IT and telecommunications plan to make sure that all phones and computers etc. are operational in advance of staff and patient moves;
9. Co-ordinating the installation of any complex equipment post-handover e.g. lifting hoists, as agreed, with the PSCP; and
10. Planning for the accommodation being vacated to be emptied and ready for re-use or demolition, as appropriate.

The Service Project Manager and the H&SCP Service Manager will be supported by the wider Project Team and Operational Teams to deliver this complex commissioning agenda in a planned and co-ordinated manner.

In addition, the HFS Equipping Service has been commissioned by NHSG to support the process of equipment specification, procurement and the commissioning of all new equipment. A Service Level Agreement is in place and work to agree the equipment lists as part of the Room Data Sheets is completed for design and budgeting purposes. These Room Data Sheets, including equipment lists, have been used to inform the budget equipment cost outlined in section 6.2 of the Financial Case. Work to assess equipment able to be transferred to the new building is underway and will be available for consideration in advance of submission of the FBC.

7.24 Key Stages of Functional Commissioning

A detailed Functional Commissioning Programme will be developed for the new building in due course. It is too early to produce the programme scheduled for delivering in 2021. The high level programme developed for the Project will likely include a 4 week period for the functional commissioning of the facility following handover from the PSCP.

Some of the key activities likely to be included in the Commissioning Programme include:

- Safety and security of the facility and staff;
- Telecoms enlivenment;
- Clinical clean;
- New equipment installation;
- Equipment transfer;
- Staff orientation and training (including fire, safety and security etc.)
- Public Open Days
- Consumable stock (including vaccines, stationery etc.)
- Receipt and dispatch arrangements in place
- Staff transfer arrangements in place
- Signage (internal and external) in place
- Media communication in place
- Patient and staff information booklets and other internet and social media communication in place;
- FM arrangements in place; and
- Empty vacated buildings ready for re-use or demolition as appropriate

7.25 Resource Requirements

Provision has been made by NHSG in the Project budget for these posts.

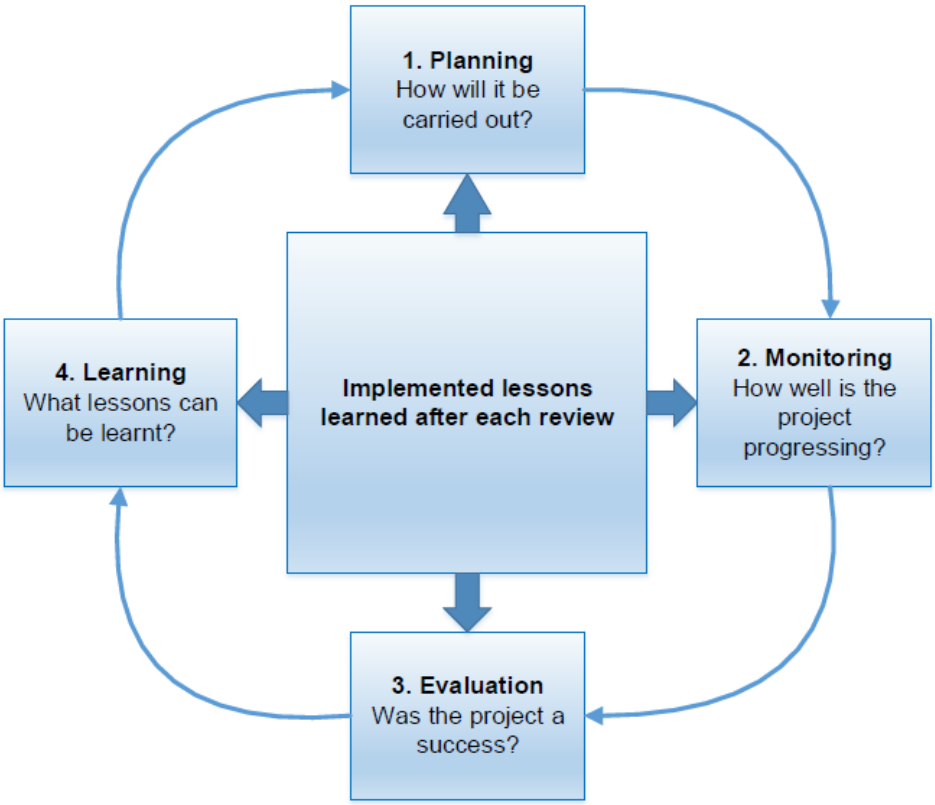
7.26 Project Evaluation

Project evaluation is a key element of any project. It must be well planned and executed. Evaluation of the Project will have two main strands:

1. Monitoring which involves the systematic review of project progress while it is proceeding; and
2. Evaluation, which is the process of evaluating the realisation of the expected benefits from the project as an indication of a successful outcome to the project.

When used in combination, these strands become an essential aid in realising, determining and sharing the success of any project, refer to Figure 5.

Figure 5: Project Monitoring and Benefits Evaluation Process



7.27 Person Dedicated to Leading This Process

A number of people will be involved in the monitoring and evaluation process. The Project monitoring will be led by the NHSG Healthcare Planner/Clinical Property Advisor. They will ensure that all monitoring reports are prepared and reviewed as outlined in the Project Monitoring Plan, [See Appendix 36: Project Monitoring Plan]. They will also prepare and produce a series of monitoring reports for consideration by the Programme Board, AMG and CIG at designated intervals over the life of the Project. Completion of these reports will involve the PSCP, Principle Designer (CDM) and the Project Team including e.g. Finance Manager, Service PM/NEC3 PM, H&SCP Service Managers, Technical Supervisors, Public Involvement Officer and clinicians who are directly involved in the Project.

The Post-Project Benefits Evaluation will also be led by the NHSG Healthcare Planner/Clinical Property Advisor. The benefits evaluation process outlined in the updated SCIM guidance will require a different approach and may need to be led and managed in a different way that was the cause under Post Project Evaluation for previous projects. During period between OBC and FBC, NHSG will review its approach to project evaluation and outline how this will led and managed in the FBC.

- Monitoring and Evaluation Stages

7.28 Project Monitoring

The project monitoring element will be undertaken over the life of the Project and will cover the technical aspects of the Project e.g. programme, cost, quality, communication and health and safety.

A Project Monitoring Plan as mentioned has been developed, see Appendix 36. The plan outlines the key areas to be monitored.

It is proposed that the Project monitoring activities are progressed as outlined in the Project Monitoring plan.

7.29 Project Evaluation

The Service Benefit Evaluation will be undertaken once the project has ended, staff and patients have settled and the redesign agenda has had time to be fully implemented. It will cover the impact of the project on service change and benefits realisation. These key documents can be found in the following sections Projects Benefits Register section 7.11, Benefits Realisation Plan, section 7.13 and Service Redesign Plans section 7.10 which forms a significant part of this assessment.

In relation to the Service Benefit Evaluation, a new process for this will be developed within NHSG to support a consistent approach to the evaluation of the Project and all other capital developments in Grampian. It is likely that the Service Benefit Evaluation for the Project will take in the region of two – four months to complete, to allow time for data collection, report writing, internal review and lessons learned. The Service Benefits Evaluation will be undertaken one- two years after the facility is commissioned and will focus on the benefits outlined in the Benefits Register.

Key aims of evaluation:

1. Demonstrates the Project was worthwhile by, for example, achieving is strategic investment objectives, realising its expected benefits, and carefully managing its associated risks;
2. Promotes organisation learning to improve current and future performance;
3. Avoids repeating costly mistakes;
4. Improves decision making and resource allocation (e.g. by adopting more effective project management arrangements); and
5. Recognises how the impact of good design can improve stakeholder satisfaction, service performance and the efficiency and effectiveness of the NHS Boards operations.

7.30 Resource Requirements

The resource requirements of this new evaluation process will take some time to assess. A provisional cost will be included in the project cost assumptions at FBC stage, in line with the updated SCIM guidance.

GLOSSARY OF TERMS

ACC	Aberdeen City Council
ACHSCP	Aberdeen City Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
ADS	Architect Design Scotland
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
BCIS	Building Cost Information Services
BIM	Building Information Modelling
BMA	British Medical Association
BREEAM	Building Research Establishment Environmental Assessment Method
CCL	Community Chaplaincy Listening
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
DDA	Disability Discrimination Act
DNA	Did Not Attend
EAC	Equivalent Annual Cost
EPC	Energy Performance Certificate
FCP	First Contact Practitioner
FBC	Full Business Case (SCIM Guidance)
FM	Facilities Management
GEM	Generic Economic Model
GIRFEC	Getting It Right For Every Child
GMS	General Medical Services
GP	General Practitioner
HFS	Health Facilities Scotland
HSCP	Health and Social Care Partnership
Hubco	Hub North Scotland Ltd
HLIP	High Level Information Pack
IA	Initial Agreement (SCIM Guidance)
ICT	Information Communication Technology
IJB	Integration 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
MSP	Managing Successful Projects
NDAP	NHS Scotland Design Assessment Process
NHSG	National Health Service Grampian
NPR	New Project Request (SCIM Guidance)
NPC	Net Present Cost
NEC	New Engineering Contract
OJEU	Official Journal of the European Union
OBC	Outline Business Case (SCIM Guidance)
PCCS	Primary and Community Care Services
PCIP	Primary Care Improvement Plan
PDMs	Practice Development Managers
PDS	Public Dental Service
PID	Project Initiation Document
PD	Project Director
PM	Project Monitoring
PO	Preferred Option
PPE	Post Project Evaluation
PPM	Programme and Project Management
PM	Project Manager
PSC	Professional Services Contract
PSDP	Private Sector Development Partner
PSCP	Principal Supply Chain Partner
PWF	Preferred Way Forward (SCIM Guidance)
QA	Quality Ambitions
QOF	Quality Outcome Framework
QS	Quality Strategy
RR	Risk Register
RMF Health	Robertson and FES Consortium
RCGP	Royal College of General Practitioners
RAG	Red, Amber, Green
SCIM	Scottish Capital Investment Manual
SGHSCD	Scottish Government Health and Social Care Directorate
SGPC	Scottish GP Committee
SDP	Strategic Development Plan
SFT	Scottish Futures Trust
SHC	Scottish Health Council
SRO	Senior Responsible Officer
SSM	Senior Service Manager
SLTs	Speech and Language Therapists
SLA	Service Level Agreement
SMEs	Small and Medium Enterprises
TBC	To Be Confirmed
TUPE	Transfers of Undertakings and Protection of Employment Regulations 2006

DOCUMENT CONTROL

Rev	Date	Description	Prepared By	Approved By
1:1	27.06.18	Template Created	[redacted]	[redacted]
1:2	18.12.18	Addition of draft Strategic Management & Commercial Cases		
1:2	14.01.18	Update prior to Working Group meeting 16.01.19		
1:3	04.02.19	Update on final proof reading following Project Group and NHSG colleague feedback and submissions.		
1:4	05.02.19	Final proofing before Aberdeen City Capital Programme Board submission on 06.02.19.		
1:5	14.02.19	Final proofing before Aberdeen City Capital Programme Board submission on 13.03.19		
1:5	22.02.19	Addition of Economic & Financial Cases		
1:6	08.03.19	Addition of final content and executive summaries throughout		
1:7	13.03.19	Formatting of document completed		
1.8	21.03.19	Final input from Lead Officers		
1:9	29.03.19	Final version for NHSG Board & QA		

Appendix 1: Copy of the Initial Agreement Approval Letter

Director-General Health & Social Care and
Chief Executive NHSScotland
Paul Gray

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Scottish Government
Riaghaltas na h-Alba
gov.scot

Malcolm Wright
Summerfield House
2 Eday Road
Aberdeen
AB15 6RE

16 April 2018

Dear Malcolm

Investment in Facilities to support the Redesign & Modernisation of Primary and Community Care Services in Aberdeen City – Initial Agreement

The Initial Agreement above has been considered by the Health Directorates' Capital Investment Group (CIG) on 22 March 2018. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit an Outline Business Case for this project.

A public version of the document should be sent to the CIG mailbox (NHSCIG@gov.scot) within one month of receiving this approval letter, for submission to the Scottish Parliament Information Centre (SPICe). It is a compulsory requirement within SCIM, **for schemes in excess of £5 million** that NHS Boards set up a section of their website dedicated specifically to such projects. The approved Business Cases/ contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at http://www.pcpd.scot.nhs.uk/Capital/Approval.htm

I would ask that if any publicity is planned regarding the approval of the business case that NHS Grampian liaise with SG Communications colleagues regarding handling.

As always, CIG members will be happy to engage with your team during the development of the Full Business Case and to discuss any concerns which may arise. In the meantime, if you have any queries regarding the above please contact Alan Morrison on 0131 244 2363 or e-mail Alan.Morrison@gov.scot.

Yours sincerely

Paul Gray

Paul Gray

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Appendix 2 - 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[33]].	% 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[34]].	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 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][35].	% cancer diagnosis at Stage 1.

[33] QOI - Quality Outcome Indicator
[34] SAFR - Sustainable Assets and Facilities Report.
[35] HEAT Target - Health Improvement, Efficiency, Access to Treatment and Treatment Targets.

	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 sq.m.
	Reduces financial burden of backlog maintenance and / or replacement expenditure [SAFR].	Backlog maintenance costs and Facilities Condition Index.
	Improves financial performance [HEAT].	Recurring revenue budget.
	Reduces energy consumption [HEAT].	% reduction in energy consumption.

Appendix 3 - Table of strategic priorities Aberdeen City

Aberdeen City Health and Social Care Partnership Strategic Priorities
• Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community. • Support and improve the health, wellbeing and quality of life of our local population. • Promote and support self-management and independence for individuals for as long as reasonably possible. • Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired. • Contribute to a reduction in health inequalities and the inequalities in the wider soci conditions that affect our health and wellbeing. • Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities. • Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes

Appendix 4: Table of HSCP Transformation Programme priorities for Aberdeen City

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 5: Initial Agreement Extract– Strategic Case

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[36] 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

[36] The Aurora/Denburn Medical Practice grouping will be referred to from this point forward as the Practice.
[37] 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].

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

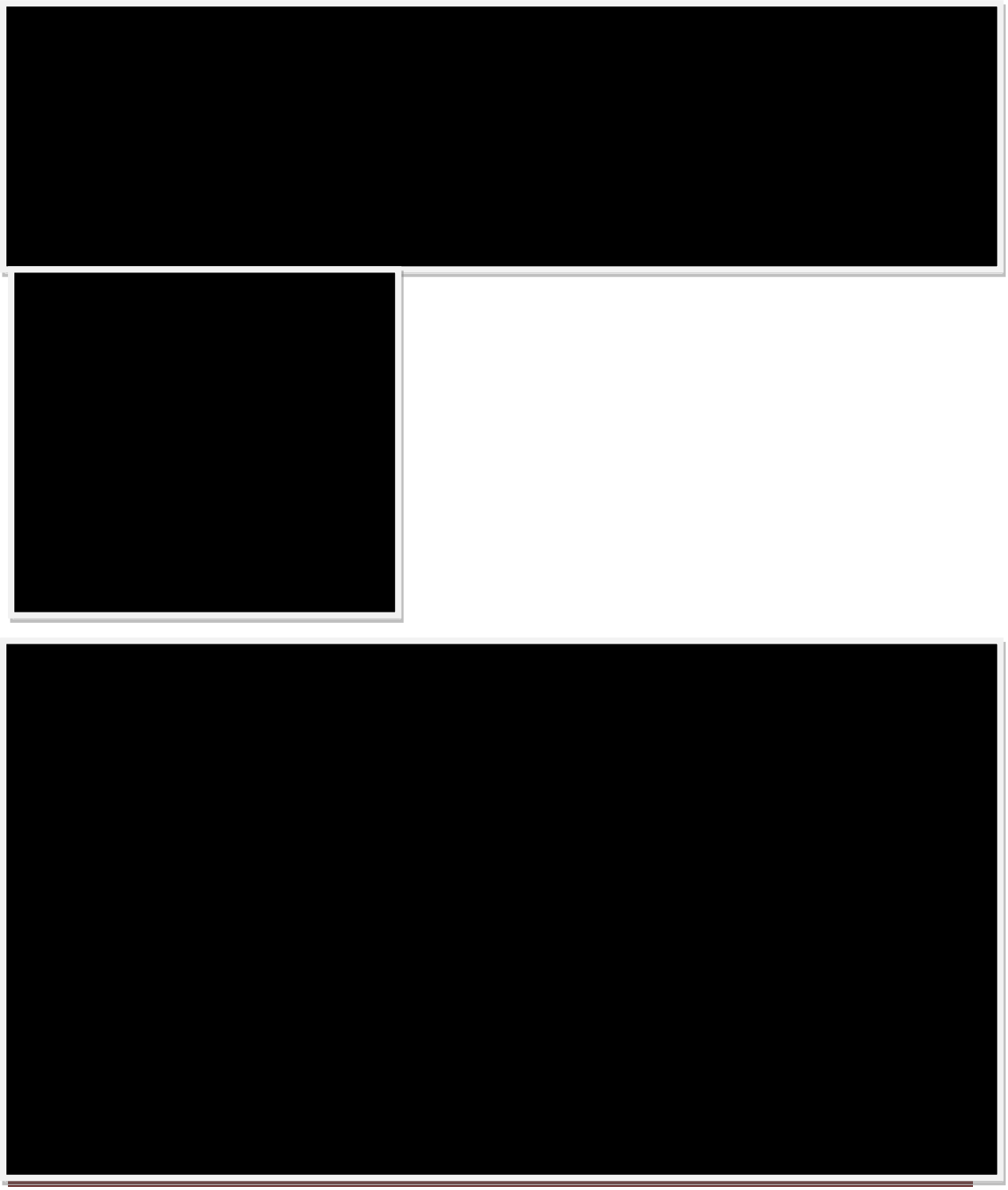
either the same day or on an alternative suitable day of their choice. 80% were reassured by having earlier contact with their GP and 53% agreed that 'Doctor First' has encouraged them to contact the practice more often. 88% of all patients were able to receive a telephone call whilst 58% considered 'Doctor First' to be more convenient than the previous system. 61% 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[41]

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

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].



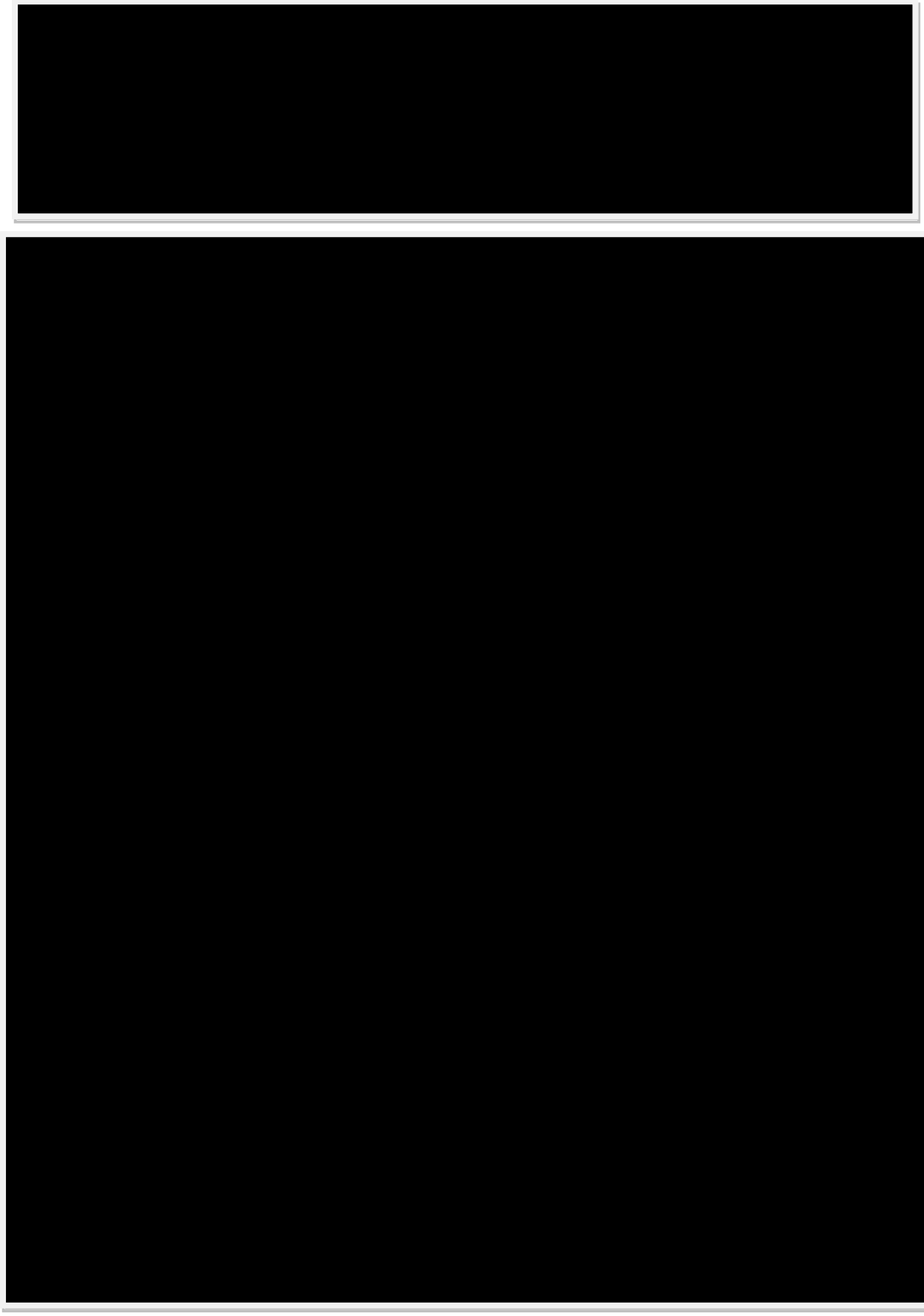


Figure 2: External Picture of Northfield Surgery

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[44]	No	03.3.08	Atisreal	£6,353,000	£2,085.69
Functional Suitability:	X[45]	Yes	03.3.08	Atisreal	£14,200	£4.66
Space Utilisation:	O[46]	No	03.3.08	Atisreal	N/A	Nil
Statutory Compliance:	B[47]	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[48]**	-

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]

[redacted]

[44] Satisfactory condition with evidence of only minor deterioration; - element/sub-element is operational and performing as intended.

[45] 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).

[46] Overcrowded, overloaded and facilities generally stretched.

[47] Generally compliant with statutory requirements.

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

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

[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

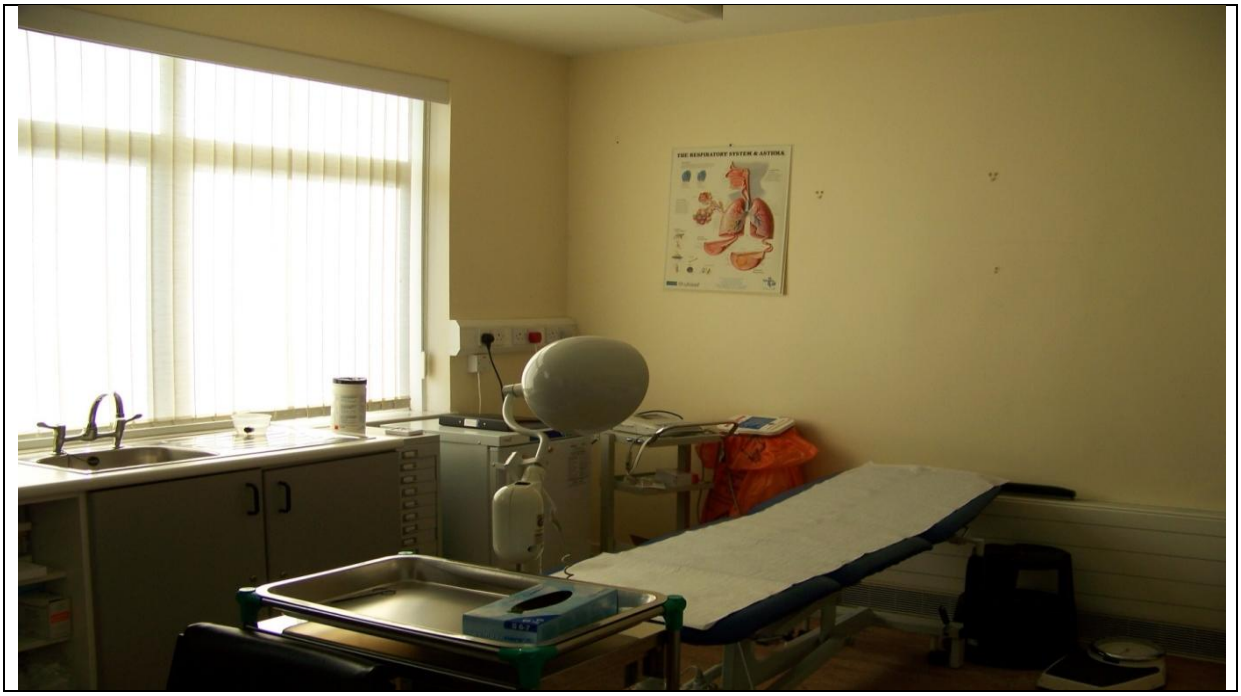
On street car parking is available at the front of the property with plans to have a dedicated disabled parking bay and Duty Doctor parking bay. A car park is also available at the rear of the property.

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[50] 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.

[redacted]

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

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



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[51] 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.

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

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

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.

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[52]. The movement of oil and gas workers out-with the City is also having an impact on new housing developments. [redacted]

[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[53]. 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 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[54]. 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)[55].

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]

[redacted]

[redacted] The Scottish Government have earmarked revenue support up to a £19M bundle through the Capital Investment Fund for the development of infrastructure to

[52] Community Planning Aberdeen 'Local Outcome Improvement Plan' (2016)
[53] The IJB Vision for the Modernisation of PCCS will be submitted for approval in January 2018.
[54] 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.
[55] Aberdeen City Local Development Plan (2017).

support the transformation of services to communities in Aberdeenshire and Aberdeen City along the North Commuter Belt [redacted] [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[57].

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 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[58].

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

[56] Aberdeen City HSCP, Project Initiation Document for the North Corridor Project (2015).
[57] Local Development Plan 2016-2030
[58] Local Development Plan 2016-2030

capacity infrastructure constraints in the area which restrict the scale of future development. The Oldfold development includes an opportunity to redevelop Milltimber Primary School[59].

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[60]

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 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.

[59] Local Development Plan 2016-2030
[60] NHSG , GP Workforce Survey, 2013

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[61]

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,

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

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 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]

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]

The current distribution of GMS provision is as follows[62] [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.

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

[62] 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

homes on the city's former Summerhill Academy site on Lang Stracht. Building work is expected to commence early in 2017[63].

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.

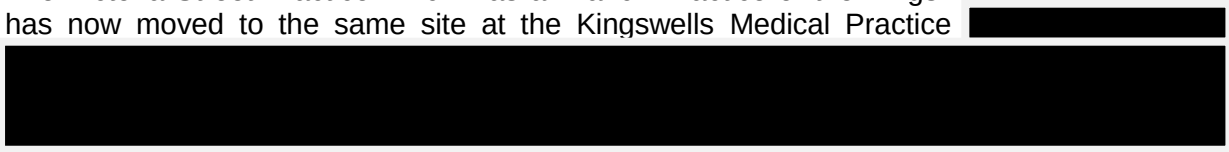
Stockethill does not have GMS services situated in the natural communities but are within close walking proximity to Midstocket where the Westburn Medical Group and Elmbank Medical Practice is located.

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 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



[63] Local Development Plan 2016-2030
[64] Aberdeen City Council 'Deprivation in Aberdeen – An Analysis of the SIMD 2016' (May 2016)

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]

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	Continuation of the existing service performance and workforce challenges are unsustainable.

	provision to new communities in the adjacent West Locality.	
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 and [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

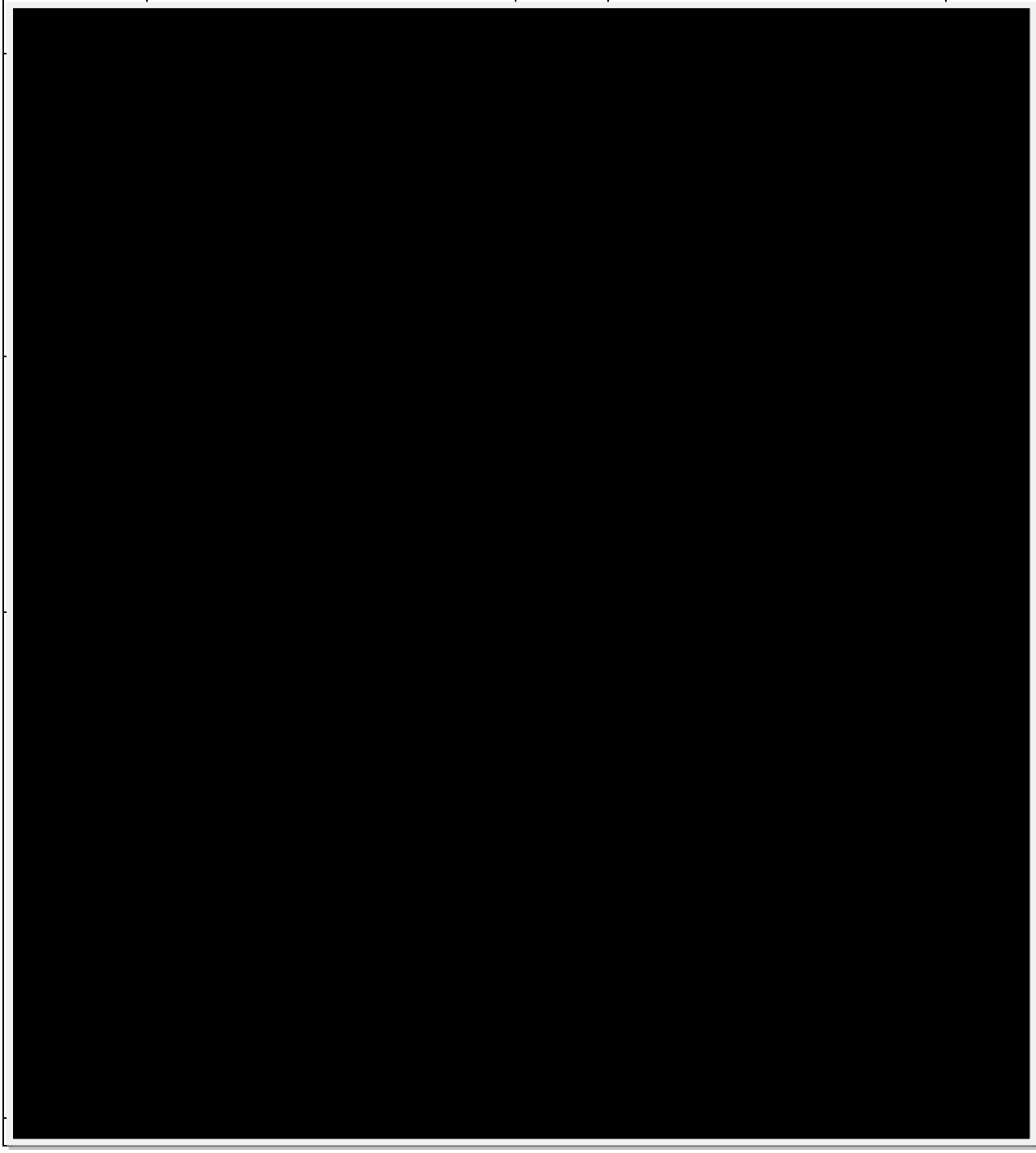
2:2:2:5 Constraints and Dependencies

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.

Appendix 6 – Patient List 7 Year Rebalancing Plan

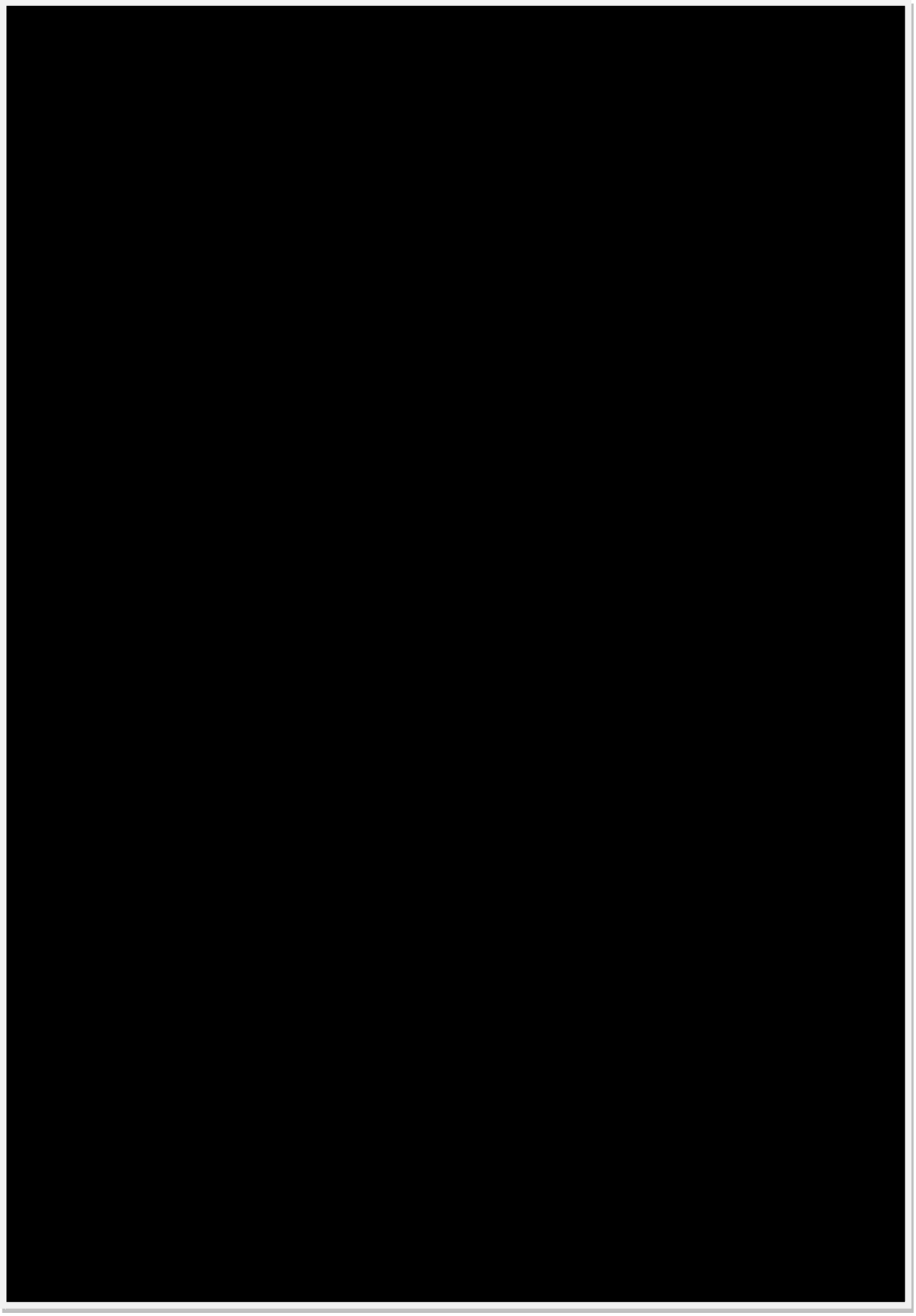
Denburn Medical Practice Patient List Dispersal Plan 2019-2026



[69] Note that patients currently in boundary can choose to remain with the Practice when it moves to Greenfern.

Appendix 7: Denburn/Aurora Medical Practice Grouping – [redacted]

Postcode	Area	List Size
[redacted]		



Appendix 9: COR V3 Feb19 Final with signatures

NHS Grampian

NHS GRAMPIAN

GREENFERNS HEALTH AND CARE CENTRE

Specific Clinical and Operational Requirements

1. Overarching Brief
2. Aurora/Denburn Medical Practice Grouping
3. Community Nursing Team
4. Health Visitor Team
5. Community Midwifery
6. Allied Health Professionals
7. Aberdeen City Health & Social Care Partnership Other Services
8. Mental Health Team
9. Domestic Services
10. Waste
11. Goods Receipt & Dispatch

[redacted] Project Manager
[redacted] Healthcare planner

Contents

[redacted] Project Manager
[redacted] Healthcare planner

1. Overarching Brief

The aim of Greenferns Health and Care Centre facility is to provide an integrated service to the people of the local community for the purposes of managing health and social care needs. Treatment services will be provided, enhancing and progressing plans to shift the balance of care away from acute hospital services to a community based service. Primary care, community care and social care services will work in harmony with each other to ensure that individual patient or client pathways are as smooth as possible at all times with a range of Allied Health Professional services provided within the new building.

The design of the facility shall create a good, high quality, working environment both externally and internally. The facility should:-

- Be a safe and effortless place to use
- Be welcoming and friendly
- Be seamless in terms of patient/client care
- Encourage self-care in a changing relationship between the public and health and social care services
- Be designed around re-designed patient pathways that are as efficient as possible
- Maintain a separation between private and public areas at all times and respects privacy and dignity issues
- Meet all current space and technical standards
- Function effectively in the context of services/areas to be delivered

The facility will provide a visually stimulating environment which:-

- Is appropriate to individual users
- Is comfortable and welcoming
- Easy to use for patients, visitors and staff

Facility Overview and Global Model of Care

The new facility will consist of the accommodation identified in the schedule of accommodation which can be divided into the following areas, working together in an integrated manner:

- Aurora/Denburn Medical Practice Grouping
- Allied Health Professionals
- Other HSCP services
- Health Visitor Team
- Community Midwifery
- Community Nursing Team
- Mental Health Team

Aurora/Denburn Medical Practice Grouping will move from their existing premises and continue to provide General Medical Services to its practice population. Primarily operating Monday to Friday, the Practice provide an innovative model of primary care service delivery "Dr First" Triage model and continue to deliver services such as minor procedures and near patient testing e.g. phlebotomy. Patient numbers will continue to rise due to predicted population growth, the new premises will allow for this growth as well as providing fit for purpose modern facilities to maintain high levels of patient care.

Allied Health Professionals: This area will contain a number of functions including:

- Speech and Language Therapy (SLT)
- Podiatry
- Dietetics
- Physiotherapy - 1st Contact Practitioner Service

Aberdeen City Health & Social Care Partnership Other Services
This area will be available to the HSCP to allocate to services requiring access to the building. Currently provision is included for pharmacy and social work care management.

Health Visitor Team provide a public health nursing service to antenatal women, and children in the 0-5 year's population and their families, registered with Aurora/Denburn Medical Practice Grouping.

Community Midwifery team will provide consultations to pregnant women including confidential discussion, routine ante natal checks to include physical examination and minor diagnostic and treatment procedures for the pregnant patient population registered with the practice.

Community Nursing Team will provide a community nursing service to housebound patients registered with Aurora/Denburn Medical Practice Grouping, and a drop in clinic open to all patients residing in the Northfield / Mastric communities.

Mental Health Team in addition GP Link Worker, GP practice counsellor, and Independent counsellor, further mental health services will be provided by Substance Misuse Service and Chaplaincy Listening Service.

The Schedule of Accommodation provides more details on the following areas:

General Practice Accommodation

- Consulting Rooms
- Treatment Rooms
- Recovery Room / phlebotomy
- Practice Nurse's office
- Practice Manager Office
- Practice Library / Teaching room
- GP Storage

Shared Areas

- Triage Hub
- Bookable Consulting Rooms
- Bookable Treatment Rooms
- Minor Procedures
- Bookable Interview Rooms
- Bookable Multi-Purpose Room
- Clinical Waste Store
- Clinette
- Test Room
- Clean utility
- Dirty utility

- Reception
- Admin Office/Hot Desk Space
- Storage
- Staff Room
- Bookable meeting room
- Main Entrance
- DSRs
- Staff Changing
- Staff shower
- Toilets
- Baby Change/Feeding
- Disabled Toilets
- Goods Receipt Area
- Waiting Area with children's play area

Creating a significant proportion of shared accommodation is important to the overall project as it will:

- Increase the opportunity for health and care staff to work together in an integrated manner and share information, helping to improve patient care
- Allow for maximum utilisation and flexibility of space
- Minimise unnecessary duplication of space
- Support increasing sharing of staff (specifically in management, administration and soft FM functions)
- Recognise the similarities in process and facility requirements associated with shared services to allow effective and efficient accommodation planning

In order to realise all the benefits of the facility it has been identified that it is important that the accommodation:

- Is designed around effective patient pathways
- Maintains a separation between staff areas and patient/client areas focusing most or all clinical accommodation on the ground floor if possible
- Meets all current space and technical standards
- Functions effectively in the context of the services to be delivered
- Supports the Dr First triage model of care operated by the practice.

General Design Characteristics

In developing the operational model of the facility a number of principles have been established which should be recognised in the design, layout and configuration of the new facility. These include:-

- The patient pathway through the facility should be linear, following a clear process that does not involve patients re-visiting any areas along their journey, but minimising the distance of travel.
- Control of infection is extremely important. Domestic Services Rooms (DSRs or "Cleaners Rooms"), have been specified in specific areas. Whilst efficient design may enable some appropriate sharing of facilities, the design should optimise the control and management of Hospital Acquired Infection in line with all relevant guidance, most notably with HAI SCRIBE
- Future flexibility of all accommodation and, the ability of new spaces to be easily modified in future, is paramount

- Minimising travel distances for patients and staff
- Ensuring the maintenance of privacy and dignity
- Information Technology (IT) is fundamental to the efficient functioning of the new facility and is considered at every stage of the design development process
- Clean and dirty FM routes and patient/staff routes should be clearly identified and be kept separate as far as possible
- The design solution creates a welcoming and reassuring environment that will improve the overall patient experience and that of their relatives, carers and visitors
- Emphasis should be given to providing a comfortable, pleasant but safe environment for patients and staff with a particular focus on the wider therapeutic elements of the design
- It is essential to consider the needs of staff and the impact that the working environment has on job satisfaction, integrated working, recruitment and retention
- Addressing gender, cultural and religious diversity is an important consideration, as are the needs of relatives, carers and visitors whose opinions must be sought throughout the design process
- Imaginative use of floor and wall finishes, colour and lighting will help to procure a warm, friendly environment
- All accommodation must conform to the requirements of the Equality Act 2010 including wheelchair access into rooms, provision for those who have hearing or visual impairment and for obese patients.

