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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board.

Town House,
ABERDEEN, 9 November 2018.

SPECIAL INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Committee Room 4 - Town House on TUESDAY, 13 NOVEMBER 2018 at 2.30 pm.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

DECLARATION OF INTERESTS

- 1 Members are requested to intimate any declarations of interest (Pages 3 - 4)

DETERMINATION OF EXEMPT BUSINESS

- 2 Members are requested to determine that any exempt business be considered with the press and public excluded

TRANSFORMATION

- 3 Northern Corridor Project (Pages 5 - 40)

Website Address: <https://www.aberdeencityhscp.scot/>

Should you require any further information about this agenda, please contact Iain Robertson, 01224 522869 or iairobertson@aberdeencity.gov.uk

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Agenda Item 1

You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons

For example, I know the applicant / I am a member of the Board of X / I am employed by...
and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

I have considered whether I require to declare an interest in item (x) for the following reasons however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

OR

I declare an interest in item (x) for the following reasons however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is

- (a) a devolved public body as defined in Schedule 3 to the Act;
- (b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
- (c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
- (d) a body being a company:-
 - i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
 - ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

I declare an interest in item (x) for the following reasons.....and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:

- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority.... and I will therefore withdraw from the meeting room during any discussion and voting on that item.

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INTEGRATION JOINT BOARD

Date of Meeting	13 th November 2018
Report Title	Initial Agreement: North Corridor Project Investment in infrastructure to modernise the delivery of Primary and Community Care Services to the communities in the North Commuter Belt.
Report Number	HSCP.18.099
Lead Officer	<i>Sandra Ross, Chief Officer</i>
Report Author Details	<i>Name: Ali Chapman Job Title: Project Manager Email Address: a.chapman7@nhs.net Phone Number: 07870 998369</i>
Consultation Checklist Completed	<i>No</i>
Directions Required	<i>No</i>
Appendices	<ul style="list-style-type: none"> <i>a. Summary of Key Information for the Initial Agreement</i> <i>b. Stakeholder Engagement Final Report</i>

1. Purpose of the Report

1.1. The purpose of the report is to provide the IJB a summary of the Initial Agreement (IA) for the Investment in Facilities to Modernise Primary and Community Care Services (PCCS) in the North Commuter Belt, Aberdeen City North and Aberdeenshire Central.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Approve the strategic direction for the delivery of Primary and Community Care Services (PCCS) set out within the summary of the IA for the North Corridor Project (Appendix A) to be submitted to the



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NHS Grampian (NHSG) Board in December 2018 and Scottish Government Capital Investment Group (SG-CIG) for funding approval in January 2018.

3. Summary of Key Information

- 3.1.** NHS Grampian (NHSG), Aberdeen City Integration Joint Board (IJB) and Aberdeenshire IJB have worked together to identify the investment in infrastructure required to support the transformation of Primary and Community Care Services (PCCS). This will deliver on the commitments set out in the NHS Grampian Capital Investment Plan to develop new facilities for communities in the North Commuter Belt.
- 3.2.** The joint IJB and NHSG Project Team follow the model set out in the Scottish Capital Investment Manual (SCIM) for the submission of Capital Projects to the Scottish Government Capital Investment Group (SG-CIG) – Stage 1 - Initial Agreement (IA), Stage 2 - Outline Business Case (OBC) and Stage 3 - Full Business Case (FBC). While the work is being undertaken within the Aberdeen City Health and Social Care Partnership (HSCP) and supports the IJB's strategic direction, issues of new capital infrastructure remain the responsibility of NHSG and, as such the project team are working towards the following approval timelines for submission of the Stage 1 – IA:
- NHSG Asset Management Group (AMG) - 31st October 2018,
 - NHSG Board - 6th December 2018,
 - Scottish Government Capital Investment Group (CIG) – 30th Jan 2019.
- 3.3.** The role of the IJB is to approve the strategic direction set out in the IA to ensure the future service delivery model will deliver on key commitments set out in the HSCP Strategic Plan, Vision for Primary Care and delivery of respective Transformation and Primary Care Improvement Plans.
- 3.4.** The Preferred Way Forward (PFW) set out in the IA is to develop purpose built facilities to further integrate General Medical Services (GMS), wider Primary and Community Care Services (PCCS) and Treatment and Diagnostics in community settings in the North Commuter Belt to provide PCCS to the populations residing in the communities between Bucksburn to Blackburn (Corridor 1), Bucksburn/Dyce to Newmachar (Corridor 2) and Bucksburn/Dyce to Balmedie (Corridor 3). The model will include IT infrastructure to support a digitally connected model of care to improve access for patients residing in communities across the Corridors. Location options will be further appraised at OBC stage to determine if there is an appropriate and accessible single or dual location to site services.



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- 3.5.** The IA sets out 4 main drivers for the development of new infrastructure in the North Corridor which are:-
- the modernisation of infrastructure has been in the NHSG Asset Management Plan (AMP) for some time,
 - there has been continued residential development in Garioch and Formartine in Aberdeenshire, with many residents accessing GMS in Aberdeen city,
 - the need to redistribute services to respond to the planned housing developments in the surrounding Green Belt which will significantly increase the population in both Aberdeenshire and Aberdeen City communities in the North Corridor, and
 - the integration of PCCS that better meet the needs of the community.
- 3.6.** Due to the increasing demand, demographic changes and workforce challenges that Aberdeen City and Aberdeenshire HSCPs need to work together to redesign a future service delivery model for PCCS to ensure improved access and sustainability.
- 3.7.** The PWF was developed following a significant programme of engagement events facilitated by Health Planners that took place between October 2017 and February 2018 and included representation Aberdeen City and Aberdeenshire GP Providers, extended PCCS (including Allied Health Professionals, Community Nursing, Public Health and Social Care) and early engagement with wider colleagues in the Elective Care Programme at NHSG. The PWF sets out the future service model which will support the implementation of the new GMS Contract, delivery of the Aberdeen City and Aberdeenshire IJBs Strategic Plans, Transformation Plans and Primary Care Improvement Plans (see Appendix A).
- 3.8.** The following stakeholder engagement has been conducted to date:
- Local Councillor Engagement Sessions - 25th & 27th June 2018,
 - MSP Briefing - 29th June 2018,
 - Patient, Carer and Staff Engagement Drop in sessions held in a number of community locations across Aberdeen City and Aberdeenshire between 2nd - 11th July.
- 3.9.** A stakeholder engagement report has been produced and is attached as Appendix B. Further engagement on the detailed service model will commenced at the next stage; OBC.



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4. Implications for IJB

- 4.1. Equalities - A full EHRIA will be completed prior to submission to the SG-CIG.
- 4.2. Fairer Scotland Duty - Demographics, including socio-economic disadvantage, are considered throughout the IA. The proposed future service delivery model will be designed to meet the future demographics requirements of the area.
- 4.3. Financial - There are no direct financial implications arising from the recommendations of this report. Until we understand the services that will be delivered from these buildings it is difficult establish any additional revenue financial consequences to the IJB. However, it is anticipated that these costs will be able to be contained within current budgets and should this not be possible then this will be highlighted to the IJB at the OBC stage.
- 4.4. Workforce - There are no direct workforce implications arising from the recommendations of this report. At OBC stage, detailed work on the Workforce to be affected by a change in service location will be set out and relevant engagement sessions will take place in advance of further public engagement.
- 4.5. Legal - There are no direct legal implications arising from the recommendations of this report.

5. Links to ACHSCP Strategic Plan

- 5.1. The Initial agreement will support the following elements of the ACHSCP Strategic Plan:
 - Develop a consistent person centred approach,
 - Support and improve the health, wellbeing and quality of life of our local population,
 - Promote & support self-management.

6. Management of Risk

6.1. Identified risks(s)

The Risk Register (RR) will be finalised at the OBC stage, which will commence once the IA has been approved by SG-CIG, and will set out more detail around the consequence, likelihood and specific action taken to manage or mitigate the risks.




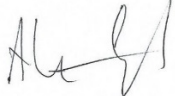
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Risks for the IJB at IA stage have been identified as follows, with plans for mitigating these:

Risk	Impact	Likelihood	Risk score	Mitigation
Lack of synchronicity between partnership(s) and Board leads to delay.	Low	Low	Low	Following option appraisal and identified way forward Project Team will identify a timeline for taking to IJBs for early sight of plan.
No GP Practices wanting to become involved in the new service model.	Major	Low	Moderate	Consideration given to alternative service delivery models.

