

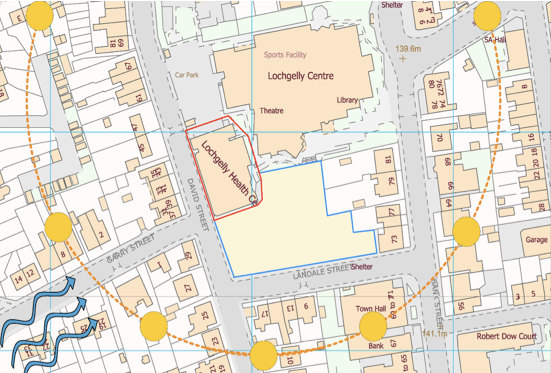


**Lochgelly Community Health**

**and Wellbeing Centre Project**

**Initial Agreement Document**





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**Date: 25/9/19**

**Version: 3**

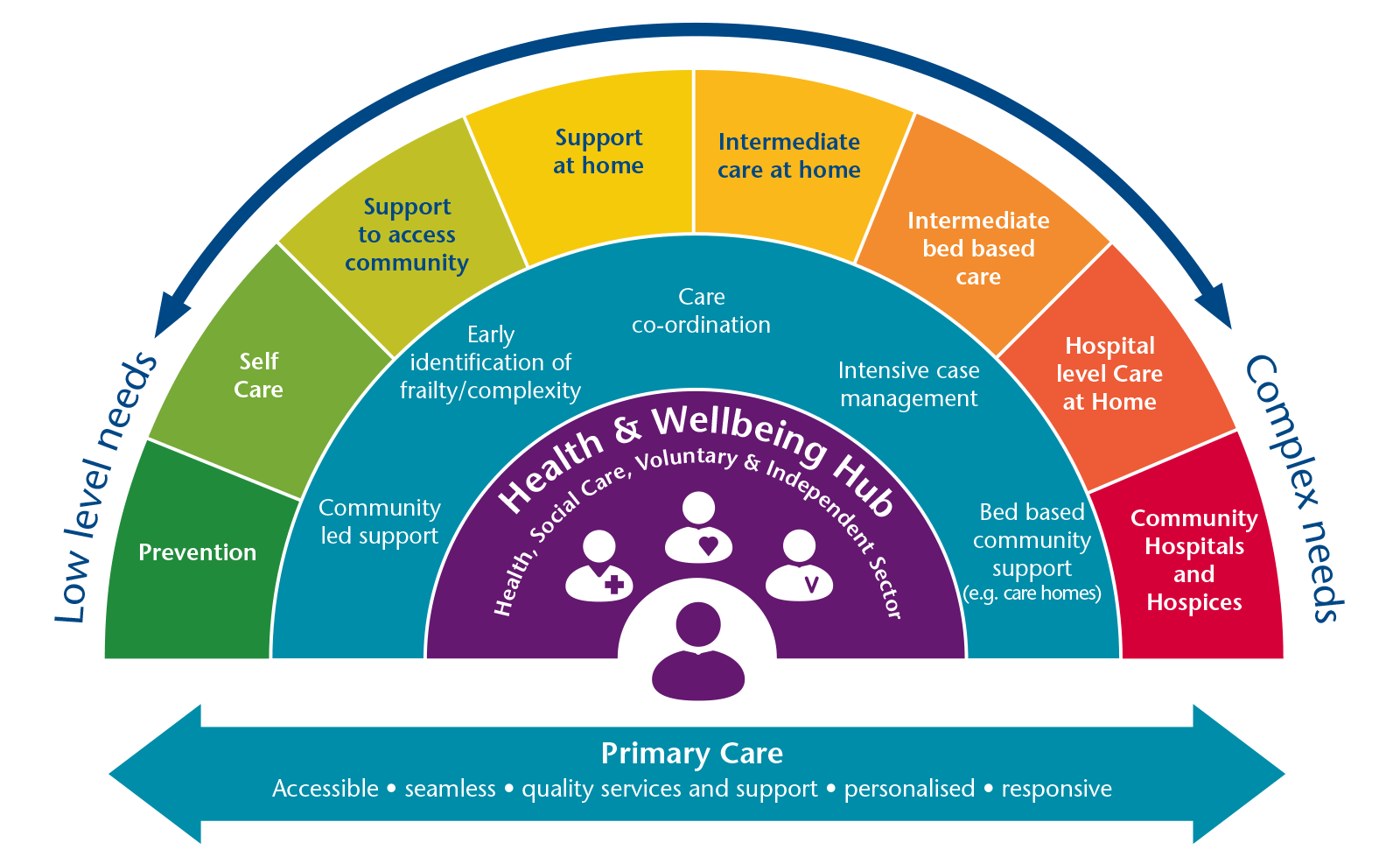
**Version History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author(s)** | **Comments** |
| 1 | Feb 2018 | CD/LE | Approved by IJB |
| 2.01 | 16/08/2019 | CD/ | Updated in Line with Local Care SFT Consultant Report and in line with SCIM guidance |
| 2.3 | 19/8/19 | CD | Updated in line with discussion with Scottish Government Local Care Team |
| 2.4 | 30/8/19 | CD | Updated in line with discussion at Fife Capital Investment Group |
| 3 | 25/9/19 | CD | Approved by NHS Fife Board |