Patient Pathways and Flows

The anticipated flow of patients through the facility along with projections about the number of patients and visitors likely to be in any specific area at any given time are provided in each of the clinical output specifications contained within this document. The facilities should provide a welcoming and comfortable environment for patients and staff with plenty of daylight and views onto the green areas where available. The design should facilitate patient flow through the building, to be simple to follow and logical.

The facilities should be constructed to high standards of insulation and general energy efficiency.

The details specification for each of these services is provided in the following service output based specifications.

High Level Operational Statement
(Including Greenferns Health and Care Centre Operating Hours)

Aurora/Denburn Medical Practice Grouping

Aurora/Denburn Medical Practice Grouping will provide access to care for their registered population. This will include General Medical Services (GMS) using the "Dr First" triage model. This will also include a Treatment Room service operated by nurse led clinics which aim to provide, local accessible health care and treatment at a time and venue convenient for patients registered with Aurora/Denburn Medical Practice Grouping.

The hours of operation will be 7.20 am – 6 pm Monday to Friday. This includes "Extended Hours". The Medical Practice will also observe the 8 agreed NHS Grampian public holidays. Staff will require access out with these hours, typically 7 am – 10 pm. It is anticipated that medical staff will require access at the weekends.

Allied Health Professionals

A range of AHP led services will be provided from the Health and Care Centre. These will include:

- Speech and Language Therapy (SLT)
- Podiatry
- Physiotherapy – 1st Contact Practitioner Service
- Dietetics

Speech and Language Therapy appointments are routinely offered between 8.30 am and 5.30 pm Monday to Friday.

Current operating hours for Podiatry are 8.30 am – 4.45 pm Monday to Thursday, 8.30 am – 3.30 pm Friday.

Physiotherapy first contact practitioner service will operate a mixture of triage calls and appointments which are routinely offered between 8 am and 5.30 pm Monday to Friday.

Dietetic sessions for a period of 4 hours per day, 3 day's per month. Group work may take place out with working hours.

Aberdeen City Health & Social Care Partnership Other Services

This area will be available to the HSCP to allocate to services requiring access to the building. Currently provision is included for;

Pharmacy – 1 day per week. Helping patients make the best use of their medicines, including; medication reviews (where height, weight and blood pressure are recorded), responding to patient (or carer) queries or concerns related to their medication, and minor ailments. The pharmacist also supports practice staff and the wider health and social care team with all aspects of medicines management.

Social work care management – ad hoc basis. Meet with registered patients and their families to undertake a care assessment, develop a care package based on the information gathered, and review the care package to ensure it is suited to the person's needs.

Health Visiting

The team provides a service to ante-natal women and the 0-5 year old population registered with the practice. The service framework is directed by the Universal Health Visiting Pathway offered to every child/family predominantly within the home. Getting it Right for Every Child (GIRFEC) is a framework across children's services that support health visitors identify need, risk and ensure the wellbeing of children and families, referring to multi-agency colleagues and services.

The team will be based at Greenferns Health and Care Centre but work mainly in the community with children, young people and their families in their own home or community setting.

Services delivered from the Health and Care Centre include developmental assessments of children, immunisations within the clinic setting, and one-to-one support sessions.

The Health Visiting service is provided from 8.30 am to 5pm Monday to Friday.

2. Aurora/Denburn Medical Practice Grouping

Departmental Briefer(s):

[redacted] GP Partner
[redacted] GP Partner
[redacted] Project and Strategy Manager
[redacted] Quality & Finance Manager
[redacted] Operations Co-ordinator

I/we have read and understood the contents of the Specific Clinical and Operational Requirements document reference COR V3 Feb 2019.

I/we have had adequate time to review, comment and agree the contents of both the overarching brief and specifications for my service.

I acknowledge that design will progress on the basis of the information I have provided, and any further changes requested may incur a direct cost to the service.

Print Name	[redacted]
Signature	
Designation	MANAGER
Date	28\2\19

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Aurora/Denburn Medical Practice Grouping

Aurora/Denburn Medical Practice Grouping provide General Medical Services under the NHS to the population of their practice boundary and surrounding areas as detailed in the practice area map.

The Practice group currently operates from 3 health board owned premises; Denburn Health Centre, Northfield Health Centre and Mastrick clinic.

- The Denburn Practice has a practice population of approximately [redacted]
- The Aurora Practice (Northfield and Mastrick) has a practice population of approximately [redacted]

It is anticipated that approximately [redacted] patients from the Denburn Practice will have their care provided at a satellite site within Aberdeen City Centre therefore the anticipated patient population to be served by Aurora Medical Practice operating from Greenferns Health and Care Centre is approximately [redacted] although this is on a clinical basis only.

The Greenferns Health and Care Centre will house all other attached clinical and administration staff for a population of [redacted] It is also anticipated that due to the Primary Care strategy being developed by the Aberdeen City Health & Social Care partnership including patient movements across the city that the clinic capacity at Greenferns Health and Care Centre should be able to expand to service all [redacted] patients from the Greenferns Health and Care Centre within approximately 5-7 years.

The Practice currently operates a Triage Hub Model "Doctor First" which is a doctor-led telephone triage appointment system. Doctor First is GP led with other services provided by other health care professionals including Allied Health Professionals (AHPs). The approach aims to make best use of technology to reduce the number of unnecessary or inappropriate face to face appointments e.g. to receive negative test results or be offered advice which could be more efficiently communicated over the phone or by e-mail. This enables the practice to also reduce the number of Did Not Attend (DNAs) appointments.

ACTIVITY INDICATORS

Projections

Current activity based upon a practice population of 8,500 therefore it would be expected to increase as the population rises.

Service	Activity per Week
Triage Calls	[redacted]
Clinic Appointments per GP	
Clinic Appointments per ANP/PA	

Current activity based upon a practice population of 16,500 we would not expect there to be a significant increase to this number in the short term.

Service	Activity per Week
Practice Nurse Appointments	[redacted]
Phlebotomy Appointments	
Pharmacist	
GP mental health link worker	

[redacted] Project Manager
[redacted], Healthcare planner
[redacted]

GP Practice Counsellor	[redacted]	
Independent counsellor		

[redacted]

WORK PATTERNS

Workload Indicators

[redacted]

Service	Activity per day
Contacts	[redacted]
GP Appointments	
ANP Appointments	
Physician Associate Appointments	

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

[redacted]

Service	Activity per day / week
Practice Nurse Appointments	[redacted]
Phlebotomy Appointments	
Pharmacist	
Minor Surgery Appointments	
GP link worker	
GP Practice Counsellor	
Independent counsellor	

Operating Hours

Hours of opening for patient consultations will be:

Monday	7.20 am to 6 pm
Tuesday	7.20 am to 6 pm
Wednesday	7.20 am to 6 pm
Thursday	7.20 am to 6 pm
Friday	7.20 am to 6 pm

People

[redacted]

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Consulting Rooms x 4	1	[redacted]	1	[redacted]
GP Trainer Room	1		1	
GP Trainee Room	1		1	
Treatment Room x 2	1		0	
Recovery Room/Phlebotomy	1		0	
Minor Procedures / Surgery (shared)	1		0	
Triage Hub & Administration (shared)	0		0	
Admin/Secretarial Space (inc. attached staff)	0		0	
Practice Manager Office	0		2	
Practice nurse office	2		0	
Library/Teaching Room	0		1	
Waiting Area (including child play area) (shared)	33		10	
Reception and Disabled counter (shared)	0		0	
Clinette (shared)	1		0	
Urine Test Room (shared)	0		0	
Interview Room x 2 (shared)	1		1	
Clean Utility (shared)	0		0	
Dirty Utility (shared)	0		0	
General Store	0		0	
Treatment Store	0		0	
Meeting Room (shared)	0		5	
Staff Room (shared)	0		5	
Male Staff Change (shared)	0		0	
Female Staff Change (shared)	0		0	
Clinical Waste (shared)	0		0	

[redacted] Project Manager
[redacted] Healthcare planner

[redacted]

KEY OPERATIONAL PROCESSES

Operational Processes

Consulting Room (4)

All rooms should allow for wheelchair access and one of the rooms should have a ceiling mounted H Frame hoist installed for the transfer of immobile patients.
Consultations involve confidential discussions, physical examinations and minor diagnostic and treatment procedures. The environment is required to be appropriately heated/ventilated, lighted and sound proofed. Daylight is important while allowing the interior of the room to be screened from the outside. Facilities include chairs, desk, computer workstation, scales and wall mounted measure for heights. Curtains are required to screen an area of the room for patients to undress. An examination couch with breathing hole is required behind the screen with a ceiling mounted light at one end of the couch to permit procedures such as vaginal examinations. These should be manoeuvrable examination lights and allow for clinical couches to be in the middle of the room for staff to access the patients from all sides. A hand washing sink is also required.

GP Trainer Room (1)

This room requires the same facilities as a standard consulting room but with extra space to allow tandem consulting or direct observation of consulting.

GP Trainee Room (1)

This room requires the same facilities as a standard consulting room. It also requires a tripod mounted video camera that can record to hard drive.

Treatment Room (2)

General facilities for all treatment rooms will require a desk, computer workstation, chairs, wash hand basin, work surface, cupboards and storage facilities including a lockable drug cupboard (with slope for ease of cleaning) and medical fridge. Curtains are required to screen an area of the room for patients to undress. An examination couch is required behind the screen with a ceiling mounted examination light at one end of the couch to permit procedures such as vaginal examinations

Treatment Room Store (1)

This will store equipment used regularly by treatment room staff. It therefore needs to be secure but accessible to relevant staff. It will require a range of sizes of shelving.

General Store (1)

This will store equipment used regularly by staff. . It will require space for equipment trolleys and shelving and must be lockable but accessible to authorised staff

Minor Surgery/Procedure Room (1) (shared)

This room will be used for a range of minor procedures and is required to meet NHS Regulations for such facilities. Facilities will include a curtained area (around the couch) for patients to undress, surgical couch with a ceiling mounted minor procedures operating light, and wall and trolley mounted equipment such as diathermy, scrub trough, cupboard,

including a lockable pharmacy cabinet, medical fridge, storage facilities, chairs and desk and computer access. The layout of this room must allow entry/exit of stretchers and transfer of recumbent patients to a couch. It must be possible to position the couch in the middle of the room to allow staff access to the patient from every direction. It must be possible to access equipment readily and good ceiling mounted minor procedure light is essential, along with an area of wall space for a whiteboard. The units must be arranged to leave space for the emergency trolley.

This room should be close to the treatment rooms and recovery room. This room requires emergency lighting in case of emergency power outage.

Recovery/Phlebotomy Room (1)

This room will be used as a recovery room while other sessions are in progress and as a phlebotomy room. It therefore requires the same facilities as a treatment room (minus examination lamp and medical fridge). It should be adjacent to the minor surgery/procedure room.

Admin/secretarial space (inc. attached staff) (shared) (1)

Primary duties in this office will involve typing and data entry. This requires an atmosphere conducive to focus and concentration. All admin and secretarial staff will require workstations. Four hot desks and relevant storage will be required for community nursing, Health Visitor team, community midwifery, and other attached staff. This office does not have to be in immediate proximity to the consulting rooms or reception, but needs to be close to a small storage area for filing of notes. Pigeon holes are also required in this room.

Practice Manager Office (1)

This room will be used full time by the management tean [redacted] whose duties will include conducting meetings. Equipment required includes desks. works surface and storage facilities arranged to allow an individual works space [redacted] Computer access is required.

Practice Nurse Office (1)

This room will be used by the practice nursing team. Equipment required includes desks, works surface and storage facilities arranged to allow an individual works space. Computer access is required.

Library/Teaching/Meeting Room (1)

This area will be used primarily for teaching and training activities. This will include private study which will be computer based. The library/teaching room will accommodate people for meetings and education. Computer access and the facility to replay recordings of consultations will be required.

Waiting Area and Children's Play Area (1) (Shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the patient self-check in facility and reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options. There will be an audible patient call system.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise, but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff.

The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionists will require computer workstations and will accommodate staff members on a full time basis.

Clinette (1) (shared)

This will include standard toilet facilities for patients to produce specimens. A hatchway should be located in the wall between the clinette and the test room for the transfer of samples.

Test Room (1) (shared)

This room is for the testing and disposal of samples. A work surface and facilities to dispose of samples and clean equipment is required. A lockable cupboard for equipment will also be required. A centrifuge will be installed in this room so soundproofing will be important

Interview Room (2) (shared)

This room will be a relaxing environment for staff to meet with patients / relatives or other staff for a range of largely administrative purposes. A desk, seating and computer access is required as well as scales and wall mounted measure for height.

Clean Utility (1) (Shared)

This is a storage room for sterile and clean equipment. Facilities include storage cupboards, 2 x large medical fridges (1 x GP, 1 x HSCP) for central storage of refrigerated items on receipt to premises [redacted] for GP practice use, drawers and storage space. A trolley is required to be stored in this area for transporting items through to clinical rooms.

Dirty Utility (1) shared

This room is used for testing and recording of some specimens. A hand hygiene sink and an equipment sink are required as well as the facilities for disposal of body fluids etc. Dressing trolleys and other pieces of equipment will be cleaned in this room.

Meeting Room (20 persons) (1) (shared)

This will be a room to accommodate meetings. Computer access is required via a lap top linked to the VC equipment. Also required is the facility to conduct meetings with video conferencing facilities, along with the ability to show presentations via the TV screen.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Male Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Female Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Clinical Waste (shared area) (1)

This will be secure storage for waste awaiting uplift by NHS Grampian Staff consistent with the NHSG Waste Policy. Requires an exit door to prevent clinical waste being transported around the building during uplift.

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile. Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility. There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Consulting Rooms x 4
GP Consulting Trainer Room x 1
GP Consulting Trainee Room x 1
Treatment Room x 2
Recovery/Phlebotomy Room x 1
Minor Surgery/Procedure Room (shared) x 1
Clinette (shared) x 1
Urine Test Room (shared) x 1
Clinical Waste (shared) x 1

Specific Support Requirements

Triage Hub & Administration (shared) x 1
Admin/Secretarial Space (shared) x 1
Practice Manager Office x 1
Practice Nurse Office x 1
Library/Teaching Room x 1
Waiting Area (inc. Children's Play Area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Interview Room (shared) x 2
Clean Utility (shared) x 1
Dirty Utility (shared) x 1
General Store
Treatment Room Store
Meeting Room (20 persons) (shared) x 1
Staff Room (shared) x 1
Male Staff Change (shared) x 1
Female Staff Change (shared) x 1
DSR x 2

KEY DEPARTMENTAL RELATIONSHIPS

The consulting rooms, treatment rooms and minor surgery/procedures room must be in close proximity to each other, easily accessible from the waiting area and also closely linked

to the Triage Hub and Administration Space. Staff using the consulting rooms and reception staff should be able to access the Triage Hub and Administration staff.

Consulting staff should be able to access the building, move between consulting rooms, reception, toilets etc. without having to go through the waiting area.

The GP trainer and trainee rooms should be close together.

All rooms within the building [redacted]

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Effective environmental temperature control is essential in clinical rooms, waiting areas and for staff areas. The temperature has to be comfortable for patients who may have to undress for examinations or procedures in accordance with NHS Grampian Guidance.

A natural ventilation strategy is in place. The window design needs to take account of the need for adequate natural ventilation as well as the need for both visual and audible privacy from the exterior of the building.

Effective sound proofing is required for consulting, treatment and large multi-occupancy rooms to ensure conversations and emotions (e.g. crying) cannot be heard from the corridor or between rooms.

An assist/call system for some patient/staff areas is required e.g. in patient toilets. A panic alarm system for staff to call for help if at risk is required in [redacted] – consulting rooms, treatment rooms, interview rooms etc.

Hand washing facilities are required in all clinical areas and all clinical and staff areas should have telephone and data terminals.

There should be no sensor operated taps in clinical areas to avoid the loss of hand washing facilities in the event of a failure in the system.

A [redacted] is required on specific doors and also the ability to lock down the department out of hours using a [redacted] Refer to locking schedule for list of all doors.

3. Community Nursing Team
(Aberdeen City Health & Social Care Partnership)

Departmental Briefer(s):

[redacted] Nursing Service Manager/Lead HV
[redacted] District Nurse, Denburn / Aurora / Mastrick

I/we have read and understood the contents of the Specific Clinical and Operational Requirements document reference COR V3 Feb 2019.

I/we have had adequate time to review, comment and agree the contents of both the overarching brief and specifications for my service.

I acknowledge that design will progress on the basis of the information I have provided, and any further changes requested may incur a direct cost to the service.

Print Name	[redacted]
Signature	
Designation	DN.
Date	05/03/19

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Community Nursing Team

The dedicated practice attached community Nursing team provide a community nursing service where required, to the patients registered with the Aurora/Denburn Medical Practice Grouping in their own home or nurse led beds in a care home setting. They also run a drop in clinic for referred patients residing in the Northfield / Mastrick communities.

The team requires frequent and daily access to the GPs, other health care professionals and multi-agency professionals working within the Health and Care Centre to co-ordinate and facilitate the timely treatment, care and support of patients in the community.

The Greenferns Health and Care Centre will provide a base for daily single agency, weekly multi agency meetings, case conferences and education sessions as well as a base for the team. Equipment and resources required in the community would be stored at the Greenferns Health and Care Centre.

ACTIVITY INDICATORS

Projections

Service	Activity per Week
Clinic Based Sessions	[redacted]
Domiciliary Appointments	

Service Trends

The service is likely to see an increase in patients being looked after in their own home who are more acutely unwell requiring specialist nursing, resources and equipment provided by the community nursing team. The clinic providing a service to the Northfield and Mastric communities is anticipated to expand, with additional health screening and promotion activities.

WORK PATTERNS

Workload Indicators

Service	Activity per day
Clinic Based Sessions	[redacted]
Domiciliary Appointments	

Operating Hours

The Community Nursing core service is provided from 8am to 5pm Monday to Friday, and a drop in clinic operates from 8am to 7pm up to 7 days per week. Staff also will require access from 7 am to 7pm 7 days per week to make phone calls, access patient files, collect equipment etc.

People

[redacted]

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Admin Space – Hot Desk (shared)	0	[redacted]	0	[redacted]
Bookable Treatment Room	1		1	
Storage (shared)	0		0	
Test Room (shared) (Centrifuge)	0		0	
Waiting Area (including child play area) (shared)	33		10	
Reception and Disabled counter (shared)	0		0	
Clean Utility	0		0	
Dirty Utility	0		0	
Meeting Room (20 persons) shared	0		5	
Staff Room (shared)	0		5	
Male Staff Change (shared)	0		0	
Female Staff Change (shared)	0		0	

KEY OPERATIONAL PROCESSES

Operational Processes

Admin/secretarial space (inc. attached staff) (1)

Primary duties in this office will involve typing and data entry. This requires an atmosphere conducive to focus and concentration. All admin and secretarial staff will require workstations. Four hot desks and relevant storage will be required for community nursing, Health Visitor team, community midwifery, and other attached staff. This office does not have to be in immediate proximity to the consulting rooms or reception, but needs to be close to a small storage area for filing of notes. Pigeon holes are also required in this room.

Bookable Treatment Room

General facilities for all treatment rooms will require a desk, computer workstation, chairs, wash hand basin, work surface, cupboards and sufficient storage facilities including a lockable drug cupboard (with slope for ease of cleaning), medical fridge, lockable tambour unit or additional base and wall units for storage of small items of equipment and dressings. 2 additional plug sockets are required next to PC for coaguchek machine. Curtains are required to screen an area of the room for patients to undress. An examination couch is required behind the screen with a ceiling mounted examination light at one end of the couch to permit procedures such as vaginal examinations.

Storage x 2

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment, One room is required to be located near to the administration / secretarial space for secure storage of filing cabinets containing patient records. The community nursing team have up to [redacted] patient files that are required to be kept on site, these are currently in 4 x 4 drawer filing cabinets.

Test Room (1) (shared)

This room is for the testing and disposal of samples. A work surface and facilities to dispose of samples and clean equipment is required. A lockable cupboard for equipment will also be required. A centrifuge will be installed in this room so soundproofing will be important

Waiting Area and Children's Play Area (1) (Shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the patient self-check in facility and reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options. There will be an audible patient call system.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise, but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionists will require computer workstations and will accommodate staff members on a full time basis.

Clean Utility (1) (Shared)

This is a storage room for sterile and clean equipment. Facilities include storage cupboards, 2 x large medical fridges (1 x GP, 1 x HSCP) for central storage of refrigerated items on receipt to premises, [redacted] GP practice use, drawers and storage space. A trolley is required to be stored in this area for transporting items through to clinical rooms.

Dirty Utility (1) shared

This room is used for testing and recording of some specimens. A hand hygiene sink and an equipment sink are required as well as the facilities for disposal of body fluids etc. Dressing trolleys and other pieces of equipment will be cleaned in this room.

Meeting Room (20 persons) (1) (shared)

This will be a room to accommodate meetings. Computer access is required via a lap top linked to the VC equipment. Also required is the facility to conduct meetings with video conferencing facilities, along with the ability to show presentations via the TV screen.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric

dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Male Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Female Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Patient Flow

On arrival at the Greenfern Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile. Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Treatment room x 1
Test Room (shared) x 1

Specific Support Requirements

Admin/Secretarial Space (shared) x 1
Waiting Area (inc. children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Clean Utility (shared) x 1
Dirty Utility (shared) x 1
Storage (shared) x 2
Meeting Room (20 persons) (shared) x 1
Staff Room (shared) x 1
Male Staff Change (shared) x 1
Female Staff Change (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

The team will work as an integral part of the Health and Care Centre interacting with other professionals and departments on a daily basis. This service will have a range of shared accommodation and services including reception, waiting and administration and access to a bookable treatment room. Access [redacted] Community Module.

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Effective environmental temperature control is essential in clinical rooms, waiting areas and for staff areas. The temperature has to be comfortable for patients who may have to undress for examinations or procedures in accordance with NHS Grampian Guidance.

A natural ventilation strategy is in place. The window design needs to take account of the need for adequate natural ventilation as well as the need for both visual and audible privacy from the exterior of the building.

Effective sound proofing is required for consulting, treatment and large multi-occupancy rooms to ensure conversations and emotions (e.g. crying) cannot be heard from the corridor or between rooms.

An assist/call system for some patient/staff areas is required e.g. in patient toilets. A panic alarm system for staff to call for help if at risk is required in every [redacted] consulting rooms, treatment rooms, interview rooms etc.

Hand washing facilities are required in all clinical areas and all clinical and staff areas should have telephone and data terminals.

There should be no sensor operated taps in clinical areas to avoid the loss of hand washing facilities in the event of a failure in the system.

A [redacted] is required on specific doors and also the ability to lock down the department out of hours using a [redacted] Refer to locking schedule for list of all doors.

Patient access is required to the treatment room out of hours in evenings and weekends to attend the community nurse clinic. A system to permit staff working in the treatment room is required whereby staff are able to identify patients requesting entry to the building, and remotely allow access to the waiting area.

4. Health Visitor Team
(Aberdeen City Health & Social Care Partnership)

Departmental Briefer(s):

[redacted] Nursing Service Manager/ Lead HV
[redacted] Health Visitor, Denburn – Aurora Practice.

I/we have read and understood the contents of the Specific Clinical and Operational Requirements document reference COR V3 Feb 2019.

I/we have had adequate time to review, comment and agree the contents of both the overarching brief and specifications for my service.

I acknowledge that design will progress on the basis of the information I have provided, and any further changes requested may incur a direct cost to the service.

Print Name	[redacted]
Signature	
Designation	Nursing Service Manager/ Lead HV
Date	08.03.19

[redacted] Project Manager
[redacted] Healthcare planner

Health Visitor Team

The Health Visitor team provides a service to ante-natal women and the 0-5 year old population registered with the Aurora/Denburn Medical Practice Grouping. The service framework is directed by the Universal Health Visiting Pathway offered to every child/family predominantly within the home. Getting it Right for Every Child (GIRFEC) is a framework across children's services that support health visitors identify need, risk and ensure the wellbeing of children and families, referring to multi-agency colleagues and services.

The team will be based at Greenferns Health and Care Centre but work mainly in the community with children, young people and their families in their own home, or community setting.

Current services delivered from the Health and Care Centre include developmental assessments of children, immunisations within the clinic setting, and one-to-one support sessions.

The team requires frequent and daily access to the GPs, other health care professionals and multi-agency professionals based in the Health and Care Centre to co-ordinate and facilitate the timely prevention and interventions for children, young people and their parents.

The Greenferns Health and Care Centre will provide a base for daily single agency, weekly multi agency meetings, case conferences and education sessions as well as a base for the team. Equipment and resources required in the community would be stored at the health centre.

ACTIVITY INDICATORS

Projections

Service	Activity per Week
Developmental assessment	[redacted]
Immunisation clinic	

Service Trends

The service is likely to see an increase in families moving to the area due to the new housing developments, with a predicted increase in the population. The Greenferns Health and Care Centre will potentially need to accommodate an increase in the team, resources and equipment based there. A "Family Nurse" partnership colleague may be added to the team in the future.

WORK PATTERNS

Workload Indicators

Service	Activity per week
Developmental assessment	[redacted]
Immunisation clinic	

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Operating Hours

The Health Visiting Team service is provided from 0830 – 1700 five days a week.

People

[redacted]

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Multi-Purpose Room (20m2 and 16m2) (shared)	15	[redacted]	3	[redacted]
Multi-Purpose Room Store	0		0	
Bookable Consulting Room	1		1	
Admin Space – Hot Desk (shared)	0		0	
Storage (shared)	0		0	
Waiting Area (including child play area) (shared)	33		10	
Reception and Disabled counter (shared)	0		0	
Clean Utility	0		0	
Dirty Utility	0		0	
Meeting Room (20 persons) shared	0		5	
Staff Room (shared)	0		5	
Male Staff Change (shared)	0		0	
Female Staff Change (shared)	0		0	

KEY OPERATIONAL PROCESSES

Operational Processes

Multi-purpose Room (shared) 1 (can be split into 2)

This room will be used for assessments, Speech and Language Therapy, multi-agency meetings with families attending, and group activities. Some of these activities will include children therefore the environment needs to be child friendly and safe. A range of stackable seating, including chairs with arms, needs to be provided and made of suitable wipe down covers to meet infection control requirements. Appropriate space for floor work and mobile equipment such as baby change facilities is required. Lockable storage needs to be available for equipment and resources. This room will be shared across all services both in and out of hours. The room needs to be flexible so that it can be used as one large activity room, or with the sound proof partition in place, 2 separate bookable rooms. Hand washing and clinical waste disposal facilities are required on both sides of the partition, as are stadiometer and wall mounted display boards. A wall mounted television with DVD player required in larger half of the room

Multi-purpose Room Store x 1

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment along with space to store stackable chairs and 2 baby changing stations.

Bookable Consulting Room (shared) (4)

In these rooms, clinical staff will provide physical examination, minor diagnostic and treatment procedures and confidential discussion with patients. They have to be able to be used by a range of health care professionals. Sufficient space must be available to allow for wheelchair dependent patients to transfer onto the treatment couch and one of the rooms should have a ceiling mounted H Frame hoist installed for the transfer of immobile patients. This room requires sufficient floor space to allow for observation of patients walking.

The environment is required to be appropriately heated/ventilated, lighted and sound proofed. Daylight is important while allowing the interior of the room to be screened from the outside. Facilities include chairs, desk, telephone with speaker for use with language line service, computer workstation, scales and wall mounted measure for heights. Curtains are required to screen an area of the room for patients to undress. An examination couch with breathing hole is required behind the screen with a ceiling mounted light at one end of the couch to permit procedures such as vaginal examinations. These should be manoeuvrable examination lights and allow for clinical couches to be in the middle of the room for staff to access the patients from all sides. A hand washing sink is also required.

Sufficient space must allow for equipment / trolleys for each service. Timetabling of room use will allow in room storage in lockable base and wall cabinets to be maximised. One of the room will be used for immunisations and is required to have a medical fridge, one bookable consulting room will be adapted for use by Speech and Language Therapy.

Admin/secretarial space (inc. attached staff) (1)

Primary duties in this office will involve typing and data entry. This requires an atmosphere conducive to focus and concentration. All admin and secretarial staff will require workstations. Four hot desks and relevant storage will be required for community nursing, Health Visitor team, community midwifery, and other attached staff. This office does not have to be in immediate proximity to the consulting rooms or reception, but needs to be close to a small storage area for filing of notes. Pigeon holes are also required in this room.

Storage x 2

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment. One room is required to be located near to the administration / secretarial space for secure storage of filing cabinets containing patient records. The Health Visiting team have 1 x 4 drawer filing cabinet per HV, plus 1 x 4 drawer filing cabinet for Child Protection, total 6 x 4 drawer filing cabinets.

Waiting Area and Children's Play Area (1) (Shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the patient self-check in facility and reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options. There will be an audible patient call system.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise, but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionists will require computer workstations and will accommodate staff members on a full time basis.

Clean Utility (1) (Shared)

This is a storage room for sterile and clean equipment. Facilities include storage cupboards, 2 x large medical fridges (1 x GP, 1 x HSCP) for central storage of refrigerated items on receipt to premises, [redacted] GP practice use, drawers and storage space. A trolley is required to be stored in this area for transporting items through to clinical rooms.

Dirty Utility (1) shared

This room is used for testing and recording of some specimens. A hand hygiene sink and an equipment sink are required as well as the facilities for disposal of body fluids etc. Dressing trolleys and other pieces of equipment will be cleaned in this room.

Meeting Room (20 persons) (1) (shared)

This will be a room to accommodate meetings. Computer access is required via a lap top linked to the VC equipment. Also required is the facility to conduct meetings with video conferencing facilities, along with the ability to show presentations via the TV screen.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Male Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Female Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile. Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Consulting Room (shared) x 4
Multi-Purpose Room (shared) x 1 (can be split into 2)

Specific Support Requirements

Admin/Secretarial Space (shared) x 1
Waiting Area (shared) x 1
Reception and Disabled Counter (shared) x 1
Storage x 2
Clean Utility (shared) x 1
Dirty Utility (shared) x 1
Multi-purpose room store x 1 (shared)
Meeting Room (20 persons) (shared) x 1
Staff Room (shared) x 1
Male Staff Change (shared) x 1
Female Staff Change (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

The team will work as an integral part of the Health and Care Centre interacting with other professionals and departments on a daily basis. This service will have a range of shared accommodation and services including reception, waiting and administration and access to a bookable consulting room.

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Effective environmental temperature control is essential in clinical rooms, waiting areas and for staff areas. The temperature has to be comfortable for patients who may have to undress for examinations or procedures in accordance with NHS Grampian Guidance.

A natural ventilation strategy is in place. The window design needs to take account of the need for adequate natural ventilation as well as the need for both visual and audible privacy from the exterior of the building.

Effective sound proofing is required for consulting, treatment and large multi-occupancy rooms to ensure conversations and emotions (e.g. crying) cannot be heard from the corridor or between rooms.

An assist/call system for some patient/staff areas is required e.g. in patient toilets. A panic alarm system for staff to call for help if at risk is required in every [redacted] – consulting rooms, treatment rooms, interview rooms etc.

Hand washing facilities are required in all clinical areas and all clinical and staff areas should have telephone and data terminals.

There should be no sensor operated taps in clinical areas to avoid the loss of hand washing facilities in the event of a failure in the system.

A [redacted] is required on specific doors and also the ability to lock down the department out of hours using a [redacted] Refer to locking schedule for list of all doors.

5. Community Midwifery

Departmental Briefer:

[redacted] Team leader, community midwives.

I/we have read and understood the contents of the Specific Clinical and Operational Requirements document reference COR V3 Feb 2019. I/we have had adequate time to review, comment and agree the contents of both the overarching brief and specifications for my service. I acknowledge that design will progress on the basis of the information I have provided, and any further changes requested may incur a direct cost to the service.	
Print Name	[redacted]
Signature	
Designation	Team leader, community midwives
Date	05.03.19.

Community Midwifery

The Community Midwifery service will provide consultations for pregnant women including confidential discussions, routine ante natal check to include physical examination and minor diagnostic and treatment procedures for the pregnant patient population registered with the practice.

ACTIVITY INDICATORS

Projections

Service	Activity per Week
Clinical sessions	[redacted]
Ante natal group sessions	

Service Trends

The service is likely to see an increase in families moving to the area due to the new housing developments, with a predicted increase in the population. With the changes required to implement 'Best Start – Five Year forward Plan for Maternity and Neonatal Services' and a clear focus on community based hubs and the provision of care closer to home alongside the move to The Baird Family Hospital by 2021, it is important to recognise the need for community midwives to increasingly work from primary care hubs alongside the primary care team. This may mean that some services may need to be accessible to women over the seven day week, with access therefore being required to the building at a weekend.'

WORK PATTERNS

Workload Indicators

Service	Activity per day
Clinical sessions	[redacted]
Ante natal group sessions	

Operating Hours

Community midwives will operate during 8.30 am and 5pm, Monday to Friday. Staff will require access out-with these hours to make phone calls and access patient files on the GP system.

People

[redacted]

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Bookable Consulting Room	1	[redacted]	1	[redacted]
Multi-Purpose Room (36m2) (shared)	9		9	
Multi-Purpose Room Store	0		0	
Waiting Area (including child play area) (shared)	33		10	
Admin space – hot desk	0		0	
Reception and Disabled counter (shared)	0		0	

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Staff Room (shared)	0	[redacted]	5	[redacted]
Male Staff Change (shared)	0		0	
Female Staff Change (shared)	0		0	

KEY OPERATIONAL PROCESSES

Operational Processes

Bookable Consulting Room (shared) x4

In these rooms, clinical staff will provide physical examination, minor diagnostic and treatment procedures and confidential discussion with patients. They have to be able to be used by a range of health care professionals. Sufficient space must be available to allow for wheelchair dependent patients to transfer onto the treatment couch and one of the rooms should have a ceiling mounted H Frame hoist installed for the transfer of immobile patients. This room requires sufficient floor space to allow for observation of patients walking.

The environment is required to be appropriately heated/ventilated, lighted and sound proofed. Daylight is important while allowing the interior of the room to be screened from the outside. Facilities include chairs, desk, telephone with speaker for use with language line service, computer workstation, scales and wall mounted measure for heights. Curtains are required to screen an area of the room for patients to undress. An examination couch with breathing hole is required behind the screen with a ceiling mounted light at one end of the couch to permit procedures such as vaginal examinations. These should be manoeuvrable examination lights and allow for clinical couches to be in the middle of the room for staff to access the patients from all sides. A hand washing sink is also required.

Sufficient space must allow for equipment / trolleys for each service. Timetabling of room use will allow in room storage in lockable base and wall cabinets to be maximised. One of the room will be used for immunisations and is required to have a medical fridge, one bookable consulting room will be adapted for use by Speech and Language Therapy.

Multi-purpose Room (shared) 1 (can be split into 2)

This room will be used for assessments, Speech and Language Therapy, multi-agency meetings with families attending, and group activities. Some of these activities will include children therefore the environment needs to be child friendly and safe. A range of stackable seating, including chairs with arms, needs to be provided and made of suitable wipe down covers to meet infection control requirements. Appropriate space for floor work and mobile equipment such as baby change facilities is required. Lockable storage needs to be available for equipment and resources. This room will be shared across all services both in and out of hours. The room needs to be flexible so that it can be used as one large activity room, or with the sound proof partition in place, 2 separate bookable rooms. Hand washing and clinical waste disposal facilities are required on both sides of the partition, as are stadiometer and wall mounted display boards. A wall mounted television with DVD player required in larger half of the room.

Multi-purpose Room Store x 1

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment along with space to store stackable chairs and 2 baby changing stations.

Waiting Area and Children's Play Area (1) (Shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the patient self-check in facility and reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options. There will be an audible patient call system.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise, but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Admin/secretarial space (inc. attached staff) (1)

Primary duties in this office will involve typing and data entry. This requires an atmosphere conducive to focus and concentration. All admin and secretarial staff will require workstations. Four hot desks and relevant storage will be required for community nursing, Health Visitor team, community midwifery, and other attached staff. This office does not have to be in immediate proximity to the consulting rooms or reception, but needs to be close to a small storage area for filing of notes. Pigeon holes are also required in this room.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionists will require computer workstations and will accommodate staff members on a full time basis.

Staff Room (1) (shared)

This is an area away from public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight fresh air and comfortable seating.

Male Staff Changing (shared area) (1)

Toilets, washing showering locker facilities.

Female Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those are most elderly and frail, breathless or immobile. Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professionals with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Consulting Room (shared) x 4
Multi-purpose room x 1

Specific Support Requirements

Waiting Area (inc. children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Admin / secretarial space x 1
Multi-purpose store x 1
Staff Room (shared) x 1
Male Staff Change (shared) x 1
Female Staff Change (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

The team will work as an integral part of the Health and Care Centre interacting with other professionals and departments on a daily basis. This service will have a range of shared accommodation including reception, waiting, access to a bookable consulting room and both halves of the multi-purpose room for group sessions. Access is required to GP patient records and Doc Man.

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Effective environmental temperature control is essential in clinical rooms, waiting areas and for staff areas. The temperature has to be comfortable for patients who may have to undress for examination or procedures in accordance with NHS Grampian Guidance.

A natural ventilation strategy is in place. The window design needs to take account of the need for adequate natural ventilation as well as the need for both visual and audible privacy from the exterior of the building.

Effective sound proofing is required for consulting, treatment and large multi-occupancy rooms to ensure conversations and emotions (e.g. crying) cannot be heard from the corridor or between rooms.

An assist/call system for some patients/staff areas is required e.g. in patient toilets. A panic alarm system for staff to call for help if at risk is required in every [redacted] – consulting rooms, treatment rooms, interview rooms etc.

Hand washing facilities are required in all clinical areas and all clinical and staff areas should have telephone and data terminals.

There should be no sensor operated taps in clinical areas to avoid the loss of hand washing facilities in the event of failure in the system.

A [redacted] is required on specific doors and also the ability to lock down the department out of hours using a [redacted] Refer to locking schedule for list of all doors.

6. Allied Health Professionals
(Aberdeen City Health & Social Care Partnership)

Speech and Language Therapy
Departmental Briefer:
[redacted] (service lead)

Podiatry
Departmental Briefer:
[redacted] (service lead)

Physiotherapy
Departmental Briefer:
[redacted] (service lead)

Dietetics
Departmental Briefer:
[redacted] (service lead)

I/we have read and understood the contents of the Specific Clinical and Operational Requirements document reference COR V3 Feb 2019.

I/we have had adequate time to review, comment and agree the contents of both the overarching brief and specifications for my service.

I acknowledge that design will progress on the basis of the information I have provided, and any further changes requested may incur a direct cost to the service.

Print Name	[redacted]
Signature	
Designation	Speech and Language Therapy service lead
Date	28/2/19.
Print Name	[redacted]
Signature	
Designation	Podiatry service lead
Date	5/3/19

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Print Name	[redacted]
Signature	
Designation	Physiotherapy service lead
Date	28/2/19
Print Name	[redacted]
Signature	
Designation	Dietetics service lead
Date	05/03/19.

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Allied Health Professionals

Allied Health Professionals are a distinct group of practitioners who diagnose, treat and rehabilitate people of all ages, across health, education and social care. They are experts in rehabilitation and enablement, supporting people to recover from illness or injury, manage long-term conditions with a focus on maintaining and improving independence or developing strategies to manage longer-term disabilities.

A range of Allied Health Professional led services will be provided within the Health and Care Centre. These include:

- Speech and Language Therapy
- Podiatry
- Physiotherapy 1st Contact Practitioner Service
- Dietetics

Speech and Language Therapy

Speech and language therapists (SLTs) provide life-improving therapy, support and care for people who have difficulties with communication, eating, drinking or swallowing. SLTs assess and treat people with speech, language and communication problems to enable individuals to communicate better. They also assess, treat and develop personalised plans to support people who have eating and swallowing problems. Using specialist skills, SLTs work directly with patients and their carers and provide them with tailored support.

ACTIVITY INDICATORS

Projections

Service	Activity per Week	Planned
Community speech and language paediatric services – community clinics	[redacted]	

Service Trends

The service is likely to see an increase in families moving to the area due to the new housing developments, with a predicted increase in the population. The current provision SLT is predominantly for children, however adults may be seen in the future.

Operating Hours

Speech and Language Therapy appointments are routinely offered between 8.30 am and 5.30 pm Monday to Friday.

People

Speech and Language Services are provided by a team of up to 6 Therapists, with no more than 2 expected to be in the building at any given time.

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Speech and Language Therapy	[redacted]		[redacted]	
Bookable consulting room				

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Multi-Purpose Room (shared) can be split into two rooms (16m2)	[redacted]	[redacted]
Multi-Purpose Room Store		
Waiting Area (inc. children's play area) (shared)		
Reception and Disabled Counter (shared)		
Admin space – hot desk		
Storage (shared)		
Meeting Room (20 persons) shared		
Staff Room (shared)		

KEY OPERATIONAL PROCESSES

Operational Processes

Bookable Consulting Room (shared)

One of the bookable consulting rooms will be used primarily by Speech and Language Therapy. This room is to be equipped as a standard consulting room with hand washing sink, telephone with speaker for language line service, computer, examination lamp, but no couch. Due to the activities undertaken by SLT this room is to be designed in a way to limit distractions / noise from outside, and minimise reflective surfaces that cannot be masked (eg. Require blinds over mirrors). A child size table and 4 chairs is required in this room. In room storage of base and wall units is to be maximised, as well as a lockable tambour unit.

Bookable Multi-purpose Room (shared) 1 (16m^2 area)

This room will be used for assessments, Speech and Language Therapy, multi-agency meetings with families attending, and group activities. Some of these activities will include children therefore the environment needs to be child friendly and safe. A range of stackable seating, including chairs with arms, needs to be provided and made of suitable wipe down covers to meet infection control requirements. Appropriate space for floor work and mobile equipment such as baby change facilities is required. Lockable storage needs to be available for equipment and resources. This room will be shared across all services both in and out of hours. The room needs to be flexible so that it can be used as one large activity room, or with the sound proof partition in place, 2 separate bookable rooms. Hand washing and clinical waste disposal facilities are required on both sides of the partition, as are stadiometer and wall mounted display boards. A wall mounted television with DVD player required in larger half of the room. The smaller section of the room will be used by SLT and so the room is to be designed in a way to limit distractions / noise from outside, and minimise reflective surfaces. A child size table and 4 chairs will be required in this room, and a sink with drainer suitable for toy washing is required.

Multi-purpose Room Store (shared) 1

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment along with space to store stackable chairs and 2 baby changing stations.