6.2. Link to risks on strategic or operational risk register:

There is a risk that the IJB does not maximise the opportunities offered by Locality working.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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APPEDIX A
SUMMARY OF KEY INFORMATION FOR THE INITIAL AGREEMENT

NHS GRAMPIAN
INFRASTRUCTURE INVESTMENT

**Initial Agreement for the Investment in Facilities to Support the
Redesign and Modernisation of Primary and Community Care
Services to serve the populations of the North of Aberdeen City and
Central Aberdeenshire (North Corridor Project).**

1. Actions Recommended

The Board is asked to approve, for submission to the Scottish Government Capital Investment Group (CIG), the revised Initial Agreement (IA) for the Investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services to serve the populations of Aberdeen City (North) and Aberdeenshire (Central).

2. Strategic Context

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

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

- improvements in patient experience and environment (person centred) and
- negate backlog risks (safe), specifically Bucksburn Clinic, Gilbert Road Medical Centre and New Dyce Medical Centre in Aberdeen City (North).

3. Key matters relevant to recommendation

The IA is the first phase in the business planning process for the project. The IA describes the strategic context within which the proposed investment will take place and to establish the position of the project in relation to NHSGs overall organisation and service strategies. Following approval of the IA the two subsequent phases of the business planning process will involve the development and approval of Outline Business Case (OBC) and Full Business Case (FBC).

The Initial Agreement aims to:

- Establish the case for change and strategic fit with NHS Grampian's corporate/service strategies and with national policies and priorities

- Clearly identify the desired outcomes from the proposed project
- Provide stakeholders with an early indication of the Preferred Way Forward (PWF) for the project

3.1 Drivers for Change

The strategic assessment for the project includes the following drivers for change:-

- The delivery of integrated PCCS focused on the needs of the local community,
- Continued expansion of communities in the North Commuter Belt putting significant pressure on GMS across the three corridors: Bucksburn to Blackburn (Corridor 1), Bucksburn/Dyce to Newmachar (Corridor 2) and Bucksburn to Balmedie (Corridor 3)
- Lack of provision in the North Commuter Belt – Newmachar, Balmedie and Blackburn, with these communities largely accessing services in Aberdeen City Practices
- Poor condition/or lack of expansion space at the current Gilbert Road Medical Practice and Dyce Medical Centre premises in the North Locality of Aberdeen city means that the buildings are unfit for the future delivery of PCCS
- The sustainability of GMS for existing communities and capacity to respond to future demand
- Changing demographics, an aging population and challenges recruiting to clinical and professional roles

3.2.1 Economic landscape and impact on spread of housing development

While the rest of the UK economy is recovering from the 2008 Economic Downturn, Aberdeen is now experiencing a decline of its own due to the drop in price of oil. The movement of oil and gas workers out with the City is also having an impact on new housing developments. The projected housing developments in the North Commuter Belt, have been revised in the last 12 months. There has also been a notable slowdown in the completion of each phase of live housing developments as completed units are selling at a significantly slower rate than initial projections, this was due to the slow-down in the regions oil and gas sector. Planning assumptions have been updated in line with the revised targets set out in the Aberdeen City and Shire Strategic Development Plan (SDP).

Although there has been a slowdown of housing developments, there remains a significant impact on the population of the North Commuter Belt when the

developments are looked at as a whole, with there being an estimated 23,225¹ additional patients by 2035.

3.2.2 Succession and Service Sustainability

A number of the practices that service the North Corridor population are experiencing, or are projected to experience issues with the recruitment and retention of staff, projected retrial rates across General Practice and community nursing and the ongoing challenge in securing locum staff to fill vacancies across Aberdeenshire and Aberdeen City. This issue is not unique to the North Corridor, and is reflected across the wider north of Scotland.

3.2.3 Population Demographic and impact on health and social care

The population across the North Corridor is expected to grow over the coming years with the most rapid growth in recent years being seen in the Garioch Locality in Aberdeenshire, assessment of the build out rates in the SDP show increasing demand across each of the three corridors.

	Current Pop	Projected Pop
Corridor 1 - Bucksburn to Blackburn	12,520	20,110
Corridor 2 - Bucksburn/Dyce to Newmachar	22,617	32,162
Corridor 3 - Bucksburn to Balmedie	17,395	31,075

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

3.3 Other factors affecting the case for change

3.3.1 Clinical Service Provision

GMS Provision is provided across the North Corridor by the following 6 City GP Practices, while the 4 Shire practices below border the practices boundaries:-

Aberdeen City GMS Providers	Aberdeenshire GMS Providers
<ul style="list-style-type: none"> • Scotstown Medical Group • Danestone Medical Practice • New Dyce Medical Practice • Gilbert Road Medical Group • Oldmachar Medical Practice • Bucksburn Medical Practice 	<ul style="list-style-type: none"> • Inverurie Medical Practice • Haddo Medical Group • Ellon Medical Group • Fyvie / Oldmeldrum Medical Group • Scotstown Medical Group (Udny Branch Surgery)

¹ Note this projection is based on a calculation of 2.05 patients per 1 housing unit, it is difficult to predict how much of the population will be a redistribution of existing residents or new residents.

² Information from Housing Land Audit March 2018, and population profiles, projected population calculated as per note 1 above.

It is now evident that due to increasing demand, demographic changes and workforce challenges there is a need for Aberdeen City and Aberdeenshire HSCP to take a coordinated and collaborative approach to the redesign of Primary and Community Care Services to ensure improved access and sustainability. There are further opportunities to include the delivery of some Secondary Care Services in community settings and treatment and diagnostic facilities as set out in the NHSG Elective Care Programme.

3.3.2 State of Physical Premises

The New Dyce Health Centre and Gilbert Road Surgery are not considered functionally suitable to support the delivery of modern Primary and Community Care Services and require significant investment to deal with essential backlog maintenance and statutory compliance issues.

Both locations are identified as a priority for replacement in the NHSG AMP 2017-18, priority 4.

The Bucksburn Clinic was purchased by NHSG to ensure the sustainability of GMS as a temporary measure until the investment in infrastructure in the North Corridor could enable the development of new facilities and further rationalisation of the estate.

3.3.3 Spread of Population and General Practice Boundaries

Historically there has been no defined GP boundaries within Aberdeen City and many natural communities are serviced by multiple practices. Also, historical GP boundaries were not defined by local authority borders which has led to communities in Aberdeenshire accessing their GMS in Aberdeen City. Therefore the North Corridor population is currently serviced by 10 GP Practices, there are some 13,000 that reside in Aberdeenshire communities that access GMS Services that are based in the North locality of Aberdeen City Council.

One of the key aims set out in the Aberdeen City Health and Social Care Partnership (HSCP) Strategic Plan (2016-19) is to ensure services are provided at a community or Locality level where it is more effective or efficient to do so. In order to achieve this there is a need to match capacity to the growing demand for services across the City by “rebalancing” the current distribution of service provision, which is heavily weighted towards the City Centre. Aberdeenshire HSCP would mirror this approach with their own vision being ‘Building on a person’s abilities, we will deliver high quality person centred care to enhance their independence and well-being in their own communities’, underwritten by the philosophy that ‘care and treatment should be designed round the needs of the person’ (Aberdeenshire Health and Social Care Partnership Strategic Plan 2016 – 2019).

3.3.4 Investment Objectives

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

The key Investment Objectives for the project are to;

- Support the development of a patient focused service model to meet future service demand and demographic challenges across the boundaries of Aberdeen City HSCP and Aberdeenshire HSCP.
- Providing a flexible and adaptable space to allow for new and innovative models of care which will lead to create attractive employment opportunities.
- Achieve access to GMS provision across the Aberdeen City HSCP and Aberdeenshire HSCP population.
- Provide a safe working environment and support improvements to the physical quality and age of the healthcare estate in line with the NHSG AMP.
- Purpose built estate to deliver new integrated model of care at locality level.
- Improve patient experience by ensuring that they receive access to the most appropriate service at the most appropriate time.
- Support an efficient business model that promotes sustainability.
- Access to diagnostic services and treatments in the community, shifting the care from acute to the community.
- Allows the development of service arrangements that support the delivery of an enhanced model of PCCS leading to improved patient experience.
- Delivers a wider enhanced range of PCCS that include increasingly advancing technological solutions.

The proposed investment in a purpose built health and care facilities in the North Commuter Belt to provide PCCS to the populations residing in communities in Aberdeen City (North) and Aberdeenshire (Central), will enable a more sustainable business model across the North Corridor area.

3.4 Option appraisal

3.4.1 Service Model

The first step in this process was to agree the model of service necessary to meet the health and care needs of the populations of the North Corridor, this work was undertaken by Currie and Brown Health Planners.

