

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.

Table 1: Population Projection by Corridor ²		
	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:

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