

# **NHS GRAMPIAN**

## **INFRASTRUCTURE INVESTMENT**

### **Initial Agreement for the Investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services in Aberdeen City**

#### **1. Actions Recommended**

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

#### **2. Strategic Context**

The Asset Management Plan, 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).

#### **3. Key matters relevant to recommendation**

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

The Initial Agreement aims to:

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

### **3.1 Previous approval**

An Initial Agreement for this project was previously approved by the Board and the Scottish Government CIG in December 2014. This identified the following key drivers for change:

- the poor condition and inadequacies in the current facilities at Denburn Health Centre which severely limits the future opportunities for the development and change needed to ensure modern services can be delivered effectively and efficiently, and
- the continued growth of the City population, predominantly in new housing schemes planned for the green belt surrounding the City, which will require a redistribution of healthcare premises throughout the City to meet NHS Grampian's ambition to ensure primary health care services are delivered locally and are an integral part of the community.

### **3.2 Changes in underlying assumptions**

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

#### **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<sup>1</sup>. The movement of oil and gas workers out with the City is also having an impact on new housing developments. A number of proposed developments, including two of the largest developments in the West Locality (Maidencraig and Countesswells) have reduced the size and number of units to be built in the coming years. There has also been a notable slow down in the completion of each phase of live housing developments as completed units are selling at a significantly slower rate than initial projections. Planning assumptions have been updated in line with the revised targets set out in the Aberdeen City and Shire Strategic Development Plan (SDP).

#### **3.2.2 Succession and Service Sustainability**

The Northfield and Mastrick Medical Practice has historically experienced significant pressures with the recruitment and retention of staff. Further turnover in General Practitioner (GP) staffing at the practice, towards the end of 2016, prompted a full review of the service. This concluded with the Denburn Medical Practice being awarded a contract to provide General Medical Services within the Northfield and Mastrick area, in addition to their existing practice responsibilities. 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 co-ordinates its services across three sites, Denburn Health Centre, Northfield Surgery and Mastrick Clinic.

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<sup>1</sup> Community Planning Aberdeen 'Local Outcome Improvement Plan' (2016)

This arrangement will ensure the ongoing delivery of services to the immediate and wider Locality communities and, moving forward, will provide a platform for the development of capacity to service new and growing communities in the adjacent West Locality.

### **3.2.3 Population Demographic and impact on health and social care**

Changes in the population demographic include a population that is living longer, low birth rates, changing family structures and high levels of inward migration. There is an increasing rate of people presenting with multiple morbidities in the general population and the ageing population with more complex and Long Term Conditions. The most significant changes in the disease incidence profile will be an increase in the prevalence of the following complex and Long Term Conditions; palliative care, learning disabilities, mental health, asthma, coronary heart disease, chronic obstructive pulmonary disease (COPD), cardiovascular disease, diabetes, epilepsy, stroke, transient ischemic attack (TIA), peripheral arterial disease, obesity and osteoporosis. The disease incidence profile also shows that people living in the most deprived communities continue to experience greater health inequalities; this includes the Northfield and Mastrick areas.

### **3.3 Other factors affecting the case for change**

#### **3.3.1 Clinical Service Provision**

The Aurora/Denburn Medical Practice grouping currently provides General Medical Services and works closely with aligned community health and social care services to provide integrated care for their practice population of 16,337 across the three locations, Denburn Health Centre, Northfield Clinic and Mastrick Clinic.

From April 2017, a Triage Model of Care, initially developed within the Denburn Medical Practice, was in place serving all three locations. There are arrangements in place to help manage clinical demand between the three sites using remote telephonic working but the geographical separation, poor state of repair and functional limitations on building design, significantly impede the practice's plans to improve range, quality and access to services, through the introduction of innovative models of service delivery and more efficient working practices. These restrictions also inhibit the ability to involve other healthcare professional disciplines in the model of care.

#### **3.3.2 State of Physical Premises**

All three buildings are not considered functionally suitable to support modern primary health care provision and require significant investment to deal with essential backlog maintenance and statutory compliance issues. The backlog maintenance risk assessed at Denburn Health Centre, and included in NHS Grampians Asset Management Plan, is quantified as £6.4m. This figure however, is quoted before fees, VAT and other project related costs, and recent experience of delivering large backlog maintenance projects would suggest a more realistic estimate of the investment required to extend the useful life of the existing building for a further 10 to 15 years would be £20m. There is also no expansion space at the Northfield

Surgery and Mastrick Clinic to meet the demand from the current population, many of which are seeking GMS services from elsewhere in the City.

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

### **3.3.3 Spread of Population and General Practice Boundaries**

Historically there have been no defined general practice boundaries within Aberdeen City and many natural communities are serviced by multiple practices. The Aurora/Denburn Practice grouping is no exception with a widely disparate practice population serviced across three geographically dispersed centres.

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.

### **3.3.4 Case for Change**

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

- (i) the delivery of integrated Primary and Community Care Services 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, and
- (v) destabilisation of the practice as current facilities do not enable the service to progress the transformational change required to further modernise and enhance service delivery, and
- (vi) Securing the provision of GMS Services for existing communities, specifically Northfield and Mastrick in the Central Locality.