The analysis of health and care needs was informed by the demographic composition of the patient lists, practice deprivation profile, distribution of the practice population, population health trends, disease prevalence and demand on care services, as well as a review of the number of patients living in the communities of the North Corridor, and where they access their General Medical Services. Based on the Practice Registration reported data, the following conditions are most prevalent in the North Corridor population. Hypertension, Depression, Athsma, Diabetes, Coronary Heart Disease, Chronic Kidney Disease, Cancer, Stroke TIA, COPD, Atrial Fibrillation, Heart Failure, Peripheral Arterial Disease, Dementia, Rheumatoid Arthritis and Mental Health. The future service models takes account of the workforce / interventions required to target improved outcomes and is informed by the health needs assessment.

All opportunities to deliver on the NHSG Clinical Strategy, new GMS Contract, respective HSCPs Strategic Plans, Transformation Plans and Primary Care Improvement Plans have been considered and will be further detailed at OBC stage.

The outcome was agreement to develop an innovative model that includes the provision of GMS, Extended PCCS and access to treatment and diagnostics in a community setting. This future service delivery model builds on the concept of a health village to service the patients across the communities in the North Corridor.

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

- GMS Provision to Include a Triage Hub³, with ANPs, Physiotherapists and other Primary Care roles as first Point of Contact
- An integrated model of working to include:
 - Shared and flexible hot desking space for management, administration and support services
 - Co-location of clinicians, and all practice and aligned staff who will share flexible and adaptive clinical space and bookable multi-purpose rooms with facilities for visiting services
 - Open plan hot desking space for Nursing, AHP's, and Social Care management to allow for integrated working across all services
 - Shared staff space including staff room, kitchen and toilets
 - Shared Reception and waiting room for all services
- Technological solutions including:
 - Attend Anywhere / Near Me Video Consultation with telephone consultation and screening, all Consulting rooms to have the necessary IT Connectivity, as well as one larger Multi-purpose space that can be used for various attend anywhere / near me clinics
 - Diagnostic Surgery Pod⁴
 - Paper Lite and move to electronic records
 - Opportunity to explore Point of Care Imaging/Testing e.g. X Ray, Ultrasound and D-Dimer
 - Opportunity to explore Attend Anywhere / Near Me Video Consultation space within Aberdeenshire Communities
- Treatment and diagnostic services in the community setting including:
 - Phlebotomy, Point of Care Testing and Minor Injuries

³ The triage hub will allow for patients to be seen by the most appropriate person at first point of contact, such as Advanced Nurse Practitioners, Musculoskeletal Physiotherapy Services or Pharmacotherapy Services which will assist with the implementation of the New GMS Contract.

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

- Opportunities to deliver Acute Outreach Clinics in the north community by Community Geriatrician Consultants, Clinical Psychologists and other Acute Sector Consultants.
 - Willingness to explore Outreach clinics in Aberdeenshire communities, which can be part of proving new services from the implementation of the new GMS Contact
 - Virtual Wards
- Training and Development facilities #
 - Enable more collaborative working with universities
 - Creating pathways for GP, Nurse and other primary care roles to assist with workforce challenges
- Public Dental Service
 - Opportunity to 're-balance' the Public Dental Service to ensure those eligible can have access to appropriate provision whilst maximise the capacity of Independent Dental Services in Aberdeen City (North) and Aberdeenshire (Central)
 - Transfer required Public Dental Seats to new premises
 - Consider the need for an additional Bariatric Chair

The above service model will:

- Assist with the implementation of the new GMS Contact by: providing clinical space for specialist roles such as Clinical Pharmacists, ANPs, phlebotomy and other primary care roles; and multi-purpose space which could be used for centralised vaccination service
- Promote Preventative care and self-management, as the building will have multi-purpose space that can be used by third sector as well as the community at evenings and weekends
- Improve integrated working between primary and community care teams to impact on reducing unplanned admissions to hospital through a greater anticipation of need and increasing the ability to provide specialist planned care closer to home.
- Allow for the Redesign of care pathways to improve access to PCCS and a more integrated and community based approach to supporting those with Long Term Conditions.

3.4.2 Physical Infrastructure to support the service model

An initial 'Long List' of options for the associated physical infrastructure required to support this service model was then developed. Each option was scored against the investment Objectives and refined down to a 'Short List' of 5 options that were taken forward to the next stage for detailed consideration and scored against the Investment Objectives for the project.

It is important to note that at this stage in the process the main focus has been on the future service delivery model to service the three corridors of communities within the North Corridor. However, in order to test the deliverability of the PWF Forward the Project Team took early consideration of site availability in order to determine whether a single or multiple GMS provider could be secured to deliver the future service delivery model. The infrastructure requirements to enable the delivery of the service vision will be set up in more detail in the OBC and FBC.

The 'Short Listed' Options are summarised below:-

Option	Description	Score
A	Do Nothing Option	9.67
B	Do Minimum Option	12.0
C	One-site options with GMS and Enhanced Services	36.67
D	Two-site option with GMS and Enhanced Services either shared or duplicated	35.33
E	Two-site option with GMS and Enhanced on one site and GMS only on second site	23.33

Part of the scoring process involved sensitivity testing, which considered various methods of analysing the scores. This sensitivity testing showed that in 3 of the 4 ways of analysing the scores, Option C scored highest.

The Project Team 'tested the deliverability' of the PWF to deliver from a single location and have highlighted to the North Corridor Programme Board and in the IA that there is likely not going to be a suitable site. In addition, the Project Team anticipate at OBC stage that public transport and access will become a significant factors for communities when consider a single delivery location suitable across all 3 corridors. It should be noted that Option D (Two-site option with GMS and Enhanced Services either shared or duplicated) scored very closely to Option C, and it is considered that this may become the preferred way forward at OBC stage when site options are appraised and further stakeholder engagement is conducted.

3.4.3 Deliverability of Site Models

The high level site model appraisal has determined that:

- A number of GMS Providers have indicated that they would be interested in a single or dual site solution - however this would be site dependant.

- GMS Provides are willing to co-locate and collaborate, No GMS providers are considering mergers at this stage.
- The site location is key in terms of location and size to determine the deliverability of the site models. Until we know what sites are available we cannot determine the GMS provider, and therefore the size that the site solution needs to be to account for practice list size and projected future growth in population.

The PWF is to build a new integrated Primary and Community Care Service Hub (that includes: GMS, extended PCCS, treatment and diagnostics) at a suitable location in the North Corridor that is accessible to all communities.

This will be a purpose built facility with a Schedule of Accommodation designed to maximise utilisation of space and encourage increased community access through flexible use of the buildings, including evening and weekend usage.

The innovative design will include a custom built triage and video consultation Hub, shared clinical space, multipurpose bookable rooms, hot desking facilities for other Partner Organisations including Third Sector, electronic records, additional sessional clinics and targeted public health programmes and shared service areas (e.g. waiting rooms, receptions and joint staff facilities). This will create the basic infrastructure platform to enable the practice 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.

3.5 Financial Case

It is anticipated that the project will be deliverable in the £19M funding envelope.

A full financial case will be completed at OBC stage once site options have been identified.

3.6 Procurement

The Scottish Capital Investment Manual (SCIM) guidance proposes the default position for delivering any strategic solutions, which require a physical alteration or new build option should be via the Scottish Futures Trust (SFT) hub initiative, if the notional capital value is in excess of £750,000.

The hub initiative in the North Territory is provided through a joint venture company (hub North Scotland Limited) bringing together local public sector participants, SFT and a Private Sector Development Partner (PSDP).

The Scottish Capital Investment Manual (SCIM) guidance proposes the default position for delivering strategic solutions, which require a physical alteration or investment in new primary care infrastructure should be via the Scottish Futures Trust (SFT) hub initiative, under a 10 year exclusivity arrangement if the notional capital value is in excess of £750,000.

The procurement route options available for delivering the preferred service solution through the hub initiative is either by revenue funding via a Design, Build, Finance & Maintain (DBFM) project agreement, or by capital funding via Design & Build Development Agreement (DBDA). Considering the likely estimated project costs, at this stage a revenue DBFM funding model is deemed to be the most appropriate procurement route to meet the preferred option – this consideration will need to be further developed throughout the Outline Business Case.

3.7 Project Management Arrangements and Timescales

A project governance structure has been established for this project using a programme and project management approach (PPM).

The following table provides indicative timescales for completion of key milestones for delivery of the project

Initial Agreement Approval	December 2018
Outline Business Case approval	December 2019
Final Business Case approval	October 2020
Land Purchase Concluded	August 2020
Commence construction	December 2020
Completion of new centre	July 2022

4. Risk Mitigation

Approval of the recommendations as outlined will assist in mitigating Strategic Risk 855 by ensuring that we implement an asset investment, disposal and backlog maintenance programme or redesign of service provision to reduce dependence on physical buildings.

