

APPENDIX A

DENBURN/AURORA PROJECT - SUMMARY OF KEY INFORMATION OUTLINE BUSINESS CASE

1. Business Planning Process

The Outline Business Case (OBC) is the second phase in the business planning process for the project. The first phase Initial Agreement (IA) was approved by the IJB in January 2018, NHSG Board in February 2018 and the Scottish Government Capital Investment Group (CIG) in March 2018. The Scottish Government accepted the recommendations within the IA and invited NHS Grampian to proceed with an Outline Business Case (OBC).

Following approval of the OBC the final phase of the business planning process will involve the development and approval of a Full Business Case (FBC).

The Outline Business Case aims to:

- Identify the preferred option for implementing the strategic/service solution confirmed at IA stage
- Demonstrate that the preferred option optimises value for money and is affordable
- Set out the supporting commercial and management arrangements to be put in place to successfully implement that option.

In accordance with the Scottish Capital Investment Manual (SCIM) guidance, each of the “five case models” have been reviewed and refreshed accordingly, Strategic, Economic, Commercial, Financial and Management.

2. Strategic Direction

National and Local Strategic Synergy

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

- Strategic Investment Priorities of NHS Scotland
- North of Scotland Regional Clinical Strategy
- 2020 Vision for Health and Social Care
- NHSG Clinical Strategy Strategic Priorities
- New GMS Contract
- NHSG Healthfit 2020 Vision
- NHS Grampian Workforce Strategy
- Aberdeen City and Shire Strategic Development Plan (2014)
- Community Planning - Aberdeen
- Primary and Community Care Strategic Plan
- Primary and Community Care Transformation Programmes
- A Digital Strategy for Scotland

- Primary Care Improvement Plans
- North Region of Scotland (Regional Asset Plan)
- Infrastructure Plans

Drivers for Change

The need for change is being driven by the following key drivers as highlighted within the Initial Agreement (IA) and this continues to be the case when reviewing the Outline Business Case (OBC):

- the delivery of integrated PCCS focused on the needs of the local community,
- continued growth in the population in the Green Belt areas away from the City Centre,
- poor condition of the current Denburn Health Centre premises in the City Centre of the Central Locality means the building is unfit for purpose, with a limited period of operational use, and limited life of the Northfield and Mastrick premises with no further expansion space,
- decant of all other services from the Denburn Health Centre to the Health and Care Village, Frederick Street, City Centre in the Central Locality,
- 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
- securing the provision of GMS for existing communities, specifically Northfield and Mastrick in the Central Locality.

Investment Objectives

The following Investment Objectives set out specifically what needs to be achieved to overcome the local challenges and need.

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

Revisiting the Strategic Case

The IA Strategic Case has been revisited and refreshed to respond to specific questions regarding the proposals strategic/service solution(s) and the OBC will focus on these key changes in line with guidance set out in the Scottish Capital Investment Manual (SCIM).

The key areas of change are identified throughout the OBC as follows:

City Centre Presence (GMS Provision)

Whilst developing the OBC strategic case there was a need to take into account a number of changes to the local operating environment impacting on the sustainability of GMS including the establishment of the Torry Medical Practice as a 2C Practice, the re-distribution of the Rosemount Medical Practice and that there is currently limited space for the Aurora Medical Practice to grow its patient list at the Northfield Surgery and Mastrick Clinic. To respond to the need to ensure a managed transition, in addition to the new facility a city centre GMS presence will also be established on a permanent basis at the Health Village, Frederick Street. The Primary Care Team have developed a 7 year transitional plan, which will include the retention of up to 5,000 of a population in the city centre/student population and will manage the process of patient moves during this period on a voluntary basis.

Final Service Delivery Model (Dental Provision/Mastrick)

Within the IA details were provided in relation to the Public Dental Service Provision which is provided from the Northfield Surgery and Mastrick Clinic, both with two dental seats currently. Although there will be no public dental service in the new facility, it is important that these communities are provided with a Public Dental Service when required. An approved options appraisal presented to the Aberdeen City Capital Programme Board in October 2018 set out a reduction of 2 current dental seats at Northfield when the new facility opens, whilst retaining 2 current dental seats at Mastrick for a transitional period. A clear defined exit strategy from the Mastrick Clinic within the 5 years transition period would be developed. As with all PDS practices in the city, rebalancing work will continue where patients who require routine NHS dental care will be encouraged to transfer registration to a high street NHS dental practice. Where patients require the more specialised support of the PDS, their care will be transferred to another PDS practice within the city. This also presents an opportunity to further integrate services from the Mastrick area by retaining the Mastrick Clinic for Dental Services and other purposes to ensure an ongoing presence in the community; in conjunction with Aberdeen City Council Community Planning Partnership. Redevelopment plans will be aligned to the Council's timeline to develop Mastrick Town Centre.