Waiting Area and Children's Play Area (1) (shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the reception desk. Patients speaking to staff at the reception desk must not be

overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available as well as storage for crockery etc. for both in and out of hours use.

All areas of waiting and play are need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionist will require computer workstations and will accommodate staff members on a full time basis.

Admin/secretarial space (inc. attached staff) (1)

Primary duties in this office will involve typing and data entry. This requires an atmosphere conducive to focus and concentration. All admin and secretarial staff will require workstations. Four hot desks and relevant storage will be required for community nursing, Health Visitor team, community midwifery, and other attached staff. This office does not have to be in immediate proximity to the consulting rooms or reception, but needs to be close to a small storage area for filing of notes. Pigeon holes are also required in this room. SLT service require access to a colour printer.

Storage (shared) x 2

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment. One room is required to be located near to the administration / secretarial space for secure storage of filing cabinets containing patient records. Speech and Language therapy service require 2 x 4 drawer filing cabinet for storage of notes.

Meeting Room (20 persons) (1) (shared)

This will be a room to accommodate meetings. Computer access is required via a lap top linked to the VC equipment. Also required is the facility to conduct meetings with video conferencing facilities, along with the ability to show presentations via the TV screen.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor

fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile.

Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Consulting Room (shared) x 4
Multi-Purpose Room (shared) x 1 (can be split into 2)

Specific Support Requirements

Admin/Secretarial Space (shared) x 1
Waiting Area (inc. children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Multi-purpose room store x 1 (shared)
Storage (shared) x 2
Meeting Room (20 persons) (shared) x 1
Staff Room (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

All Allied Health Professional therapy areas will work as an integral part of the Health and Care Centre, serving the needs of the local population. SLT's also work closely with other professionals, such as teachers, nursery nurses and psychologists.

Podiatry

The Podiatrist works as an autonomous healthcare professional and, also within the Multidisciplinary Team to diagnose and provide a comprehensive care plan to manage foot and lower limb pathologies. This includes, but not limited to a wide variety of disorders, injuries and local manifestations of systemic disease. The podiatric management may include curative, preventative or require long term palliation or heath education.

ACTIVITY INDICATORS

Projections

Service	Activity per Week	Planned
Core Community Services	[redacted]	
Wound Care Specialist Service		

[redacted]

Operating Hours

Current operating hours for podiatry are 8.30 am – 4.45 pm Monday to Thursday and 8.30 am – 3.30 pm Friday.

People

Podiatry services will be provided by up to [redacted] members of staff.

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Bookable Treatment Room (shared)	[redacted]		[redacted]	
Minor Surgery (shared)				
Waiting Area (inc. children's play area) (shared)				
Reception and Disabled Counter (shared)				
Clean utility				
Dirty Utility				
Storage (shared)				
Meeting Room (20 persons) shared				
Staff Room (shared)				
Male Staff Change (shared)				
Female Staff Change (shared)				

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

KEY OPERATIONAL PROCESSES

Operational Processes

Bookable Treatment Room (shared) (1)

Individual treatments will take place in this space and it is essential that there is an available treatment plinth, mobile chair and curtains to maintain privacy. Sufficient space must be allowed for a podiatry trolley and lamp and to allow for wheelchair dependent patients to transfer onto a treatment couch, with assistance from members of staff. This room requires a ceiling mounted procedure light for minor surgery procedures. This room requires sufficient clear floor space to allow for the observation of patients walking by a podiatrist, and for a clean and dirty trolley for instruments to be at opposite sides of the room. Also requires to have a desk, chair, telephone, PC with printer and label printer, hand wash sink, work surface, full length mirror for stretching exercises, foot stool and leg elevator, cupboards and storage facilities including a lockable drug cupboard (with slope for ease of cleaning) and medical fridge.

Minor Surgery/Procedure Room (1) (shared)

This room will be used for a range of minor procedures and is required to meet NHS Regulations for such facilities. Facilities will include a curtained area (around the couch) for patients to undress, surgical couch with a ceiling mounted minor procedures operating light, and wall and trolley mounted equipment such as diathermy, scrub trough, cupboard, including a lockable pharmacy cabinet, storage facilities, chairs and desk and computer access. The layout of this room must allow entry/exit of stretchers and transfer of recumbent patients to a couch. It must be possible to position the couch in the middle of the room to allow staff access to the patient from every direction. It must be possible to access equipment readily and good ceiling mounted minor procedure light is essential, along with an area of wall space for a whiteboard. The units must be arranged to leave space for the emergency trolley.

This room should be close to the treatment rooms and recovery room. This room requires emergency lighting in case of emergency power outage.

Waiting Area and Children's Play Area (1) (shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available as well as storage for crockery etc. for both in and out of hours use.

All areas of waiting and play are need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionist will require computer workstations and will accommodate staff members on a full time basis.

Clean Utility (1) (Shared)

This is a storage room for sterile and clean equipment. Facilities include storage cupboards, 2 x large medical fridges (1 x GP, 1 x HSCP) for central storage of refrigerated items on receipt to premises, a [redacted] for GP practice use, drawers and storage space. A trolley is required to be stored in this area for transporting items through to clinical rooms.

Dirty Utility (1) shared

This room is used for testing and recording of some specimens. A hand hygiene sink and an equipment sink are required as well as the facilities for disposal of body fluids etc. Dressing trolleys and other pieces of equipment will be cleaned in this room.

Storage (shared) x 2

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment. One room is required to be located near to the administration / secretarial space for secure storage of filing cabinets containing patient records. Podiatry do not have paper records.

Meeting Room (20 persons) (1) (shared)

This will be a room to accommodate meetings. Computer access is required via a lap top linked to the VC equipment. Also required is the facility to conduct meetings with video conferencing facilities, along with the ability to show presentations via the TV screen.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Male Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Female Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile.

Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Treatment Room (shared) x 1
Minor Surgery Room (shared) x 1

Specific Support Requirements

Waiting Area (inc. children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Storage (shared) x 2
Meeting Room (20 persons) (shared) x 1
Staff Room (shared) x 1
Male Staff Change (shared) x 1
Female Staff Change (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

All Allied Health Professional therapy areas will work as an integral part of the Health and Care Centre, serving the needs of the local population.

Physiotherapy 1st Contact Practitioner Service

Patients with a musculoskeletal problem are offered an initial assessment of their complaint by either phone or in the practice and brief intervention is provided as required. This sees patients seeing a specialist physiotherapist as an alternative to their GP.

ACTIVITY INDICATORS

Projections

Service	Activity per Week	Planned
1st Contact Practitioner Service	[redacted]	
Falls Classes		

[redacted]

Operating Hours

Physiotherapy first contact practitioner service will operate a mixture of triage calls and appointments which are routinely offered between 8 am and 5.30 pm Monday to Friday. A 2 hours per week falls group may run on an ad hoc basis if space is available.

People

Physiotherapy - 1st Contact Practitioner Service, will be provided by one member of staff.

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Physiotherapy	[redacted]		[redacted]	
Bookable Consulting Room				
Triage Hub & Administration				
Multi-Purpose Room (36m2)				
Multi-Purpose Room Store				
Waiting Area (inc. children's play area) (shared)				
Reception and Disabled Counter (shared)				
Storage (shared)				
Staff Room (shared)				
Male Staff Change (shared)				
Female Staff Change (shared)				

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

KEY OPERATIONAL PROCESSES

Operational Processes

Bookable Consulting Room (shared) (4)

In these rooms, clinical staff will provide physical examination, minor diagnostic and treatment procedures and confidential discussion with patients. They have to be able to be used by a range of health care professionals. Sufficient space must be available to allow for wheelchair dependent patients to transfer onto the treatment couch and one of the rooms should have a ceiling mounted H Frame hoist installed for the transfer of immobile patients. This room requires sufficient floor space to allow for observation of patients walking.

The environment is required to be appropriately heated/ventilated, lighted and sound proofed. Daylight is important while allowing the interior of the room to be screened from the outside. Facilities include chairs, desk, telephone with speaker for use with language line service, computer workstation, dictation system, scales and wall mounted measure for heights. Curtains are required to screen an area of the room for patients to undress. An examination couch with breathing hole is required behind the screen with a ceiling mounted light at one end of the couch to permit procedures such as vaginal examinations. These should be manoeuvrable examination lights and allow for clinical couches to be in the middle of the room for staff to access the patients from all sides. A hand washing sink is also required.

Sufficient space must allow for equipment / trolleys for each service. Timetabling of room use will allow in room storage in lockable base and wall cabinets to be maximised. One of the room will be used for immunisations and is required to have a medical fridge, one bookable consulting room will be adapted for use by Speech and Language Therapy.

Bookable Multi-purpose Room (shared) 1 (can be split into 2)

This room will be used for assessments, Speech and Language Therapy, multi-agency meetings with families attending, and group activities. Some of these activities will include children therefore the environment needs to be child friendly and safe. A range of stackable seating, including chairs with arms, needs to be provided and made of suitable wipe down covers to meet infection control requirements. Appropriate space for floor work and mobile equipment such as baby change facilities is required. Lockable storage needs to be available for equipment and resources. This room will be shared across all services both in

and out of hours. The room needs to be flexible so that it can be used as one large activity room, or with the sound proof partition in place, 2 separate bookable rooms. Hand washing and clinical waste disposal facilities are required on both sides of the partition, as are stadiometer and wall mounted display boards. A wall mounted television with DVD player required in larger half of the room

Multi-purpose Room Store (shared) 1
This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment along with space to store stackable chairs and 2 baby changing stations.

Waiting Area and Children's Play Area (1) (shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionist will require computer workstations and will accommodate staff members on a full time basis.

Storage (shared) x 2

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment. One room is required to be located near to the administration / secretarial space for secure storage of filing cabinets containing patient records.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Male Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Female Staff Changing (shared area) (1)

Toilets, washing, showering, locker facilities

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile.

Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Consulting Room (shared) x 4
Multi-Purpose Room (shared) x 1 (can be split into 2)

Specific Support Requirements

Triage Hub & Administration x 1
Waiting Area (inc. children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Multi-purpose room store x 1 (shared)
Storage (shared) x 2
Staff Room (shared) x 1
Male Staff Change (shared) x 1
Female Staff Change (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

All Allied Health Professional therapy areas will work as an integral part of the Health and Care Centre, serving the needs of the local population.

The physiotherapy 1st contact practitioner service will have close contact with duty doctor and other staff members in the Aurora / Denburn Medical Practice Grouping, and will require access to their electronic health record system.

Dietetics

The dietician will assess, diagnose and treat dietary and nutritional problems. They also run "healthy helpings" group work sessions.

ACTIVITY INDICATORS

Projections

Service	Activity per Week	Planned
Clinic Sessions	[redacted]	
Patient Education Groups e.g. DM and Healthy Helpings		

[redacted]

Operating Hours

Dietetic sessions are delivered 3 days per month for a period of 4 hours per day. Patient education groups for 10 or more people will be run at varied times i.e. before 7 am, early evenings and weekends.

People

Dietetics services are provided by 1 dietician at any given time.

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Dietetics	[redacted]			
Bookable Consulting Room				
Waiting Area (shared)				
Multi-Purpose Room (shared) can be split into two rooms (36m2)				
Multi-Purpose Room Store				
Admin space – hot desk				
Storage (shared)				
Reception and Disabled Counter (shared)				
Staff Room (shared)				

KEY OPERATIONAL PROCESSES

Operational Processes

Bookable Consulting Room (shared) (4)

In these rooms, clinical staff will provide physical examination, minor diagnostic and treatment procedures and confidential discussion with patients. They have to be able to be used by a range of health care professionals. Sufficient space must be available to allow for wheelchair dependent patients to transfer onto the treatment couch and one of the rooms

should have a ceiling mounted H Frame hoist installed for the transfer of immobile patients. This room requires sufficient floor space to allow for observation of patients walking.

The environment is required to be appropriately heated/ventilated, lighted and sound proofed. Daylight is important while allowing the interior of the room to be screened from the outside. Facilities include chairs, desk, telephone with speaker for use with language line service, computer workstation, scales weighing up to 230kgs and wall mounted measure for heights. Curtains are required to screen an area of the room for patients to undress. An examination couch with breathing hole is required behind the screen with a ceiling mounted light at one end of the couch to permit procedures such as vaginal examinations. These should be manoeuvrable examination lights and allow for clinical couches to be in the middle of the room for staff to access the patients from all sides. A hand washing sink is also required.

Sufficient space must allow for equipment / trolleys for each service. Timetabling of room use will allow in room storage in lockable base and wall cabinets to be maximised. One of the room will be used for immunisations and is required to have a medical fridge, one bookable consulting room will be adapted for use by Speech and Language Therapy.

Waiting Area and Children's Play Area (1) (shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Bookable Multi-purpose Room (shared) 1 (can be split into 2)

This room will be used for assessments, Speech and Language Therapy, multi-agency meetings with families attending, and group activities. Some of these activities will include children therefore the environment needs to be child friendly and safe. A range of stackable seating, including chairs with arms, needs to be provided and made of suitable wipe down covers to meet infection control requirements. Appropriate space for floor work and mobile equipment such as baby change facilities is required. Lockable storage needs to be available for equipment and resources. The temperature has to be comfortable for examinations or procedures.

This room will be shared across all services both in and out of hours. The room needs to be flexible so that it can be used as one large activity room, or with the sound proof partition in place, 2 separate bookable rooms. Hand washing and clinical waste disposal facilities are required on both sides of the partition, as are stadiometer and wall mounted display boards. A wall mounted television with DVD player and scales weighing up to 230kgs are required in larger half of the room.

Multi-purpose Room Store (shared) 1
This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment along with space to store stackable chairs and 2 baby changing stations.

Admin/secretarial space (inc. attached staff) (1)

Primary duties in this office will involve typing and data entry. This requires an atmosphere conducive to focus and concentration. All admin and secretarial staff will require workstations. Four hot desks and relevant storage will be required for community nursing, Health Visitor team, community midwifery, and other attached staff. This office does not have to be in immediate proximity to the consulting rooms or reception, but needs to be close to a small storage area for filing of notes. Pigeon holes are also required in this room. Dietetics require access to a colour printer, no patient records are used.

Storage (shared) x 2

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment along with space to store stackable chairs and 2 baby changing stations.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionist will require computer workstations and will accommodate staff members on a full time basis.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile.

Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Consulting Room (shared) x 4
Multi-Purpose Room (shared) x 1 (can be split into 2)

Specific Support Requirements

Admin/Secretarial Space (shared) x 1
Waiting Area (inc. children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Multi-purpose room store x 1 (shared)
Storage (shared) x 2
Meeting Room (20 persons) (shared) x 1
Staff Room (shared) x 1
) x 1

KEY DEPARTMENTAL RELATIONSHIPS

All Allied Health Professional therapy areas will work as an integral part of the Health and Care Centre, serving the needs of the local population.

Administrator

There is one administrator who will be based in the building.

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Administrator	[redacted]		[redacted]	
Admin space – hot desk				
Staff Room (shared)				

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Effective environmental temperature control is essential in clinical rooms, waiting areas and for staff areas. The temperature has to be comfortable for patients who may have to undress for examinations or procedures in accordance with NHS Grampian Guidance.

A natural ventilation strategy is in place. The window design needs to take account of the need for adequate natural ventilation as well as the need for both visual and audible privacy from the exterior of the building.

Lighting – either natural or electrical – which allows for good visual examination of patients during assessment is essential.

Effective sound proofing is required for consulting, treatment and large multi-occupancy rooms to ensure conversations and emotions (e.g. crying) cannot be heard from the corridor or between rooms.

An assist/call system for some patient/staff areas is required e.g. in patient toilets. A panic alarm system for staff to call for help if at risk is required in every [redacted] – consulting rooms, treatment rooms, interview rooms etc.

Hand washing facilities are required in all clinical areas and all clinical and staff areas should have telephone and data terminals.

There should be no sensor operated taps in clinical areas to avoid the loss of hand washing facilities in the event of a failure in the system.

A [redacted] is required on specific doors and also the ability to lock down the department out of hours using a [redacted] Refer to locking schedule for list of all doors.

Speech and Language Therapy have requirements to have noise and distractions reduced in the rooms they will use.

7. Aberdeen City Health & Social Care Partnership other services

Pharmacy
Departmental Briefer:
[redacted] Pharmacy Service Lead

Social Work – Care Management
Departmental Briefer:
[redacted]

I/we have read and understood the contents of the Specific Clinical and Operational Requirements document reference COR V3 Feb 2019. I/we have had adequate time to review, comment and agree the contents of both the overarching brief and specifications for my service. I acknowledge that design will progress on the basis of the information I have provided, and any further changes requested may incur a direct cost to the service.	
Print Name	[redacted]
Signature	
Designation	Pharmacy service lead
Date	01/03/19
Print Name	[redacted]
Signature	
Designation	SERVICE MANAGER OLDER PEOPLE/PHYSICAL DISABILITY CARE MANAGEMENT
Date	8/3/19

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Aberdeen City Health & Social Care Partnership other services

Pharmacist

Helping patients make the best use of their medicines including; medication reviews (where height, weight, blood pressure may be measured with other clinical monitoring dependant on the experience of the pharmacist), responding to patient (or carer) queries or concerns related to their medication, and minor ailments. The pharmacist also supports practice staff and the wider health and social care team with all aspects of medicines management.

ACTIVITY INDICATORS

Projections

Service	Activity per week	Planned
Pharmacist		
Clinical sessions	[redacted]	

[redacted]

Operating Hours

Pharmacy service through HSCP is provided 1 day per week during GP opening hours.

People

1 pharmacist, 1 day per week.

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Bookable Interview room	[redacted]		[redacted]	
Bookable consulting room				
Triage Hub & Administration				
Waiting Area (inc. children's play area) (shared)				
Reception and Disabled Counter (shared)				
Staff Room (shared)				

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

KEY OPERATIONAL PROCESSES
Operational Processes

Interview Room (2) (shared)
This room will be a relaxing environment for staff to meet with patients / relatives or other staff for a range of largely administrative purposes. A desk, seating and computer access is required as well as scales and wall mounted measure for height.

Bookable Consulting Room (shared) (4)

In these rooms, clinical staff will provide physical examination, minor diagnostic and treatment procedures and confidential discussion with patients. They have to be able to be used by a range of health care professionals. Sufficient space must be available to allow for wheelchair dependent patients to transfer onto the treatment couch and one of the rooms should have a ceiling mounted H Frame hoist installed for the transfer of immobile patients. This room requires sufficient floor space to allow for observation of patients walking.

The environment is required to be appropriately heated/ventilated, lighted and sound proofed. Daylight is important while allowing the interior of the room to be screened from the outside. Facilities include chairs, desk, telephone with speaker for use with language line service, computer workstation, scales weighing up to 230kgs and wall mounted measure for heights. Curtains are required to screen an area of the room for patients to undress. An examination couch with breathing hole is required behind the screen with a ceiling mounted light at one end of the couch to permit procedures such as vaginal examinations. These should be manoeuvrable examination lights and allow for clinical couches to be in the middle of the room for staff to access the patients from all sides. A hand washing sink is also required.

Sufficient space must allow for equipment / trolleys for each service. Timetabling of room use will allow in room storage in lockable base and wall cabinets to be maximised. One of the room will be used for immunisations and is required to have a medical fridge, one bookable consulting room will be adapted for use by Speech and Language Therapy.

Triage Hub (inc. staff tea point) (shared) (1)
This room will be used as a site for all practitioners to do desk based work, make and receive telephone calls and Video Conferencing. The room will be zoned into 3 distinct different working zones, with acoustic separation between zones and workstations to maintain a level of privacy.
Desk based working for administration and space for impromptu conversations and consulting colleagues without impacting phone work. The room needs to be located so that there is easy access from treatment and consultation rooms so junior staff can seek input from colleagues, and within the staff area to ensure confidentiality.
The room needs to be a flexible workspace providing suitable storage for personal effects and paperwork. A small tea/coffee point should also be available for staff to get some refreshments if they are unable to go to the staff room.

Waiting Area and Children's Play Area (1) (shared)
This area needs to be easily accessible to the main entrance and reception, with easy routing to the reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available as well as storage for crockery etc. for both in and out of hours use.

All areas of waiting and play are need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)
The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionist will require computer workstations and will accommodate staff members on a full time basis.

Staff Room (1) (shared)
This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile.

Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Specific Support Requirements
Bookable Interview Room (shared) x 2
Bookable Consulting Room x 1
Triage Hub x 1
Waiting Area (inc. children's play area) (shared) x 1

Reception and Disabled Counter (shared) x 1
Staff Room (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

All Aberdeen City Health & Social Care Partnership services will work as an integral part of the Health and Care Centre, serving the needs of the local population.

The pharmacist will have close contact with duty doctor and other staff members in the Aurora / Denburn Medical Practice Grouping, and will require access to their electronic health record system.

Social Work – Care Management.

Care Managers and Community Care Co-ordinators will be located in the practice at various points throughout the week. Care Managers in Aberdeen operate on a city-wide basis, aiming to provide a comprehensive service to enable people to remain as independent as possible within the community. They can provide the following:

- Assessment of ability and needs generally takes place at home. During the assessment physical, psychological, social, culture and personal outcomes and the outcomes of carer will be taken into consideration.
- Advice to patient and carers on coping with problems that arise in everyday life as a result of their condition.
- Support services to assist patients to live at home. This may include personal care, meals service, community alarm, and day care.
- Admission to long term care if patient is no longer able to live at home.
- A service to respond to and manage appropriately any concern about the protection of vulnerable adults.

ACTIVITY INDICATORS

Projections

Service	Activity per week
Patient contact	[redacted]

[redacted]

Operating Hours

Social work care manager will visit the building on an ad hoc basis within operating hours of Monday to Friday 9am to 5pm.

People

1 care manager at any given time, on an ad hoc basis.

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Care Management	[redacted]			
Bookable Interview room				
Waiting Area (inc. children's play area) (shared)				
Reception and Disabled Counter (shared)				
Admin space – hot desk				
Meeting room				
Staff Room (shared)				

KEY OPERATIONAL PROCESSES

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Operational Processes

Interview Room (2) (shared)
This room will be a relaxing environment for staff to meet with patients / relatives or other staff for a range of largely administrative purposes. A desk, seating and computer access is required as well as scales and wall mounted measure for height.

Waiting Area and Children's Play Area (1) (shared)
This area needs to be easily accessible to the main entrance and reception, with easy routing to the reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options. Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise but will allow patients to supervise the children at all times.
Provision for a vending machine for hot drinks should be available as well as storage for crockery etc. for both in and out of hours use.
All areas of waiting and play are need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)
The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionist will require computer workstations and will accommodate staff members on a full time basis.

Admin/secretarial space (inc. attached staff) (1)

Primary duties in this office will involve typing and data entry. This requires an atmosphere conducive to focus and concentration. All admin and secretarial staff will require workstations. Four hot desks and relevant storage will be required for community nursing, Health Visitor team, community midwifery, and other attached staff. This office does not have to be in immediate proximity to the consulting rooms or reception, but needs to be close to a small storage area for filing of notes. Pigeon holes are also required in this room.

Meeting Room (20 persons) (1) (shared)

This will be a room to accommodate meetings. Computer access is required via a lap top linked to the VC equipment. Also required is the facility to conduct meetings with video conferencing facilities, along with the ability to show presentations via the TV screen.

Staff Room (1) (shared)
This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile.

Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Specific Support Requirements
Bookable Interview Room (shared) x 2
Waiting Area (inc. children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Admin/Secretarial Space (shared) x 1
Meeting Room (20 persons) (shared) x 1
Staff Room (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

All Aberdeen City Health & Social Care Partnership services will work as an integral part of the Health and Care Centre, serving the needs of the local population.

The care managers will have close working relationships with community nursing, and Aurora / Denburn Medical Practice Grouping.

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Effective environmental temperature control is essential in clinical rooms, waiting areas and for staff areas. The temperature has to be comfortable for patients who may have to undress for examinations or procedures in accordance with NHS Grampian Guidance.

A natural ventilation strategy is in place. The window design needs to take account of the need for adequate natural ventilation as well as the need for both visual and audible privacy from the exterior of the building.

Lighting – either natural or electrical – which allows for good visual examination of patients during assessment is essential.

Effective sound proofing is required for consulting, treatment and large multi-occupancy rooms to ensure conversations and emotions (e.g. crying) cannot be heard from the corridor or between rooms.

An assist/call system for some patient/staff areas is required e.g. in patient toilets. A panic alarm system for staff to call for help if at risk is required in every [redacted] - consulting rooms, treatment rooms, interview rooms etc.

Hand washing facilities are required in all clinical areas and all clinical and staff areas should have telephone and data terminals.

There should be no sensor operated taps in clinical areas to avoid the loss of hand washing facilities in the event of a failure in the system.

A [redacted] is required on specific doors and also the ability to lock down the department out of hours using a [redacted] Refer to locking schedule for list of all doors.

8. Mental Health Team

Substance Misuse Team
Departmental Briefer(s):

[redacted] Substance Misuse Service

Chaplaincy Listening Service
Departmental Briefer(s):

[redacted] Lead Chaplin

I/we have read and understood the contents of the Specific Clinical and Operational Requirements document reference COR V3 Feb 2019.

I/we have had adequate time to review, comment and agree the contents of both the overarching brief and specifications for my service.

I acknowledge that design will progress on the basis of the information I have provided, and any further changes requested may incur a direct cost to the service.

Print Name	[redacted]
Signature	
Designation	SUPPORT MANAGER
Date	12.3.19
Print name	[redacted]
Signature	
Designation	Healthcare Chaplin
Date	5/3/19

Mental Health Team

A range of professional mental health services in addition to those offered by Aurora / Denburn Medical Practice Grouping (GP link worker, GP practice counsellor, Independent counsellor) will be provided within the Greenferns Health and Care Centre. These include;

- Substance Misuse service
- Chaplaincy Listening Service

Substance Misuse service

Works with substance misuse patients registered with the Medical Practice providing support with their mental health and medication.

ACTIVITY INDICATORS

Projections

Service	Activity per Week
Substance Misuse Service	[redacted]

[redacted]

WORK PATTERNS

Workload Indicators

Service	Activity per Week
Substance misuse Service	[redacted]

People

Substance Misuse Service

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Bookable Consulting Room	[redacted]			
Waiting Area (including child play area) (shared)				
Reception and Disabled counter (shared)				
Clinette				
Test Room (shared) (Centrifuge)				
Staff Room (shared)				

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

KEY OPERATIONAL PROCESSES

Operational Processes

Bookable Consulting Room (shared) (4)

In these rooms, clinical staff will provide physical examination, minor diagnostic and treatment procedures and confidential discussion with patients. They have to be able to be used by a range of health care professionals. Sufficient space must be available to allow for wheelchair dependent patients to transfer onto the treatment couch and one of the rooms should have a ceiling mounted H Frame hoist installed for the transfer of immobile patients. This room requires sufficient floor space to allow for observation of patients walking.

The environment is required to be appropriately heated/ventilated, lighted and sound proofed. Daylight is important while allowing the interior of the room to be screened from the outside. Facilities include chairs, desk, telephone with speaker for use with language line service, computer workstation, scales and wall mounted measure for heights. Curtains are required to screen an area of the room for patients to undress. An examination couch with breathing hole is required behind the screen with a ceiling mounted light at one end of the couch to permit procedures such as vaginal examinations. These should be manoeuvrable examination lights and allow for clinical couches to be in the middle of the room for staff to access the patients from all sides. A hand washing sink is also required.

Sufficient space must allow for equipment / trolleys for each service. Timetabling of room use will allow in room storage in lockable base and wall cabinets to be maximised. One of the room will be used for immunisations and is required to have a medical fridge, one bookable consulting room will be adapted for use by Speech and Language Therapy.

Clinette (1) (shared)

This will include standard toilet facilities for patients to produce specimens. A hatchway should be located in the wall between the clinette and the test room for the transfer of samples.

Test Room (1) (shared)

This room is for the testing and disposal of samples. A work surface and facilities to dispose of samples and clean equipment is required. A lockable cupboard for equipment will also be required. A centrifuge will be installed in this room so soundproofing will be important

Waiting Area and Children's Play Area (1) (Shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the patient self-check in facility and reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options. There will be an audible patient call system.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise, but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionists will require computer workstations and will accommodate staff members on a full time basis.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile. Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Clinical Facility Requirements

Bookable Consulting Room (shared) x 4
Clinette x 1
Test Room (shared) x 1

Specific Support Requirements

Waiting Area (including children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Staff Room (shared) x 1

KEY DEPARTMENTAL RELATIONSHIPS

The team will work as an integral part of the Health and Care Centre interacting with other professionals and departments on a daily basis. This service will have a range of shared accommodation and services including reception, waiting, staff welfare and access to a bookable consulting room, test room and bookable interview room.

[redacted]

Chaplaincy Listening Service

Community Chaplaincy Listening (CCL) is a service provided by NHS Grampian's Healthcare Chaplaincy Department. CCL Listeners are experienced and trained in active listening. The service helps people explore their deepest hurts and draw strength from their own inner resources and those of the communities of support around them. The service is a short term, early intervention model of person-centred, assets based listening with the aim of promoting personal and communal wellbeing. Religion and spirituality are not spoken about unless done so by the patient.

ACTIVITY INDICATORS

Projections

Service	Activity per Week
Chaplaincy Listening Service	[redacted]

[redacted]

WORK PATTERNS

Workload Indicators

Service	Activity per Week
Chaplaincy Listening Service	[redacted]

People

1 Community Chaplaincy Listener

Functional areas/shared facilities	Patients	Staff	Visitor/Others	Total
Bookable Interview Room	[redacted]			
Waiting Area (including child play area) (shared)				
Reception and Disabled counter (shared)				
Staff Room (shared)				
Storage (shared)				

KEY OPERATIONAL PROCESSES

Operational Processes

Interview Room (2) (shared)

This room will be a relaxing environment for staff to meet with patients / relatives or other staff for a range of largely administrative purposes. A desk, seating and computer access is required as well as scales and wall mounted measure for height.

[redacted] Project Manager
[redacted] Healthcare planner
[redacted]

Waiting Area and Children's Play Area (1) (Shared)

This area needs to be easily accessible to the main entrance and reception, with easy routing to the patient self-check in facility and reception desk. Patients speaking to staff at the reception desk must not be overheard by waiting or queuing patients. There must be easy onward access from the waiting area to the clinical area. A range of seating is required which is both comfortable and flexible for all patients. This will include chairs with arms, and bariatric seating options. There will be an audible patient call system.

Appropriate play facilities will be provided which must not expose the children or other users of the waiting area to excessive risk or noise, but will allow patients to supervise the children at all times.

Provision for a vending machine for hot drinks should be available. This should be located at the opposite end of the waiting area from the play facilities.

All areas of waiting and play area need to be directly visible to reception staff or under CCTV surveillance.

Reception and Disabled Counter (shared) (1)

The prime function of this area will be to act as a central point for communication and direction for all staff, patients and visitors. The counter needs to be accessible to patients with a diverse range of abilities including wheelchair bound, yet protect confidentiality and provide a sense of security for staff. The main function of the reception desk is for patients to check in, order prescriptions, deliver/collect documents and book appointments. Although much of this can be done remotely many patients still prefer and choose face to face contact. The receptionists will require computer workstations and will accommodate staff members on a full time basis.

Staff Room (1) (shared)

This is an area away from the public view where staff can relax during breaks. A small kitchen area is required for making tea/coffee etc. with storage for crockery. Electric dishwashing facilities will be required together with refrigerators, microwave and extractor fan for cooking smells. An appropriate environment is required with daylight, fresh air and comfortable seating.

Storage (shared) x 2

This room requires to be secured, and should include a mix of various sized shelving for materials, resources and equipment. One room is required to be located near to the administration / secretarial space for secure storage of filing cabinets containing patient records. CCL require space to store one lever arch folder containing their confidential records in this room.

Patient Flow

On arrival at the Greenferns Health and Care Centre patients with pre-booked appointments may use the automatic patient check-in system or alternatively report to reception. They will then be directed to the waiting area. The distance between main entrance and consulting/treatment areas may pose a significant challenge to those who are most elderly and frail, breathless or immobile. Consulting and treatment rooms should be placed close to main entrance to reduce travel distance. The health professional with whom they have their

appointment will call them through to the consulting/treatment room using the patient call system or in person. After their consultation they may return to the reception desk to book a follow up appointment, they may be directed back to the waiting room to await a further procedure or treatment within the health and care centre or they may leave the facility.

There will also be a significant flow of patients that report to the reception desk with a query, which is dealt with by the receptionists and they then leave the building.

FACILITY REQUIREMENT

Specific Support Requirements

Waiting Area (including children's play area) (shared) x 1
Reception and Disabled Counter (shared) x 1
Interview Room (shared) x 2
Staff Room (shared) x 1
Storage

KEY DEPARTMENTAL RELATIONSHIPS

The team will work as an integral part of the Health and Care Centre interacting with other professionals and departments on a daily basis. The service is managed by Healthcare Chaplin service at ARI site.

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Effective environmental temperature control is essential in clinical rooms, waiting areas and for staff areas. The temperature has to be comfortable for patients who may have to undress for examinations or procedures in accordance with NHS Grampian Guidance.

A natural ventilation strategy is in place. The window design needs to take account of the need for adequate natural ventilation as well as the need for both visual and audible privacy from the exterior of the building.

Effective sound proofing is required for consulting, treatment and large multi-occupancy rooms to ensure conversations and emotions (e.g. crying) cannot be heard from the corridor or between rooms.

An assist/call system for some patient/staff areas is required e.g. in patient toilets. A panic alarm system for staff to call for help if at risk is required in every [redacted] consulting rooms, treatment rooms, interview rooms etc.

Hand washing facilities are required in all clinical areas and all clinical and staff areas should have telephone and data terminals.

There should be no sensor operated taps in clinical areas to avoid the loss of hand washing facilities in the event of a failure in the system.

A [redacted] is required on specific doors and also the ability to lock down the department out of hours using a [redacted] Refer to locking schedule for list of all doors.

9. Domestic Services

Departmental Briefer(s):

[redacted] Domestic manager support services manger

[redacted] Project Manager
[redacted] Healthcare planner

Domestic Services

Scope of Service

PSCP shall provide facilities in order to allow the Authority to undertake the domestic services.

The domestic service is provided by the Authority. The domestic service is provided 5 days per week on a scheduled basis to provide a high quality domestic service but should allow for 7 day working if required.

The domestic service will achieve the delivery of a consistently high standard of cleanliness and a safe and infection free environment for all patients, members of staff and visitors and in accordance with National Standards and Authority policies and legislation.

The Authority will provide the following service to all departments and public, including:

- Routine and scheduled cleaning duties including floors, furniture, fixtures and fittings;
- Programmed cleaning duties including deep clean of floors and furnishing, cleaning of internal glass, curtain changing and specialist floor treatments;
- Control of Infection cleans;
- Window cleaning to the external windows and to internal external windows where specialist equipment is required. This service is managed by Soft FM team and provided via an External Contractor under the supervision of the Authority;
- Clean vents and extractors, light fittings; and
- Ground sweeping, emptying of bins and cleaning of external areas will be undertaken by the Authority.

The Domestic Service is responsible for the cleaning of all floors, skirting, door frames, furniture, fixtures, fittings, equipment, sanitary fittings and kitchens and/or beverage bays.

The Domestic Service is also responsible for the spot cleaning of walls.

The Authority will provide a service to clean internal windows and glazed panels.

PSCP shall take cognisance of the requirement of the Authority to comply with the Authority Control of Infection Policy in the delivery of the above service in its design, and selection of materials and equipment.

ACTIVITY INDICATORS

High Level Projections (Annual)

The frequency of delivery of the domestic service will be in accordance with the NHS Scotland cleaning services specification.

Service Trends

Greenferns Health and Care Centre should be able to accommodate any future developments in the cleaning and the combat of healthcare-associated infections including any future changes/instruction from Authority Control of Infection Department.

Greenferns Health and Care Centre should be able to accommodate any future developments in cleaning procedures and associated changes (e.g. increased storage requirements for equipment).

Staff

All staffing within the Domestic Service will be provided by the Authority.

WORK PATTERNS

Workload Indicators Daily

The Domestic Service will be provided at times to minimise disruption to operational departments and public areas and will be carried out in accordance with the National Standards, Authority policies and legislation.

Operating Hours

The operational hours of the Domestic Service may vary and will be confirmed at a later date.

KEY OPERATIONAL PROCESSES

Operational Processes

The Authority will provide a Domestic Service to maintain a safe and infection free environment for all patients, members of staff and visitors in accordance with the national standards, Authority policies and legislation. PSCP shall take cognisance of these processes in its design, and selection of materials and equipment.

Routine and Scheduled Cleaning

Routine and scheduled cleaning duties include clinical and non-clinical areas, floors, fixtures and fittings, sanitary areas, furniture, general circulation areas including corridors, stairs and lifts, entrances and receptions and disposal rooms.

Planned/Programmed Cleaning

Duties include deep cleans of floors and furnishings, cleaning of internal glass, curtain changing and specialist floor treatments.

Infection Control Cleans

The Authority will provide the Domestic Service to react to special cleans, including Infection Control Cleans. Wall washing linked to Infection Control Cleans will be carried out by Authority Soft FM Services. These cleans will be carried out in accordance with Authority Control of Infection Policy.

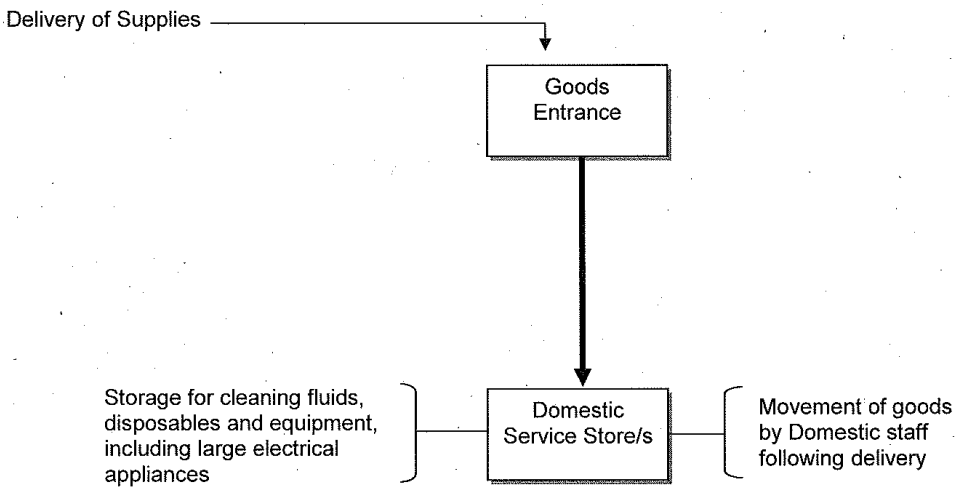
Cleaning Materials and Equipment

Authority will provide all cleaning materials and equipment associated with the Domestic Service and disposable/consumables, including hand soaps, hand towels, toilet rolls etc.

Domestic Staff Change

Greenferns Health and Care Centre is required to include the ability for Domestic staff to change and shower prior to/following their shift. This is imperative in order to minimise the risk of infection. The operational process is described in outline terms by the Process Diagram below:

Process Flow – Domestic Services



KEY FACILITIES REQUIREMENTS

PSCP shall provide accommodation and room requirements as defined in the room data sheets and specific clinical and operational requirements.

PSCP shall provide the following accommodation requirements:

Domestic Service Rooms as per the schedule of accommodation which will be required to accommodate:

- Storage of suction cleaner;
- Storage of domestic service trolley;
- Storage of 2 x vikan trough flat mopping units (colour coded for toilet, kitchen, general areas);
- Racks for mops;
- Janitorial unit;
- Sink unit for cleaning of equipment;
- Storage of cleaning materials, consumables and disposables;
- Storage of scrubber drier machines;
- Socket points to charge battery operated machinery;
- Storage of high dusting tools;
- Storage of step ladders;
- Storage of warning cones;
- Storage of cleaning manuals;

- Waste bins, and
- Domestic Service rooms must be secure and lockable.

Other facilities:

Staff Change facilities (within shared central change facilities)

- Access to lockers (shared with other colleagues);
- Male and female WCs;
- Male and female showers; and
- Male and female changing areas

Cleaner's electrical sockets should be located throughout Greenferns Health and Care Centre to support cleaning services, this includes circulation spaces and stairwells.

KEY DEPARTMENTAL RELATIONSHIPS

PSCP must comply with the requirements outlined in the drawings.

Staff should be able to reach their destination as easily and directly as possible.

There should be easy access to:

Area	Close To	Category*
Domestic Service Room	Adjacent to clinical and office areas	Essential

*Category: Essential/Important/Desirable

ENVIRONMENTAL AND SERVICE REQUIREMENTS

PSCP shall ensure there are sufficient and appropriately sited electrical sockets to assist the Authority to facilitate the cleaning procedures required in departments and public areas.

Domestic Service Rooms are to be well ventilated, secure and have suitable flooring to enable the effective cleaning of spillages or leaks that may result from the storage of cleaning products. Blinds are required on any of the Domestic Services Rooms with windows.

Domestic Service Rooms shall have shelving, janitorial unit, hold and cold water supplies and drainage.

Waste

Scope of Service

PSCP shall provide facilities in order to allow the Authority to undertake the waste management service.

The waste management service is provided by the Authority and includes:

- Segregation of all waste;
- Collection of waste from all areas;
- Storage of waste prior to collection by licensed contractors or Authority Transport Service
- Removal of all waste from the Greenfern Health and Care Hub; and
- Final disposal of waste (including yellow bins, black bag bins, re-cycling bins and clinical waste).

The Authority is responsible for ensuring correct segregation, collection, storage and disposal of all waste i.e. providing a full source to final disposal responsibility. This will be performed with minimal handling and in correct waste streams and will ensure that waste generated within the Greenferns Health and Care Centre is correctly consigned to ensure compliance with legislation, national and local NHS policy and Good Industry practice.

The waste collection service is 5 days per week but should be designed to accommodate 7 days per week to allow for future expansion. The Authority will provide a Waste Service to Greenferns Health and Care Centre to include, but not limited to:

- Domestic waste;
- Hazardous waste, including clinical waste and pharmaceutical waste;
- Metal waste;
- Recyclable waste;
- Confidential waste;
- White goods;
- Furniture; and
- Electrical waste and electronic equipment (Waste Electrical & Electronic Equipment (WEEE) Regulations)

Specific Exclusions

This service excludes the storage and disposal of any waste generated by PSCP in the construction of Greenferns Health and Care Centre. PSCP shall be responsible for any waste generated from their own service provision and for the management, correct storage and disposal that of waste.