## **3.4 Option appraisal**

### **3.4.1 Service Model**

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

The first step in this process was to agree the model of service necessary to meet the health needs of the patient populations registered with the Aurora/Denburn Medical Practice grouping.

The analysis of health needs 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.

The outcome was agreement on an innovative model of primary care service delivery, building on the Triage model already in place. The key aspects of the proposed service model to be taken to the Denburn/Aurora Practice grouping patients and the communities of greater Northfield and Mastrick are summarised as follows:

- A triage and video consultation Hub to ensure a no appointment backlog service for patients and incorporating facilities to support training.
- Enhanced use of technology and diagnostic services to build on the Triage model, diagnostic pods, attend anywhere, telemedicine, telephone consultation and screening.
- An asynchronous care model making full use of email consultation.
- Co-location of all practice and aligned staff e.g. community nursing, AHPs and Social services professionals.
- Clinicians and professionals share flexible and adaptive clinical space and bookable multi-purpose rooms with facilities for visiting services. There will be a single integrated reception area, shared administration space and staff facilities, a waiting area that is flexible and can be used by the community in the evenings and weekends.
- Support for clinicians to use the Clinical Guidance Internet for PCCS.
- Electronic record storage.
- Improved integrated working between health and community care teams to impact on reducing unplanned admissions to hospital through a greater anticipation of need and increasing the ability to provide specialist planned care closer to home.
- Redesign of care pathways to improve access to PCCS and a more integrated and community based approach to supporting those with Long Term Conditions.

- The roles of Primary Care Mental Health Workers, Link Workers, Physician Associates and an integrated model of working with Social Work Care Management will be extended and embedded in the new service delivery model.
- Integrated care management to provide support in the community to people with the most complex medical and social needs to reduce unplanned admissions and delayed hospital discharge for the +75s.
- Joint working with local Pharmacies delivering the Extended Pharmacy Role.

In early January 2018, additional briefings took place with Ward Councillors and ‘drop in sessions’ held in the Denburn Health Centre, Northfield Surgery and Mastrick Clinic to consult patients on ‘what matters’. A more in depth period of consultation and engagement will commenced from February 2018 up to the final submission of the Full Business Base in September 2019.

### 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 3 options to be taken forward to the next stage for detailed consideration.

The Short listed Options are summarised below:

Option	Description	Score
1	New build on Greenfield site close Northfield and reconfigure Mastrick.	57.14%
2	Newbuild at Greenfield site general maintenance at Mastrick and close Northfield.	57.14%
3	Newbuild Greenfield (extended service model) and close Denburn, Northfield and Mastrick.	100%

Note: All newbuild options on a Greenfield site will be identified within close proximity to the communities of Northfield / Mastrick. The Initial Agreement sets out the investment for improved facilities to provide GMS to these communities. There will be a programme of communication with those communities from January 2018 to ensure they are aware this is not the removal or reduction of service but an investment in purpose built facilities to extend the service delivery model to better meet the needs of the population, ensure the sustainability of GMS in those communities and increase access to GMS for people in these communities who are currently registered with other GPs across the City (most of which are registered with City Centre Practices).

The Preferred Way Forward Option 3 is to build a single new integrated Community Hub for the delivery of health and care services at a Greenfield Site in the Central

locality in close proximity to the current services in Northfield / 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 proposed 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. A programme of consultation with the patients and communities on the detail of the proposed service delivery model will commence from February 2018. The feedback from patients and communities will be incorporated in the Outline Business Case and Final Business Case to be submitted in September 2019.

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**

#### **3.5.1 Capital Costs**

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

The practice has an aspiration to grow the list size significantly, based on current population projections. An option was considered to build this capacity for growth, including room for enhanced acute service provision in the community e.g. diagnostic radiology, in to the design at the outset. The capital cost of this option was £12.2m but recognising the conflicting priorities for the use of scarce capital resource and the 5 to 10 year timescale to achieve this level of growth in population, it was agreed to limit the size of the development to reflect the current practice population with some capacity to absorb limited growth through new and innovative ways of working.

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

### 3.5.2 Indicative Revenue Costs

The innovative approach to be adopted in the use of the accommodation will result in a net reduction in the overall footprint and it is anticipated that revenue running costs of the buildings will be managed within existing resources.

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

### 3.6 Procurement

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

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

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

### 3.7 Project Management Arrangements and Timescales

This project has followed the Scottish Government, Health and Social Care Directorate (SGHSCD) Scottish Capital Investment Manual (SCIM) Guidance 2016. This ensured a robust Programme and Project Management (PPM) approach to the development of Strategic Assessment (approved in early 2014), the submission of an Initial Agreement (approved in 2014), the submission of a revised Initial Agreement (January 2018) to the SGHSCD Capital Investment Group (CIG). The revised Initial Agreement complies with the new standards set out in the 2016 SCIM Guidance.

The next stage will be more in depth engagement with key stakeholders, including Councillors, patients and the wider communities to submit the Outline Business Base and Final Business Case.

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

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



#### 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:

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**1 February 2018**

**Additional supporting information:**

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