5. Responsible Executive Director and contact for further information

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

Responsible Executive Director

Alan Gray
 Director of Finance
alangray@nhs.net

Contact for further information

Garry Kidd
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29.10.18

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APPENDIX B

STAKEHOLDER ENGAGEMENT FINAL REPORT

NORTH CORRIDOR PROJECT

Community Engagement Sessions Briefing Report at IA Stage

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Findings from the public consultations carried out 2nd July 2018 – 15th August 2018

Background

- The North Corridor Programme aims to redesign primary health and care services for citizens residing in Aberdeen City North and approximately 13,000 citizens in Aberdeenshire who access services in Aberdeen City.
- The Scottish Government has approved in principle, 19M funding from the Capital Investment Programme to transform services and invest in the related infrastructure (to solve the GMS provision across Blackburn, Newmachar and Balmedie).
- The Bucksburn and Dyce areas of Aberdeen have been documented as priority areas for infrastructure investment for some years. This is currently reflected in the NHS Grampian Property and Asset Management Plan 2014-2024 (PAMP), and the NHS Grampian Primary Care Premises Plan 2014-2024. These are two of the main providers to the population in the North Corridor.
- No GMS providers in Aberdeenshire to take on a satellite model for these communities and the on-going growth in residential developments in Aberdeen City North continues to put significant pressure on General Medical Services (GMS).
- While communities of Newmachar, Kingseat, Balmedie & Blackburn, continue to expand with no local access to GMS, as well as expansion now in the Danestone area of the City. Danestone and Scotstown Practices are also to a lesser extent services those communities.
- There are on-going challenges with recruitment and retention in both Aberdeen City and Aberdeenshire North leading to capacity issues across Practices in the North Corridor.



Methodology

Public consultations were carried out from 2nd July 2018 to 15th August 2018 at the following places:

- Dyce Church Hall
- Bucksburn Church Hall
- Bridge of Don Church Hall
- Kinellar Community Hall, Blackburn
- Balmedie Leisure Centre
- Axis Hall Newmachar
- Gilbert Road Medical Practice
- New Dyce Medical Practice
- Bucksburn Medical Practice
- Danestone Medical Practice

A5 flyers and A4 posters signposting the public to the consultation were placed and displayed (where accepted) in businesses, public notice boards, community halls and GP Practices. Public social media accounts (facebook) in the local area were mapped and sent details of the consultation. They were also distributed to Community Councils. Details of the survey link were also made available in an information sheet for individual patients to complete online and the survey link was also emailed to GP practices.

All responses were collated and thematically analysed and presented in this briefing report. The survey questionnaire is shown in Appendix 1.



1. Summary of findings - Overall

There were 526 surveys completed¹. This is broken down as follows:

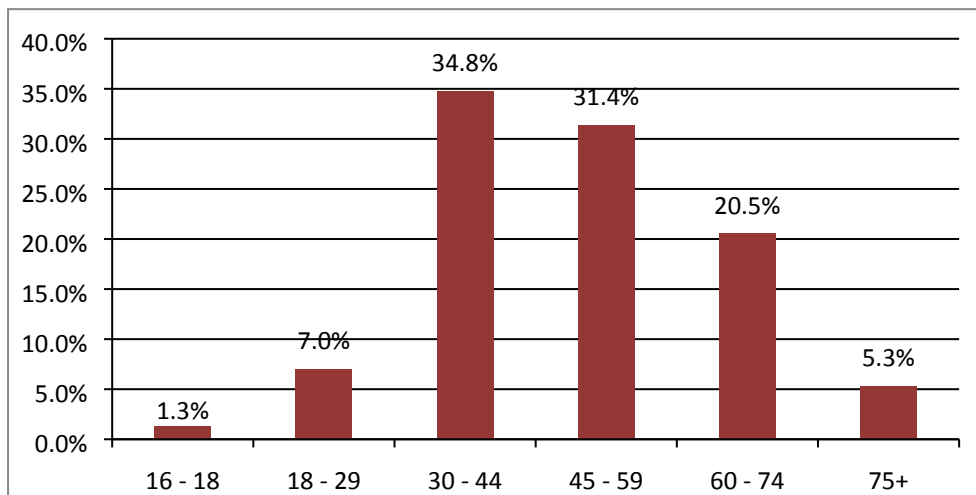
Online – 424 (80.6%)

GP Surgeries – 77 (14.6%)

Drop in Sessions in Localities – 25 (4.8%)

90.0% responses were from patient/service user, 7.0% responses from staff members and 3.0% responses preferred not to say. Most of the respondent were female at 84.4% compare to male respondent at 15.1%. Ethnic origin of most of the respondent were Scottish (84.4%).

1.1 Responses by age breakdown



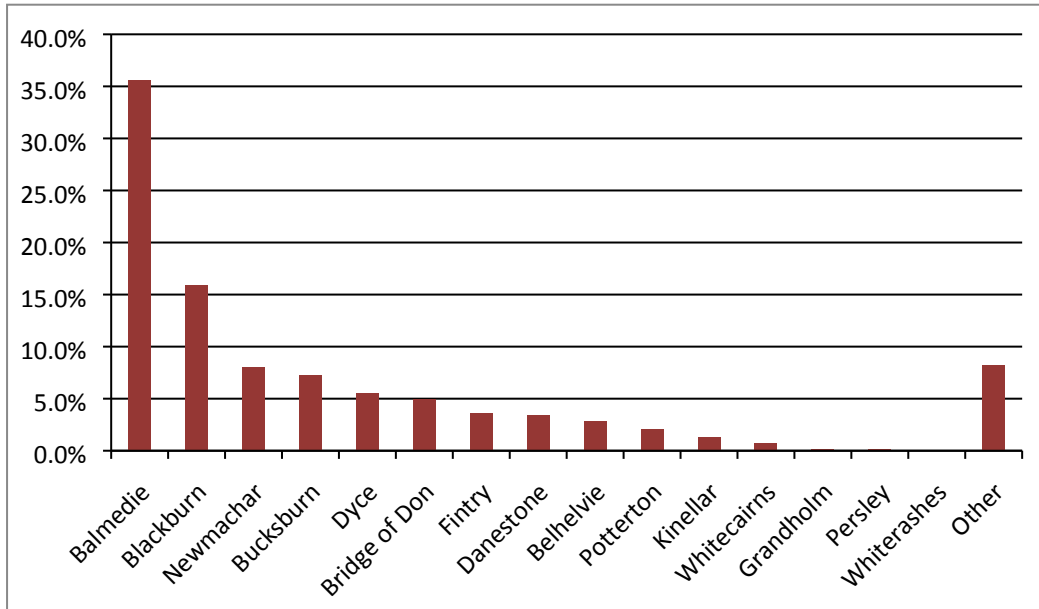
Most of the respondent were in age between 30-74 years.

When asked the question about having disability 89.3% responded negatively, 9.2% responded positively and 1.6% preferred not to say. Again when asked the question about considering as a carer 87.6% responded negatively, 10.7% responded positively and 1.7% preferred not to say.

¹ As the survey was designed using the survey monkey tool, there were a number of questions that forced respondents to respond in a certain way (eg tick only one box) as such when paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) the project team could not enter some of the answers of Q11, Q12 and Q14.



1.2 Responses by Location



The highest response rate was from Balmedie area at 35.6%, followed by Blackburn area at 15.9%, Newmachar area at 8.0%, Bucksburn area at 7.3%, Dyce area at 5.5% and others area at 27.7%.