ACTIVITY INDICATORS

High Level Projections

Service	Daily Anticipated Future Activity
Domestic waste	TBC
Hazardous/clinical/pharmaceutical waste	TBC
Metal waste	*Ad hoc*
Recyclable waste	*Ad hoc*
Confidential waste	*Ad hoc*
Furniture	*Ad hoc*
White goods and electronic equipment	*Ad hoc*

Service Trends

Recyclable waste quantities will increase in line with government targets. Confidential waste quantities vary and will be collected from Greenferns Health and Care Centre by the Authority when a sufficient quantity is available. This will be arranged by the Authority and the PSCP shall ensure that the storage facilities are adequate.

Staff

All staffing for the internal movement of waste will be provided by the Authority.

WORK PATTERNS

Workload Indicators

Internal waste collection shall be undertaken by The Authority, external collection of waste and delivery of empty containers shall be from external waste contractors or Authority Transport Service. The frequency of collections will be agreed with the Authority.

Operating Hours

The internal waste collection and disposal service will operate 5 days a week, excluding public holidays, but should be designed to accommodate 7 days per week to allow for future changes in operating hours. All waste will be removed from the Greenferns Health and Care Centre at scheduled or requested time, depending on type of waste.

KEY OPERATIONAL PROCESSES

Operational Processes

The Operational Process is described in outline terms below:

Hazardous Waste (including Clinical and Pharmaceutical)

A Waste Disposal Operational Policy defines the Authority procedures for the correct segregation, collection, transportation, storage and disposal of all waste. Clinical waste is segregated at the point of origin and placed into approved design clinical disposal bags in strategically positioned bin holders and sharps containers within departments. Clinical waste containers will be collected at regular intervals by the Authority or the licensed contractor and exchanged for empty and clean containers.

Domestic/Household Waste

A Waste Disposal Operational Policy defines the Authority procedures for the correct segregation, collection transportation, storage and disposal of all domestic waste. Domestic or Practice/Health and Social Care Partnership (HSCP) staff will collect waste from the department waste receptacles, secure and deposit the bags in the external general waste bins and receptacles.

Recyclable Waste

Recyclable waste products including cardboard, non-confidential paper, newsprint, glass bottles, plastic bottles and tin cans will be segregated at point of origin into appropriate containers and disposed of by the Authority.

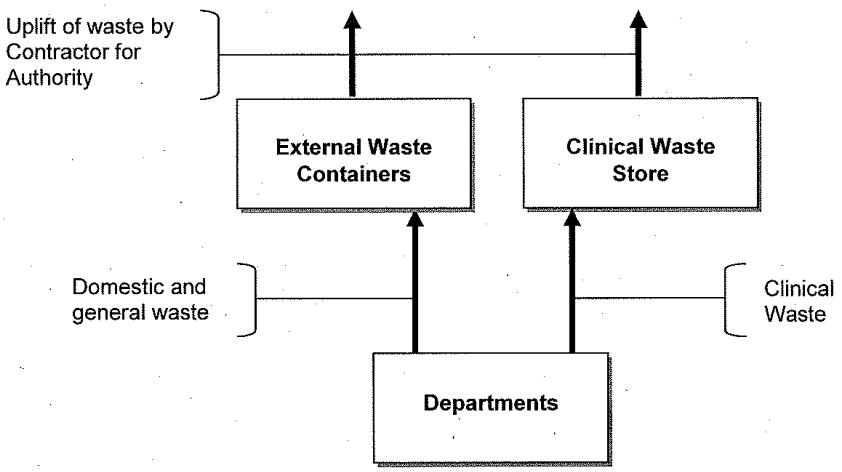
Confidential Waste

Confidential waste is stored in confidential waste bags as per the Authority policy. Confidential waste will be stored to await disposal by the Authority.

WEEE, Furniture, Waste Metal, Hazardous Waste

These waste products will be removed from departmental areas by the Authority Soft FM team to a safe location prior to uplift by licensed contractor.

Process Flow – Waste Service



KEY FACILITIES REQUIREMENTS

PSCP shall provide accommodation and room requirements to enable the Authority to carry out this waste service as defined in the room data sheets and specific clinical and operational requirements.

All waste storage areas will be secured at all times and in addition out with normal working hours, provision shall be made within the design to permit the waste storage areas – internal and external – to be fully secured against unauthorised access.

Clinical Waste Store

PSCP shall provide the following accommodation requirements:

- Shall have adequate space to facilitate storage of waste and waste collection;
- Shall prohibit public access and shall be suitably marked at all entrances to the site;
- Shall be free from areas which would case harbourage of pests;
- Shall be well lit, have a washable impervious hard standing floor and drainage to foul sewers, and a mains water supply, and suitable electrical supply;
- Shall have lockable external doors and secure access internally;
- Washing facilities for staff and access to first aid facilities within easy access;
- Shall have facilities for storage of Personal Protective Equipment (PPE) and emergency spill kits and instructions for use; and
- Shall facilitate the ease of access for large vehicles

Waste Equipment Dirty Goods General

PSCP shall provide the following accommodation requirements:

- For the storage of condemned furniture, white goods, electrical and electronic equipment (WEEE)

Recycling Waste

PSCP shall provide the following accommodation requirements:

- For the storage of non-confidential paper/cardboard, glass bottles, plastic bottles, cans etc.
- Each waste type shall have separate storage areas, clearly delineated and identified

Household Waste Area

PSCP shall provide the following accommodation requirements:

- Secure, external, mesh storage for 8 x 1100 litre (or equivalent) segregated waste containers;
- Household waste containers will be located externally, separate from the building, well lit, secure and adjacent to the goods/dispatch entrance.
- 2 domestic waste skips which are collected by local authority on a weekly basis
- There would have to be possibly 4 x 1280 litre waste containers.

KEY DEPARTMENTAL RELATIONSHIPS

PSCP must comply with the requirements outlined in the room data sheets.

People and products should be able to reach their destination as easily and directly as possible.

There should be easy access to:

Area	Close To	Category*
Disposal Holds	Adjacent to department entries/exists	Essential
Clinical Waste Store	External access/good proximity to clinical areas	Essential

*Category: Essential/Important/Desirable

ENVIRONMENTAL AND SERVICE REQUIREMENTS

Greenferns Health and Care Centre shall be designed to allow the waste service to operate in accordance with the NHS Authority Operational Policies and Good Industry Practice. Unimpeded site access for large waste vehicles is required.

Disposal of all hazardous, special and electrical and electronic items must be in accordance with the WEEE EU Directive and Special Waste Regulations.

Goods Receipt

Scope of Service

PSCP shall provide facilities in order to allow the Authority to undertake goods receipt.

The goods receipt and distribution service manages the supply receipt, despatch and distribution of items and shall be provided by the Authority.

Goods receipt and distribution duties include:

- Ordering and processing;
- Receipt of deliveries;
- Distribution of delivered goods;
- Movement of items around the facilities

ACTIVITY INDICATORS

High Level Projections (Daily)

Currently as an indication only the Greenferns Health and Care Centre will receive once daily deliveries from the NHS Grampian warehouse.

In addition, in frequent ad hoc deliveries from suppliers e.g. non-stock items and ad hoc deliveries.

Service Trends

Not applicable

Staff

All staffing for goods receipt and distribution will be provided by the Authority.

WORK PATTERNS

Workload Indicators (Daily/Weekly)

Goods receipt and distribution activity will be organised around scheduled deliveries and have no defined work load patterns.

Operating Hours

As an indication only the goods receipt will take place between 9 am and 4 pm, 5 days per week.

KEY OPERATIONAL PROCESSES

Operational Processes

Goods receipt entrance:

- The Goods entrance shall have the capacity to take at least one lorry of 15 m length at any one time;

- Supplies will be offloaded from the delivery vehicle with clear access to move to designated goods entrance area;
- PSCP shall ensure that routes for the transport of supplied and other clean and dirty items facilitate ease of movement, minimal distances and separation of goods from people. PSCP shall ensure the separation of clean and dirty items within the Goods receipt area.
- The delivery area shall have the capacity to take receipt of all fuel deliveries as appropriate and maintenance vehicles.
- PSCP shall ensure the separation of clean and dirty items within Greenfern Health and Care Hub.
- Receipt of post. Deliveries shall come to the reception daily and this will include ad hoc parcels or urgent mail. All internal mail will be delivered and collected from reception.

Process Flow

Not applicable.

KEY FACILITIES REQUIREMENTS

PSCP shall provide accommodation and room requirements to enable the Authority to carry out this receipt and distribution service. PSCP shall provide the following accommodation requirements:

- External lighting; sufficient to ensure safe moving and handling of any item.
- Notification system at the delivery door;
- Secure doors designated entrance/exits;
- The shape of this area shall accommodate loading and hold area for supplies, including lowered pavements;
- The design of this area shall take into account the clinical waste vehicles and other vehicles that will access the designated receipt/distribution entrance; and
- CCTV shall be supplied to all external entrance areas, to be alarmed.

KEY DEPARTMENTAL RELATIONSHIPS

PSCP must comply with the requirements outlined in the drawings.

People and products should be able to reach their destination as easily and directly as possible.

All goods will be delivered to the designated clean route entrance. Goods and services that need to exit the building shall be categorised as either clean or dirty and shall leave the building via the designated clean or dirty route. It is essential the Goods receipt route:

- Has a division of clean and dirty areas; the work flow should not cross from dirty area to clean areas;
- Is not to be located adjacent to the main entrance due to possible external conflict over traffic flow;
- Should be separate and not overlooked by patient areas, as the service area will be noisy;
- Should not be located immediately next to the main entrance/front of house;
- Shall be discreetly positioned within the site (not near visitor parking or main entrance);

- Should be accessed by service road and delivery bay large enough to accommodate a range of vehicles;
- The designated goods entrance area should be secure when not in use;
- The designated goods entrance area should be on a flat surface with suitable access from the street; and
- Logistics vehicles must be able to access the designated goods entrance.

Greenferns Health and Care Centre shall be designed to allow the Goods Receipt service to operate in accordance with NHS, Authority Operational Policies and Good Industry Practice. PSCP must ensure that floor coverings, finishes, fixtures, fittings, walls and doors are of a durable and hard-wearing nature that will protect the Greenferns Health and Care Centre from daily wear and tear of excessive use/movement of items. There should be adequate external lighting and the area should be covered by CCTV. PSCP shall comply with the requirements outlined in the Room Data Sheets.

Appendix 10: SCIM Design Statement v6 Denburn_Aurora Final

Denburn/Aurora Project: SCIM Design Statement v6

The (condensed) Investment objectives for the project are:

- 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
- Support the development of a service model to meet future service demand and demographic challenges.
- Allow the development of service arrangements that support the delivery of an enhanced model of integrated health and care services leading to improved patient experience.
- Achieve equitable access to service provision across the locality.
- Support an efficient business model that promotes viability/sustainability.
- Create attractive employment opportunities.

Therefore, in order to realise the above objectives through investment in facilities, the resultant facility must possess the following attributes:

1 Non-Negotiables for Service Users/Public

Agreed Non-Negotiable Objectives (what the facility must enable to happen)	**Benchmark Standard for environment to enable this** The physical criteria expected and/or some views of what success might look like
1.1 The facility must improve access to services, and health promoting opportunities, particularly for people from disadvantaged or currently under-served communities.	• Bus stop within 5-10 minute walking distance of entrance, served by buses linking with city centre/other communities on regular basis during core opening hours (to be agreed). Route from bus stop to entrance low gradient, step free and well lit. • Potential for NHSG “Shuttle Bus” to provide a direct service and connection to other NHSG buildings – TBC (defined outdoor dedicated space) • Building entrance within sight and short walk of public green space and/or walking/cycling routes to

	provide easy links to active travel and exercise (informal or for formalised opportunities). • Changing places toilet within central reception/social/public areas and open/accessible whenever the building is open to the public. • Secure storage and charging for cycles/buggies/cars and other forms of sustainable transport. • Internal routes around building wide enough and with few bends (max 3 on any leg of a journey) to enable easy access for people using mobility aids.
1.2 The experience of arriving at the facility must be easy and calming, feeling safe in daylight and darkness.	• Entrance to building within 50 yards walking distance of site entrance and visible from pedestrian/vehicle approach routes. • Pedestrian routes (from street and within parking) should have priority over vehicle routes, be easily accessible (barrier free standard, not steep) and direct with line of sight to the entrance, supported by signage to reassure. They must be well lit and observable (you can see people in nearby buildings and they can see you) so that you don't feel you're alone or no-one would spot if there's a problem. Walking routes from the street and public transport must not be dominated by parking. • Parking areas must be easy and intuitive to use, with the layout designed to manage different levels of need and to discourage misuse. Disabled parking and pick-up/drop-off/ambulance spaces to be within close proximity of the entrance (not obtrusive to the front entrance) clearly overlooked by staff areas and have different surface treatment (more like pedestrian areas) to signal different use. General parking must be within a reasonable distance from entrance, in compliance with technical standards, within walking route to entrance to standards noted above. • Soft/green landscaping to be incorporated into external routes and spaces to provide shelter and welcome, including space for outdoor seating while patients wait to be picked up. • Building layout and landscaping to shield, from external and internal public spaces, view of any adjacent unattractive uses, and reduce noise transfer from heavy vehicles. • Public spaces and streets between facility and any adjacent amenities to be large enough to accommodate numbers and differing needs of each. • Entrance overhang will provide shelter against the elements while waiting to be picked up etc, seating would be advantageous in this area also. Some views of what success might look like for arrival routes/spaces

Liked the large windows, double aspect and short walk to the entrance which is clear. Seating would compliment this area to provide rest point. Building is welcoming and “hugs” you as you enter. Do not like the addition of grass areas in this particular photo – serves no purpose.

Liked the raised beds and use of greenery, planting and trees, as well as the contrast between different materials used in the building.Raised beds could be used as seating however alternative seating would be advantageous, benches which include handles for mobility difficulties.

	 Like the use of light, landscaping – welcoming. Do not like the wavy lines = high cost
1.3 The initial impression must be one of community and welcome, of health and professionalism; communicating the ethos and aims of the service.	• Building form and relationship to the street/public space makes it look part of the community, not separate from it. • Surrounding schools have large walls, gates and are fully locked down, this is opposite of what the vision is for the building, open and accessible for all Some views of what success might look like for external view/arrival 

	Liked the undercover outdoor area, provides some shelter, large windows and green space, seating would compliment this.  Liked the open feel/use of greenspace – potential for community orchard (fruit trees/herb garden/wishing well/wishing tree and community growing garden) Opportunity for outdoor arts installation/mural  Liked the overhang element, area to take shelter if waiting to be picked up (add seating) this picture too futuristic and crowded by the raised grass areas however, liked the greenspace, potential for outdoor urban gym, outdoor large draughts etc.

Picture Submitted by a Patient Representative

- Enabling use of external spaces by community, The facility (both building and grounds) must feel part of the community, with an open/public feel that encourages, and copes well with, use both to access services and for other reasons (community use, recreation etc). External areas, such as parking, landscape and paving areas, must be designed to have a civic feel and allow use by the community both 'out of hours' (use of larger areas such as parking for events etc) and (for landscape/paving areas) during normal operation without impacting use/privacy of the building.
- It must be welcoming, with some open useable space, not institutional, clinical or overpowering in its impression.
- The initial entrance space to have a social feel and be designed for use in combination with meeting/education facilities for out of hour's community and third sector use.

	Some views of what success might look like for initial internal view  Liked the variation of seating for combined reception/social/cafe and waiting area, range of seating to suit different needs. Like double aspect increasing light, bright airy feel, welcoming and does not feel like a health centre. However bear privacy in mind, film on sections of windows to respect privacy.  Liked the bright, airy feel, use of materials inside and bench seating (however not ideal for all – combination of moveable seating required)

	• Community arts installations to be an integral part of the interior design – created by local school children/local artist • All public areas to be day lit, with natural ventilation and views to green space. • Flexibility of space for differing uses by services and for use by the community in the evenings weekends
1.4 From entry it must be easy to find the help/activity you need. Reception facilities must be open and calm to promote trust and confidence.	• Reception facilities visible on arrival, but not placed where queues would block walking routes for people entering/leaving. • Electronic check in at main arrival space, close to someone who can help if you're experiencing problems, and placed so that they are closer to the door and visible when there is a queue, to encourage use by those who can. • Reception desks to manage security unobtrusively (they must not have glazing/barriers, but use deep lunge desks and easy escape to safety), and be acoustically separated from admin areas to reduce noise. • Reception will accommodate both practice and partnership staff (3 staff maximum) with different roles, space separation required (no barriers) allowance for each to have discreet conversations of each other and waiting public/patient confidentiality Some views of what success might look like for reception facilities 

	Liked the wording, meet and greet instead of reception, however would like to see this saying "Welcome" liked the drop reception desk and lighting. Do not like the fact that the reception area cannot see full view of area (up corridor) would need to be on a larger scale than picture shown to accommodate 3 staff maximum.  Like cafe/social area next to reception and use of comfy seating, differying seating for various mobility needs

Liked the access to self check in/self help information, however needs to be in an area not far from reception if help is required

- Waiting areas must be within close proximity to the reception, however must be designed so that discussions at the reception desk cannot be easily overheard from the waiting areas
- Waiting area and routes to consulting/treatment rooms/monitoring/meeting spaces visible from reception space
- Discreet area for diagnostic pod – funding to be confirmed
- Toilet facilities should be gender neutral/same sex (Some people may not like to identify themselves as a man or woman in picture below)

	  Dementia friendly - have toilets marked with toilet picture and colour coded door, colour which flows through the entire building and is complimentary to full design (pastel colours)
1.6 The waiting experience must lower stress; relax, calm and provide privacy. Patients are phone triaged and simple issues dealt	• Waiting areas to have good daylight, fresh air and views of to controlled external green space (not Public Street from where passers by can see you). • Interior design to aid calm feel, using colours and textures of natural materials. • Seating to provide options for where you wait, allowing people to wander and still feel connected,

with remotely, therefore only people with potentially complex/concerning issues will be asked to come in. They are therefore more likely to be anxious.	join in social groups, occupy children in play, or sit more quietly. • The spaces to deal well with noise (lower it). • Staff areas visible (to feel connected with the appointment and safe) and there must be no hidden corners. • There should be access to safe external space for a breath of fresh air and a secured place for children to run around (courtyard), where use of this space will not impact private spaces. • Wi-Fi access/information points available for longer patient waiting times. • Self monitoring space visible prior to sitting down (diagnostic pod) Some views of what success might look like for social/waiting areas internal and external  Liked the opportunity to have an indoor mural, light and airy and liked the use of colour

	 Like the use of varying floor types, comfy seating and natural ceiling light options (sky lights)  Liked the variation in seating, tv and divider, like range of colours. Would want to see the waiting area from reception to keep eye on patient flow. Small discreet break out sections within view of reception for those with mental health issues.
1.7 The route to consulting areas must allow the conversation with the clinician/physician to commence and trust to begin to be built.	• Short route, from waiting to treat/consult room • Daylight and views to external space • Some audio separation must be provided if the route is adjacent to from waiting/social/public areas otherwise separated space with wall/partition to be incorporated • Glazed windows (open able windows to external waiting is acceptable as long as confidentiality is

	not compromised) Some views of what success might look like for circulation routes  Liked the outlook onto greenspace, large windows, bright and airy, however may need to introduce some privacy screening  Liked informal seating in corridor, at various points as provides a rest point for patients with mobility conditions. However keep away from directly outside consulting rooms for confidentiality/privacy.
1.8 Consult/treat spaces must be	• Seats of the same design and with equal relationship to desk/computer for staff and patient

<table>
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<td>private, comfortable, and promote a partner ethos (not one with more authority/control)</td>
<td>

Sound separation provided to other building areas, in compliance with the relevant SHTM.
Daylight, view out and natural ventilation to the room without compromising perception of visual/audio privacy so external public routes/walkways suitable located away from building perimeter and openable windows, and screened so people not fully visible from inside.
Interior décor and lighting soft/not clinical
Adequate storage areas close to range of clinical/non clinical interview rooms , to allow services to store trolleys/equipment to take into booked clinical/non clinical interview space

Some views of what success might look like

Like the use of colour, no clutter and outlook onto green space, room around couch for access at both sides. Comfy seating for patient would compliment room, think of window privacy, keep outlook away from public areas in order that blinds do not need to be constantly closed and windows can be open.
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2 Non-Negotiables for Staff (those based there and visiting professionals from public/third sector)

Agreed Non-Negotiable Objectives (what the facility must enable to happen)	**Benchmark Standard for environment to enable this** The physical criteria expected and/or some views of what success might look like
2.1 staff must be able to arrive and leave reliably and safely.	• General arrival to standards in 1.2 above • Route to be available to allow staff to/from secured working and welfare areas without disturbing out of hours activities. • Secure store within close proximity of discrete entrance with temp car bay to allow equipment used by peripatetic staff to be collected/left.
2.2 All services, including 3rd sector, must feel welcome and able to provide their service on the same footing as those provided by staff based there.	• Room sizes and décor the same for similar activities, irrespective of the employer of the person providing the service. • All rooms for either 1:1 work or group therapies bookable by any service and serviced by same reception facilities so that patient journey is indistinguishable. • Wi-Fi available throughout facility, accessible by partner organisations.
2.3 The layout of the facility must enable community and third sector use outwith clinic hours.	• Meeting, educational and waiting areas grouped together to allow use as suite or individually while other areas are secured. • Heating and other services, and emergency egress, zoned so that secured areas can be shut down when not in use. • Storage cupboards within close proximity of waiting and meeting spaces to allow furniture and equipment to be kept • Movable seating in waiting areas to allow this to be removed and space repurposed. Some views of what success might look like • Bookable Multi-purpose room

	 Liked multipurpose rooms with divider which can be opened up into larger space for activities, require adequate soundproofing. White feels clinical/cold (alternative wooden effect available?)  Variation of wellbeing activities to be carried out in the multipurpose room, adequate storage and privacy screening where required. Liked the ability to share space with services, practice and community for a range of activities (near to main entrance/reception for maximum flexibility/use at evenings/weekends)
2.4 The facility must provide a	• Public areas, including entrance door, observable from staff working areas.

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<td>good working environment for staff, promoting learning, pride in the service and providing ease of operation.</td>
<td>

Local environmental controls for light, heat, glare and noise to allow staff to modify environment to suit personal needs , both their own (to allow concentration) and any member of public they’re seeing.
Interior design of staff areas as nice as public ones.
Daylight and a view to external landscape in all areas occupied by staff members long periods of time
Wi-Fi, power and space for computer/laptop in all spaces to enable online learning in office, meeting, and rest spaces – wherever you feel comfortable.

Some views of what success might look like for office, booth and other staff only (no public access) working areas

Staff Only (Office Area)



Light and airy staff area, option to sit outside away from view of patients/public.
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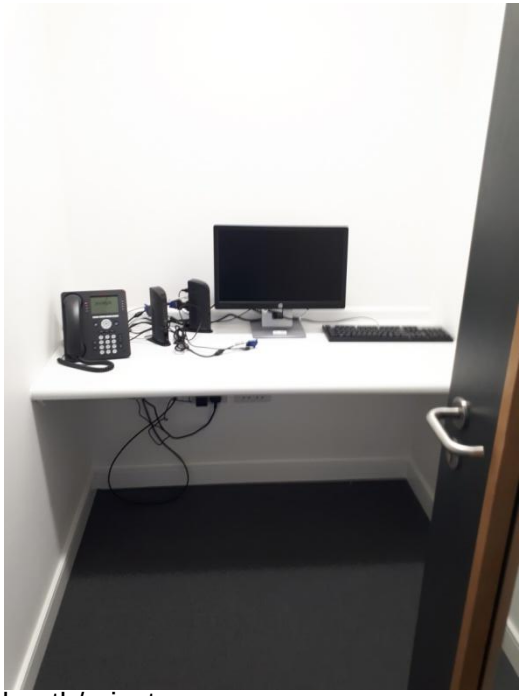
	 Mix of seating in staff room, informal, and relaxing. • Create an office suite to locate all following staff together - admin staff, management staff (separate office) and community nursing with link to separate triage hub for ease of access/shared space and integrated working. • Bookable Meeting Space
2.5 The service model of phone triage, and centralised practitioner working to promote communication and support, must be enabled.	'hub' suite for all practitioners to do desk based work, calls and VC to contain a range of working environments including • Private phone reception area for staff to take and allocate phone calls (not overheard from public areas) • Enclosed Booths for sensitive private calls with sound attenuation to main working area • Semi-open booths for less sensitive phone calls

	• Desk based working for records/administration etc • Space for impromptu conversations and consulting colleagues without impacting phone work Hub area to be located so that there's easy access from treatment/consultation rooms so junior staff can seek input of colleagues. Some views of what success might look like for desk/booth/discussion spaces • Triage Hub (Staff Only) 

Flexible workspace with storage providing privacy and acoustic breaks, may suit a hub space. Hot desking, Clear desk policy, with suitable storage for personal effects & paperwork provided.

	Ability to have standing as well as sitting options in the triage hub, with adequate height booths to allow for videoconference consultations as well as teleconference consultations etc, ensuring patient/staff and surrounding environment/noise confidentiality (consulting environment)  Study booth/private room.
2.7 Staff must be able to rest and recuperate in their break and take advantage of the health promotion opportunities offered to the community	• Changing areas provided • Rest area away from public view and view of hub/working areas so staff feel off duty. • Designed to encourage use, with space to store and prep food, sit in social groups or in quiet. • Direct access to private external space with similar range of seating, if possible

	See photo's at section 2.4 - views of what success might look like for internal and external spaces • Staff Only Area (recreation)  Liked the bright, airy, spacious feel, lighting and looks practical, including seating at window to look out. Have varied seating options – large group table and smaller two person etc) • Staff Only Area (recreation), see photo's at section 2.4 Liked the opportunity for staff to have a private outdoor/recreational area for break's/lunch, providing opportunity for quality down time. Liked the fact that outdoor recreation area would be a factor when attracting staff to work in building, important asset to staff recruitment and retention
2.8 The facility must be spatially efficient and flexible in use.	• Consult and treatment rooms to be same dimensions in plan with furniture and fixings to allow users to change readily (timeframe AM/PM daily) as services change • Circulation to consult and treatment rooms to allow rooms to be grouped into different numbers as clinic sizes change.
2.9 Facilities management must be able to be managed without impacting on above qualities	• Storage and delivery/refuse areas not visible from patient areas or staff office/respite spaces. • Meet Health and Safety requirements and HAI, with core rooms (clinical waste etc)

3 Non-Negotiables for Family/Carers (those accompanying people coming to use the service/facility)

The majority of needs for these people are met by section 1 above, only additional needs are noted below.

Agreed Non-Negotiable Objectives (what the facility must enable to happen)	**Benchmark Standard for environment to enable this** The physical criteria expected and/or some views of what success might look like
3.1 Dropping someone off must feel safe and secure.	• Seats immediately inside the building where you can leave your loved one in view of reception while you park the car • Space for drop-off vehicles planned so that private cars/taxis/ambulance transfer can pull in and away without reversing or blocking pedestrian/transfer routes/spaces. Some views of what success might look like  Liked the clear defined area, seating for drop off/waiting, short walk to entrance/reception, however do not want the drop off to take over the entire entrance. Ambulance area with shuttle bus dedicated space

	– TBC  Highlighting again the importance of an overhang/outdoor shelter as part of main entrance providing shelter from the elements and helpful for drop off pick up to aid ease for patients/carers. To include seating at different stages of entrance point to provide rest points.
3.2 The social and comfort needs of relatives must be met.	• Pleasant space (daylight, natural ventilation and comfortable seating) to breastfeed in private if you are uncomfortable feeding in public. • Place for accompanying children to play Some views of what success might look like

Would like to see variations of sizes of children's seating – no all one size

Liked the soft play aspect, which would be helpful to parents of small children including those with disabilities

	 Liked the outdoor view, double aspect, tv and use of varying seating options. • IT connectivity to allow person to deal with personal/work issues while waiting. • Access to cafe/vending machines
3.3 Family/Carers must be supported in their own health and in supporting the patient	• Clear and attractive information on services and support available • Diagnostic Pod in discreet area Some views of what success might look like  Liked the Space for leaflets and posters, along with interactive TV, different seating and discreet areas

	as mentioned previously, ample room for wheelchairs/carers to assist. Like the use of colour and the glass divider.

4 Alignment of Investment with Board Policy

Non-negotiable Performance Objectives: ***what the design of the Facility must enable***	**Benchmarks:** ***The physical characteristics expected and/or some views of what success might look like for each***
4.1 The new facility must fit in well with the local community and be a good neighbour pre and post construction and during operation.	See 1.1 for how this will be achieved
4.2 The design of the facility should incorporate flexibility for the longer term in order for it to be able to respond and adapt to changing demographic needs and service delivery types.	The overall site should be large enough to accommodate up to 50% expansion if required. Any increase in capacity and size should avoid further impact on the localised and immediate environments.
4.3 The facility must be sustainable in its use of energy and materials.	NHS Grampian and Aberdeen City Health & Social Care Partnership aim, at this stage, to achieve a BREEAM 'Excellent' Rating for this project through design assessment guidance. This will be detailed at OBC stage onwards.

Stakeholders involved in preparation of the design statement

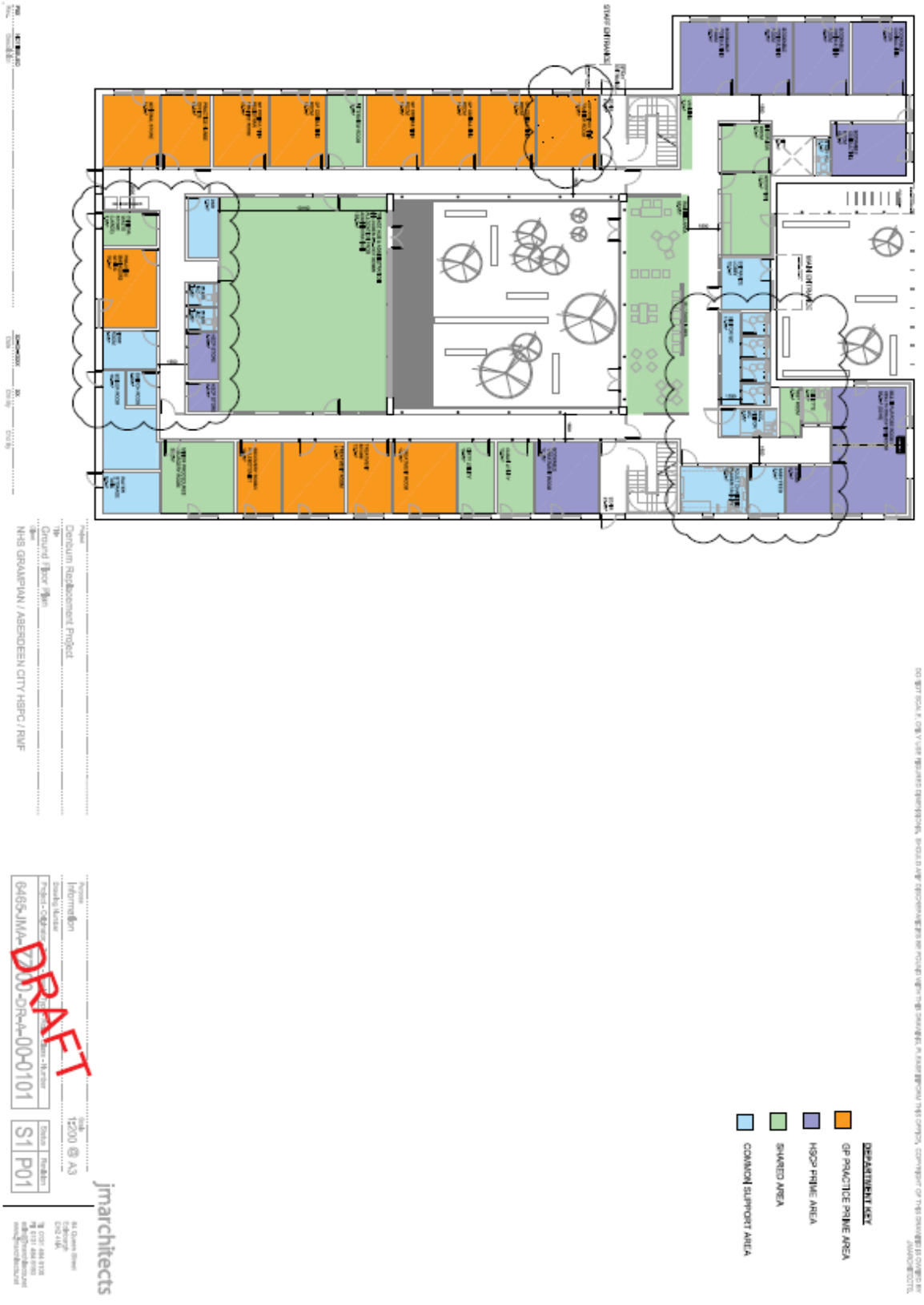
[redacted] NHSG Project Manager, [redacted], ACHSCP Project Manager, [redacted] Quality & Finance Manager, Denburn/Aurora Health Centre. [redacted] Commercial Surveyor, NHSG Planning Asset Development [redacted], NHSG Health Visitor/ Team Leader, [redacted] Practice Representative, Denburn/Aurora Health Centre, [redacted] Practice Representative, Denburn/Aurora Health Centre, [redacted] GP/Clinical Lead, Denburn/Aurora Health Centre, [redacted] GP/Clinical Lead, Denburn/Aurora Health Centre, [redacted] NHSG Property Planning Manager, [redacted] Clinical Property Advisor, NHSG, [redacted] [redacted] NHSG Health Planner, [redacted] Lead Speech Therapist ACHSCP, [redacted] Patient and Community Representative, [redacted] Technical Supervisor, NHSG, [redacted] Technical Supervisor NHSG.

5 Self Assessment Process

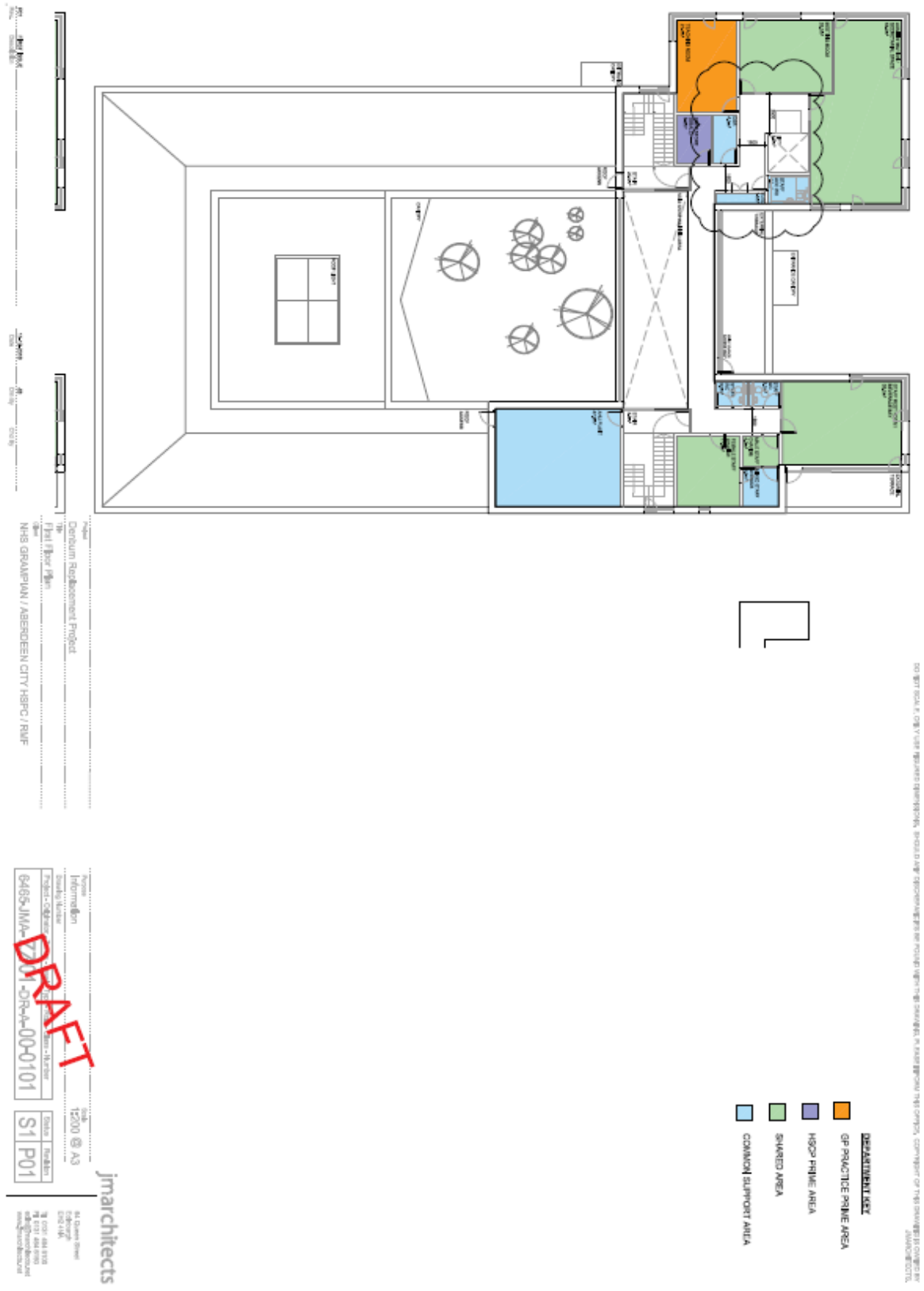
Decision Point	Authority of Decision	Additional skills or other perspectives	How the criteria will be evaluated and valued	Information needed to allow evaluation
Site Selection	Project Board with advice from Project Team Option appraisal	Possible guidance sought from National Design Assessment Process (NDAP) to inform and support Project Boards decision	Analysis considering the capacity of the proposed site to deliver the required development including the above criteria	Local Authority Local Plan
Completion of brief	Decision by Project Board with advice from Project Team	Stakeholders including service providers and internal technical advisors	Inclusion of the Design Statement within the Brief	Early engagement with hubCo and their process to assess the affordability/deliverability of the brief
Selection of Delivery/Design Team	Decision by the Project Board with advice from the Project Team	Technical advisor external to the design team appointed	Selection process as per hubCo method statements to be applied, with quality and cost considerations, to ensure that the best design team for the development is chosen from the hubCo Supply Chain. Designers will have already been through a qualification process. “Participants” will be involved in the selection process for the project and can influence the outcome, if necessary, nomination of other designers for consideration (providing they meet the standards set by hubCo)	Previous experience/examples of the designers’ work on similar commissions.
Selection of early	Decision by the Project	Comment to be sought from	AEDET or other assessment of options	Proposals developed to

design concept from options delivered	Board with advice from the Project Team	NDAP	to determine whether they meet the criteria	Stage C with sufficient detail to allow distinction between the main users of the building including circulation and external space. Elevations/3D visuals
Approval of design proposals to be submitted to planning authority	Decision by the Project Board with advice from the Project Team		AEDET of other assessment of the proposals to determine whether they meet the criteria	Selected design to Stage D with elevations etc.
Approval of detailed design approvals to allow construction	Decision by the Project Board with advice from the Project Team		AEDET or other assessment of the proposals to determine whether they meet the criteria	Design developed to Stage E with agreed specification
Post Project Evaluation	Consideration by the Project Board with advice from the Project Team with results fed to Scottish Government Health and Social Care Department (SGHSCD)	Independent analysis by technical advisors/service providers	Assessment by stakeholders to determine whether the completed development met the set objectives and final AEDET review undertaken with the project team.	Review against Design Statement. Conduct patient/visitor and staff satisfaction survey within 2 years of occupancy.