3. Option Appraisal

Service Model

Key aspects of the proposed service delivery model remain unchanged at OBC stage; this future service model supports the delivery of the Aberdeen City IJB

Strategic Plan, Transformation Plan and Primary Care Improvement Plan. Due to the implementation of the 2018 GMS contract in Scotland, these have been reshaped and enhanced to align with the opportunities this now presents, and therefore they are confirmed 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 Dr First 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, AHP's 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 (e.g. Virtual Ward Rounds) 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.

The project also provides an opportunity to focus on the delivery of a new service model that will include;

- primary prevention activities to meet the specific needs of a population within an area of deprivation (e.g. immunisations),
- secondary prevention activities that begin to reduce health inequalities (e.g. screening programmes, alcohol reduction programmes and mental health support),
- capital investment in new facilities will enable the Aberdeen City HSCP to seize the opportunity to design and organise facilities to create the right environment for change (e.g. investing in new technology, targeting

information to address the health profile of the population, creating community space and supporting health choices for staff, patients and the community accessing the space),

- people with Long Term Conditions account for 50% of all GP appointments so the project provides an opportunity to embed programmes to promote self-management, person centred care and shared decision making, and
- further develop Link Workers and this will ensure that the wider resources in the community will be maximised as part of an integrated health and care system.

Physical Infrastructure to support the service model

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

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

This process included:

- Site Assessment Report
- Site Appraisal Criteria
- Site Selection Scoring Methodology
- Scoring Criteria/Weighting/Matrix/Tolerances

Taking all the above scoring methodology and assessments into account, a long list to short list of site options was determined. This provided the project with a recommended site option of Greenferns Area D1, Bucksburn Farm (Site A), which scored highest throughout the comprehensive and robust site scoring process. This site is currently being secured for the project by NHS Grampian Property and Asset Development Team.

4. Economic Case

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

A full economic assessment has been completed at OBC stage; the objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

5. Financial Case

The total planned capital investment is £8.1m. NHS Grampian has provided for a total of £5M of capital funding within its infrastructure programme over the financial years 2018/19-2020/21 and it is anticipated that a further £3.1M will be required to be provided by the Scottish Government Health and Social Care Directorate in financial year 2020/21. This is in line with the values indicated in the Initial Agreement and it is anticipated that the project will be deliverable within the £8.1 m funding envelope.

The operating costs of the new building are forecast to be delivered within the existing Revenue Budgets, as the floor area is significantly less than the buildings that will be closed (Denburn & Northfield). This will be confirmed at Full Business Case (FBC) stage.

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

6. Commercial Case

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

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

Procurement

The planned procurement route identified in the Initial Agreement was to contract with Hub North of Scotland Ltd, as part of the national exclusivity arrangements covering construction contracts for physical alterations or new build community premises. In subsequent dialogue with Hub North of Scotland Ltd and Scottish Futures Trust, NHS Grampian has exercised the right to suspend the exclusivity agreement and seek to progress the scheme using the National Framework Scotland 2 procurement route.

The Framework approach involved a mini competition to appoint a Principal Supply Chain Partner (PSCP) from a list of organisations previously appointed to the National Framework following a full EEC tendering process led by Health Facilities Scotland. This process is now complete and a preferred contractor has been identified as a PSCP.

On the 6th December 2018 the NHSG Board approved the appointments of the PSCP and independent cost advisors for the project, following recommendations from the Aberdeen City Capital Programme Board.

7. Management Case

The purpose of the Management Case is to demonstrate that those responsible are ready and capable of successfully delivering the Project. This section provides updates on the project management arrangements indicated in the Initial Agreement (IA), with the focus now shifting to the detailed arrangements.

Project Management Arrangements, Governance and Timescales

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

The governance and reporting structure for the project is consistent with the Scottish Capital Investment Guidance (SCIM) and seeks to ensure that the Scottish Government Capital Investment Group (CIG), Scottish Futures Trust (SFT), the Aberdeen City Integration Joint Board, as well as the NHSG Board are appropriately involved in the Project as it progresses through its key milestones.

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

Initial Agreement Approval	March 2018
Outline Business Case approval	May 2019
Final Business Case approval	December 2019
Land Purchase Concluded	TBC
Commence construction	Early 2020
Completion of new facility	Spring 2021

Risk Management

Effective management of the project risks is essential for the successful delivery of any infrastructure project. A robust risk management process has been put in place and will be actively managed through the whole programme to reduce the likelihood of unmanaged risk affecting any aspect of the Project.