1.3 Responses by GP Practice registration

GP Practices	Rate%
Scotstown Medical Group	24.8%
Gilbert Road Medical Practice	20.0%
New Dyce Medical Practice	14.9%
Old Machar Medical Practice	12.0%
Danestone Medical Practice	10.5%
Ellon Medical Practice	5.3%
Bucksburn Medical Practice	4.2%
Inverurie Medical Practice	2.7%
Fyvie/Oldmeldrum Medical Practice	0.6%
Haddo Medical Practice	0.0%
Other	5.1%



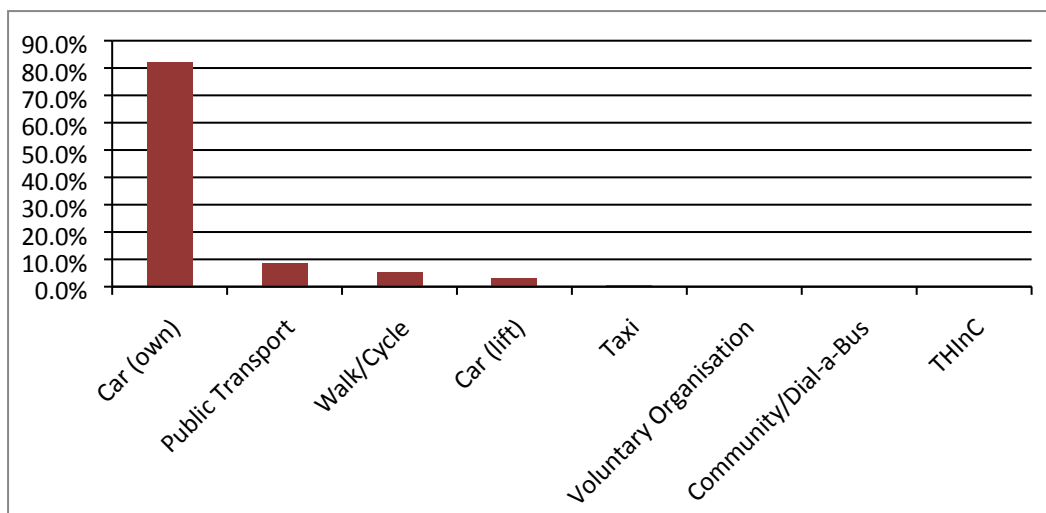
1.4 Access to Primary Care Services

Primary Care Services	Number	Rate (%)
Pharmacist (minor ailments service)	355	70.3%
Dentist	335	66.3%
Diagnostics (e.g. blood tests etc.)	260	51.5%
Health Visitor	223	44.2%
Physiotherapist	191	37.8%
Immunisations	190	37.6%
Community Midwives	185	36.6%
Minor Injuries	127	25.2%
Optometrist	123	24.4%
Community Nurses	109	21.6%
Contraception/Sexual Health	90	17.8%
Occupational Therapist (OT)	49	9.7%
Community Mental Health Services	42	8.3%
Public Health Adviser (e.g. smoking cessation)	22	4.4%
Total Responses	505	

From overall responses, 70.3% respondent mentioned that they have access to Pharmacist, followed by Dentist at 66.3% and Diagnostics at 51.5%. Few respondent (below 10%) accessed Occupational Therapist, Community Mental Health Services and Public Health Adviser.

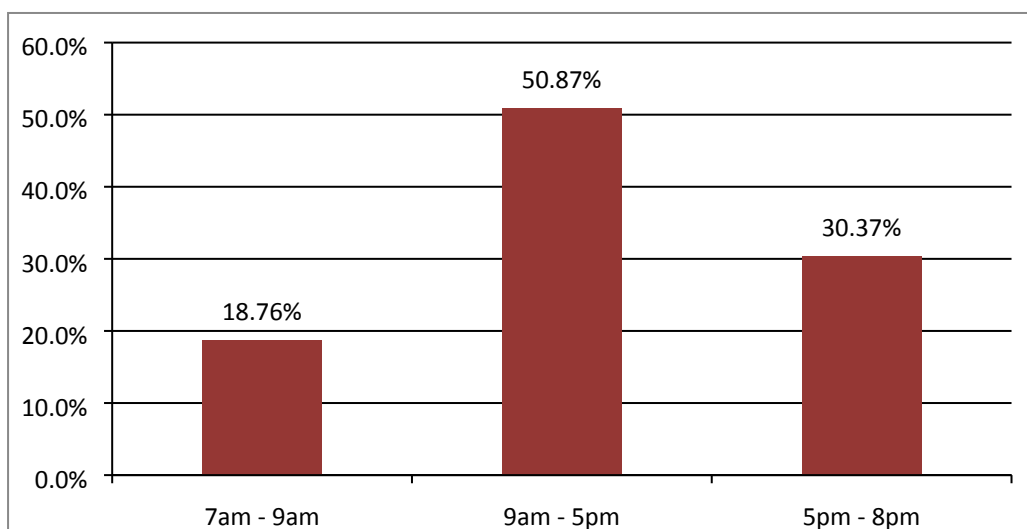
When asked the opinion about accessing Primary Care Services in once place, 88.8% respondent answered yes, 2.5% answered no and 8.7% did not know the answer. Again when asked using more technological means to access Primary Care Services e.g. attend anywhere, eConsult, telephone consultation, 66.5% answered yes, 19.9% answered no and 13.5% did not know the answer.

1.5 Travel to Primary Care Appointments*



*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 11 in a certain way (e.g. tick only one box). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents were responded to more than one option. As a result the project team could not enter the true response of the question 11 – see Appendix 1.

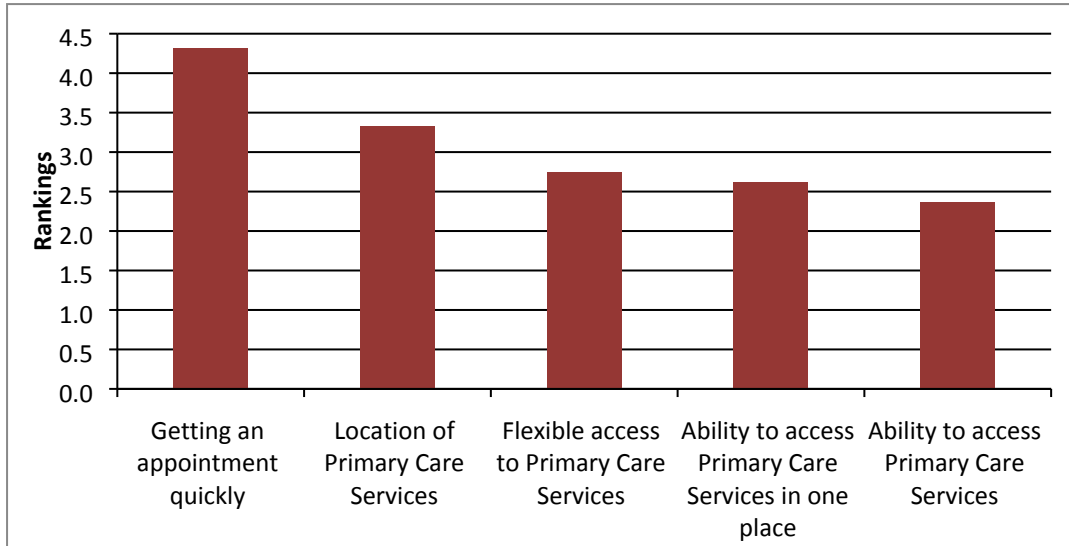
1.6 Best time of the day to attend Primary Care appointment*



50.9% respondents were in favour of the appointment time 9am to 5pm, followed by 30.4% preferred 5pm to 8pm appointments and 18.8% preferred 7am to 9am appointments.

*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 12 in a certain way (e.g. tick only one box). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents were responded to more than one option. As a result the project team could not enter the true response of the question 12 – see Appendix 1.

1.7 Accessing Primary Care appointments/services (ranking 1 being most important and 5 being least important)*



*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 14 in a certain way (e.g. not being able to rank same for all options or for some options). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents ranked the answer differently. As a result the project team could not enter the true response of the question 14 – see Appendix 1.

1.8 Importance of the services provided by Primary Care

List of Services categories	Number	Rate%
Quick access to an appointment	470	94.2%
Helpful/friendly staff	418	83.8%
Same day appointments	376	75.4%
Being listened to	340	68.1%
Flexible appointment times	330	66.1%
Parking	323	64.7%
Ease of getting to the practice (location of practice)	272	54.5%
Ability to access more Primary Care Services under one roof	247	49.5%
Living close by	244	48.9%
Use of technology to access appointments/help	205	41.1%
Travel time to appointments	165	33.1%
Information on where to go in an emergency	132	26.5%
Public transport links	103	20.6%
The building	49	9.8%
Working close by	42	8.4%
Total Responses	499	

The most common responses received in category ‘Quick access to an appointment’, out of 499 responses 470 (94.2%) of them were in favour of quick access to an appointments. ‘Helpful/friendly staff’ was the second highest category with the response rate of 83.8%.