Appendix 12: Preferred Option Ground Floor Plan

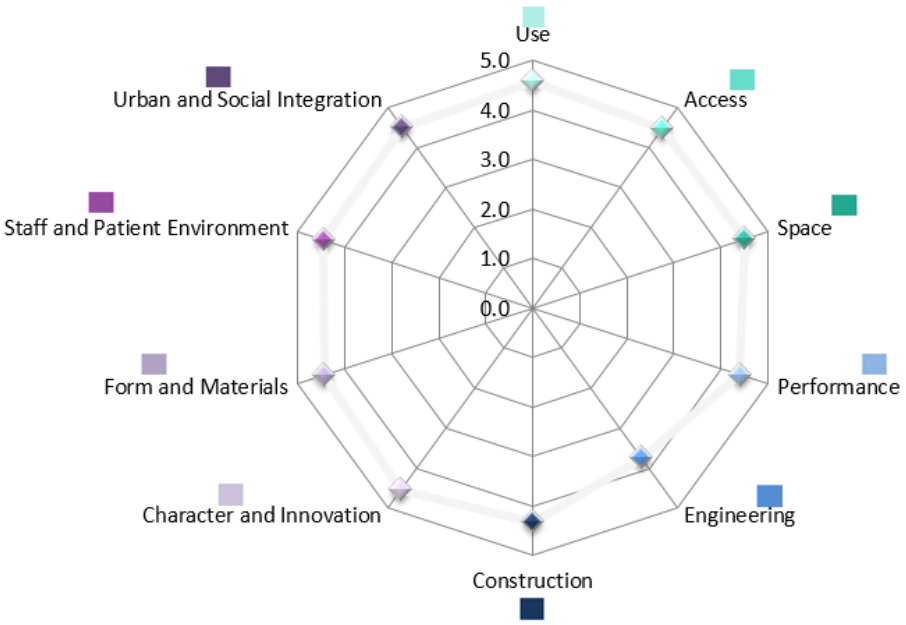


Appendix13: Preferred Option First Floor Plan

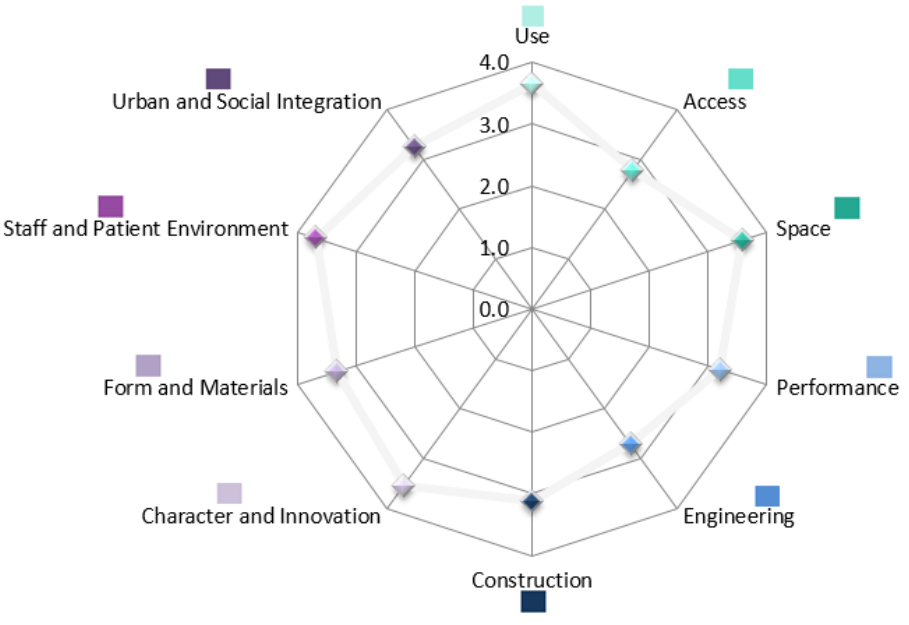


Appendix 14: AEDET Denburn OBC Final

AEDET Refresh Target Summary



AEDET Refresh OBC Summary



Appendix 15: Primary Care Improvement Plan

Appendix 15 - Primary Care Improve

Appendix 16: TEC Framework

Appendix 16 - TEC Framework.pdf

Appendix 17: Long List Decision Sheet

	Option	IO 1	weight	Score	IO 2	weight	Score	IO3	weight	Score	IO 4	weight	Score	IO 5	weight	Score	IO 6	weight	Score	IO 7	weight	Score	Total	2019 % SCORES	2018 % scores
1a	Denburn Reconfiguration	0	1	0	1	2	2	0	3	0	0	3	0	1	2	2	0	3	0	0	2	0	4	12.5%	14.29%
1b	Northfield and Mastrick Reconfiguration	1	1	1	1	2	2	1	3	3	0	3	0	1	2	2	0	3	0	0	2	0	8	25%	21.43%
1c	Northfield Only Reconfigured	0	1	0	1	2	2	0	3	0	0	3	0	1	2	2	0	3	0	0	2	0	4	12.5%	14.29%
1d	Mastrick Only Reconfiguration	0	1	0	1	2	2	0	3	0	0	3	0	1	2	2	0	3	0	0	2	0	4	12.5%	14.29%
2a	Replace Denburn with City Centre Facility	1	1	1	1	2	2	1	3	3	0	3	0	2	2	4	0	3	0	1	2	2	12	37.5%	42.86%
2b	Replace Denburn with City Centre Facility + Reconfigure northfield and close Mastrick	1	1	1	1	2	2	1	3	3	1	3	3	2	2	4	1	3	3	1	2	2	18	56.25%	57.14%
3a	Newbuild Greenfield (e.g. Maidencraig/Greenfern) (current delivery model) + Northfield Reconfigure	1	1	1	1	2	2	1	3	3	1	3	3	2	2	4	1	3	3	1	2	2	18	56.25%	57.14%
3b	Newbuild Greenfield (e.g. Maidencraig/Greenfern) (current delivery model) + Mastrick Reconfigure	1	1	1	1	2	2	1	3	3	1	3	3	2	2	4	1	3	3	1	2	2	18	56.25%	57.14%
3c	Newbuild Greenfield Greenfern (e.g. Maidencraig/Greenfern) (current delivery model) + City Centre New Build	2	1	2	2	2	4	2	3	6	2	3	6	2	2	4	1	3	3	2	2	4	29	90.62%	92.86%
3d	Newbuild Greenfield (e.g. Maidencraig/Greenfern) (current delivery model) + No Change Northfield + close Mastrick	1	1	1	1	2	2	0	3	0	1	3	3	2	2	4	1	3	3	1	2	2	15	46.87%	57.14%
4a	Newbuild Greenfield (extended service model) + City Centre New Build + close Northfield and Mastrick	2	1	2	2	2	4	2	3	6	2	3	6	2	2	4	2	3	6	2	2	4	32	100%	100%
4b	Newbuild Greenfield (e.g. Maidencraig/Greenfern) (extended service model)	2	1	2	2	2	4	2	3	6	2	3	6	2	2	4	2	3	6	2	2	4	32	100%	100%
5a	Do Minimum - Backlog Maintenance - all facilities	0	1	0	1	2	2	0	3	0	0	3	0	2	2	4	0	3	0	0	2	0	6	18.75%	21.43%
5b	Do Minimum - Backlog Maintenance - Denburn Only	0	1	0	0	2	0	0	3	0	0	3	0	2	2	4	0	3	0	0	2	0	4	12.5%	14.29%

Scoring Matrix

[2] Fully meets investment objective
[1] Partially meets investment objective
[0] Does not meet investment objective at all

Comments - from 2018 scoring matrix
Discount: Do not fit with the Board's own strategic objectives and plans. (Age/Rationalise of Estate)
Discount: Do not fit with the IJB/Board's own strategic objectives and plans. (Demographics)
Discount: Will not deliver the proposal's investment objectives
Discount: Will not deliver the proposal's investment objectives
Discount: Do not fit with the IJB/Board's own strategic objectives and plans. (Locality & Distribution of Services)
Discount: Do not fit with the IJB/Board's own strategic objectives and plans. (Locality & Distribution of Services)
Discount: Will not deliver the proposal's investment objectives
Shortlisted
Discount: Clearly likely to be unaffordable in the short term as does not fit with the Board's current financial plans.
Shortlisted
Discount: Clearly likely to be unaffordable in the short term as does not fit with the Board's current financial plans.
Shortlisted
Discount: Do not fit with the Board's own strategic objectives and plans. (Age/Rationalise of Estate)
Discount: Do not fit with the Board's own strategic objectives and plans. (Age/Rationalise of Estate)

Weighting scoring calculations

Weighting	Score	Calculation	Final Score
1	1	1 x 1	1
2	1	2 x 1	2
3	1	3 x 1	3

Weighting of Investment Objectives

Investment objectives should be given a weighting to show that it is more important.

If a weighting is given the above calculation will be used

Appendix 19: Site Options Appraisal Report

Project:	Investment in Facilities to Support the Redesign and Modernisation of Primary Health and Community Care Services in Aberdeen City (Denburn/Aurora Project)
Author:	[redacted] Project Manager Aberdeen City Health and Social Care Partnership, Capital and Services Team
Date:	Friday 29 June 2018
Version:	Final v3

Background:

In March 2018 the Scottish Government approved an Initial Agreement for an investment in facilities to build a new Integrated Community Hub for the delivery of Health and Care services in the central locality for the communities of Denburn, Mastrick and Northfield.

The Initial Agreement detailed the Preferred Way Forward 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.

[redacted]

Site Options: Feasibility Study

The Ryder report was passed to NHSG Property and Asset Development as the Site Selection List for the Denburn/Aurora Project in the greater Northfield and Mastrick community area. The NHSG Property and Asset Development Team had also advised that a further two further sites were available; Maidencraig and another site option on the Greenferns development. These further two sites had both previously been scoped at earlier Initial Agreement stages.

The Ryder report considers the following Site Appraisal Criteria which has been taken account during the scoring process.

- Site Size
- Development Potential
- Location/Neighbourhood
- Accessibility
- Site Characteristics
- Site Access – Roads
- Redevelopment Opportunities/Regeneration/Shared Use
- Site Services/Sustainability Issues
- Availability/Existing Use

Site Options: Long List

Taking all the above site information into account this provided the project with a long list of site options as follows:

- Maidencraig
- Greenferns Area D1 LDP - referred to as Bucksburn Farm (Site A)
- Greenferns Area E2 LDP
- Granitehill (Site B)
- Northfield Academy Pitches (Site C)
- Northfield Swimming Pool (Site D)
- Northfield Outdoor Sports Centre (Site E)
- Mastrick Redevelopment
- Do Minimum
- Do Nothing

Do Nothing/Do Minimum:

The option of doing nothing and doing minimum has been considered at both the Initial Agreement as well as the Outline Business Case stages against the set of agreed Investment Objectives. Both these options have been included in the long list of options and have been scored in accordance with the agreed scoring methodology.

Site Selection Process:

During the site selection process various meetings have been held with the Denburn/Aurora Practice Management Team, members of the Property Asset Development Team and the Capital and Services Team. Full minutes of these meetings which took place are provided below:

4 May 2018	20180504 Minute Site Selection Meetinç	20180504 Minute Site Selection Scoring
25 May 2018	20180504 Minute Site Selection Meetinç	20180504 Minute Site Selection Scoring
30 May 2018	20180530 Minute Site Selection Meetinç	20180530 Minute Site Selection Scoring
21 June 2018	20180530 Minute Site Selection Meetinç	20180530 Minute Site Selection Scoring

Site Selection: Scoring Methodology

The following scoring methodology was approved by the Practice and Project Group and applied across each of the sites:

- Scoring Criteria

Criteria	Weight out of 5
1. Business Visibility	**3**
2. Availability of site to meet programme timeline	**3**
3. Planning Constraints (Zoned for health)	**3**
4. Size of Site/Room for Expansion	**3**
5. Secures provision of GMS for existing communities (proximity)	**5**
6. Public Transport	**5**
7. Car Parking	**3**
8. By Foot	**5**
9. Proximity to other Practices	**3**
10. Secures provision of GMS for emerging communities	**3**
11. Recruitment and Retention of staff Non Clinical Staff	**1**
12. Recruitment and Retention of Clinical/Professional Staff	**3**
13. Design Location Impact on Service User Experience	**1**

- Weighting

Weighting was also approved by the Practice and Project Group and applied across each of the sites as follows:

1= Important

3=Significant

5= Major

- Scoring Matrix

The scoring matrix which was applied was a standard template used for other Capital Projects within NHS Grampian.

Score	1	2	3	4	5
Evaluation	**Deliver small benefits**	**Deliver benefits but no added value**	**Deliver benefits with minimum added value**	**Deliver benefits with average added value**	**Deliver benefits and added value in full.**

Site Selection – Scoring Record :

An Extraordinary Project Group Meeting was held to apply the scoring methodology across each site; attendance included a Patient/Community Representative.

Once complete the Scoring Record provided an overall score for each site, which also provided an overall ranking order as follows:

1	(Area D1) Greenferns	185
2	(Area E2) Greenferns	174
3	Granitehill	149
4	Northfield Academy Pitches	120
5	Maidencraig	119
6	Northfield Outdoor Sports Centre	111
7	Northfield Swimming Pool	99
8	Mastrick Redevelopment	97
9	Do Minimum	82
10	Do Nothing	60

Site Selection – Project Tolerances:

It was important to review the agreed project tolerances against each of the site options being presented. The agreed project tolerances for this specific project are as identified follows:

Budget	2% projected outturn above budget
Time	1 Month Behind Schedule
Benefits	Achieving less than minimum levels of Benefit Realisation within Plan
Risks	Reaching maximum risk appetite statement in Risk Log

Appendix 1: Provides a list of Investment Objectives and associated benefits which have been identified for this project.

An assessment was completed for each site option in conjunction with the overarching project tolerances in the categories of budget, time, benefits and risks. This was used to determine whether a site would be within the project tolerances and therefore deliverable or outwith the project tolerances and undeliverable.

Any sites deemed undeliverable would be discounted and would not proceed to the next stage of the process.

Within Project Tolerances	Deliverable - proceed to next stage
Within Minimum Project Tolerances	Deliverable - Unviable
Outwith Project Tolerances	Undeliverable – discounted from process

In summary the following provides an overview of each site and determining factors when scoring against the project tolerances.

Site Option	Project Tolerance Assessment
(Area D1) Greenferns DELIVERABLE/VIABLE	• High Scoring Criteria (185) • Anticipated to meet budget tolerance set • Available within timescale • Meets all objectives/benefits identified • No specific identified risks
(Area E2) Greenferns DELIVERABLE/VIABLE	• High Scoring Criteria (174) • Anticipated to meet budget tolerance set • Available within timescale • Meets all objectives/benefits identified • No specific identified risks
Granitehill UNDELIVERABLE	• High Scoring Criteria (149) • Budget may have major/extreme impact due to entrance/site issues identified • Not achievable within project timescale • Meets some objectives/benefits identified • Level of risk assessed as high/very high due to above factors and deemed undeliverable.
Northfield Academy Pitches UNDELIVERABLE	• Medium Scoring Criteria (120) • Budget may have major/extreme impact due to

	reprovision of facilities required • May not be achievable within project timescale • Meets limited objectives/benefits identified • Level of risk assessed as high/very high due to above factors and deemed undeliverable
Maidencraig DELIVERABLE/VIABLE	• Medium Scoring Criteria (119) • Anticipated to meet budget tolerance set • Available within timescale • Meets all objectives/benefits identified • No specific identified risks
Northfield Outdoor Sports Centre UNDELIVERABLE	• Medium Scoring Criteria (111) • Budget may have major/extreme impact due to reprovision of facilities required • May not be achievable within project timescale • Meets limited objectives/benefits identified • Level of risk assessed as high/very high due to above factors and deemed undeliverable
Northfield Swimming Pool UNDELIVERABLE	• Low Scoring Criteria (99) • Budget may have major/extreme impact due to site issues identified • May not be achievable within project timescale • Meets limited objectives/benefits identified • Level of risk assessed as high/very high due to above factors and deemed undeliverable
Mastrick UNDELIVERABLE	• Low Scoring Criteria (97) • Budget may have major/extreme impact due to site issues identified • May not be achievable within project timescale • Meets some objectives/benefits identified • Level of risk assessed as high/very high due to above factors and deemed undeliverable
Do Minimum DELIVERABLE/UNVIABLE	• Low Scoring Criteria (82) • SG funding may be relinquished • Achievable within timescale • Would achieve very limited objectives/benefits • Level of risk medium, deliverable however undesirable in the short, medium and long term
Do Nothing UNDELIVERABLE	• Low Scoring Criteria (60) • SG funding may be relinquished • Would achieve no objectives/benefits • Level of risk assessed as high/very high

A copy of the full and final completed Site Scoring Record can be found below:

Final Site Scoring Record	20180629 Denburn Aurora Site Scoring R

Site Selection – Short List:

Taking all the above scoring methodology and assessment against the project tolerances into account, this provides the project with a short list of viable options as follows:

1	(Area D1) Greenferns	185
2	(Area E2) Greenferns	174
3	Maidencraig	119

Site Selection – Recommendation:

Taking all the above information and factors into account the recommendations are as follows:

1. To approve the preferred site option as Greenferns Area D1, Bucksburn Farm (Site A), which scored highest throughout the comprehensive and robust site scoring process.

2. Instruct the Property and Asset Development Team to begin dialogue with those relevant to secure the Greenferns Site A (Area D1, Bucksburn Farm)

Project Investment Objectives/Associated Benefits

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	▪ 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

	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.	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 that support the delivery of an enhanced model of integrated health and care services leading to improved patient experience.	Positive contribution to the 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	▪ Partner Organisations utilising space ▪ 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

	information communication between health and care staff due to co-location.	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: GEM Summary Outputs

original GEM

Summary of Project NPCs and EACs

SUMMARY	Appraisal Period	NPC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000	EAC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000
Do Minimum Backlog Maintenance - 3 Sites	53 Years	30,294.6		30,294.6	1,208.4		1,208.4
Denburn Option 3b New Build - Small Scale, Reconfig Mastrick	53 Years	11,986.0		11,986.0	478.1		478.1
Denburn Option 3d New Build - Mastrick Backlog	53 Years	11,620.3		11,620.3	463.5		463.5
Denburn Option 4b New Build - Preferred Model	53 Years	14,391.0		14,391.0	574.0		574.0
0 0	50 Years	-		-	-		-
OBC Option 5 Blank	Years	-		-	-		-
PFI Test PFI Testing of preferred option	0 Years	-		-	-		-

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GEM - Running Costs + 10%

Summary of Project NPCs and EACs

SUMMARY	Appraisal Period	NPC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000	EAC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000
Do Minimum Backlog Maintenance - 3 Sites	53 Years	31,790.5		31,790.5	1,268.1		1,268.1
Denburn Option 3b New Build - Small Scale, Reconfig Mastrick	53 Years	12,666.8		12,666.8	505.3		505.3
Denburn Option 3d New Build - Mastrick Backlog	53 Years	12,301.1		12,301.1	490.7		490.7
Denburn Option 4b New Build - Preferred Model	53 Years	15,179.9		15,179.9	605.5		605.5
0 0	50 Years	-		-	-		-
OBC Option 5 Blank	Years	-		-	-		-
PFI Test PFI Testing of preferred option	0 Years	-		-	-		-

Summary of Project NPCs and EACs

GEM - Capital Costs + 20%

SUMMARY	Appraisal Period	NPC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000	EAC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000
Do Minimum Backlog Maintenance - 3 Sites	53 Years	33,361.8		33,361.8	1,330.7		1,330.7
Denburn Option 3b New Build - Small Scale, Reconfig Mastrick	53 Years	12,886.9		12,886.9	514.0		514.0
Denburn Option 3d New Build - Mastrick Backlog	53 Years	12,448.1		12,448.1	496.5		496.5
Denburn Option 4b New Build - Preferred Model	53 Years	15,480.3		15,480.3	617.5		617.5
0 0	50 Years	-		-	-		-
OBC Option 5 Blank	Years	-		-	-		-
PFI Test PFI Testing of preferred option	0 Years	-		-	-		-

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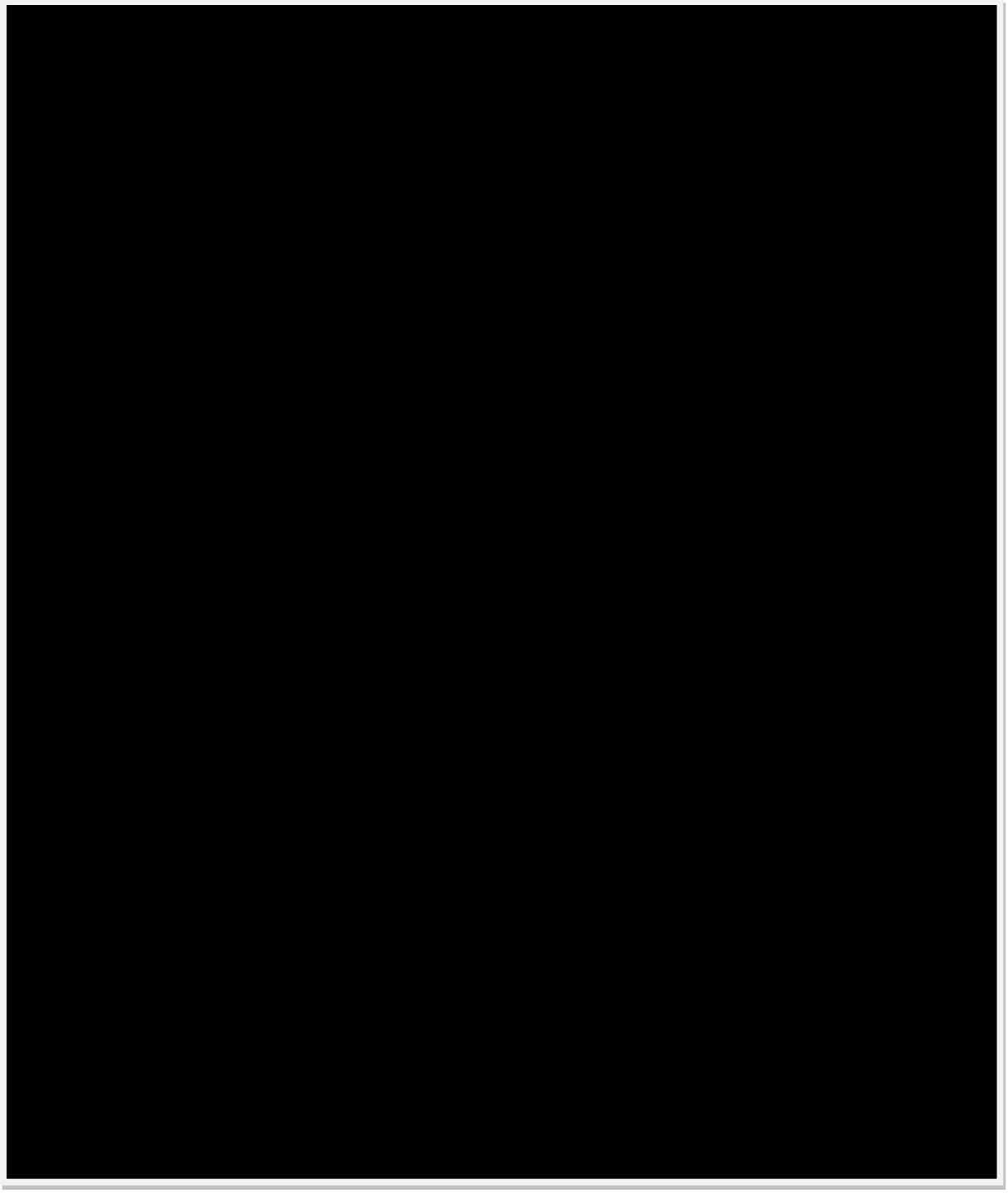
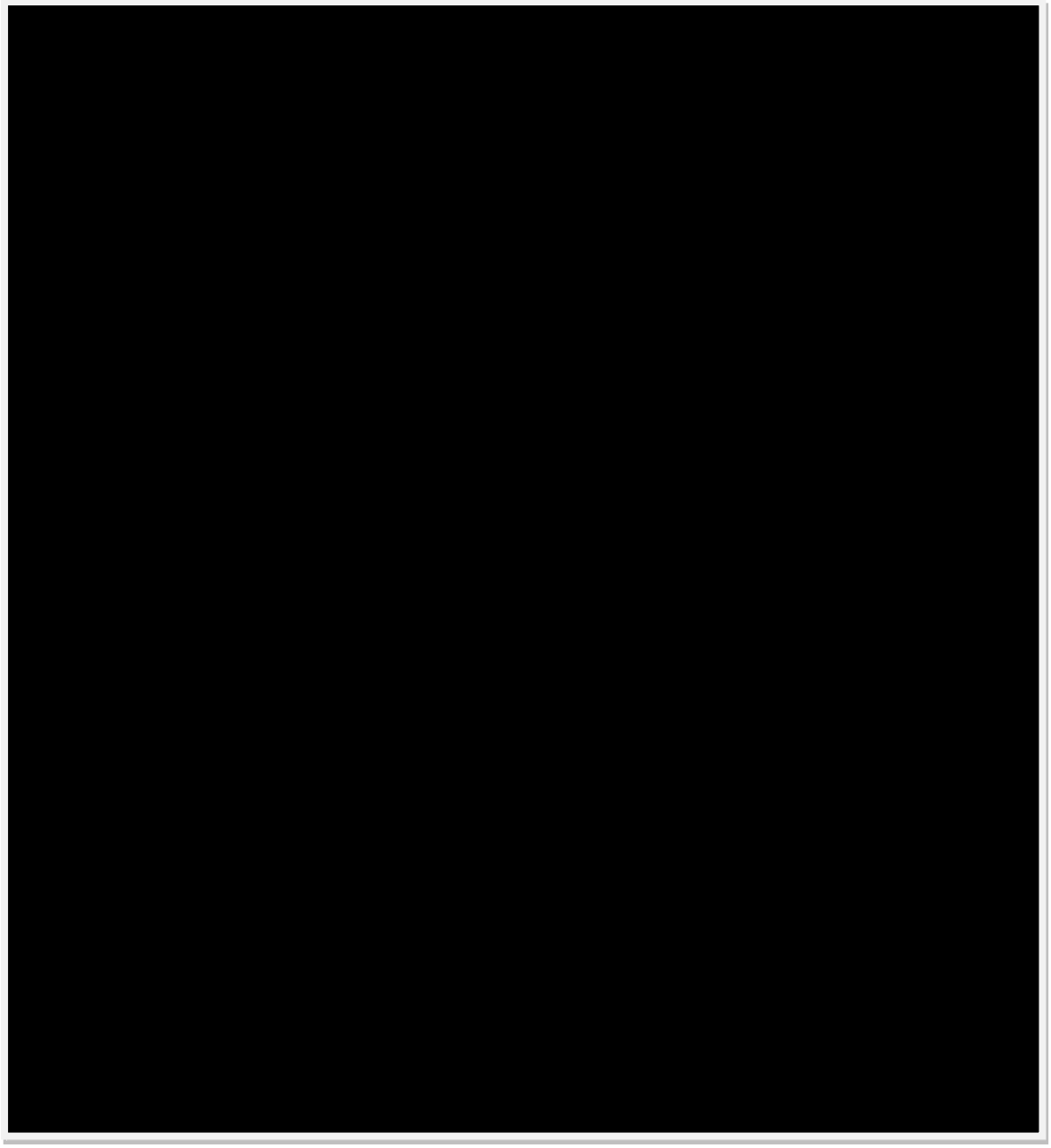
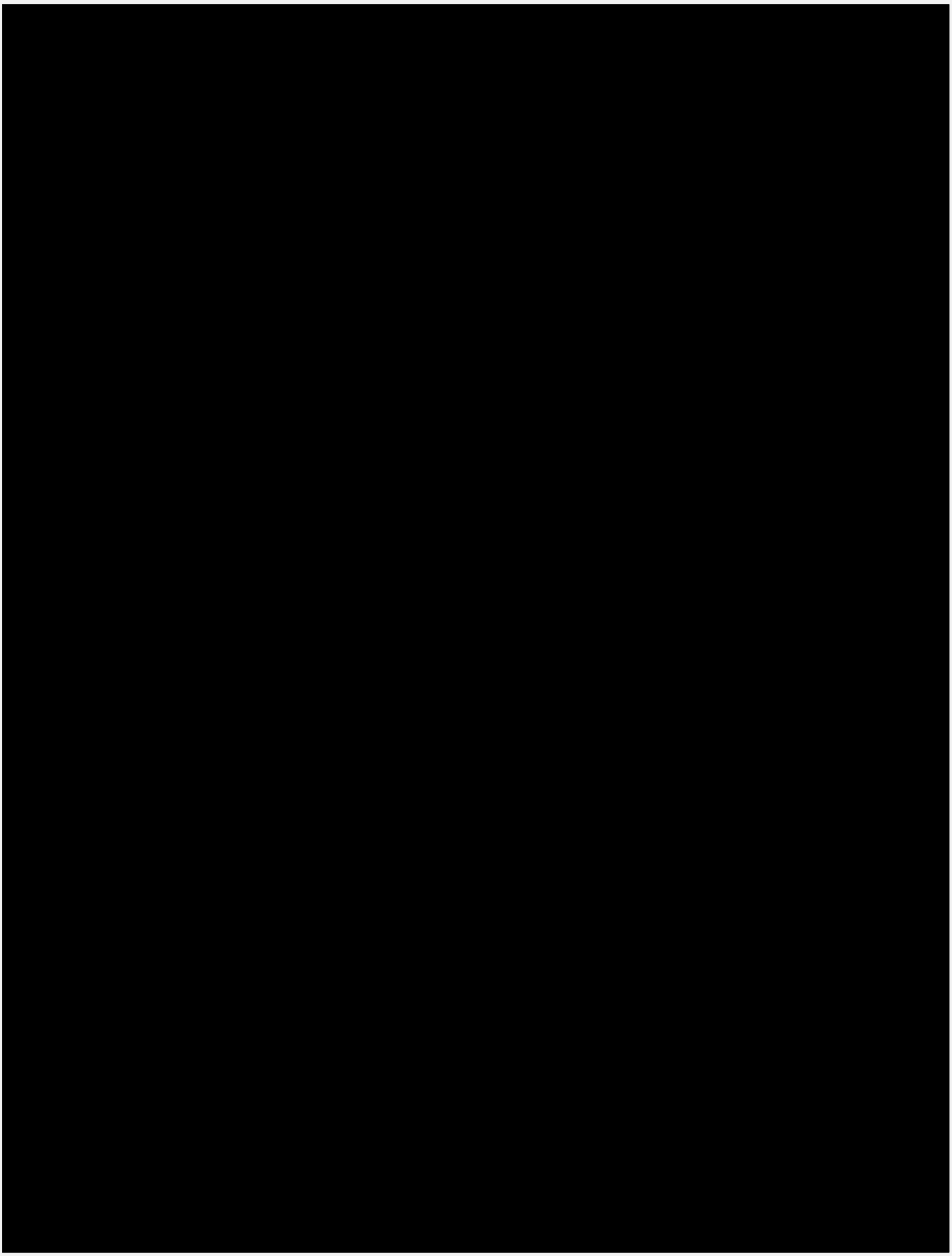
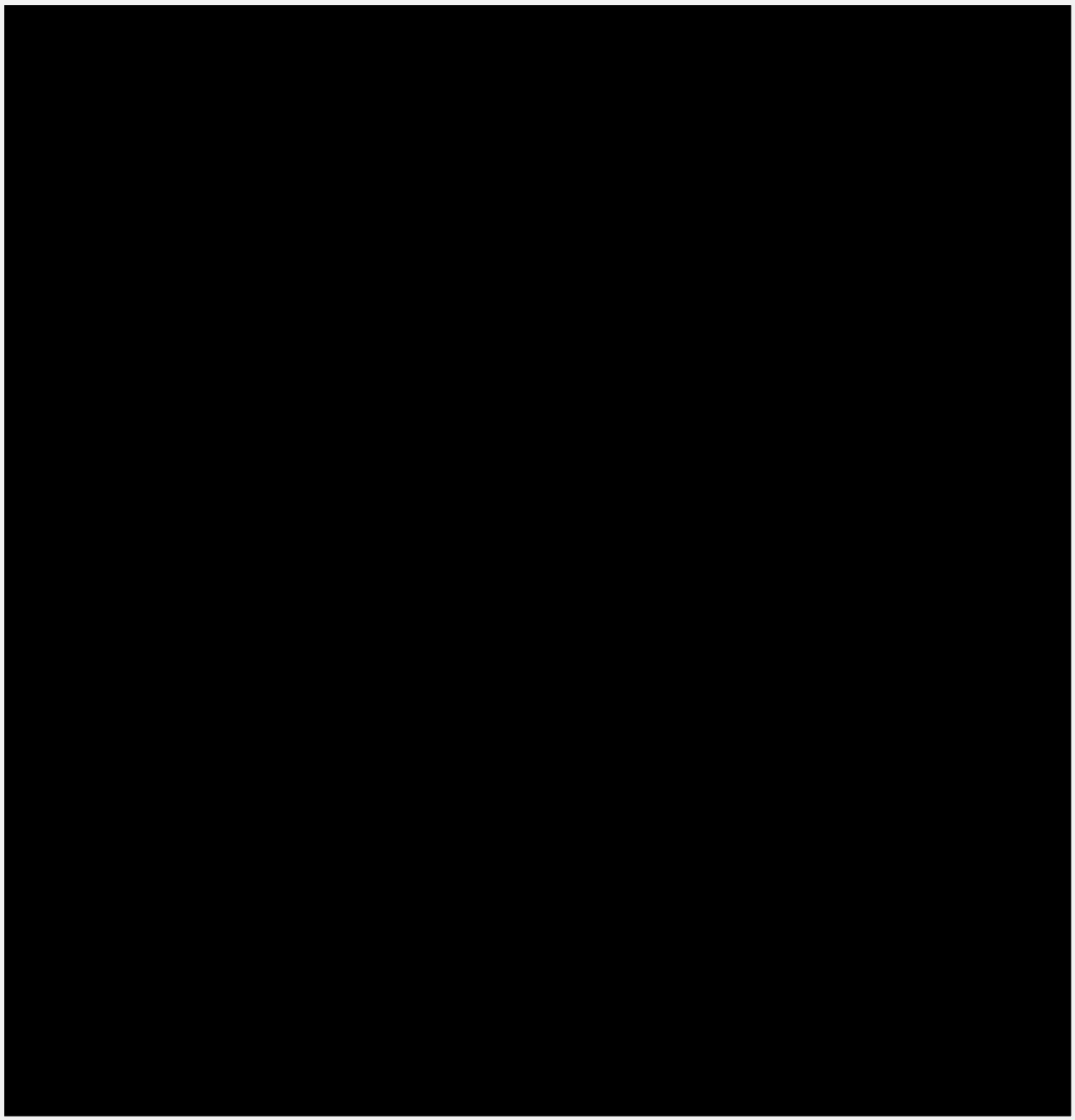
Appendix 21: Denburn Replacement PSCP HLIP

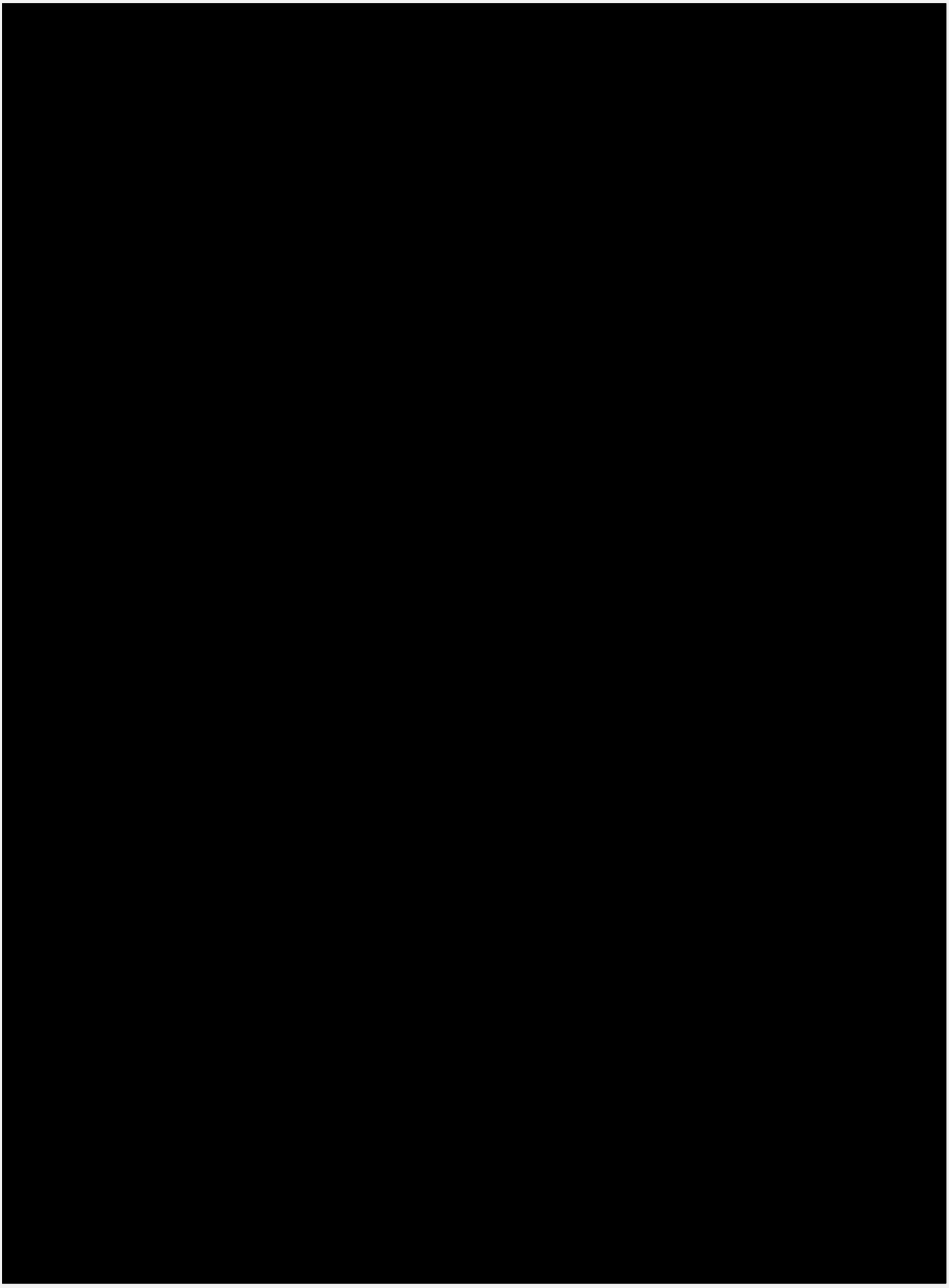
Appendix 21 -
Denburn Replacemen

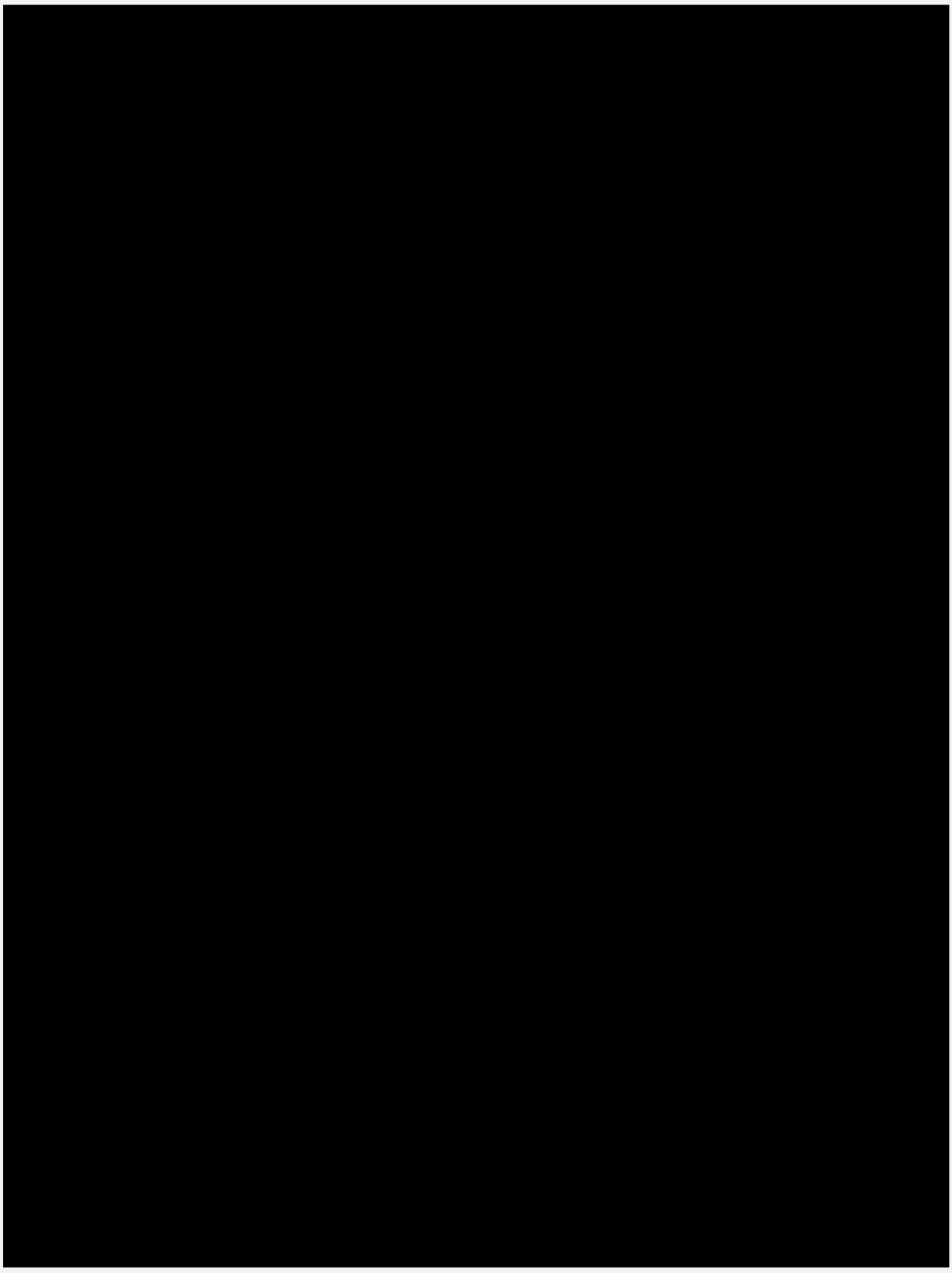


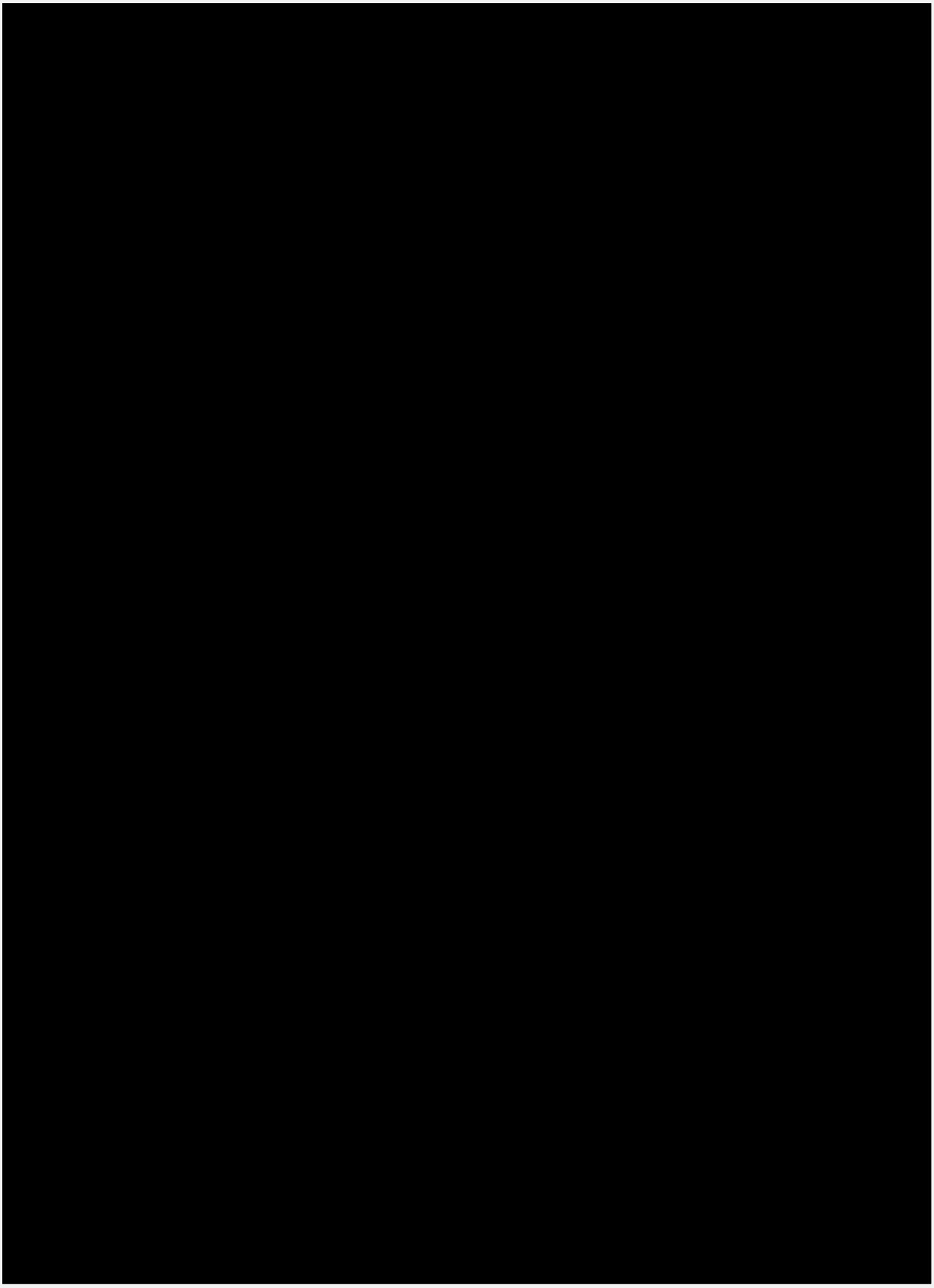


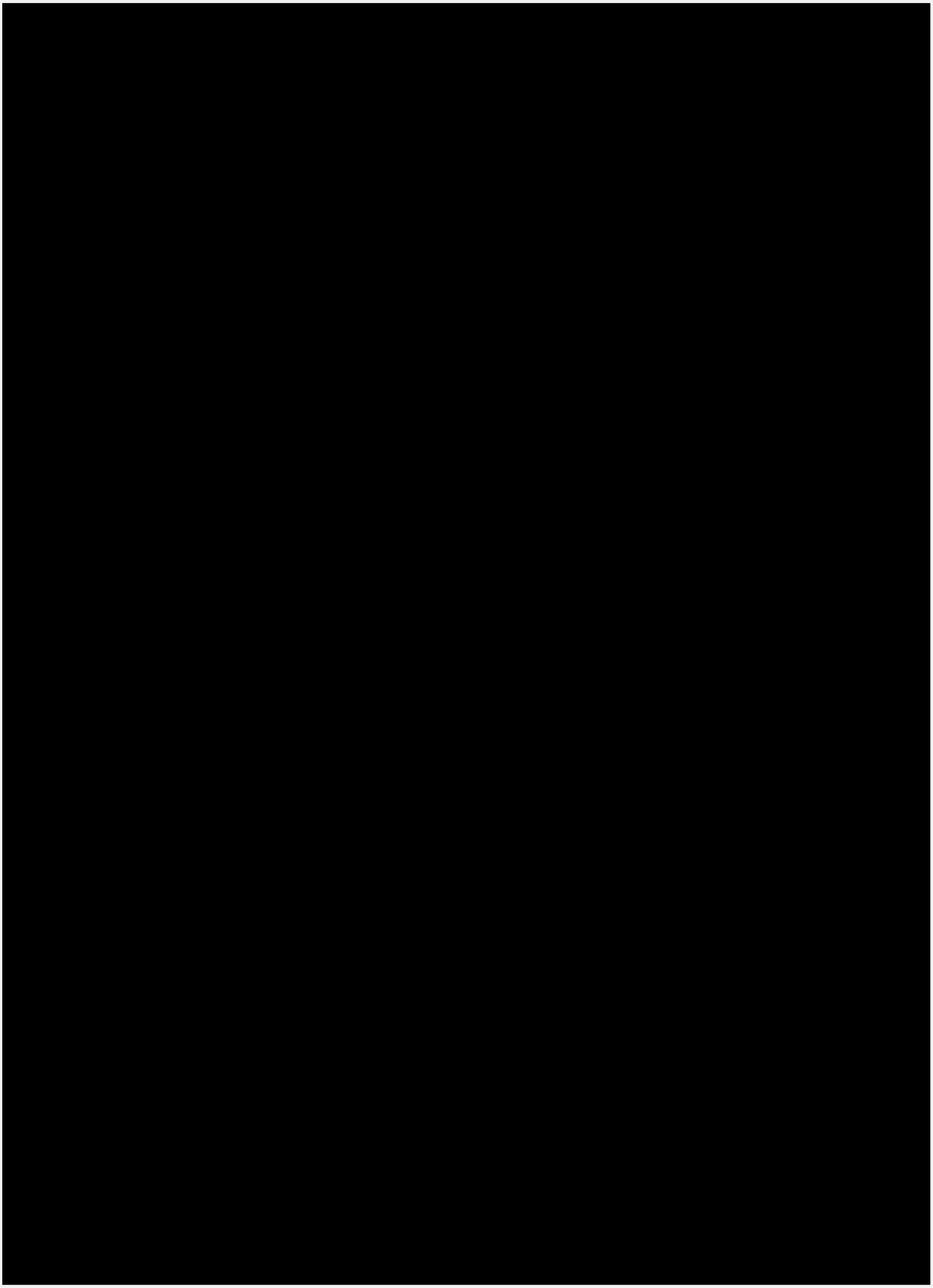


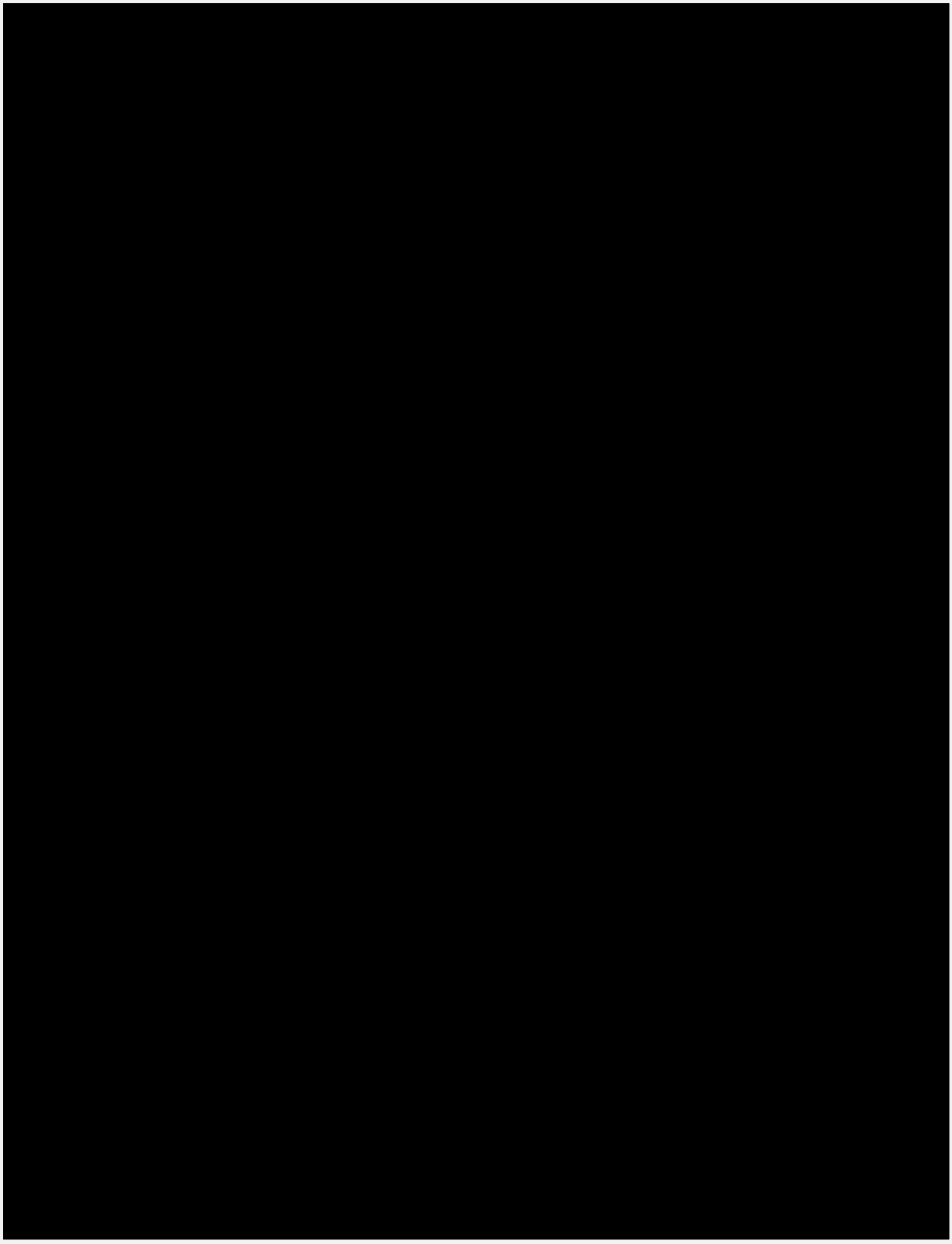


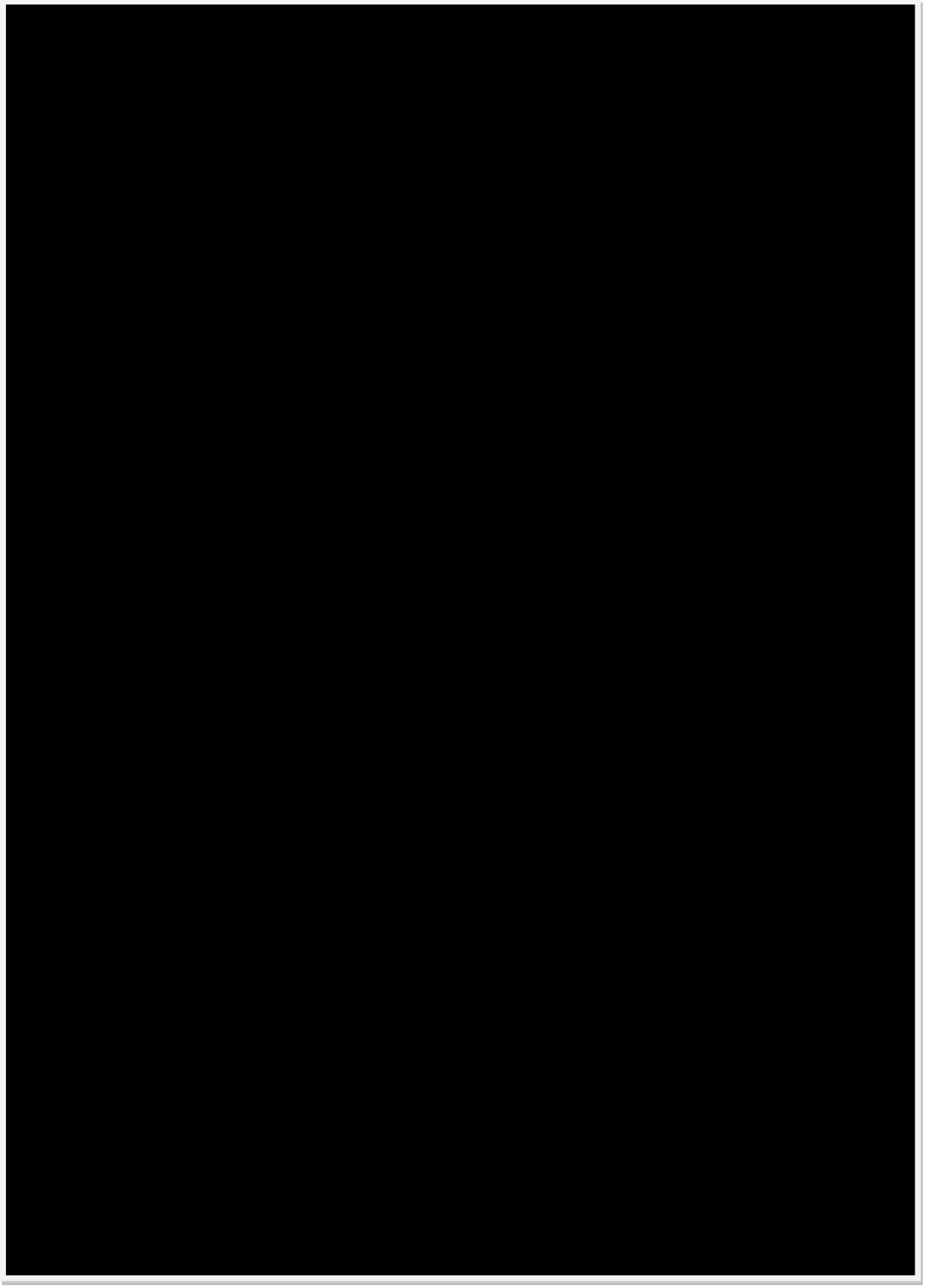


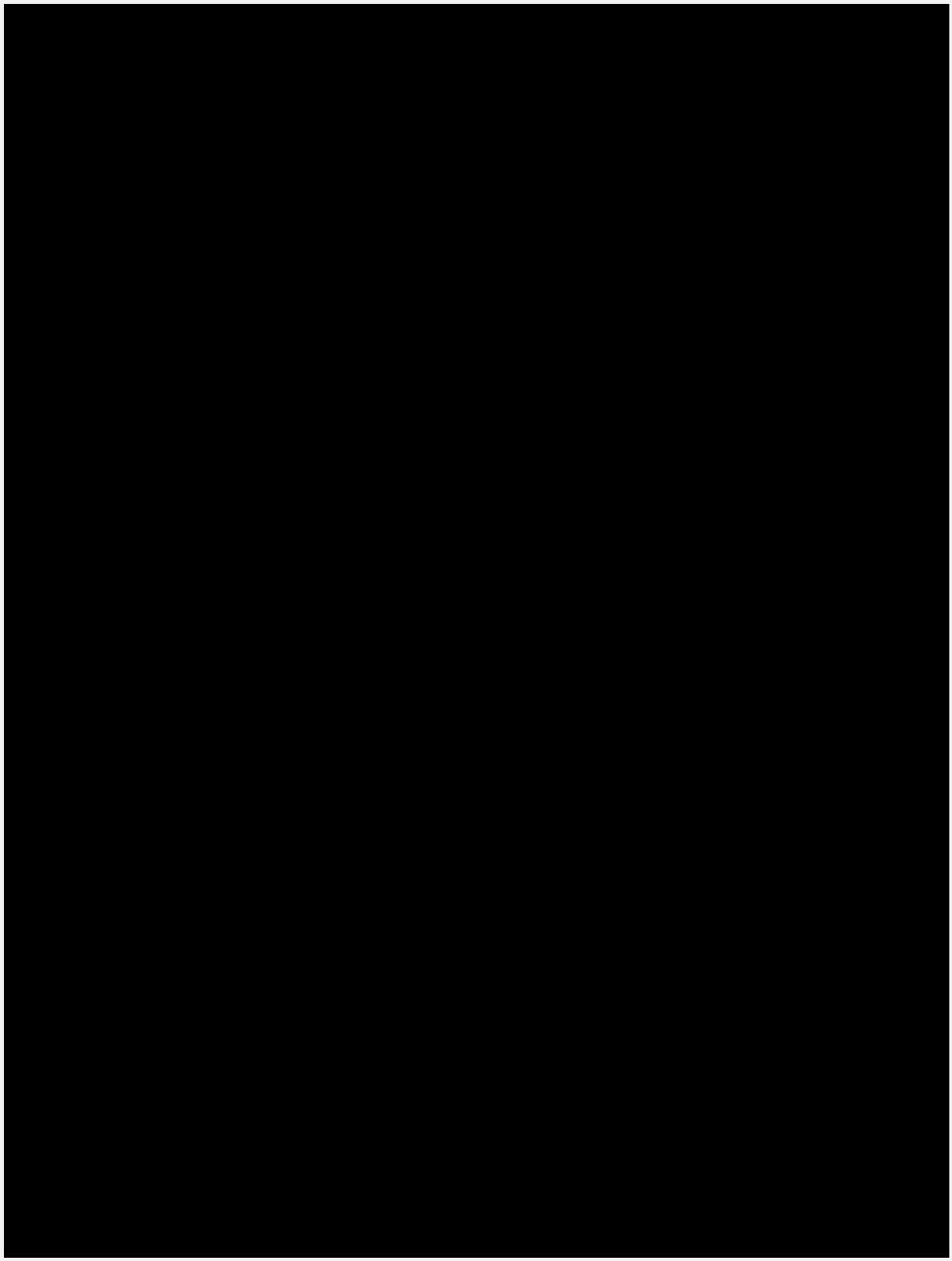


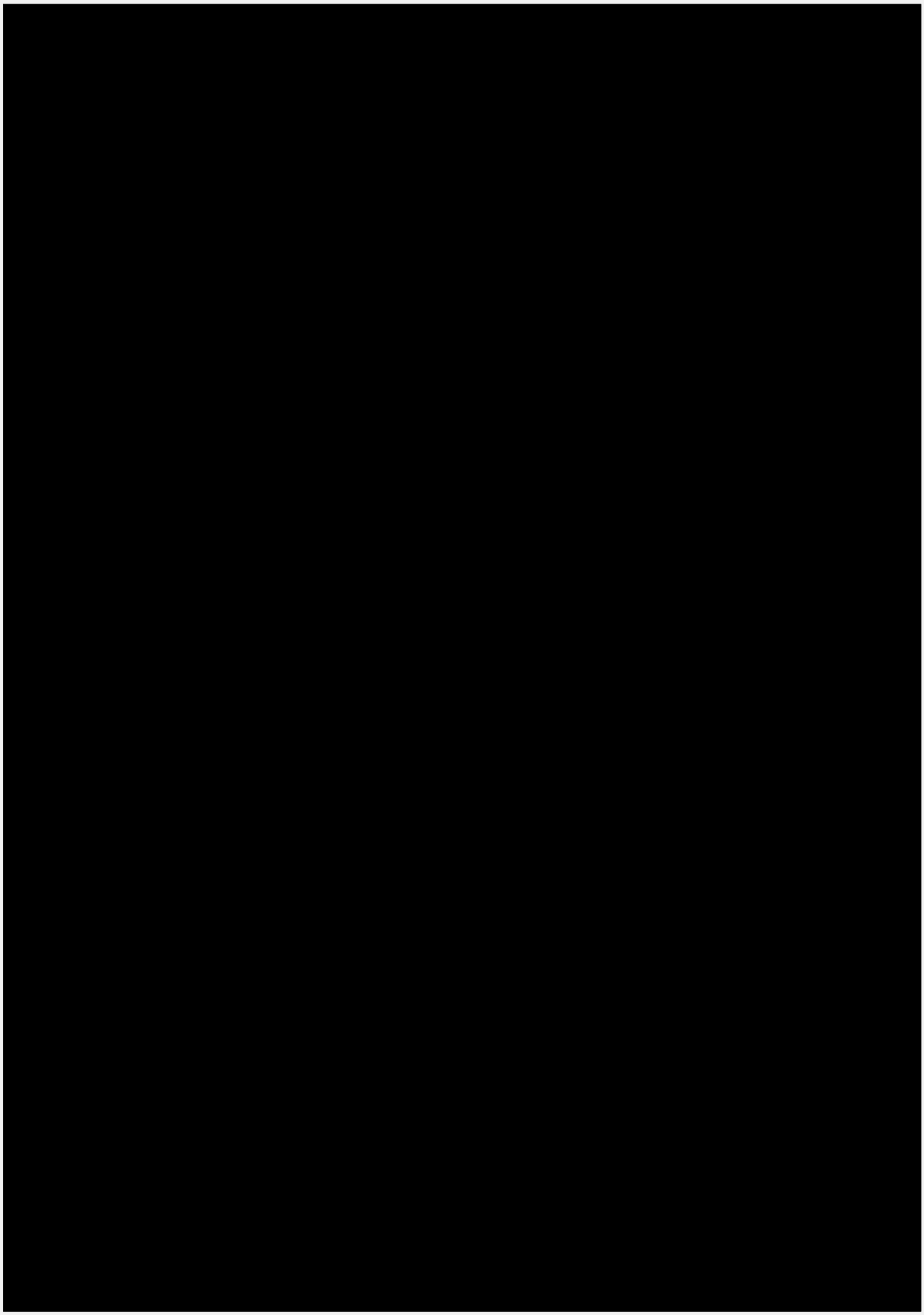


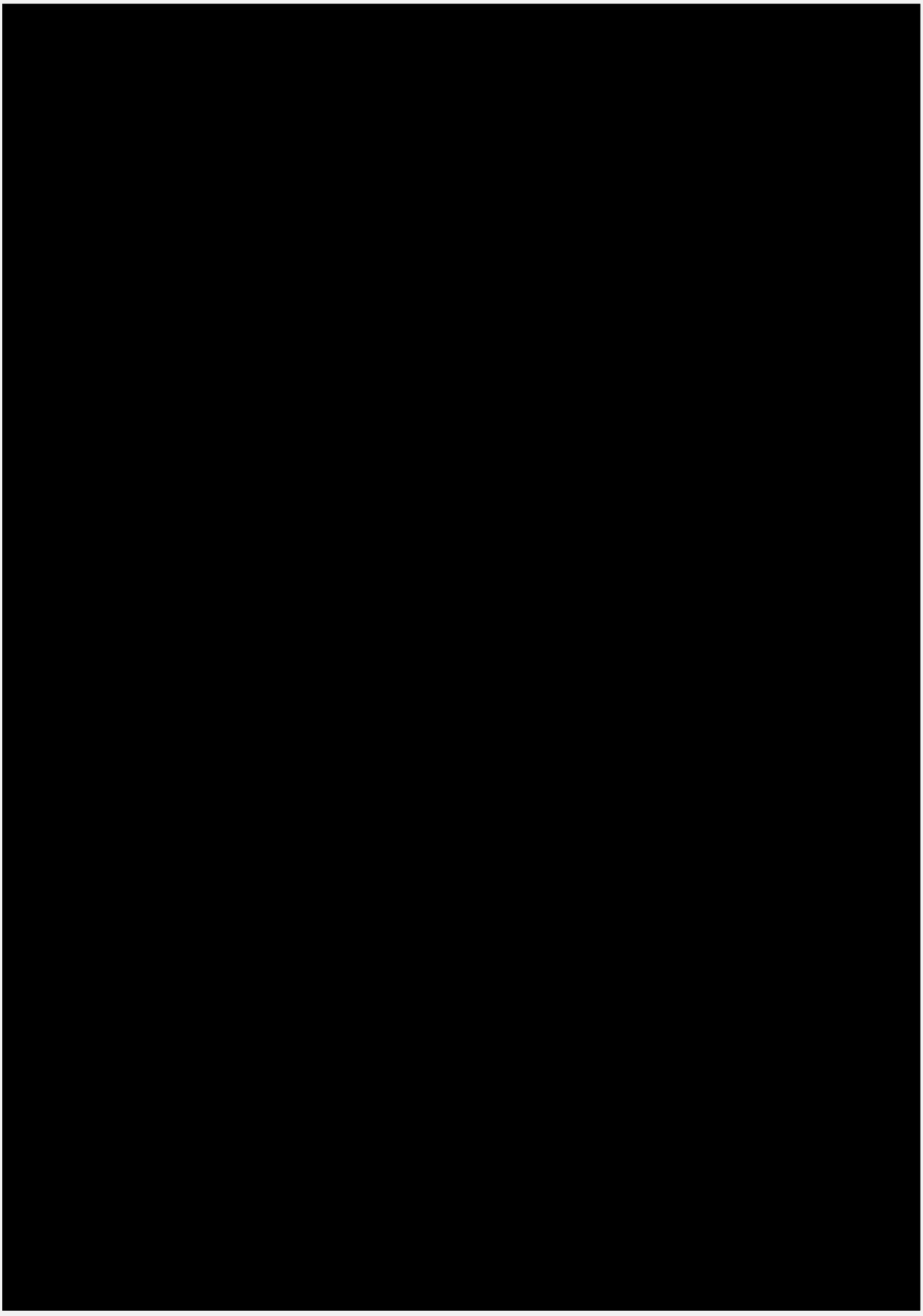


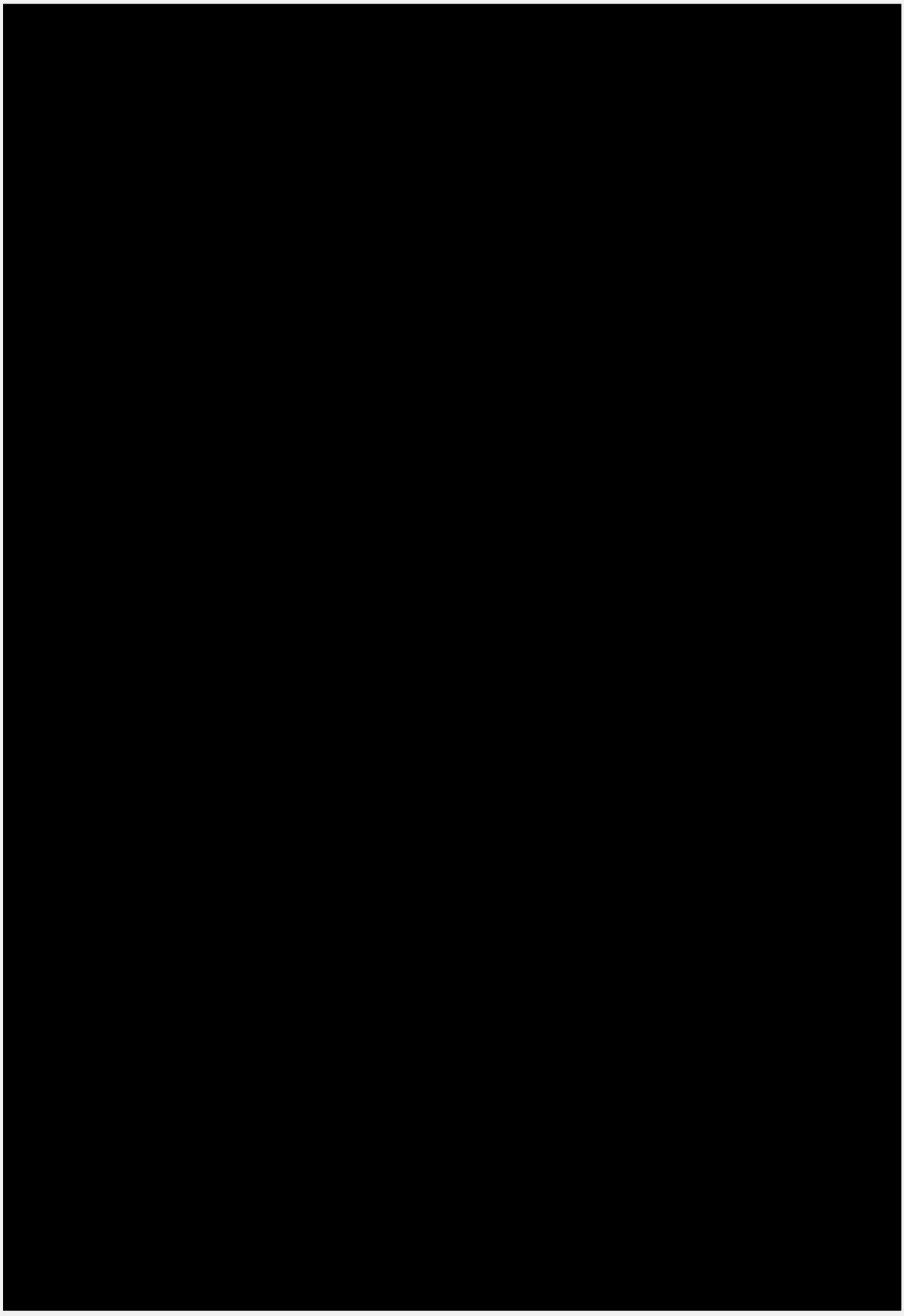


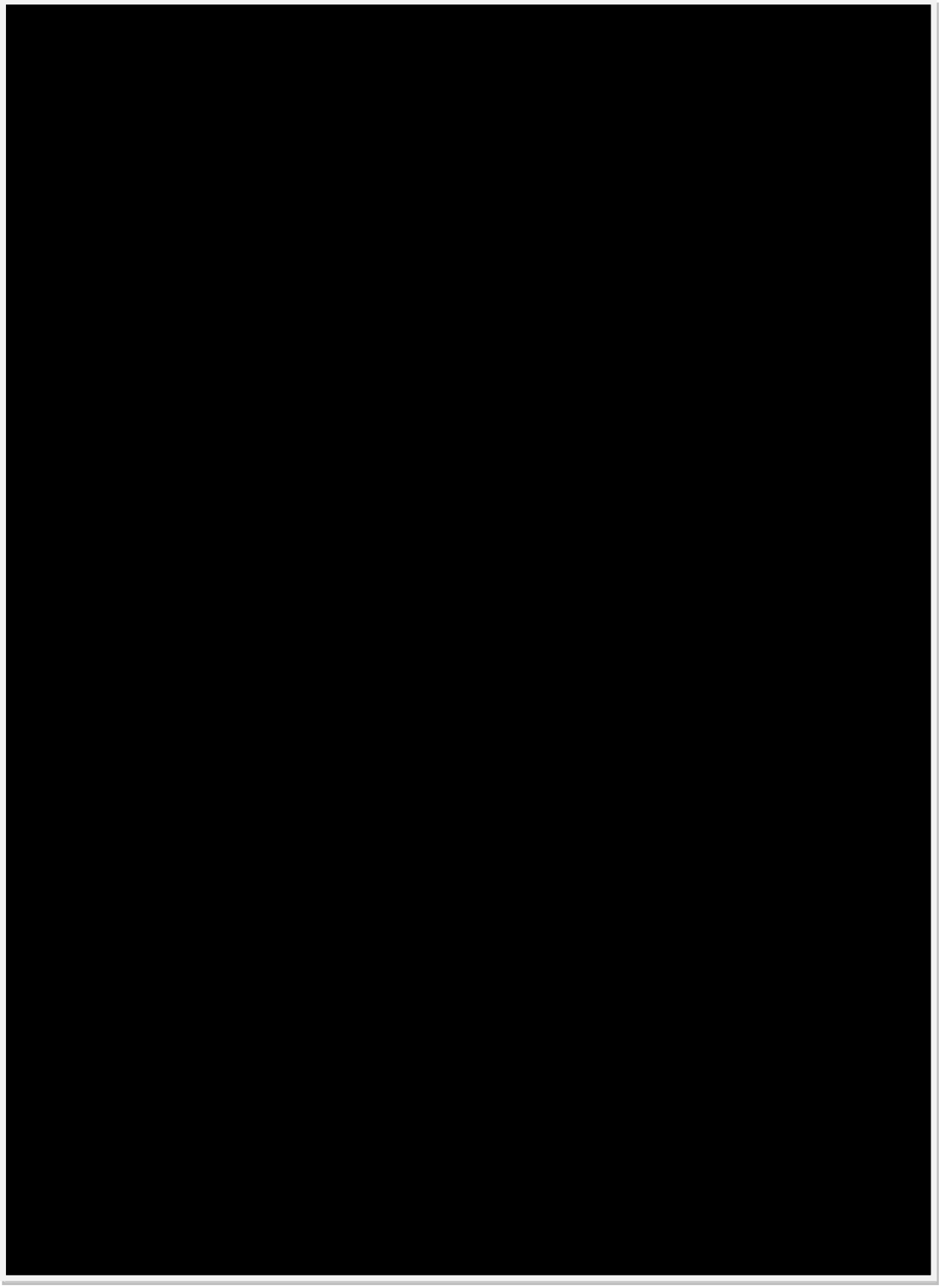


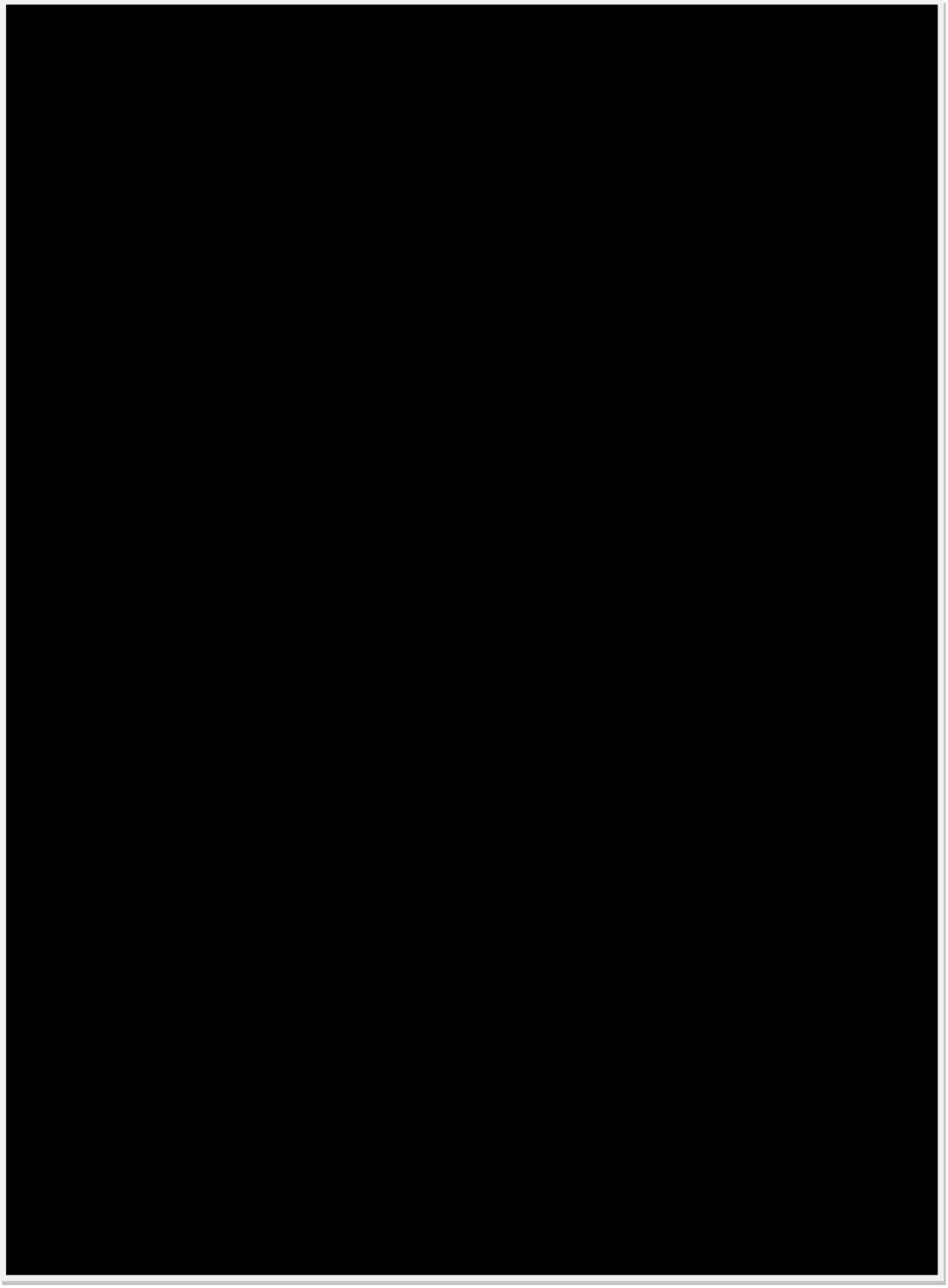


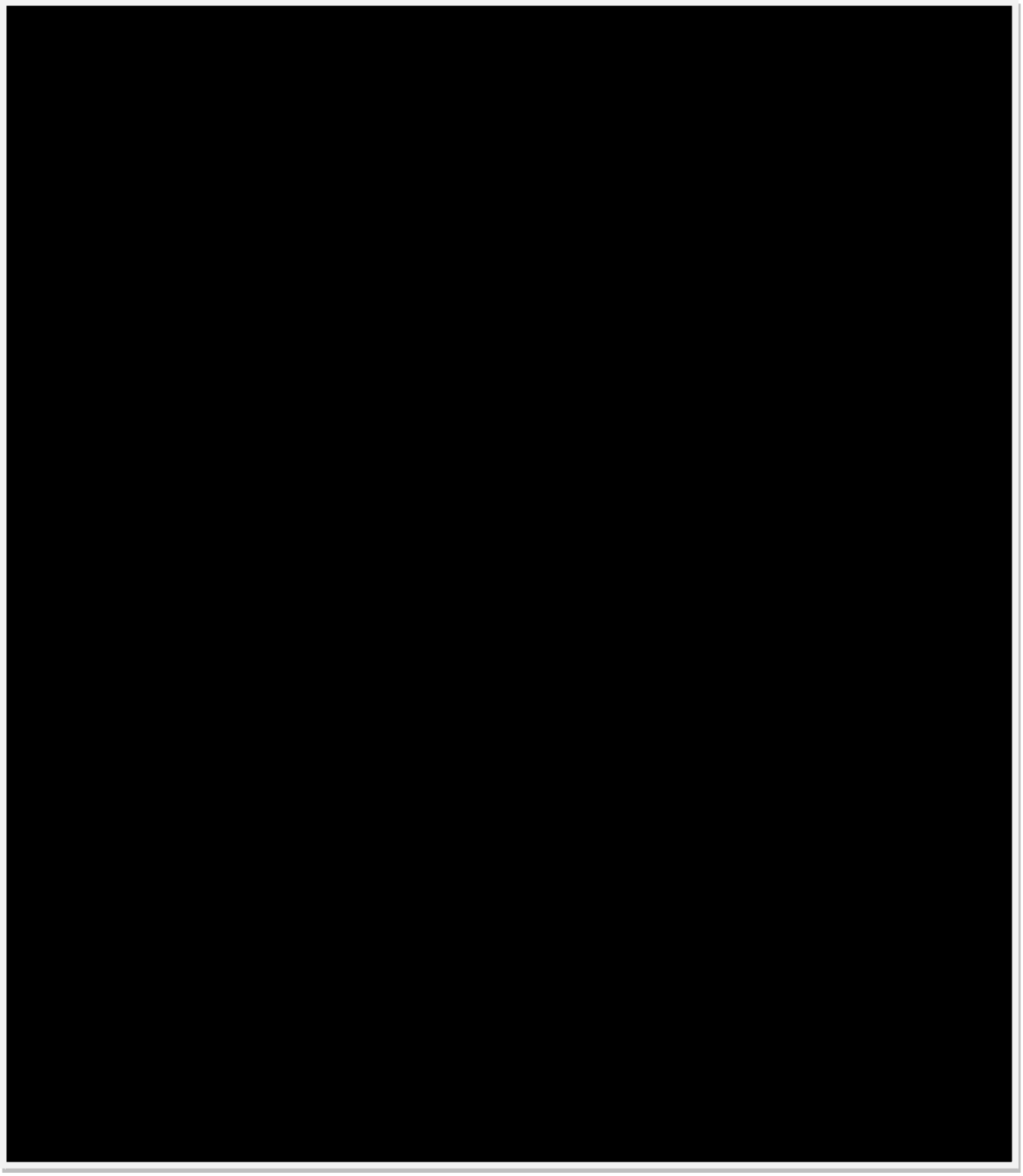






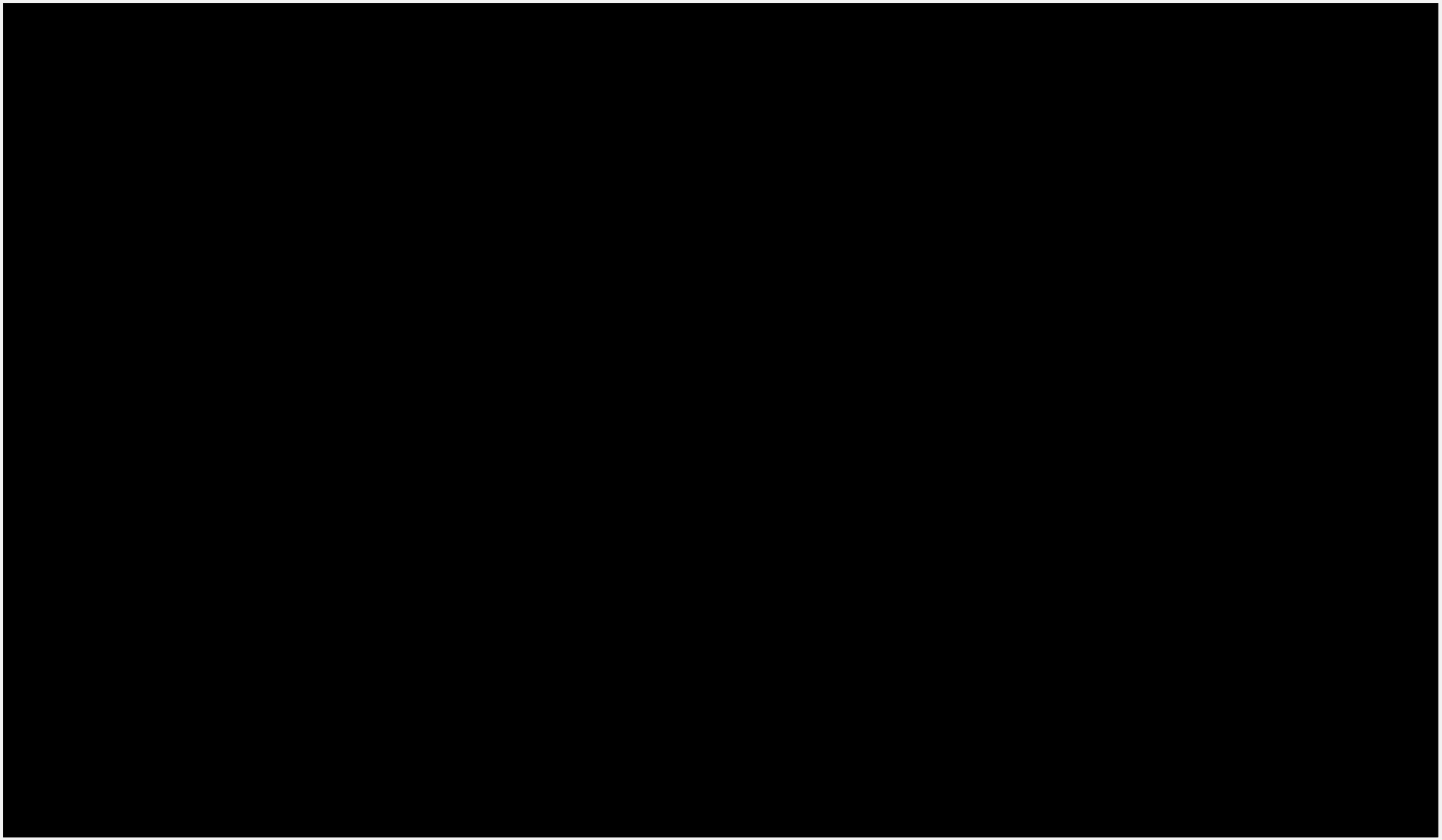


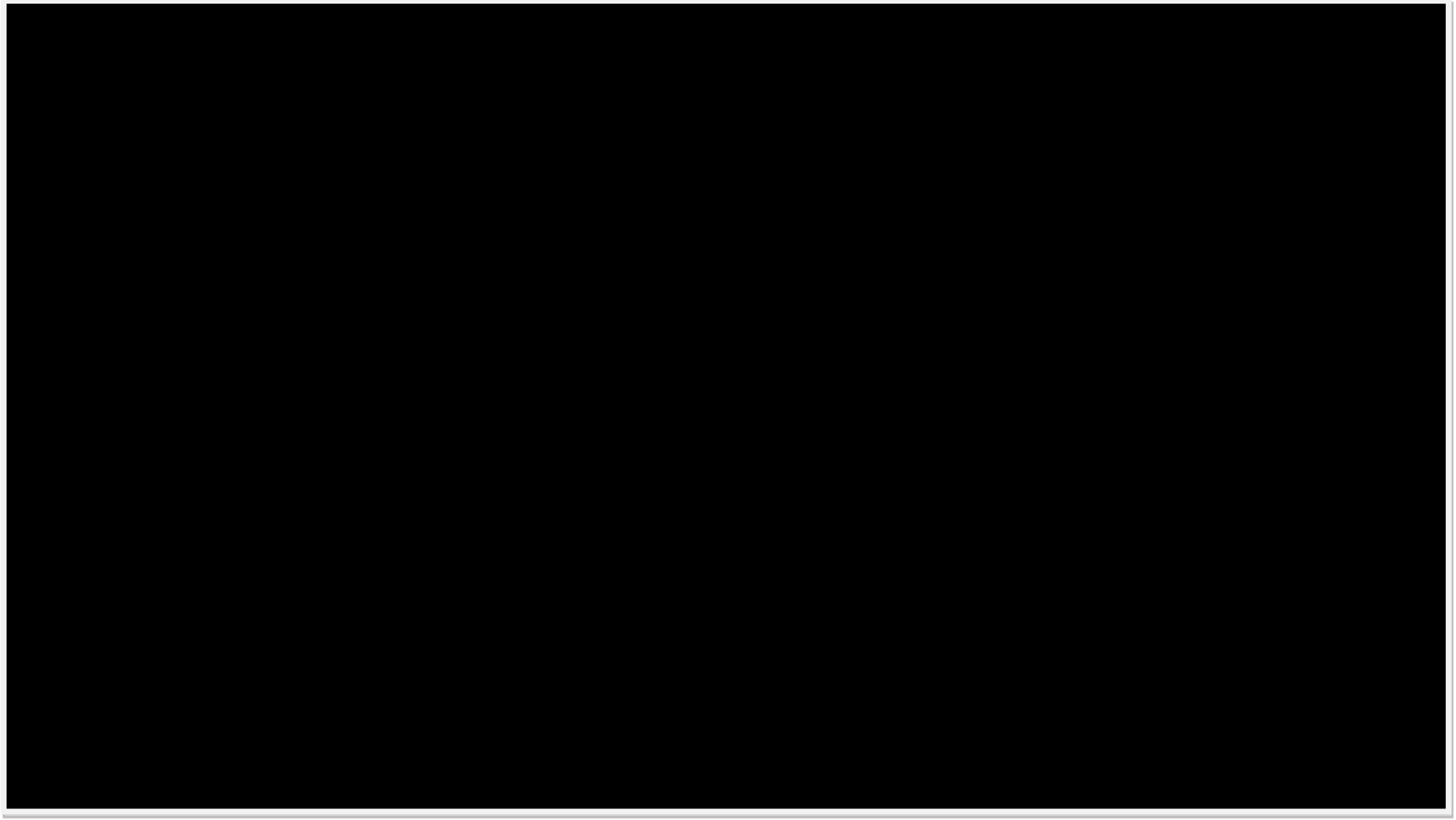




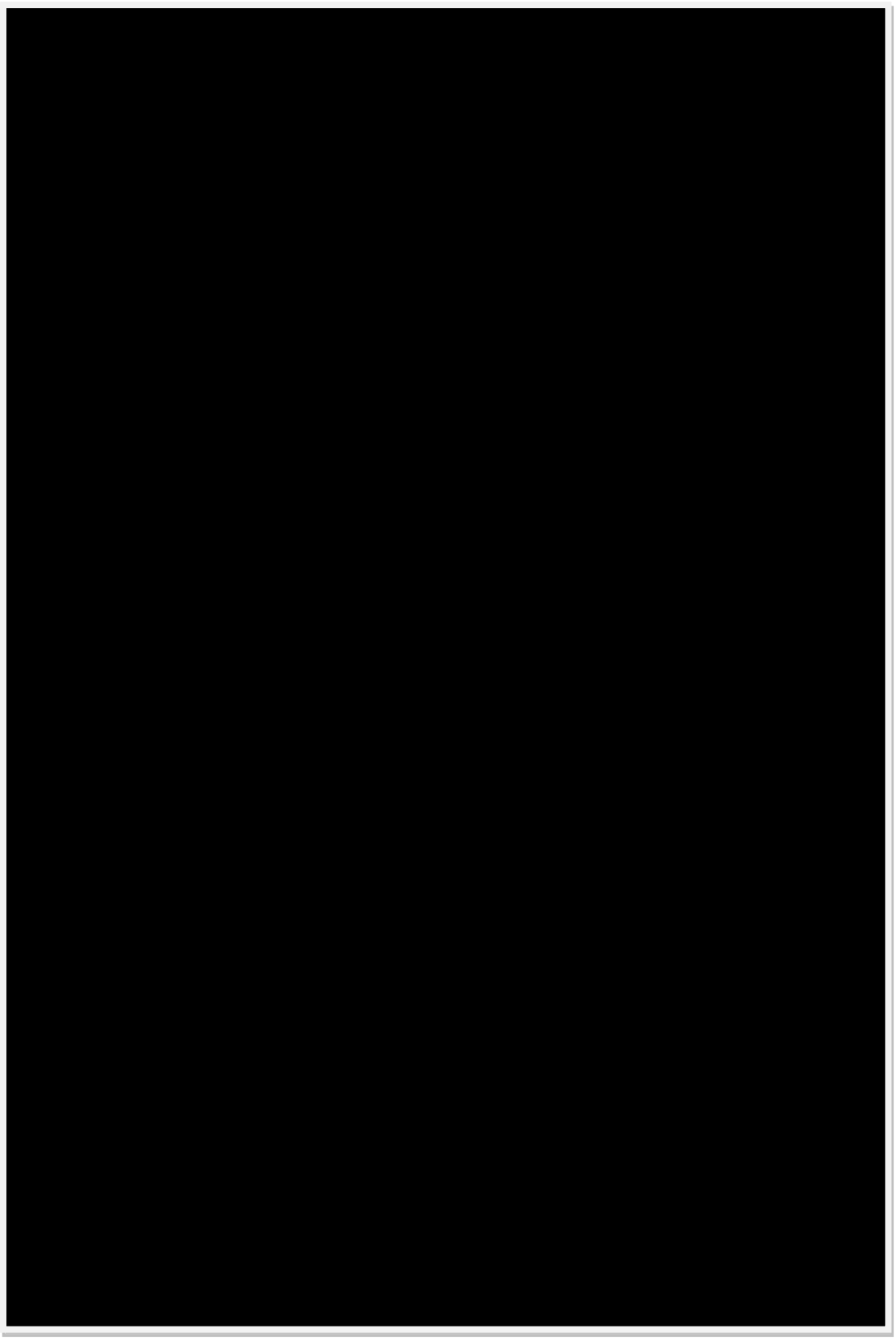
Appendix 23: NDAP Report

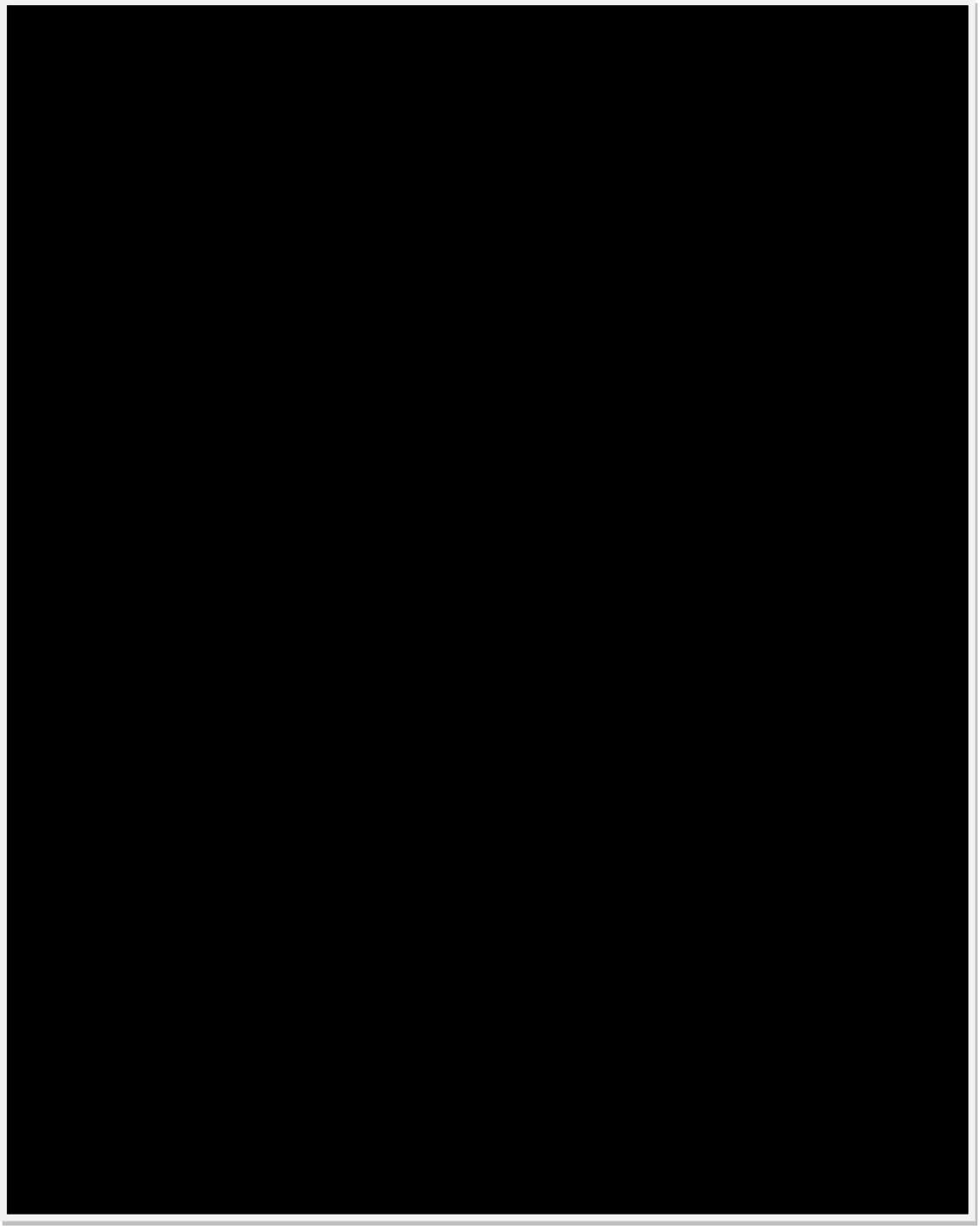
Appendix 23 -NDAP report.pdf





Appendix 25: Letter of Intent – Signed Version





Appendix 26: LIVE Project Action Plan Denburn_Aurora

ACTION PLAN - (CAPITAL AND SERVICES) HSCP

WORK STREAM - DENBURN AURORA PROJECT PLAN

Ref.	Task	Milestones	Lead Officer	Support Officer(s)	Start Date	End Date	RAG Status	Notes of Dependencies / Risks for Red RAG Status
1.1	Project Start Up	Review Initial Agreement	[redacted]		16.05.16	30.05.16	Completed	
		Proposal paper to North Programme Board for approval			20.06.16	23.0616	Completed	
		Draft Terms of Reference (TOR)			28.06.16	12.07.16	Completed	
		Set up Denburn meeting dates for 2016-17 and brief all members			12.07.16	29.07.16	Completed	
		Draft Action Plan for Denburn Project Group			12.07.16	29.07.16	Completed	
		Approval of TOR and Action Plan at Denburn Project Group			21.07.16	09.08.16	Completed	
		First meeting of the Denburn Project Group			04.08.16	11.08.16	Completed	
1.2	Refresh of Initial Agreement	Deliver a Workshop to develop New Service Delivery Model			23.06.16	30.06.16	Completed	
		Deliver a workshop to develop Options Appraisal			13.10.16	20.10.16	Completed	
		Consultation with Practice re: Options Appraisal			03.11.16	10.11.16	Completed	
		Deliver a workshop to finalise Options Appraisal with Project Group			01.12.16	04.12.16	Completed	
		Deliver a workshop to develop Benefit Realisation Plan			09.12.16	12.12.16	Completed	
		Presentation of Option Appraisal to CIG			13.12.16	13.12.16	Completed	
		Deliver a workshop to develop Risk Register			16.12.16	19.12.16	Completed	
		Deliver a workshop to develop Benefit Realisation Plan			18.01.17	25.01.17	Completed	
		Review Initial Agreement			06.01.17	30.03.17	Completed	CIG Approval - revise DA with new SCIM IA
		IA Options Scoring Workshop			04.04.17	20.04.17	Completed	
		Consultation with Project Group			28.04.17	20.10.17	Completed	
		Scottish Health Council Decision			09.10.17	05.12.17	Completed	
		Public Consultation including MSP/MP/Elected Members Patients/Staff/Public			30.11.17	22.02.18	Completed	
		Approval North Board			25.01.18	25.01.18	Completed	
		Approval City IJB			25.01.18	30.01.18	Completed	
		Approval North East Scotland Regional Planning Group			25.01.18	31.01.18	Completed	
		Approval AMG			25.01.18	31.01.18	Completed	
		Approval NHSG Board			25.01.18	01.02.18	Completed	
		Submission to CIG			25.01.18	22.03.18	Completed	
		Formal Letter received from Scottish Government			22.03.18	16.04.18	Completed	Letter dated 16.04.18 (one month to publish public
		Redaction of Initial Agreement via Information Governance			01.04.18	14.05.18	Completed	
		Public Version of IA published on NHSG Website Project Page			16.04.18	14.05.18	Completed	

1.3	Approval of Outline Business Case	Set up Communications Sub Group Meetings	[redacted]		23.01.18	03.05.1	Completed	
		Draft Strategic Case			29.05.18	21.03.1	In Progress	
		Draft Economic Case			29.05.18	21.03.1	In Progress	
		Draft Financial Case			29.05.18	21.03.1	In Progress	
		Draft Commercial Case			29.05.18	21.03.1	In Progress	
		Draft Management Case			29.05.18	21.03.1	In Progress	
		Draft Satelite Solution Report			24.05.18	25.10.1	Completed	
		Draft Dental Options Appraisal Report			13.08.18	25.10.1	Completed	
		IJB Members Capital Workshop			09.10.18	09.10.1	Completed	
		Draft OBC to Working Group for consultation			29.11.18	17.01.1	Completed	
		Completion of EHRIA - ACC			14.11.18	21.03.1	In Progress	
		Draft OBC to Aberdeen City Capital Programme Board for consultation			13.12.18	06.03.1	In Progress	Extraordinary Meeting scheduled 23.01.19 cancelled
		Public/Staff/Stakeholder & Engagement Consultations			27.11.18	16.01.1	Completed	Report to be circulated for sign off
		OBC to NHSG Asset Management Group for approval			06.02.19	27.03.1	In Progress	Changed at recommendation to PB on 06.02.19
		OBC to North East Scotland Regional Planning Group (Chief			N/A	N/A	N/A	
		OBC to NHSG Board for Approval			06.02.19	04.04.1	In Progress	Changed at recommendation to PB on 06.02.19
		IJB Members Capital Workshop			09.10.18	09.10.1	Completed	
		IJB Meeting Update (Cover Paper)			06.02.19	26.03.1	In Progress	Changed at recommendation to PB on 06.02.19
		OBC to SG CIG for Approval			05.03.19	03.04.1	In Progress	
	Approval of	Commence public consultation						
1.4	Final Business	Commence Draft FBC						
	Case	FBC to Denburn Practice Group for Consultation and Engagement						
		FBC to North Programme Board for Approval						
		FBC to NHSG Asset Management Group for Approval						
		FBC to North East Scotland Regional Planning Group						
		IJB Workshop						
		FBC to NHSG Board for Approval						
		FBC to SG CIG for Approval				Dec-19		
1.5	Capital Development	Secure Site						
		Finalise Planning Application						
		Commence Contract Aware Activities						
		Construction			Jan-20	Apr-21		
		Commission/Operation and Snagging						

OBC & FBC Lead Officers Group

Strategic Case - [redacted] (HSCP)
Financial Case - [redacted] (NHSG)
Management - [redacted] (NHSG)
Economic Case - [redacted] (NHSG)
Commercial - [redacted] (NHSG)
Practice Development Manager - [redacted]

Appendix 27: OCP – Practice Final

Denburn/Aurora Development Project

Operational Change Plan – Denburn/Aurora Medical Practice Grouping

This document should be read in conjunction with the "Specific Clinical and Operational Requirements" document

Description of Service:

Aurora/Denburn Medical Practice Grouping provide General Medical Services under the NHS to the population of their practice boundary and surrounding areas as detailed in the practice area map.

The Practice group currently operates from 3 health board owned premises; Denburn Health Centre, Northfield Health Centre and Mastrick clinic.

- The Denburn Practice has a practice population of approximately [redacted])
- The Aurora Practice (Northfield and Mastrick) has a practice population of approximately [redacted]

It is anticipated that approximately [redacted] patients from the Denburn Practice will have their care provided at a satellite site within Aberdeen City Centre therefore the anticipated patient population to be served by Aurora Medical Practice operating from Greenferns Health and Care Centre is approximately [redacted] although this is on a clinical basis only.

The Greenferns Health and Care Centre will house all other attached clinical and administration staff for a population of [redacted] It is also anticipated that due to the Primary Care strategy being developed by the Aberdeen City Health & Social Care partnership including patient movements across the city that the clinic capacity at Greenferns Health and Care Centre should be able to expand to service all [redacted] patients from the Greenferns Health and Care Centre within approximately 5-7 years.

The Practice currently operates a Triage Hub Model "Doctor First" which is a doctor-led telephone triage appointment system. Doctor First is GP led with other services provided by other health care professionals including Allied Health Professionals (AHPs). The approach aims to make best use of technology to reduce the number of unnecessary or inappropriate face to face appointments e.g. to receive negative test results or be offered advice which could be more efficiently communicated over the phone or by e-mail. This enables the practice to also reduce the number of Did Not Attend (DNAs) appointments.

Lead Officers:

[redacted] GP Partner

[redacted] GP Partner

[redacted] Project and Strategy Manager

[redacted] Quality & Finance Manager

[redacted] Operations Co-ordinator

Service Issue:

To ensure provision of GMS and other primary care Services for the patient population of Denburn and Aurora catchment area.

Operational Change Plan

Communication: The main communication promoting this service will be through the already established Communication Strategy for the Denburn/Aurora Project.

Workforce: Clinical and Non-Clinical Out- put specifications have already been developed as part of the Authority Requirements document which detail the service and staffing requirements. Meetings to be arranged with GMS providers and service representatives and facilitated by Project Manager to ensure this is actioned.

Training: As it is likely that the staff for this service is likely to be existing staff, as such the staff will already be trained to a certain level.

Orientation of the new facility will be arranged by the Denburn/Aurora Project Team. Training will also be provided regarding the Help Desk being provided by NHS Grampian Estates Department.

Policies and Procedures: All policies used will be NHS Grampian policies. Booking and referral arrangements remain the same as they currently are although this may be reviewed to include arrangements for referring patients to the satellite hub at the Health Village.

A dedicated policies and procedures group will be established to develop policies and procedures around the sharing of facilities; car parking arrangements; safety and security of staff and building and help desk arrangements. This group will have representation from all services and will be facilitated by the Project Manager for the Denburn/Aurora Project.

FM service arrangements and procedures including cleaning, waste management, portering, receipt and distribution of goods etc. is covered under the FM Service Arrangements Operational Change Plan.

Stakeholder Sign Off

This Operational Change Plan is currently in development and consultation with the GMS Provider is ongoing.

Appendix 28: OCP – ACHSCP Final

Denburn/Aurora Development Project

Operational Change Plan – Aberdeen City Health and Social Care Partnership

This document should be read in conjunction with the "Specific Clinical and Operational Requirements" document

Description of Services:

- **Allied Health Professionals**

A range of AHP led services will be provided from the Health and Care Centre. These will include:

Speech and Language Therapy (SLT) - Speech and language therapists (SLTs) provide life-improving therapy, support and care for people who have difficulties with communication, eating, drinking or swallowing. SLTs assess and treat people with speech, language and communication problems to enable individuals to communicate better. They also assess, treat and develop personalised plans to support people who have eating and swallowing problems. Using specialist skills, SLTs work directly with patients and their carers and provide them with tailored support.

Podiatry - The Podiatrist works as an autonomous healthcare professional and, also within the Multidisciplinary Team to diagnose and provide a comprehensive care plan to manage foot and lower limb pathologies. This includes, but not limited to a wide variety of disorders, injuries and local manifestations of systemic disease. The podiatric management may include curative, preventative or require long term palliation or heath education.

Physiotherapy – 1st Contact Practitioner Service - Patients with a musculoskeletal problem are offered an initial triage call and potential follow up consultation appointment for assessment and brief intervention, with the physiotherapist as an alternative to the GP.

Dietetics - The dietician will assess, diagnose and treat dietary and nutritional problems. They also run "healthy helpings" group work sessions.

- **Health Visiting**

The team provides a service to ante-natal women and the 0-5 year old population registered with the practice. The service framework is directed by the Universal Health Visiting Pathway offered to every child/family predominantly within the home. Getting it Right for Every Child (GIRFEC) is a framework across children's services that support health visitors identify need, risk and ensure the wellbeing of children and families, referring to multi-agency colleagues and services.

- **Community Midwifery**

The Community Midwives provide consultations to pregnant women including confidential discussion, routine ante natal check to include physical examination and minor diagnostic and treatment procedures for the pregnant patient population registered with the practice.

- **Community Nursing**

The dedicated practice attached community Nursing team provide a community nursing service to the patients registered with the Aurora/Denburn Medical Practice Grouping in their own home or nurse led beds in a care home setting. They also run a drop in clinic open to all patients residing in the Northfield / Mastrick communities.

- **Mental Health Team**

The mental health team includes:-

- Substance misuse service - works with substance misuse patients registered with the Medical Practice providing support with their mental health and medication. The team working hours are 9am to 5pm, Monday to Friday.

- Chaplaincy Listening Service which provides a non-judgemental and confidential space with NHS Grampian Healthcare Chaplains who are experienced and trained in active listening. This is open to patients and staff who are dealing with issues that are causing them to be anxious and/or upset and they are offered coping strategies to help.

Aberdeen City Health & Social Care Partnership Other Services

This area will be available to the HSCP to allocate to services requiring access to the building. Currently provision is included for;

- **Pharmacy** – 1 day per week. Helping patients make the best use of their medication, including medication reviews, responding to acute patient concerns relating to their medication and minor ailments.

- **Social work care management** – ad hoc basis. Meet with registered patients and their families to undertake a care assessment, develop a care package based on the information gathered, and review the care package to ensure it is suited to the person's needs.

Business Change Managers/Departmental Briefers:

Community Nursing

[redacted] Nursing Service Manager/Lead HV
[redacted] District Nurse, Denburn / Aurora / Mastrick

Health Visitor Team
[redacted] Nursing Service Manager/ Lead HV
[redacted], Health Visitor, Denburn – Aurora Practice

Community Midwifery
[redacted], Team leader, community midwives.

Speech and Language Therapy
[redacted] (service lead)

Podiatry
[redacted] (service lead)

Physiotherapy
[redacted] (service lead)

Dietetics
[redacted] (service lead)

Pharmacy
[redacted] Pharmacy Service Lead

Social Work – Care Management
[redacted]

Substance Misuse Team
[redacted] Team Lead (south cluster), Substance Misuse Service

Chaplaincy Listening Service
[redacted] Lead Chaplin

Service Issue:

To ensure provision of ACHSCP Services for the patient population of Denburn and Aurora catchment area. This includes:

- Community Nursing
- Health Visitor Team
- Community Midwifery
- Speech and Language Therapy
- Podiatry
- Physiotherapy
- Dietetics
- Pharmacy
- Social Work – Care Management
- Substance Misuse Team
- Chaplaincy Listening Service

Operational Change Plan

Communication: The main communication promoting this service will be through the already established Communication Plan for the Denburn/Aurora Project.

Workforce: Clinical and Non-Clinical Out- put specifications have already been developed as part of the Authority Requirements document which detail the service and staffing requirements. Meetings to be arranged with service leads and Project Manager to ensure this is actioned.

Training: As it is likely that the staff for this service is likely to be existing staff, as such the staff will already be trained to a certain level.

Orientation of the new facility will be arranged by the Denburn/Aurora Project Team. Training will also be provided regarding the Help Desk being provided by NHS Grampian Estates Department.

Policies and Procedures: All policies used will be NHS Grampian policies. Booking and referral arrangements remain the same as they currently are although this may be reviewed to include arrangements for referring patients to the satellite hub at the Health Village.

A dedicated policies and procedures group will be established to develop policies and procedures around the sharing of facilities; car parking arrangements; safety and security of staff and building and help desk arrangements. This group will have representation from all services and will be facilitated by the Project Manager for the Greenferns Project.

FM service arrangements and procedures including cleaning, waste management, portering, receipt and distribution of goods etc. is covered under the FM Service Arrangements Operational Change Plan.

Stakeholder Sign Off

This Operational Change Plan is currently in development and consultation with the services is ongoing.

Appendix 29: OCP – FM Final

Denburn/Aurora Development Project

Operational Change Plan – Facilities Maintenance

This document should be read in conjunction with the "Specific Clinical and Operational Requirements" document

Description of Service:

The Facilities Maintenance (FM) which are the responsibility of NHS Grampian are as follows:

- Domestic Services
- Waste
- Goods Receipt and Distribution
- Linen and Laundry
- Portering

Lead Officers:

To be confirmed.

Service Issue:

To ensure appropriate FM arrangements are in place for the new Health and Care Centre, taking into consideration the full range of services which are to be provided in conjunction with the operating hours of the new facility.

Operational Change Plan

Communication:	Regular communication and engagement with the stakeholders and services to ensure consistent approach of the FM arrangements and ensure needs of services are met. Meetings to be arranged with FM providers and service representatives and facilitated by Project Manager to ensure this is actioned.
Workforce:	Clinical and Non-Clinical Out- put specifications have already been developed as part of the Authority Requirements document which detail the occupancy and operating hours of the building. Meetings to be arranged with FM providers and service representatives and facilitated by Project Manager to ensure this is actioned.
Training:	FM provider to ensure that all staff are trained as required to ensure the facilities are maintained to a clinical standard taking into account the full range of services being delivered from the new centre. Meetings to be arranged with FM providers and service

representatives and facilitated by Project Manager to ensure this is actioned.

Orientation of the new facility will be arranged by the Denburn/Aurora Working Group. Training will also be provided regarding the Help Desk being provided by NHS Grampian Estates Department.

Policies and Procedures:

NHS Grampian Policies and Procedures will apply. A dedicated policies and procedures group will be established to develop policies and procedures around these facilities with representation from all services and will be facilitated by the Project Manager for the Denburn/Aurora Working Group.

Stakeholder Sign Off

This Operational Change Plan is currently in development and consultation with the FM Providers is ongoing.

Appendix 30: Stakeholder and Communication Engagement Plan

Denburn/Aurora Project: Stakeholder & Communications Engagement Plan	
Lead Officer	[redacted] Planning Manager (Capital and Services), Aberdeen City HSCP
Project Manager	Project Manager (Capital and Services), Aberdeen City HSCP
Date	25.03.19
Version	V5 LIVE

Stakeholder and Communications Engagement Plan

Stakeholder	Stake in Project	Type of Engagement	Purpose of Communication	What do we need from them?	Method	When do they need to know and how often?	Key Messages	Costs Incurred	Responsibility	Outcome
Denburn/Aurora Practice Partners	To shape the future delivery of Primary Health and Care Services. HIGH	Collaborate	They will deliver the future service.	Clinical expertise	Workshops Meetings Project Group 121 Sessions	Monthly/ As required	Transformation of Service Modernise infrastructure Innovative Schedule Of Accommodation Design Achieve best value.	Workshop budget – Transforma-tion Fund	Lead Planning Manager Project Managers	Approval of Future Service Delivery Model, Schedule of Accommodation and sign off IA (Initial Agreement), OBC (Outline Business Case) and FBC (Full Business Case). Agreement of Interim Transitional Period Arrangements.
Denburn/Aurora Practice Management Team	To shape the management model for future Primary Health and Care Services. MEDIUM	Collaborate	They will manage the future service.	Operational expertise	121 Sessions Team Meetings	Weekly/ Monthly/ As Required	Lead Roles Key Tasks Actions Timelines	Not applicable	Programme Director and Lead Planning Manager/ Project Managers	Task delivered on timescale to meet CIG (Capital Investment Group) deadlines.
Denburn/Aurora Practice Support Staff	To shape the support and administra-tion model for the future delivery of Primary Health and Care Services. MEDIUM	Consult	They will support the future service.	Operational expertise	Workshops Project Group 121 Sessions	Monthly	Transformation of Service Modernise infrastructure Innovative Schedule Of Accommodation Design Achieve best value	Workshop budget/ Transform-ation Fund	Lead Planning Manager Project Managers	Approval of Future Service Delivery Model, Schedule of Accommodation and sign off IA (Initial Agreement), OBC (Outline Business Case) and FBC (Full Business Case)

GMS (General Medical Services) Indirect Practices	To be involved in shaping the services to patients city wide HIGH	Collaborate	They will deliver a part of the future service	Clinical and Operational expertise	121 Sessions	As required	Transitional Period Business as Usual Seamless Transition	TBC	Lead Planning Manager/ Project Managers	Approval of Interim Transitional Period Arrangements. Approved boundaries throughout the city
Community and Patient Representatives	To influence the decision making process playing a key role as advisor/ Influencer HIGH	Collaborate	To influence decisions bringing valuable user experience	User and Community perspective	Events Communica-tions Sub Group Project Group National Standards for Community Engagement (VOiCE)	Fortnightly Monthly As required at specific events	New Delivery Model Site Location Future access to GMS (General Medical Services/GP)	Expenses Workshop Budget Events	Project Manager/Public Involvement Officer/ Development Officer	Fully involved in process and design meets the needs of public/community. Opportunities to influence are maximised
Denburn, Northfield, Mastrick Communities	To shape future service delivery model and impact this has on the community MEDIUM	Collaborate	They live in the communities which will be directly affected by the proposals	User and Community perspective, Feedback on Community Concerns	Community Council Meetings Newsletter Social Media Briefings Consultation Events Letters Questionnaires National Standards for Community Engagement	Monthly Regular Basis/ As Required	New delivery model Site location Future access to GMS (General Medical Services/GP) Transitional Period	Workshop Budget/Events	Lead Planning Manager Project Managers Public Involvement Officer Development Officer	Fully involved in process and design meets the needs of the community.
GMS (General Medical Services/GP) Patients	To improve access to services and shape future service delivery model. MEDIUM	Collaborate	They will be recipients of the future service and interim city centre solution	User perspective.	Workshops Project Group 121 Sessions Website Newsletter Social Media Briefings Consultation Events Letters Questionnaires National Standards for Community Engagement	Monthly Regular Basis/ As Required	New delivery model Site location Future access to GMS (General Medical Services/GP) Transitional Period	Workshop budget Transformatio-n Fund	Lead Planning Manager Project Managers Public Involvement Officer Development Officer	Patient, Community and Public engagement in design. Patient Focussed Services with an interim solution agreed

Dental Patients	To ensure provision remains within the community MEDIUM	Collaborate	They will be recipients of a different model for the community, ease of access	User perspective	Website Newsletter Social Media Briefings Consultation Events Letters Questionnaires National Standards for Community Engagement	Monthly Regular Basis/ As Required	New delivery model Future access to dental services	Workshop/ Event Budget	Lead Planning Manager Project Managers Public Involvement Officer Development Officer Dental Team	Provision in the community maintained with transitional/ decommissioning period agreed
GMS (General Medical Services/GP) Patients – Students • University of Aberdeen RGU (Robert Gordon University) • NESCOL (North East Scotland College)	To improve access to services and shape future service delivery model. MEDIUM	Collaborate	They will be recipients of the future service and interim city centre solution	User perspective specifically students who access services in the area	Workshops Project Group 121 Sessions Website Student Newsletters (The GAUDIE & RADAR) Social Media Briefings Consultation Events Letters Questionnaires Engagement Standards Aberdeen Student Radio & RGU radio	Monthly Regular Basis/ As Required	New delivery model Site location Future access to GMS (General Medical Services/GP) Transitional Period	Workshop budget Transform-ation Fund	Lead Planning Manager Project Managers Public Involvement Officer Development Officer	Patient, Community and Public engagement in design. Patient Focussed Services with an interim solution agreed
Dental Management Team	To shape the delivery of Dental Provision in the identified community MEDIUM	Collaborate	They will deliver and manage the future service	Clinical and Operational expertise	Meetings Project Group Impact Assessments	Monthly/ As Required	Service Review Modernise infrastructure Achieve Best Value	Decommiss-ioning	Dental Management Team Programme Director and Lead Planning Manager/ Project Managers	Approval of revised provision in the community maintained with transitional/ decommissioning period agreed
Extended Services • Allied Health Professionals • Pharmacy • Link Workers • Social Work • Community Nursing • Mental Health • Substance	To maximise opportunities for Integrated working HIGH	Collaborate	To contribute to the new delivery model, enhancing the range of services available to patients	Operational Clinical and Non Clinical extended service expertise Locality/Community Expertise	Workshops 121 Sessions Project Group	Regular Basis/As Required	New Delivery Model Integrated Working Schedule of Accommodation Design	Workshop/ Event Budget	Lead Planning Manager Project Managers	Approval of Future Service Delivery Model, maximise shared Schedule of Accommodation and signed Service Level Agreements/Operational Implementation Plans

Misuse										
IJB Partners (Integration Joint Board)	To explore the opportunities to deliver new model of care e.g. AHP (Allied Health Profession-als), Pharmacy, Acute Service Planning. HIGH	Collaborate	They may contribute to the delivery of the future service.	Strategic/ Operational expertise.	Reporting to IJB (Integration Joint Board)	Briefing Workshop (Capital Programmes) IA (Initial Agreement), OBC (Outline Business Case), FBC (Full Business Case) Stages. IJB Meetings	Authority Governance Strategic Intent	Not applicable	Lead Planning Manager Project Managers	Approval of Strategic Case.
NHS Grampian (NHSG) Partners	To ensure efficient use of NHS Grampian resources and develop infrastructure in line with NHSG Asset Management Plan. HIGH	Collaborate	They will manage the capital planning and Hubco Project Management.	Planning expertise (capital, assets and Hubco).	Reporting to AMG. (Asset Management Group)	Bi-monthly to AMG. (Asset Management Group)	Modernise infrastructure Achieve best value Workforce	Workshop budget – Transforma-tion Fund	Lead Planning Manager Project Managers	Approval of Future Service Delivery Model, Schedule of Accommodation and sign off IA (Initial Agreement), OBC (Outline Business Case) and FBC (Full Business Case).
Aberdeen City Council (ACC) Partners	To explore the opportunities to integrate wider services in the future service delivery model. MEDIUM	Involve	They may deliver other services from the new building.	Operational expertise and input at planning stage.	Reporting to Committee.	As required.	Housing, Welfare Services and Children's Services/ Schools/ Chief Social Work Officer	Not applicable	Councillor Officers and Lead Planning Manager.	Approval of Strategic Case.
Locality Leadership Groups (LLG)	To ensure Integrated and locality based opportunities are maximised	Collaborate	Locality Perspective on the future service delivery model	Locality Perspective and expertise	Meetings Workshops	Quarterly	Locality Working Transformation of Services	Not applicable	Lead Planning Manager/ Project Manager	Approval of Future Service Delivery Model, Schedule of Accommodation and sign off IA (Initial Agreement), OBC (Outline Business

	MEDIUM									Case) and FBC (Full Business Case).
Scottish Health Council	To advise in relation to matters relating to Major Service Change/ National Standards for Community Engagement HIGH	Collaborate	Patient and Public Perspective	Professional Expertise/Advice	Meetings as required	As required	Advice & Guidance	Not applicable	Lead Planning Manager Project Managers Public Involvement Officer Service Change Advisor	Decision on Major Service Change/Engagement Activities/Evaluations
Community Planning Partnerships	To ensure Community Planning opportunities are maximised MEDIUM	Collaborate	Partner Agencies	Community Planning perspective/ expertise	Meetings as required	As required	Working with and alongside communities to develop the services that they need	Not applicable	Lead Planning Manager Project Managers	Approval of Future Service Delivery Model, Schedule of Accommodation and required Infrastructure
Grampian NHS Board	To fully consider all options and make decisions in line with priorities in the Asset Management Plan. HIGH	Empower	Approval of plan and associated capital spending.	Approvals and Capital Funding.	Reporting NHSG Board.	IA (Initial Agreement), OBC (Outline Business Case) and FBC (Full Business Case) stage to Board.	Governance Capital Programme Capital Budget Links to acute services	Not applicable	Programme Director and Lead Planning Manager	Approval of Strategic Case, Economic Case, Commercial Case, Financial Case and Management Case, at IA (Initial Agreement), OBC (Outline Business Case) and Full Business Case (FBC) stages
Aberdeen City Council (ACC) Councillors/MP's/ MSP's	To ensure the concerns and needs of their constituents are understood and considered. HIGH	Involve	Testing the plan with the public.	Feedback on community concerns and assistance to share information.	Elected Member briefings and Reporting to IJB. (Integration Joint Board)	IA (Initial Agreement), OBC (Outline Business Case) and FBC (Full Business Case) stages.	Service change affecting constituents.	Not applicable	Lead Planning Manager/ Project Manager	Supportive of the proposals and approve the relevant Business Case

Third/Independent Sector	To explore the opportunities to deliver a mixed model of health and care services. MEDIUM	Collaborate	They may be partner in future service delivery model.	Operational expertise and input at planning stage.	Project Group.	Monthly	Transformation of Service Commissioning Achieve best value Workforce	Not applicable	Lead Planning Manager/ Project Manager	Third/Independent sector engagement in design and delivery of new model.
SHMU – Station House Media Unit	To provide a platform to communicate with the wider community and public groups MEDIUM	Involve/ Inform	Communicating aspects of the Project with the wider public and community/ groups	Community Expertise Feedback on Community concerns and assistance to share information	Radio Shows Community Newsletters – Regeneration Area's	As required	Transformation of services New Delivery Model Site Location Integrated Working Schedule of Accommodation	Publication Materials/ Budget Events	Lead Planning Manager Project Manager Patient Community Reps Public Involvement Officer Development Officer	Utilise varying methods of communication with those affected by the changes to reach as large an audience as possible
Grampian Regional Equality Council Protected Characteristic Groups • Age. • Disability. • Gender reassignment. • Marriage and civil partnership • Pregnancy and maternity. • Race. • Religion or belief. • Sex. • Sexual orientation	To ensure needs and concerns are understood and considered under the Equality Act 2010 MEDIUM	Collaborate	To ensure those identified as Protected Characteristics are identified and communicated with, using appropriate methods. Extra/varied communication consideration	User Perspective, specific to particular user groups. Pay particular attention to those for example without digital access/ethnic minorities, hearing or sight impairments etc.	Workshops 121 Website Newsletter Social Media Briefings Consultation Events Letters Questionnaires Internal Reports National Standards for Community Engagement Patient Demographics	Monthly Regular Basis/ As Required	New delivery model Site location Future access to GMS (General Medical Services/GP) services. Transitional Period	Workshop budget – Transform-ation Fund. Translating Information Communicati-on Methods	Equality and Diversity Manager Lead Planning Manager Project Managers Public Involvement Officer Development Officer	To ensure protected groups are not discriminated against under the obligations of the Equality Act 2010
Scottish Government	To ensure full compliance with SCIM, (Scottish Capital Investment Manual) Major Service Change and secure funding.	Empower	Approval of plan and associated capital spending.	Approvals and Capital Funding.	Reporting to Capital Investment Group.	IA (Initial Agreement), OBC (Outline Business Case) and FBC (Full Business Case) stages.	Authority Governance Capital Programme and funding	Not applicable	Chief Officer, Programme Director and Lead Planning Manager	Approval of IA (Initial Agreement), OBC (Outline Business Case) and FBC (Full Business Case).

	HIGH									

General Guide to Type of Engagement :		
Inform	:	To provide balanced, accurate and consistent information to assist stakeholders in understanding the issue, alternatives, opportunities, solutions.
Consult	:	To obtain feedback from stakeholders on issues, alternatives, outcomes, solutions.
Involve	:	To work directly with the stakeholder to ensure their concerns and needs are understood and considered.
Collaborate	:	To work together with the stakeholder in looking at the development of alternatives, decision-making, and identifying preferred solutions.
Empower	:	To give the stakeholder decision-making powers. Stakeholders are enabled/equipped to actively contribute to the outcome.

Appendix 31: OBC Stage Stakeholder Engagement Report

DENBURN/AURORA PROJECT – OBC (Outline Business Case) Stage Engagement Sessions Briefing Report

Findings from the range of Engagement Sessions carried out from 27th November 2018 to 16th January 2019 with key stakeholders including staff, patients, members of the public, MSP's and Elected Members.