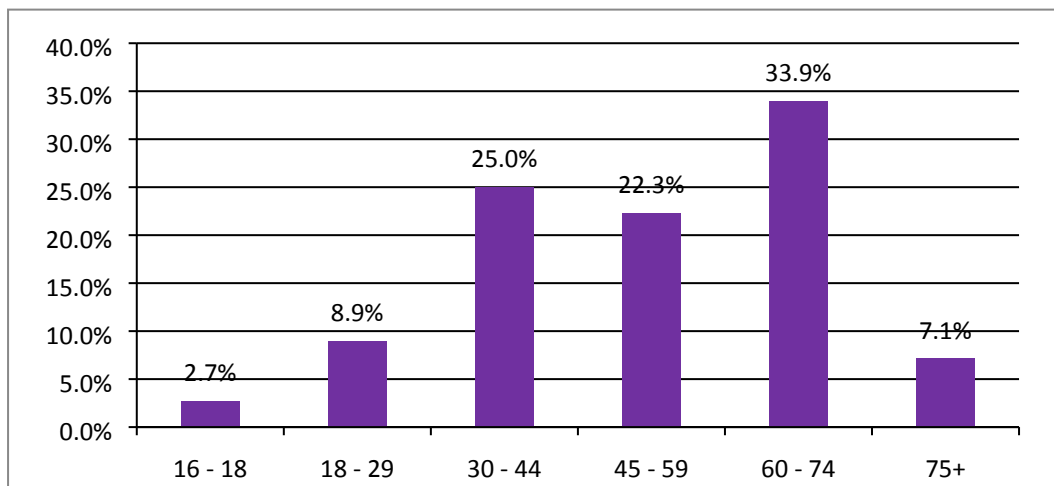


Followed by 'Same day appointments' and 'Being listened to' category were at the rate of 75.4% and 68.1% respectively.

2. Summary of findings – Aberdeen City

112 responses were received for Aberdeen City. 87.5% responses were from patient/service user, 10.7% responses from staff members and 1.8% responses preferred not to say. Most of the respondent were female at 88.4% compare to male respondent at 11.6%. Ethnic origin of most of the respondent were Scottish (93.8%).

2.1 Responses by age breakdown

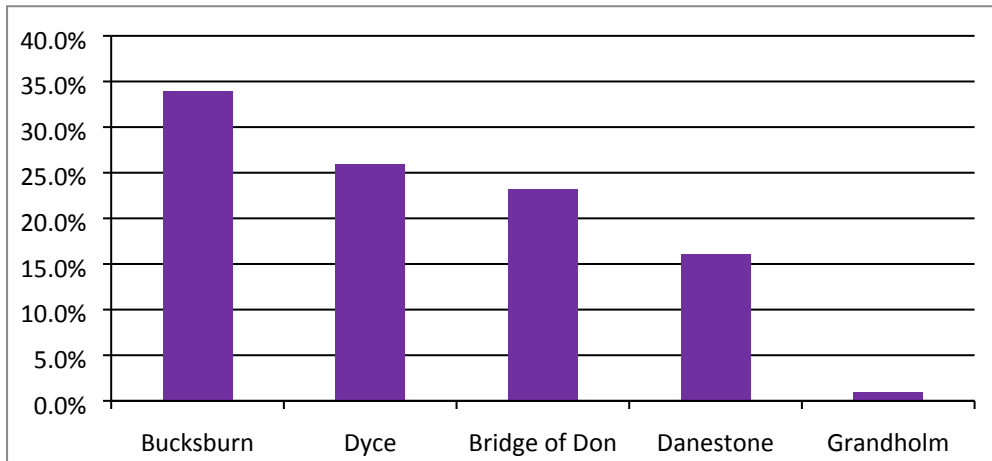


Most of the respondent were in age between 30-74 years. The highest response received from 60-74 age group at 33.9%.

When asked the question about having disability 88.4% responded negatively, 9.8% responded positively and 1.8% preferred not to say. Again when asked the question about considering as a carer 92.9% responded negatively, 6.3% responded positively and 0.9% preferred not to say.



2.2 Responses by Location



2.3 Responses by GP Practice registration

GP Practices	Rate%
Gilbert Road Medical Practice	26.8%
Danestone Medical Practice	24.1%
New Dyce Medical Practice	23.2%
Bucksburn Medical Practice	8.0%
Scotstown Medical Group	8.0%
Old Machar Medical Practice	7.1%

2.4 Access to Primary Care Services

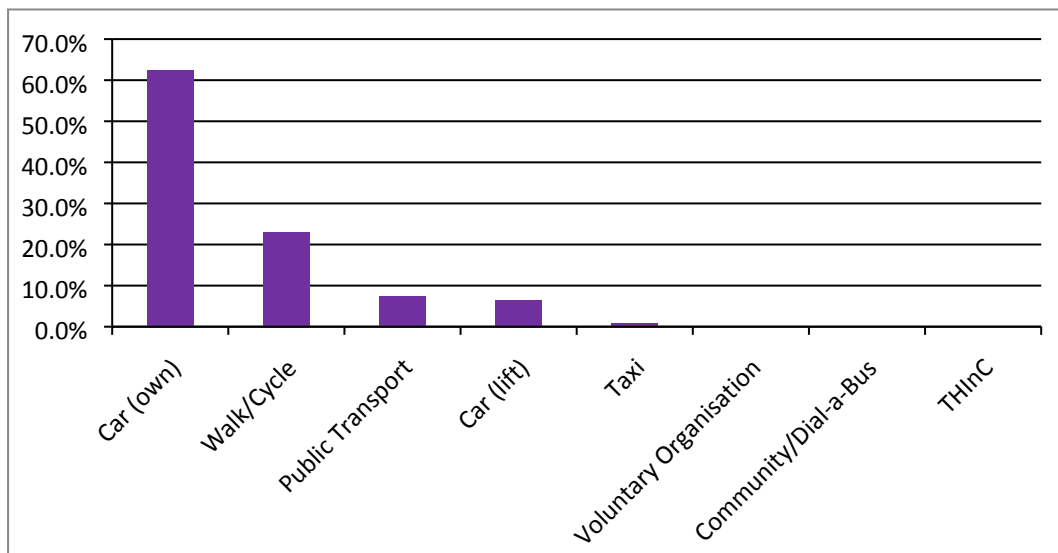
Primary Care Services	Number	Rate (%)
Dentist	73	68.2%
Pharmacist (minor ailments service)	70	65.4%
Diagnostics (e.g. blood tests etc.)	58	54.2%
Physiotherapist	40	37.4%
Health Visitor	39	36.5%
Immunisations	39	36.5%
Community Midwives	28	26.2%
Community Nurses	25	23.4%
Minor Injuries	25	23.4%
Optometrist	23	21.5%
Contraception/Sexual Health	19	17.8%
Occupational Therapist (OT)	15	14.0%
Community Mental Health Services	11	10.3%
Public Health Adviser (e.g. smoking cessation)	5	4.7%
Total Responses	107	



From overall responses, 68.2% respondent mentioned that they have access to Dentist, followed by Pharmacist at 65.4% and Diagnostics at 54.2%.

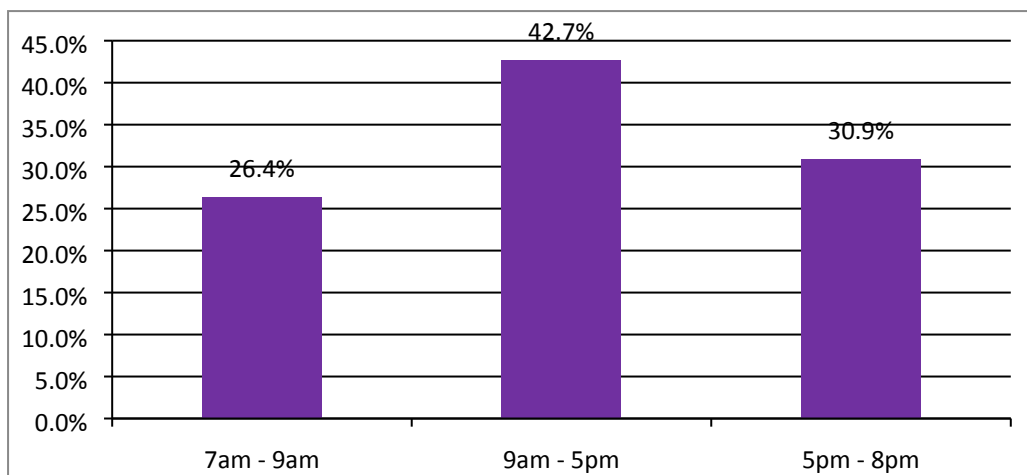
When asked the opinion about accessing Primary Care Services in once place, 83.6% respondent answered yes, 3.6% answered no and 12.7% did not know the answer. Again when asked using more technological means to access Primary Care Services e.g. attend anywhere, eConsult, telephone consultation, 64.6% answered yes, 18.2% answered no and 17.3% did not know the answer.

2.5 Travel to Primary Care Appointments*



*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 11 in a certain way (e.g. tick only one box). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents were responded to more than one option. As a result the project team could not enter the true response of the question 11 – see Appendix 1.

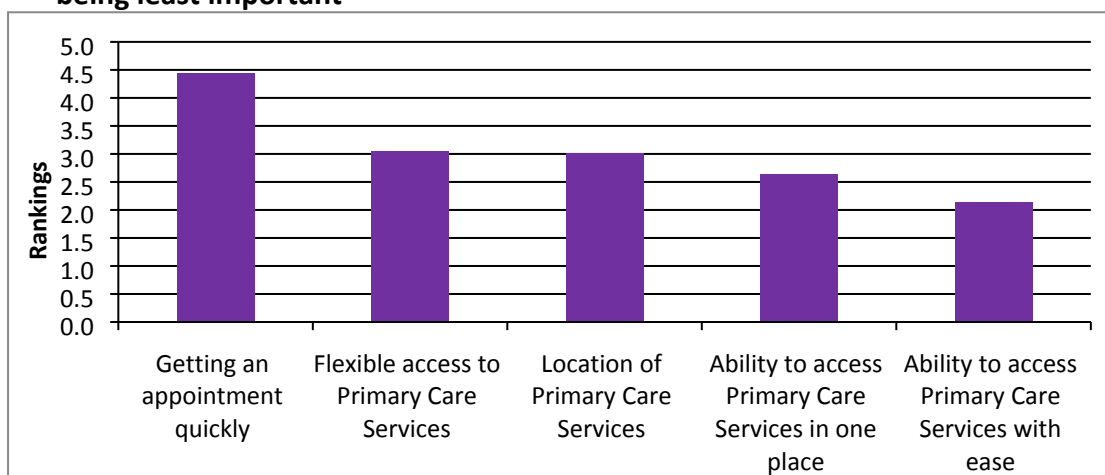
2.6 Best time of the day to attend Primary Care appointment*



42.7% respondents were in favour of the appointment time 9am to 5pm, followed by 30.9% preferred 5pm to 8pm appointments and 26.4% preferred 7am to 9am appointments.

*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 12 in a certain way (e.g. tick only one box). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents were responded to more than one option. As a result the project team could not enter the true response of the question 12 – see Appendix 1.

2.7 Accessing Primary Care appointments/services (ranking 1 being most important and 5 being least important)*



*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 14 in a certain way (e.g. not being able to rank same for all options or for some options). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents ranked the answer differently. As a result the project team could not enter the true response of the question 14 – see Appendix 1.

2.8 Importance of the services provided by Primary Care in Aberdeen City

List of Services categories	Number	Rate%
Quick access to an appointment	97	94.2%



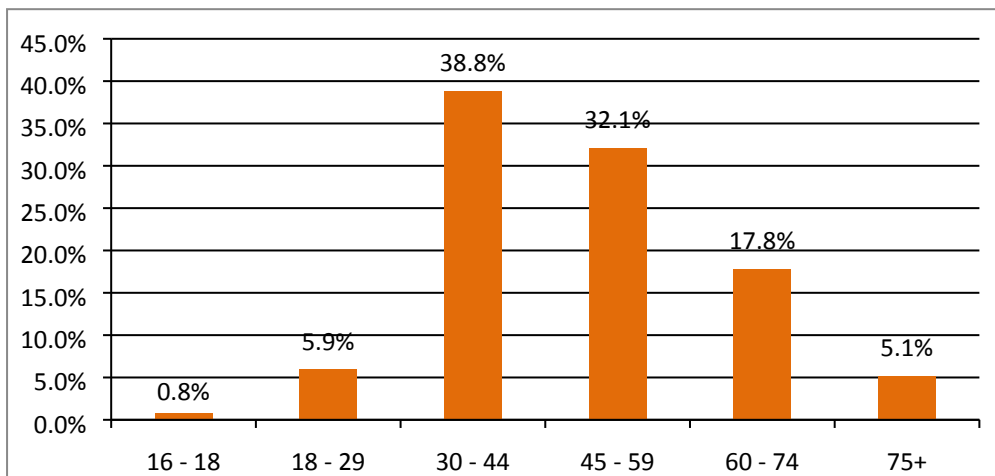
Helpful/friendly staff	88	85.4%
Being listened to	86	83.5%
Same day appointments	80	77.7%
Flexible appointment times	65	63.1%
Parking	54	52.4%
Ability to access more Primary Care Services under one roof	54	52.4%
Use of technology to access appointments/help	50	48.5%
Living close by	46	44.7%
Ease of getting to the practice (location of practice)	44	42.7%
Information on where to go in an emergency	33	32.0%
Travel time to appointments	19	18.5%
Public transport links	18	17.5%
Working close by	9	8.7%
The building	8	7.8%
Total Responses	103	

The most common responses received in category ‘Quick access to an appointment’, out of 103 responses 97 (94.2%) of them were in favour of quick access to an appointments. ‘Helpful/friendly staff’ was the second highest category with the response rate of 85.4%. Followed by ‘Being listened to’ and ‘Same day appointments’ category were at the rate of 77.7% and 63.1% respectively.

3. Summary of findings – Aberdeenshire

371 responses received for Aberdeenshire. 94.3% responses were from patient/service user, 3.0% responses from staff members and 2.8% responses preferred not to say. Most of the respondent were female at 83.2% compare to male respondent at 16.2%. Ethnic origin of most of the respondent were Scottish (80.3%).

3.1 Responses by age breakdown

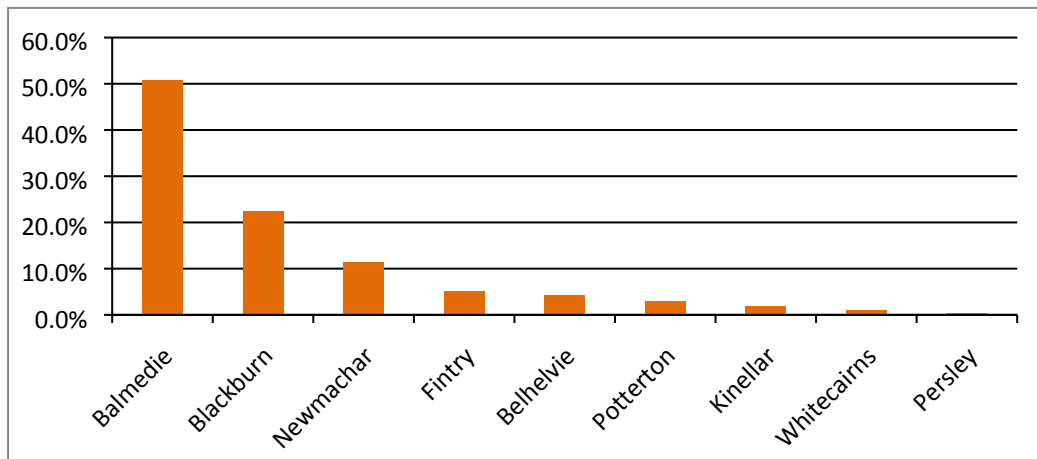




Most of the respondent were in age between 30-74 years. The highest response received from 30-44 age group at 38.8%. The second highest response received from 45-59 age group at 32.1%.

When asked the question about having disability 89.7% responded negatively, 9.2% responded positively and 1.1% preferred not to say. Again when asked the question about considering as a carer 87.6% responded negatively, 11.1% responded positively and 1.4% preferred not to say.

3.2 Responses by Location



3.3 Responses by GP Practice registration

GP Practices	Rate%
Scotstown Medical Group	32.6%
Gilbert Road Medical Practice	20.2%
New Dyce Medical Practice	14.0%
Old Machar Medical Practice	14.0%
Danestone Medical Practice	7.0%
Ellon Medical Practice	5.7%
Bucksburn Medical Practice	3.5%
Inverurie Medical Practice	2.2%
Other	0.8%

3.4 Access to Primary Care Services

Primary Care Services	Number	Rate (%)
Pharmacist (minor ailments service)	268	74.2%
Dentist	240	66.5%
Diagnostics (e.g. blood tests etc.)	183	50.7%
Health Visitor	173	47.9%
Community Midwives	150	41.6%
Immunisations	139	38.5%