1. Background

The Scottish Government has approved an Initial Agreement to invest £8.1 million in a new Integrated Community facility to deliver health and care services for the patients of the Denburn/Aurora Medical Practice Grouping. They key driver for change was the ongoing deterioration of the Denburn Health Centre at the Rosemount Viaduct in the Central Locality. In 2017, the Denburn Medical Practice successfully tendered to provide General Medical Services (GMS) to the populations of Northfield and Mastrick, now referred to as the Denburn/Aurora Medical Practice. The Northfield Surgery and Mastrick Clinic are also a priority for replacement in the next 5-10 years. The Outline Business Case sets out the service solution for the patient population at the Denburn/Aurora Medical Practice and ensures investment in facilities to further integrate health and care services.

This single new facility will incorporate the General Medical Services currently being delivered from the Denburn Medical Centre, Northfield Surgery and Mastrick Clinic, alongside Aberdeen City Health & Social Care Partnership (ACHSCP) services including community nursing, community midwifery, health visitors, and other AHP services. The Initial Agreement – which was the first phase in the planning process was approved by the Scottish Government in April 2018. The next two phases are the Outline Business Case (OBC) and the Full Business Case (FBC), these will be considered by the Scottish Government in April 2019 and December 2019 respectively.

The Greenferns area has been confirmed as the site location of the new facility, following an assessment of available sites and a period of engagement with key stakeholders, which is located to the west of Northfield next to Orchard Brae and Heathryburn Schools. When the new building is complete in spring 2021, services currently operating from Denburn, Mastrick and Northfield sites will move into the new building in the Greenferns area. When the new building opens an additional City Centre GMS service will also open and operate from the Health Village on Frederick Street, Aberdeen on a permanent basis to provide local access for City Centre patients and also the practices student population. This will ensure that the city centre patients accessing their current service from the Denburn Health Centre will continue to have access to a GP service in the city centre as well as having access to the new facility in the Greenferns area.

2. Methodology

A5 flyers and A4 posters signposting the public to the consultation were placed and displayed (where accepted) in businesses, public notice boards and community centres. The flyers and posters were also displayed at Denburn Health Centre, Northfield Surgery, Mastrick Clinic, Rosemount Community Centre, Northfield Community Centre and Mastrick Community Centre. Public social media accounts (Facebook, twitter) in the local area were mapped and sent details of the consultation. They were also distributed to the Rosemount and Mile End Community Council, Northfield Community Council and Mastrick, Sheddocksley and Summerhill Community Council. MSPs and Elected members were also briefed during specific engagement sessions and one to one meetings were also held.

Details of the consultation were made available in an information sheet and hard copies of these at the events were distributed to those in attendance – see appendix 1. An evaluation form was distributed at the events to capture key questions about the changes (see appendix 2) and individuals were asked to complete and return the form. People were also asked to provide their contact details if they are "Interested in Getting Involved" – see appendix 3.

3. Summary of findings

In total, information sheets were handed out to 85 people in all sessions, 50 people completed the evaluation form and 7 people were interested in getting involved. Out of the 50 responses received from all sessions 16 of them were patients, 8 of them work in the area, 6 of them were staff and 2 people said they live in the area. 18 people did not respond to this question.

3.1 Responses received by Location

The breakdown of overall responses received by location is shown in Table 1.

Table 1: Response received by location

Location	Number of responses	Percentage of responses
Northfield Surgery	19	38%
Denburn Health Centre	16	32%
Mastrick Clinic	5	10%
Northfield Community Council and Community Mental Health	4	8%
Mastrick, Sheddocksley and Summerhill Community Council	2	4%
Rosemount Community Centre	1	2%
Rosemount and Mile End Community Council	1	2%
Northfield Community Centre	1	2%
Mastrick Community Centre	1	2%
Total	**50**	**100%**

The highest rate of response was received from Northfield Clinic at 38%, followed by Denburn Health Centre at 32% and Mastrick Clinic at 10%.

3.2 Responses by Categories

When asked the questions to capture the feelings of receiving information about the project and the changes that are taking place, various responses were received. Figure 1 shows out of all 50 responses 48% agreed and 36% strongly agreed that they felt informed about the project while 10% disagreed and 4% strongly disagreed. Only 2% neither agreed nor disagreed.

Figure 1: People feel informed about the project

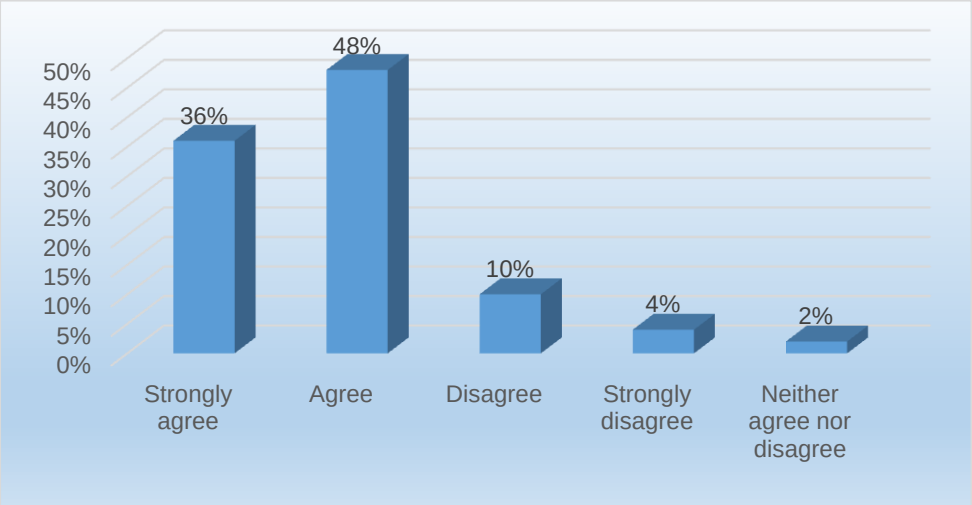
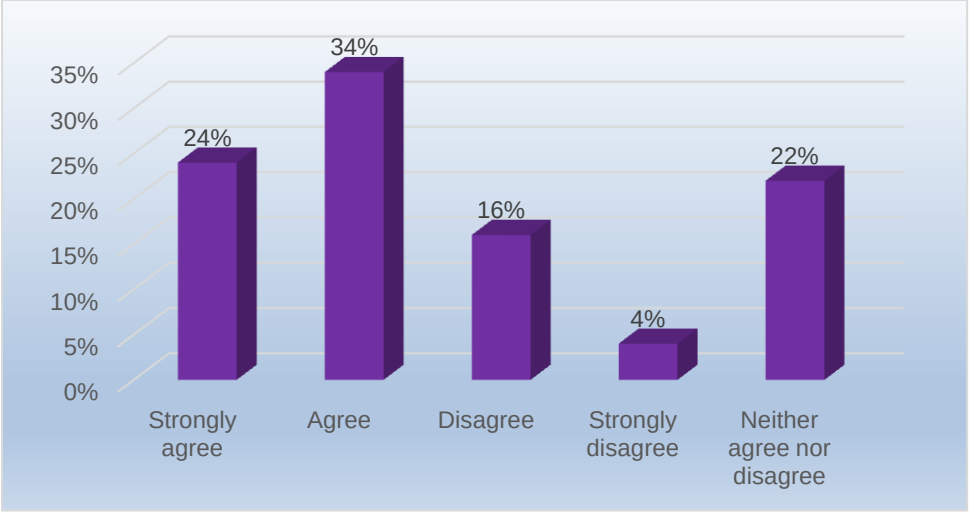


Figure 2 shows how people feel involved in the changes that are taking place. 34% agreed that they felt involved and 24% strongly agreed that they felt involved. In contrast 16% disagreed and 4% strongly disagreed. 22% neither agreed nor disagreed.

Figure 2: People feel involved in the changes that are taking place



Responses received for the question about people feel at ease about the changes that are taking place, 70% agreed or strongly agreed that they felt at ease, 14% disagreed or strongly disagreed, 12% neither agreed nor disagreed and 4% did not respond to this question – shown in Figure 3.

Figure 3: People feel at ease about the changes that are taking place

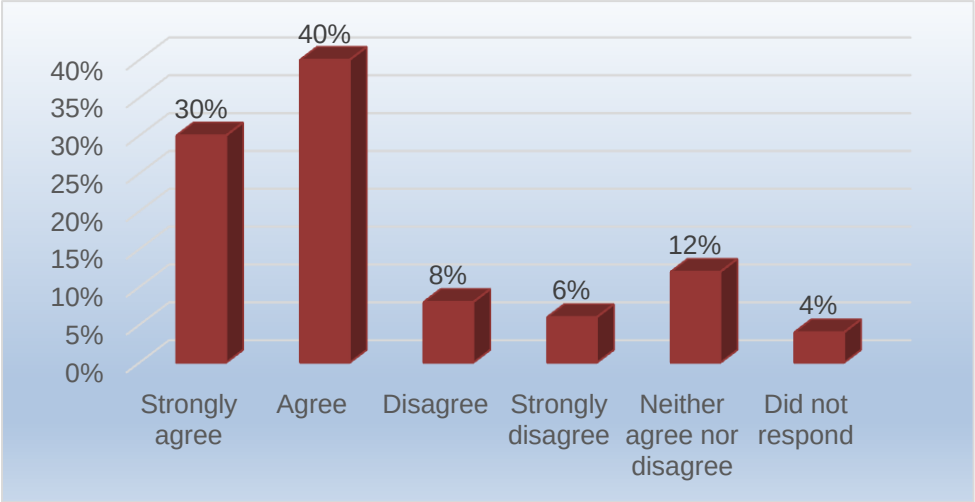
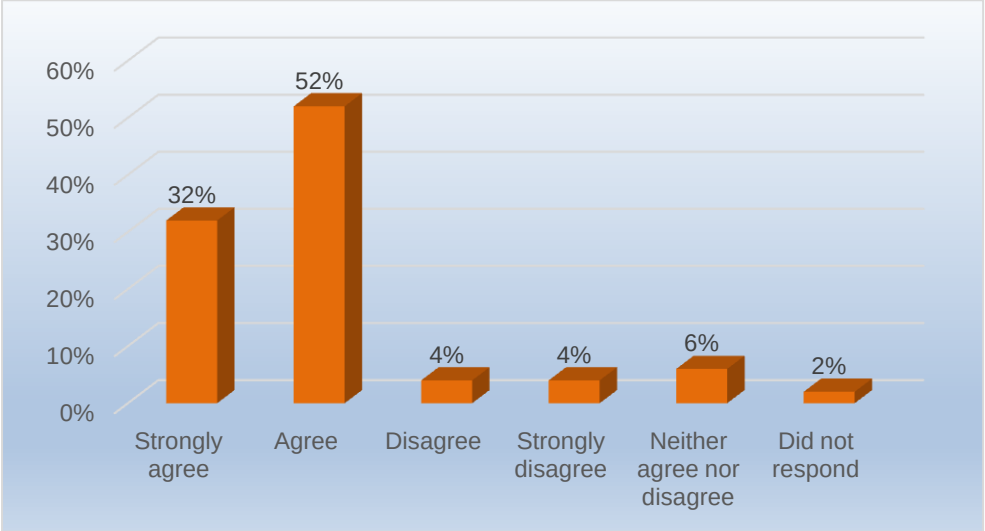


Figure 4 shows 52% respondents agreed and 32% strongly agreed that they were clear about getting more information about the project. Whereas 4% disagreed and 4% strongly disagreed. 6% of respondents neither agreed nor disagreed and 2% did not respond.

Figure 4: People are clear about getting more information about the project



3.3 Comments and suggestions

In total, 38 Comments and suggestions were received. Responses received for Building/Practice requirements are grouped into mainly four categories; building, accessibility, service requirements and parking. Table 2 shows responses received for by categories.

Table 2: Comments and suggestions by categories

	Responses	% of Responses
Building/Practice Requirements	12	32%
Receiving information	6	16%
Facilities	5	13%
Triage system	5	13%
Positive	5	13%
Negative	3	8%
Transport	2	5%
Total	**38**	**100%**

The most common responses received in category 'Building/Practice requirements', out of 38 respondents 12 (32%) were comments or suggestions that the building should be easily accessible, future proofed and adequate parking including disabled parking provision. For service requirement the responses included pharmacy service and full range of support for patients.

Receiving or getting information about the project and changes that are taking place was the second highest category with the response rate of 16%. Followed by Facilities (13%) which included suggestion for café, vending machine, Wi-Fi for patients and staff and space for wellbeing classes.

13% were not happy with the triage system. 13% gave positive comments such as "The session was very helpful and informative" and "Opportunities for people with health inequality". In contrast, 8% gave negative comments such as "This change won't work for me" and "It's very annoying to hear my surgery will now be changed".

3.4 Voting poll to decide the name of the new building

Attendees in all sessions were asked to vote for the new building name with the two name suggestions put forward following stakeholder consultation: 'Greenferns Health and Care Centre' and 'Greenburn Health and Care Centre'. A voting poll was also open on the Project Facebook page from 27th November 2018 to 5th December 2018. 116 responses were received. 61 responses were in favour of 'Greenferns Health and Care Centre' and 55 responses were in favour of 'Greenburn Health and Care Centre'. The breakdown of the voting poll is shown in Table 3.

Table 3: Voting Poll

	Greenferns Health and Care Centre	Greenburn Health and Care Centre	Total Number of Votes
Facebook Poll	13	19	32
Northfield Clinic	14	9	23
Denburn Health Centre	9	8	17
Northfield Community Council and Community Mental Health	10	6	16
Rosemount Community Centre	8	3	11
Mastrick, Sheddocksley & Summerhill Community Council	2	6	8
Mastrick Clinic	3	2	5
Northfield Community Centre	1	2	3
Mastrick Community Centre	1	0	1
Rosemount and Mile End Community Council	0	0	0
Total	**61**	**55**	**116**

If you require further analysis or more information about this briefing report please contact:

Report Author:
[redacted]
Aberdeen City Health and Social Care Partnership
Denburn Health Centre | Rosemount Viaduct| Aberdeen | AB25 1QB
[redacted]
www.aberdeenhscp.scot

Got an idea? Let's hear it - https://ahscp.hunchbuzz.com

Appendix 1 – Information Sheet

What's the background to the project?

The Scottish Government has approved an Initial Agreement to invest £8.1 million in a new facility to deliver health and care services for the patients of the Denburn/ Aurora Medical Practice Grouping. In 2017, the Denburn Medical Practice were chosen to provide General Medical Services (the services you associate with receiving from your GP practice) to the populations of Northfield and Mastrick, now referred to as the Denburn/Aurora Medical Practice.

The three current buildings at Denburn, Mastrick and Northfield will be replaced by this exciting, built for purpose facility. You can see an artist's impression of the main entrance to the right.

View of Main Entrance

What services will be provided?

The new facility will incorporate the GP services being delivered from Denburn Medical Centre, Northfield Surgery and Mastrick clinic alongside a range of services provided by the Aberdeen City Health and Social Care Partnership. These include community nursing, community midwifery, health visitors and allied health professional services (speech and language therapy and podiatry).

Where will the facility be?

The Greenferns area has been confirmed as the site location of the new facility. This is to the west of Northfield not far from Orchard Brae and Heathryburn Schools.

What about city centre patients?

When the new building opens, an additional satellite service of the Denburn/Aurora Medical Practice Grouping will also open and operate from the Health Village on Frederick Street, Aberdeen, on a permanent basis to provide local access for city centre patients and also the practice's student population.

This will ensure that the city centre patients accessing their current service from the Denburn Health Centre will continue to have access to a GP service in the city centre, as well as having access to the new facility in the Greenferns area.

Transport links

There will be good parking available on site and the area currently has a range of bus routes that service the surrounding area. Please check the sites of First Bus Aberdeen and Stagecoach for details.

Public dental provision

It is really important that although there will be no public dental service in the new facility in the Greenferns area, we continue to provide these communities with a Public Dental Service when required. However, dental provision will continue at both the Mastrick clinic and Northfield surgery until at least 2021. The Public Dental Service more generally is going to be focussing its support to people with complex medical and social needs – the Aberdeen City Health and Social Care Partnership will be engaging with the public on these changes over the next 5 years or so.

Timeline for the new facility

Construction is set to begin in early 2020 and is due to complete in spring 2021.

Naming the new facility

The new facility is going to be named by a public vote at our 6 engagement sessions and also through our Facebook page. Keep an eye on our website and Facebook page below for the big announcement of the winner!

Facebook page

We have launched a Facebook page for the project. Please visit, comment and give us a like!

www.facebook.com/DenburnAuroraDevelopmentProject/

Further information

If you would like further information, visit our Facebook page or our NHS Grampian website page – www.nhsgrampian.org/dmndp

Also, feel free to contact the Project Manager [redacted] on achscp.capital@nhs.net if you would like to find out more or give us your views.

Thank you!

Appendix 2

Session evaluation form

We'd be grateful if you could take a minute to answer the questions below. Please tick one box for each of the four questions. Thank you!

1. I feel better informed about this project

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

2. I feel more involved in the changes that are taking place

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

3. I feel more at ease about the changes that are taking place

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

4. I am clear what to do if I want more information about the project

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Any other comments

Information about you

1. Please tick one box below to identify the capacity in which you attended this session

Someone who attend this practice as a patient or lives in the area	
Member of staff of the Denburn/Aurora practice	
Someone who works in the area (non-Denburn/Aurora staff)	

2. Would you consider yourself to be covered by any of the 9 protected characteristics which protect people from discrimination, harassment and victimisation? Please tick all that apply

Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity leave	
Race	
Religion or belief	
Sex	
Sexual orientation	

3. Do you consider yourself to be a carer? A carer is anyone who, unpaid, looks after a friend or family member who can't cope alone due to illness, disability, a mental health problem or an addiction. Please tick one box below

Yes	
No	
Don't know	

Appendix 3

Interested in getting involved?

This project to reshape community health and care provision in the Northfield/Mastrick area and the city centre is a long-term one. The timeline for completion of the new facility in the Greenferns area is spring 2021.

We are keen to represent the views of our communities in the development of this project. For example, part of our visions is to create a community orchard and outdoor gym. If you are interested in playing a part, please give us your contact details below. We will only contact you regarding this specific project.

At this stage there is no commitment involved. We'd simply like to contact interested people in due course to tell them more about the opportunities for becoming involved. This will range from being given information about the project's development to more actively giving your views and influencing the development. Thank you for your interest!

Name
Address
Email address
Phone number

Personal Information

Please note the personal information provided in this form will be held securely and processed in line with the Data Protection Act 1998. The information within the form will be held by the Capital Team within the Aberdeen Health and Social Care Partnership for the purposes of contacting you regarding the Denburn and Aurora project. This information will be retained for internal purposes only. This information will not be shared with any third parties without your consent. As an individual you have a right under the Data Protection Act 1998 to obtain information from us.

Appendix 4

What would you like the new building to be called?

Please put a cross against one of the names below and put your slip in the box. The name with the most votes wins. Thank you!

Greenferns health and care centre	
Greenburn health and care centre	

Appendix 32: VOiCE_Report_Community Engagement

Appendix 32 - VOiCE_Report_Commu

Appendix 33: Benefits Register Denburn_Aurora Final

Benefits Register – Re Provision of Care from Denburn Health Centre, Northfield Surgery & Mastrick Clinic						
IDENTIFICATION						PRIORITISATION
Ref No.	**Benefit**	**Assessment**	**As measured by:**	**Baseline Value**	**Target Value**	**Relative Importance**
1.	Increased provision of Enhanced Services	Quantatively via number of enhanced services provided	No of enhanced services signed up to by the GP Practice	19	Increase to baseline value	Medium Term – within 2 - 3 years
2.	Ability to develop further as a training practice	Quantatively via number of student registrations	Number of student registrations	[redacted]	[redacted]	Medium Term – within 2 – 3 years
3.	Ability to rebalance existing provision of GMS to ensure capacity for projected growth	Quantative via number of patient registrations/ Redistributions/ patients registered with neighbouring practices	Number of patient registrations and redistributions completed. Refer to Denburn Medical Practice Patient List Dispersal Plan 2019-2026			Long Term – 5-7 years
4.	Ability to enable GMS provider to increase capacity, ensuring existing communities can access services locally	Quantatively via number of LDP applications/units expected	Number of units planned within agreed boundaries and calculation of expected increase to number of patients	0	[redacted]	Long Term – 5-7 years
5.	Improved formal and informal communication between health and social care services due to co-location	Quantative via survey (To be completed prior to submission of FBC)	Staff satisfaction rate	Current staff satisfaction rate	Increase to staff satisfaction rate	Medium Term – within 2 – 3 years
6.	Improved functionality of space allowing for increase in skill mix of staff	Qualitative	Roles and responsibilities of existing staff, new professional roles (GMS Contract)	[redacted]	[redacted]	Medium Term – within 2 – 3 years
7.	Increased use of space by the community, volunteers, third sector and partner organisations (e.g. Sport Aberdeen)	Quantative	Number of community/third sector/ partner organisations using the space and/or linking to the facility	0	Increase to baseline value	Medium Term – within 2 – 3 years
8.	Improved accessibility links and connectivity to the new facility and current distinct communities	Quantative	Number of bus routes linked to the current and new facility including alternative travel solutions	5	Increase to baseline value	Medium Term – within 2 – 3 years
9.	Positive contribution to the local community	Qualitative and Quantative	Survey of the local community and patient registration spread of local postcodes and number of registrations	Current satisfaction rate & patient list size via postcode/registrations	No reduction in overall patient list size. Continued growth. Increase to satisfaction rate	Long Term – within 5 years
10.	More efficient use of technology for purposes of telehealth and self-care	Quantative/Qualitative	Number of IT currently in place that supports telehealth and selfcare and monitoring of uptake and satisfaction rates	Options available to patients, currently limited to phone only	Continued use of telephone triage. Introduction of video consultations and other tech/self-care options.	Medium Term – within 2 – 3 years
11.	Improved Health, Safety and Security for staff and patients	Qualitative and Quantatively (To be completed prior to submission of FBC)	Staff/staff satisfaction rates increase, number of incidents reduce	Current staff/patient satisfaction rate and current number of incidents relating to safety and security Current number of incidents: low but potential for more	Staff/patients feeling safe and protected with 0 incident rate	Medium Term – within 2 – 3 years
12.	Overall improvement in patient experience for all services	Qualitative (To be completed prior to submission of FBC)	Patient satisfaction rating improves across all services	Current patient satisfaction rate	Increase to patient satisfaction rating year on year	Medium Term – within 2 – 3 years

13.	**Property & Asset:** Improves the physical condition of the healthcare estate	Quantative	Proportion of current Health Centre as either A or B for physical condition.	Denburn: 40% A & B Mastrick: 93% A & B Northfield: 80% A & B Based on data extracted from EAMS 08/03/2019	100%	Medium Term – Within 2 – 3 years
14.	**Property & Asset:** Reduces the age of healthcare estate	Quantative	Proportion of NHSG estate less than 30 years old.	40% - Information from Regional Asset Management Plan (RAMP) 2018-2028 page 45	Removal of Denburn / Northfield / Mastrick from the list of NHS Estate buildings greater than 30 years old	Medium Term – Within 2 – 3 years
15.	**Property & Asset:** Reduces backlog maintenance	Quantative	Reduce backlog maintenance burden.	Current NHSG Backlog is £148m (taken from RAMP) Backlog for 3 sites is: Denburn - £7,843,875 Mastrick - £64,049 Northfield – £67,302	By completion of the project these backlog maintenance figures should be removed from the NHSG backlog.	Medium Term – Within 2 – 3 years
16.	**Property & Asset:** Reduces carbon emissions and energy consumption	Quantative	Percentage reduction on CO2 emissions and energy consumption for Health Centre. Currently and in 2019/20.	215kWh/m2 per annum	165kWh/m2 per annum	Medium Term – Within 2 – 3 years
17.	**Property & Asset:** Improves functional suitability of Health Care estate	Quantative	Proportion of current health centre categorised as either A or B for functional suitability. Currently and in 2018.	Denburn – 0% (100% C) Northfield – 100% B rating Mastrick – 100% B rating Based on data extracted from EAMS on 08/03/2019	100% status A	Medium Term – Within 2 – 3 years
18.	**Property & Asset:** Improves the quality of the Healthcare Estate	Qualitative	Proportion of current health centre categorised as either A or B for Quality. Currently and in 2018.	Denburn – 100% B rating (no A's, Cs, Ds) Mastrick – 100% B rating (no A's, Cs, Ds) Northfield – 100% B-rating (no A's, Cs, Ds) Based on data extracted from EAMS on 08/03/2019	100% status A	Medium Term – Within 2 – 3 years

Appendix 34: Benefits Realisation Plan Final

Benefits Realisation Plan – Re-Provision of Care From Denburn Health Centre, Northfield Surgery & Mastrick Clinic							
IDENTIFICATION		REALISATION					
Ref No.	Benefit	Who Benefits	Who is responsible	Investment Objective	Dependencies	Support Needed	Date of Realisation
1.	Increased provision of Enhanced Services	Patients and staff	Service Lead	Improved patients experience by providing an enhanced model of integrated health and care services; Improved access to health and care services at a locality level; Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics.	Services being able to manage increased workload. Funding for services	Workforce and finance	Medium Term – within 2 - 3 years
2.	Ability to develop further as a training practice	Patients, staff, H&SCP, National Education Scotland (NES)	GP Training Lead	Create attractive employment opportunities.	GP Students being available. Premises being fit for purpose	Liaison and engagement with NES	Medium Term – within 2 – 3 years
3.	Ability to rebalance existing provision of GMS to ensure capacity for projected growth	Patients, staff, wider community, H&SCP	GP Lead	Improved patients experience by providing an enhanced model of integrated health and care services; Improved access to health and care services at a locality level; Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics.	GP Practice being able to manage demand. Enough skilled workforce	Promoting General Practice as a good place to work.	Long Term – 5-7 years
4.	Ability to enable GMS provider to increase capacity, ensuring existing communities can access services locally	Other GP Practices H&SCP Wider community	GP Lead	Improved patients experience by providing an enhanced model of integrated health and care services; Improved access to health and care services at a locality level; Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics.	GP Practice being able to manage demand. Enough skilled workforce	Promoting General Practice as a good place to work.	Long Term – 5-7 years
5.	Improved formal and informal communication between Health and Social Care services due to co-location	Patients and staff	Service leads	Improved patients experience by providing an enhanced model of integrated health and care services; Improved access to health and care services at a locality level; and Effective and efficient use of resources.	Dependent on continued joint working of staff.	Support and engagement from all services.	Medium Term – within 2 – 3 years
6.	Improved functionality of space allowing for increase in skill mix of staff	Patients, staff	GP Lead	Vacation of premises deemed functionally unacceptable; Improved patients experience by providing an enhanced model of integrated health and care services; Improved access to health and care services at a locality level;	Availability and willingness of staff to skill mix	Promotion of General Practice as a good place to work. Training being made available.	Medium Term – within 2 – 3 years

				Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics.			
7.	Increased use of space by the community, volunteers, third sector and partner organisations (e.g. Sport Aberdeen)	Patients, staff, local community, third sector agencies and wider community	Public Health Co-ordinator, Patient and Public Involvement Officers, Third Sector Representatives	Vacation of premises deemed functionally unacceptable; Improved access to health and care services at a locality level; Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics	Desire of local community. Continued partnership working. Availability of services via third sector and ability to cope with demand.	Early engagement with local community and third sector	Medium Term – within 2 – 3 years
8.	Improved accessibility links and connectivity to the new facility and current distinct communities	Patients, staff, local community, third sector agencies and wider community	H&SCP NHSG ACC	Vacation of premises deemed functionally unacceptable; Improved access to health and care services at a locality level; Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics	Ability to influence agencies, potential infrastructure/planning/ funding constraints.	Liaison and engagement with HTAP (Health Transport Action Plan) and related agencies	Medium Term – within 2 – 3 years
9.	Positive contribution to the local community.	Local community	Public Health Co-ordinator H&SCP	Vacation of premises deemed functionally unacceptable; Improved access to health and care services at a locality level; Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics	Optimum location of development. Community involvement in planning and design.	Early engagement with planners, PAD team, Design Team and A&DS	Long Term – within 5 years
10.	More efficient use of technology for purposes of telehealth and self-care	Staff and patients	Service Leads	Vacation of premises deemed functionally unacceptable; Improved patients experience by providing an enhanced model of integrated health and care services; Improved access to health and care services at a locality level; Effective and efficient use of resources; and Ensure adequate capacity to meet the demands of the growing population and changing demographics.	Availability of IT Infrastructure	Early communication with e-health.	Medium Term – within 2 – 3 years
11.	Improved Health, Safety and Security	Staff and patients	H&SCP NHSG	Vacation of premises deemed functionally unacceptable; Providing a work environment that meet Health and Safety Standards; and Effective and efficient use of resources	Compliance with DDA and Building regulations	Health and Safety inform design	Medium Term – within 2 – 3 years
12.	Overall improvement in patient experience for all services.	Staff and patients	Service Leads Public Involvement Public Health	Improved patients experience by providing an enhanced model of integrated health and care services; Improved access to health and care services at a locality level; and Ensure adequate capacity to meet the demand of the growing population and changing demographics.	Services identifying appropriation patient and staff groups to provide satisfaction rating.	Support from public involvement team to design meaningful and measurable methodology to capture this information.	Medium Term – within 2 – 3 years

13.	Improves the physical condition of the healthcare estate	Patient Staff NHS Grampian	Property and Asset Development and Project Team	Vacation of premises deemed functionally unacceptable; Providing a work environment that meet Health and Safety standards; Improved access to health and care services at a locality level; and Effective and efficient use of resources.	Dependent on clear Authority Requirements (Technical Brief)	Work with health planners, HFS and technical advisors to ensure clear technical specification	Medium Term – Within 2 – 3 years
14.	Reduces the age of healthcare estate	NHS Grampian	Property and Asset Development Team	Vacation of premises deemed functionally unacceptable; Providing a work environment that meet Health and Safety standards; Improved access to health and care services at a locality level; and Effective and efficient use of resources.	Successful completion of sale of existing building	Work with PAD team to ensure sale of existing building	Medium Term – Within 2 – 3 years
15.	Reduces backlog maintenance	NHS Grampian	Property and Asset Development Team	Vacation of premises deemed functionally unacceptable; and Effective and efficient use of resources.	Successful completion of sale of existing building	Work with PAD team to ensure sale of existing building	Medium Term – Within 2 – 3 years
16.	Reduces carbon emissions and energy consumption	NHS Grampian	Property and Asset Development/Project Team	Vacation of premises deemed functionally unacceptable; and Providing a work environment that meet Health and Safety standards.	Dependent on sustainable design and design specification	The technical specification has been developed with technical advisors and HFS	Medium Term – Within 2 – 3 years
17.	Improves functional suitability of Healthcare estate	Patient Staff NHS Grampian	Property and Asset Development/Project Team	Vacation of premises deemed functionally unacceptable; Providing a work environment that meet Health and Safety standards; and Effective and efficient use of resources.	Dependent on clear Authority Requirements (Technical Brief)	Work with health planners, HFS and technical advisors to ensure clear technical specification	Medium Term – Within 2 – 3 years
18.	Improves the quality of the Healthcare Estate	Patient Staff NHS Grampian	Property and Asset Development/Project Team	Vacation of premises deemed functionally unacceptable; Providing a work environment that meet Health and Safety standards; and Effective and efficient use of resources.	Dependent on clear Authority Requirements (Technical Brief)	Work with health planners, HFS and technical advisors to ensure clear technical specification	Medium Term – Within 2 – 3 years

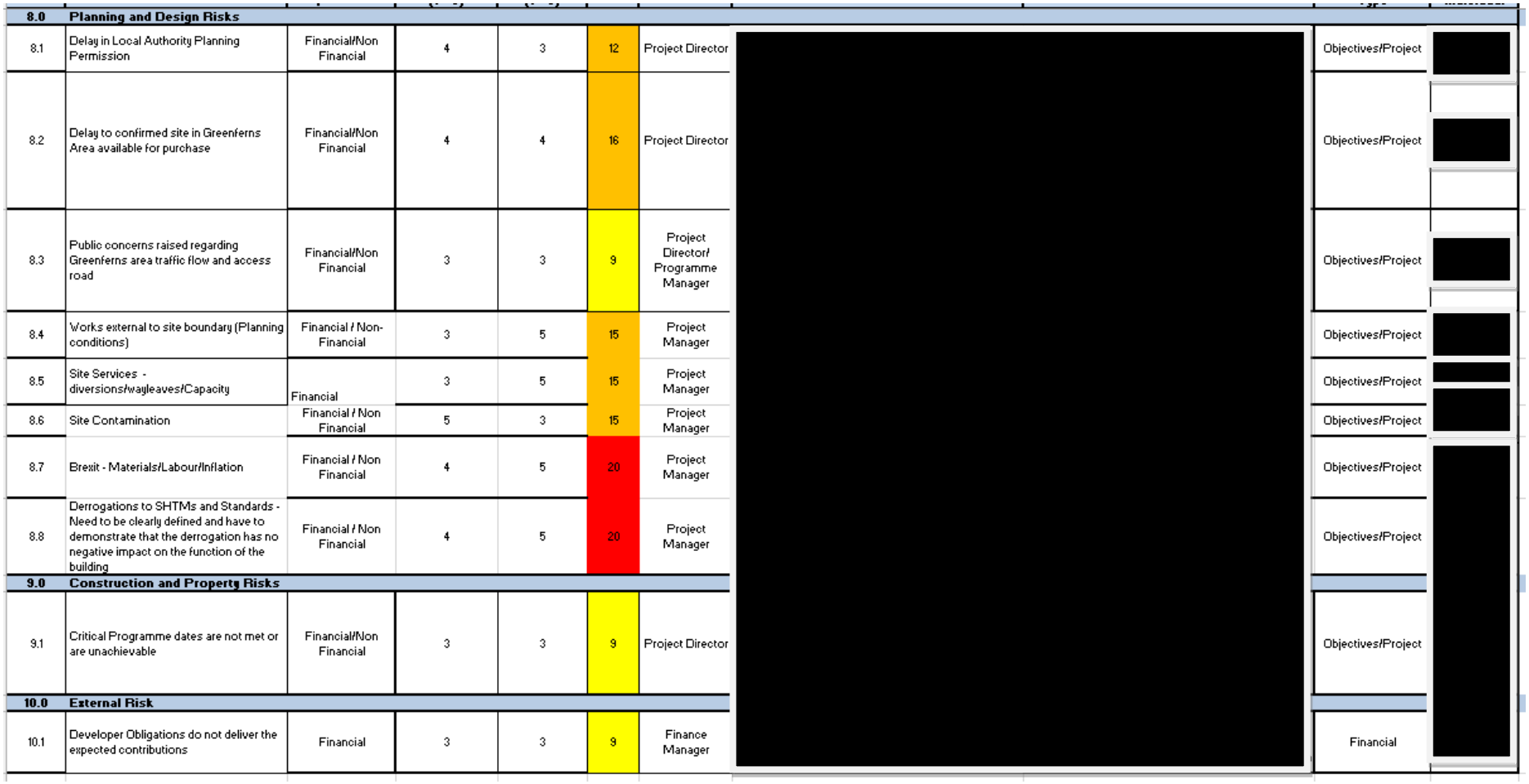
Appendix 35: Denburn Aurora Project Risk and Issue Log revised

Denburn/Aurora Project Risk Register

1. Identification			2.Assessment				3. Control		4. Monitoring	
Risk No	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence / Impact (1 - 5)	Likelihood (1 - 5)	Risk	Owner	Response to Risk / Mitigation	Action Taken	Risk Owner Type	Risk Owner Individual
CLIENT / BUSINESS RISKS										
1.0	Business Risk									
1.1	A Transitional Period for patients/practice is not fully considered in relation to implementing the Final Service Delivery Model	Non - Financial	4	3	12	Programme Manager/Project Manager	[redacted]		Patient Experience	[redacted]
1.2	The anticipated investment objectives and benefits are not realised	Non - Financial/Financial	5	1	5	Business Change Managers/ Project Team			Objectives/Project	[redacted]
1.3	NHSG/HSCP's do not have the resource capacity to deliver the business cases/transitional plans; within agreed timescales	Financial/Non Financial	4	2	8	Programme Manager			Staffing and Competence	[redacted]
1.4	Poor stakeholder engagement and participation resulting in a lack of understanding of the impact on key stakeholders	Non - Financial	3	2	6	Project Manager			Adverse Publicity/Reputation	[redacted]
1.5	The new 2018 GMS Scotland contract may lead to uncertainties around the new service model	Financial/Non Financial	3	3	9	Programme Manager			Service/Business Interruption	[redacted]

1.6	Risk to funding arrangements with the Scottish Government for the project, potentially creating uncertainty and delay if timescales are not met	Financial/Non Financial	5	2	10	Programme Manager	[redacted]	Objectives/Project	[redacted]
1.7	The preferred way forward for the project becomes unafordable due to financial implications	Financial	3	3	9	Finance Manager		Financial	
1.8	Lack of Strategic Direction in relation to Dental Services/Provision across the city	Financial/Non Financial	3	4	12	Programme Manager/Dental Service		Service/Business Interruption	
1.9	Unable to agree the "In Principle Agreement – letter of Intent" and associated documentation for HSCP & practice sign off	Financial/Non Financial	3	3	9	Programme Manager/Project Director		Service/Business Interruption	
2.0	**Reputational Risk**								
2.1	Adverse publicity occurs as a result of delays, or failure to progress with the project i.e. an operational issue or perceived public loss of a service i.e. As a result of a proposal to move services from their current locations to a new location	Non-Financial	3	2	6	Programme Manager/ Communication Manager/Project Manager/BCM's/ Liz Howarth/NHSG		Adverse Publicity/Reputation	

3.0	**Demand Risk**								
3.1	Wrong assumptions on projected demand, the demand exceeds capacity or projected demand is overestimated, leaving a revenue issue (patients don't move to take up new services)	Non-Financial	3	1	3	Programme Manager	[redacted]	Objectives/Project	[redacted]
4.0	**Occupancy Risk**								
4.1	Unable to accommodate all service requirements in the occupancy agreement, therefore the practice/services do not sign an SLA.	Non-Financial	3	2	6	NHSG/HSCP Project ManagerS		Objectives/Project	[redacted]
5.0	**Operational Risk**								
5.1	The 2 site final service delivery model does not deliver the expected benefits	Financial	3	3	9	Project Manager		Objectives/Project	[redacted]
6.0	**Decant Risk**								
6.1	Unable to decant staff to the new site and satelite accommodation in a timely manner	Financial/Non Financial	4	3	12	Programme Manager		Staffing and Competence	[redacted]
7.0	**Technology Risk**								
7.1	Unable to secure funding for technological solutions to deliver new ways of working.	Financial/Non Financial	3	3	9	Programme Manager		Objectives/Project	[redacted]
7.2	Different user groups operating systems i.e. servers/firewalls are incompatible with the strategic objectives of having a joint & integrated service model	Financial/Non Financial	3	4	12	Project Manager		Objectives/Project	[redacted]



8.0	**Planning and Design Risks**								
8.1	Delay in Local Authority Planning Permission	Financial/Non Financial	4	3	12	Project Director	[redacted]	Objectives/Project	[redacted]
8.2	Delay to confirmed site in Greenferns Area available for purchase	Financial/Non Financial	4	4	16	Project Director		Objectives/Project	[redacted]
8.3	Public concerns raised regarding Greenferns area traffic flow and access road	Financial/Non Financial	3	3	9	Project Director/ Programme Manager		Objectives/Project	[redacted]
8.4	Works external to site boundary (Planning conditions)	Financial / Non-Financial	3	5	15	Project Manager		Objectives/Project	[redacted]
8.5	Site Services - diversions/wayleaves/Capacity	Financial	3	5	15	Project Manager		Objectives/Project	[redacted]
8.6	Site Contamination	Financial / Non Financial	5	3	15	Project Manager		Objectives/Project	[redacted]
8.7	Brexit - Materials/Labour/Inflation	Financial / Non Financial	4	5	20	Project Manager		Objectives/Project	[redacted]
8.8	Derrogations to SHTMs and Standards - Need to be clearly defined and have to demonstrate that the derrogation has no negative impact on the function of the building	Financial / Non Financial	4	5	20	Project Manager		Objectives/Project	
9.0	**Construction and Property Risks**								
9.1	Critical Programme dates are not met or are unachievable	Financial/Non Financial	3	3	9	Project Director		Objectives/Project	
10.0	**External Risk**								
10.1	Developer Obligations do not deliver the expected contributions	Financial	3	3	9	Finance Manager		Financial	

Appendix 36: Project Monitoring Plan

GREENFERNS HEALTH CENTRE

PROJECT MONITORING DOCUMENT

SECTION 1 – STRATEGIC REVIEW

(a) Objectives: Within the business case proposed objectives were outlined within the benefits realisation framework developed for the project.

These will be monitored throughout the project to ensure that they are still relevant and reviewed at the Post Project Evaluation Stage

Ref No	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance

SECTION 4 – ON-GOING EVALUATION

This will be reviewed every three months at the progress meeting. Items can be raised at the meeting or submitted beforehand.

Review No 1	**Date:**		
Topic	**Issue**	**Action**	**By**
Health and Safety			
Communication			
Collaborative Working			
Contract Process			
Costs			
Design Process			
Progress			
Risk Management			
Lessons to be learned			

Review No 2	**Date:**		
Review of Actions	**Issue**	**Action**	**Outcome**
Topic	**Issue**	**Action**	**By**
Health and Safety			
Communication			
Collaborative Working			
Contract Process			
Costs			
Design Process			
Progress			
Risk Management			
Lessons to be learned			

Review No 3	Date:		
Review of Actions	**Issue**	**Action**	**Outcome**
Topic	**Issue**	**Action**	**By**
Health and Safety			
Communication			
Collaborative Working			
Contract Process			
Costs			
Design Process			
Progress			
Risk Management			
Lessons to be learned			

Review No 4	Date:		
Review of Actions	**Issue**	**Action**	**Outcome**
Topic	**Issue**	**Action**	**By**
Health and Safety			
Communication			
Collaborative Working			
Contract Process			
Costs			
Design Process			
Progress			
Risk Management			
Lessons to be learned			

Review No 5	Date:		
Review of Actions	**Issue**	**Action**	**Outcome**
Topic	**Issue**	**Action**	**By**
Health and Safety			
Communication			
Collaborative Working			
Contract Process			
Costs			
Design Process			
Progress			
Risk Management			
Lessons to be learned			

SECTION 3 - LESSONS TO BE LEARNED

	Issue Identified	**Action**	**Effectiveness**	**Review**
1				
2				
3				
4				