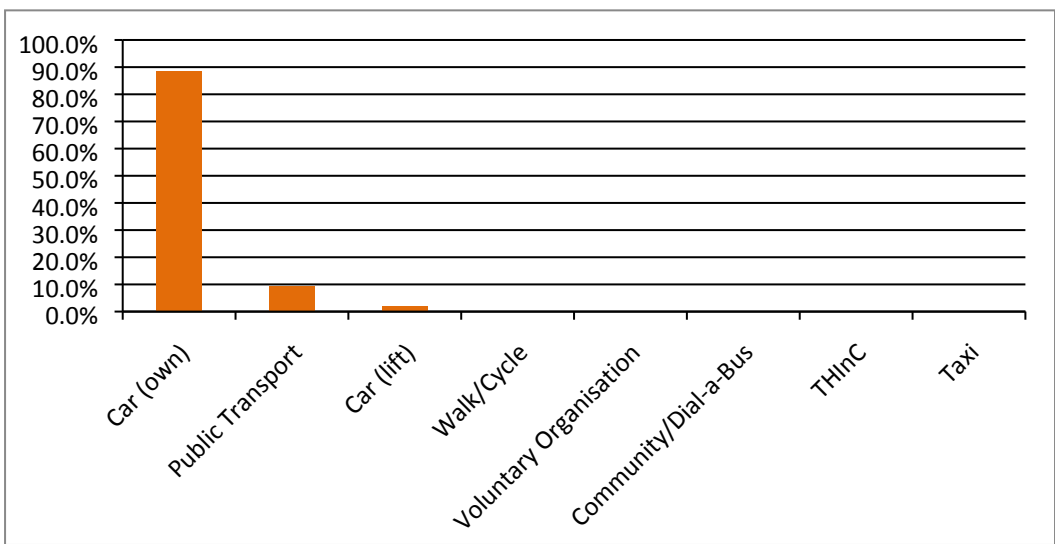


Physiotherapist	135	37.4%
Minor Injuries	94	26.0%
Optometrist	89	24.7%
Community Nurses	78	21.6%
Contraception/Sexual Health	67	18.6%
Occupational Therapist (OT)	29	8.0%
Community Mental Health Services	28	7.8%
Public Health Adviser (e.g. smoking cessation)	16	4.4%
Total Response	361	

From overall responses, 74.2% respondent mentioned that they have access to Pharmacist, followed by Dentist at 66.5% and Diagnostics at 50.7%.

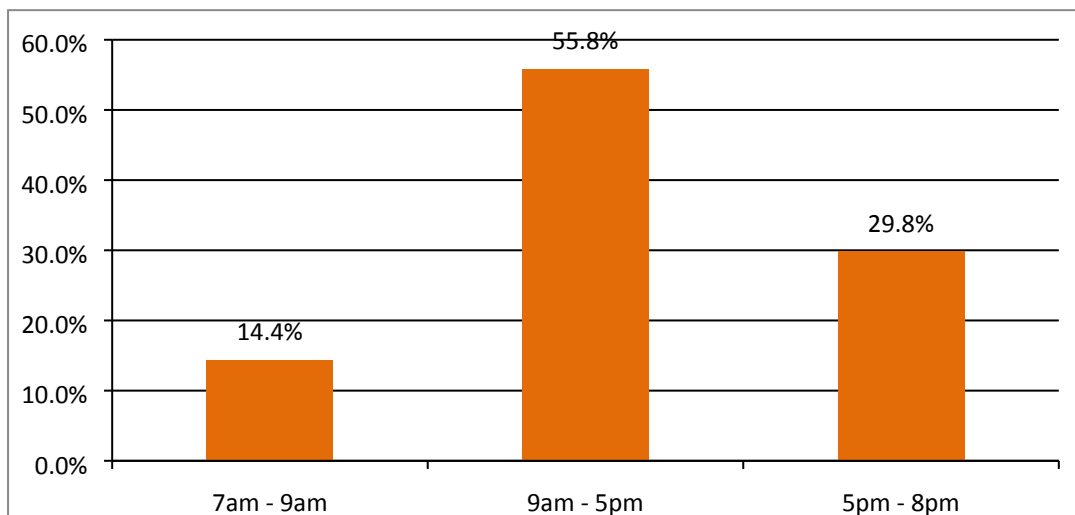
When asked the opinion about accessing Primary Care Services in once place, 91.1% respondent answered yes, 2.2% answered no and 6.8% did not know the answer. Again when asked using more technological means to access Primary Care Services e.g. attend anywhere, eConsult, telephone consultation, 67.4% answered yes, 19.8% answered no and 12.8% did not know the answer.

3.5 Travel to Primary Care Appointments*



*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 11 in a certain way (e.g. tick only one box). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents were responded to more than one option. As a result the project team could not enter the true response of the question 11 – see Appendix 1.

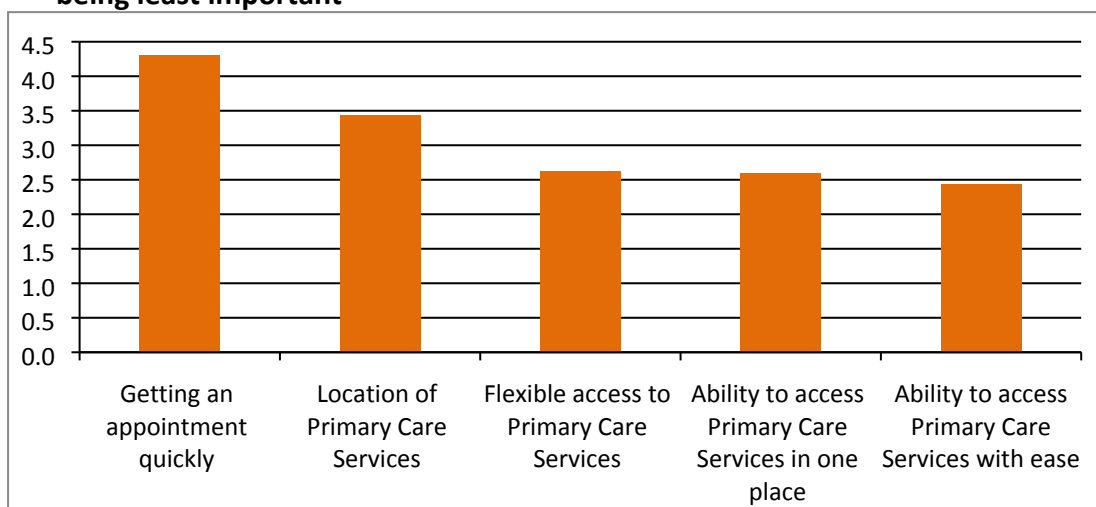
3.6 Best time of the day to attend Primary Care appointment*



42.7% respondents were in favour of the appointment time 9am to 5pm, followed by 30.9% preferred 5pm to 8pm appointments and 26.4% preferred 7am to 9am appointments.

*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 12 in a certain way (e.g. tick only one box). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents were responded to more than one option. As a result the project team could not enter the true response of the question 12 – see Appendix 1.

3.7 Accessing Primary Care appointments/services (ranking 1 being most important and 5 being least important*)



*Please note as the survey was designed using the survey monkey tool, where respondents were forced to respond question 14 in a certain way (e.g. not being able to rank same for all options or for some options). When paper copies were used at the patient engagement sessions (both in the Community and at GP Practices) respondents ranked the answer differently. As a result the project team could not enter the true response of the question 14 – see Appendix 1.

3.8 Importance of the services provided by Primary Care in Aberdeen City

List of Services categories	Number	Rate%
Quick access to an appointment	344	95.3%



Helpful/friendly staff	302	83.7%
Same day appointments	275	76.2%
Parking	245	67.9%
Flexible appointment times	244	67.6%
Being listened to	228	63.2%
Ease of getting to the practice (location of practice)	213	59.0%
Living close by	188	52.1%
Ability to access more Primary Care Services under one roof	178	49.3%
Use of technology to access appointments/help	144	39.9%
Travel time to appointments	136	37.7%
Information on where to go in an emergency	94	26.0%
Public transport links	79	21.9%
The building	38	10.5%
Working close by	28	7.8%
Total Response	361	

The most common responses received in category 'Quick access to an appointment', out of 361 responses 344 (95.3%) of them were in favour of quick access to an appointments. 'Helpful/friendly staff' was the second highest category with the response rate of 83.7%. Followed by 'Same day appointments' and 'Parking' category were at the rate of 76.2% and 67.9% respectively.

Appendix 1: Survey Questions

- Q1. Are you a Staff member, Patient/Service user or Prefer not to say?
- Q2. Age
- Q3. To which gender do you most identify?
- Q4. What is your ethnic origin?
- Q5. Do you consider yourself to have a disability?
- Q6. Do you consider yourself to be a Carer?
- Q7. Which of the following best describes the area you live in?
- Q8. Which GP Practice are you currently registered with?
- Q9. Which of the following Primary Care Services are you currently, or have in the past used? (Select as many as apply)
- Q10. Would you like to be able to access Primary Care Services in one place (e.g. GP, Community Nurses, Physiotherapists, Health Visitors etc.)?
- Q11. How would you normally travel to your Primary Care appointments?
- Q12. What is usually the best time of the day for you to attend Primary Care appointments?
- Q13. Would you be interested in using more technological means to access Primary Care Services (e.g. Attend Anywhere, eConsult, Telephone consultations)?
- Q14. When thinking about accessing Primary Care appointments/services, please rank the following in order of importance with 1 being the most important and 5 being the least important?
- Q15. When thinking about Primary Care Services which of the following are important to you? (Choose as many as you like)



If you require further analysis or more information about this briefing report please contact:

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