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1. **EXECUTIVE SUMMARY**
   1. **Introduction**
      1. Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this Initial Agreement Document (IAD) is to seek approval to develop an Outline Business Case to re-provide Lochgelly Health Centre to deliver the necessary infrastructure to enable locally based, tailored, health and social care in purpose designed and built premises.
      2. The IAD establishes the need for investment in light of local health and social care needs. It is fully shaped by the NHS Fife and Fife Health and Social Care Partnership strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward, together with indicative costs, to enable the delivery of Fife’s Community Health and Wellbeing hub model within the Lochgelly community.
      3. The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; we know that our community health and wellbeing hub model of early proactive care can deliver this and will reduce the increasing trend in emergency hospital admissions. Where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.
      4. The people of Fife have told NHS Fife and Fife Health and Social Care Partnership, through a wide range of engagement vehicles and the formal consultation which informed the Clinical Strategy and Joining Up Care programme that they:
      * would like services to be integrated, coordinated and person focused;
      * want to reduce the duplication they experience both in sharing their information and in service delivery;
      * value local delivery.
      1. Fifes’ Community Health and Wellbeing hub model is delivering prevention and early intervention by:
      * working with local health and social care practitioners, using local knowledge and data to identify people earlier.,
      * co-producing tailored interventions to deliver holistic assessment, outcome focused planning and care management,
      * maximising opportunities for local community treatment and care,
      * bringing local health and social care practitioners (including housing, voluntary sector and local area coordinators) together to collaborate to meet people’s outcomes,
      * enhancing rapid access to locality assessment and rehabilitation,
      * simplifying communication and information sharing for service users, carers and staff.
   2. **Organisational Overview** 
      1. Lochgelly Health Centre, located at the heart of the town, provides General Medical Services to 79% of the resident population of Lochgelly and the surrounding areas of Lochgelly East, Lochgelly West & Lumphinnans, Ballingry, Cardenden and Lochore & Crosshill, through three Medical Practices based within the Health Centre. Community services are provided by NHS Fife including for example Community Nursing, Health Visiting, Mental Health, Sexual Health and Podiatry. Services work together to deliver high quality person-centred health and social care in a way which promotes and enhances the health and wellbeing of the people of the area.
      2. The three Practice populations total circa 10,728 people. The practice area is in the highest income deprived deciles of Scotland and therefore faces significant health inequalities. The locality population is predicted to grow by 5%[[1]](#footnote-1) in the next 25 years. Most of this population growth is anticipated to be in the older people age group, circa 45%, with both children and working age populations predicted to decrease. These changes will significantly increase the level of frailty the practices are supporting within a community which has a significantly higher disease burden associated with intergenerational income inequalities (table 3 below details the communities relative disease prevalence and unscheduled care access with that of the rest of Fife)
      3. The current facility is a 1970’s construction, with every effort made to modify the building to support the delivery of modern integrated health and social care. However it is no longer fit for purpose, our new model of working requires accommodation that enables the delivery of our vision of multi disciplinary and group working, which supports the community and partners to deliver collaboratively. A model which is being delivered in other communities which have access to modern facilities which do not have the same complexity of intergenerational inequalities and disease burden of the Lochgelly Community. Healthcare has been identified through local community planning as one of the major issues for the area.
      4. The development of the community health and wellbeing model and delivery of the new General Medical Service Contact is being held back by structural and layout constraints. All possible reasonable changes have been made to the existing building and alternative premises accessed. Lochgelly Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to enable local integrated care to meet patient quality, staff standards and efficiency objectives.
   3. **Strategic direction and context**
      1. Our ambition is that from the youngest to the oldest, the fittest to the frailest, the 371,910 people of Fife live well. Our aim is to integrate services to provide better experiences of care, as locally as possible, by fully embedding the community health and wellbeing hub model across Fife.
      2. NHS Fife Clinical Strategy sets the strategic direction with Fife Health and Social Care Partnership that is focused on local, early, preventative care. By working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system, we will strengthen primary care and community services This will be achieved by working with practices to fully develop practice level multi disciplinary working, delivering local community care and treatment, maximising proactive, tailored and targeted early intervention through community teams focused on segmented populations and ensuring rapid access to complex assessment, rehabilitation and, when required, bed based intermediate care within localities.
      3. Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, responsively adding and adapting services to meet and sustain outcomes. Figure 1 below seeks to illustrate how we can layer services when required and adjust support and care incrementally. Our goal is to maximise opportunities for services to work together locally as soon as possible, while minimising duplication for the patient and services.
      4. In Fife by fully engaging with the public, people who use health and social care services and their carers, partners and staff we have developed a community health and wellbeing hub model to support independence, improve wellbeing and care. To ensure fully person responsive, integrated support for health and wellbeing Fife is redesigning mental health provision, community intermediate bed models, while embedding our community health and wellbeing hubs. Integrating with the new model for General Medical Services, services and community groups require facilities which enable colleagues and communities to work together. If practitioners and partners are to support people as effectively as possible, by for example minimising multiple attendances and maximising the potential of local multi disciplinary working, they require facilities which support this.
      5. Fife’s community health and wellbeing hub model is underpinned by early identification within Primary Care. Using practice level data to segment population needs is enabling a targeted, timely approach based on need rather than referral criteria; colleagues are proactively working in partnership with people in their local community. This approach can improve outcomes so that:

* People are supported to stay at home or in a homely setting for as long as possible
* Staff (across all sectors) are equipped to support this in terms of knowledge, skills, processes and resources
* The organisation maximises use of planned services

Figure

* + 1. Having worked with Scottish Futures Trust (SFT) we are able to articulate more fully how this model can be scaled up for Fife to support people, improve their outcomes, transforming health and wellbeing. People often find they are referred to a number of services sequentially. The hub model supports these services to integrate, locally, to tailor their support to individual needs. This ensures people access the right service for their needs at the right time. Often people access services too late. Through for example our frailty care management approach we are using local information to identify needs sooner, to maximise people’s health and wellbeing. People can feel that their care is uncoordinated and there is duplication. By developing care management people have one person who is their main point of contact. The developing integrated model elements can be summarised as:
* Proactive case finding – to maximise early intervention and co-ordination / complex case management / anticipatory care planning, using Practice data and local clinical intelligence
* Integrated earlier intervention – Practice level multi disciplinary team (MDT) working collaboratively, with co-ordinated local case management or locality level complex case management
* Where there is social complexity – locality MDT working together locally, to plan and deliver integrated care focused on individual outcomes
* Where there is medical complexity – rapid assessment via local complex needs assessment and rehabilitation centres, and if required diagnostics at a locality level with local follow up.

The scope and develop programme to implement the model fully across Fife is in year two of three.

* + 1. The focus is on working with people earlier to reduce the proportion of people who enter the health and social care ‘system’ at the orange to red / right-hand end of the spectrum at Figure 1. This maximises people’s potential including for rehabilitation, and releases resources to support urgent care, while providing capacity for meaningful planning with people and their families. Initial test data indicates that people with frailty who receive the care management intervention are experiencing fewer unscheduled hospital admissions – the average being 5 in the 12 months pre intervention and an average of 1 in the six months post intervention. Staff describe how they are more able to collaborate and reduce referrals and timescales through the locality MDT model. The assessment and rehabilitation centre model testing is supporting more timely access with reduced waiting times (17 weeks to one week), a reduction in Did Not Attends from 20% to 2% and combining assessments for mental and physical health.
    2. Fife Health & Social Care Partnership (H&SCP hereafter ) vision is being delivered by enabling integrated care that reduces the boundaries between primary, community, hospital and social care, with General Practitioners, hospitals, health workers, social workers, social care staff and others working together as one system. This more co-ordinated approach is reducing the need for people to navigate their way through what can be a bewildering maze of specialist services. This is supporting delivery against the Partnerships (draft) revised priorities of:
* Priority 1 – Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.
* Priority 2 – Promoting mental health and wellbeing.
* Priority 3 – Working with communities, partners and our workforce to transform, integrate and improve our services.
* Priority 4 – Living well with long term conditions.
* Priority 5 – Managing resources effectively while delivering quality outcomes
  + 1. The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only support the delivery of clinical services but also enable the embedding of our community health and wellbeing model delivering these key priorities within the Lochgelly area. The strategic assessment (Appendix 1) outlines how the current facility hampers this, for example there is no capacity for complex multi disciplinary frailty assessments or for the locality multi disciplinary team to meet and plan together.

* + 1. More pressingly the local context in Lochgelly presents immediate challenges with two of the three practices facing major sustainability issues. The significant spacial pressures are hampering the ability to implement both immediate and medium term ameliorative actions and to progress the implementation of the new GMS.
    2. The following list identifies key national and local documents that have influenced the development of this proposal, although this is not an exhaustive list.
    3. **Quality Strategy** ambitions in relation to:
* Person centred care - through improving access to Primary Care and providing more care closer to home;
* Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
* Effective – bringing together wider range of health and care services to make more effective use of resources.
  + 1. **2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.The **Public Health priorities for Scotland** (**2018**) support investment for local integrated delivery.
    2. The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with focus on prevention, anticipation and supported self-management, and to provide opportunities to co-locate health and care services working together for the local population.
    3. The Scottish Government’s **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (**2017**) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. In particular for community nursing the **Chief Nursing Officer Directorate Transforming Nursing, Midwifery and Health Professions (NMaHP) Roles (Paper Three)** includes shifting the balance of care from hospital to community and primary care settings at or near people’s homes. With integrated teams of community and practice nurses providing seamless care.
    4. Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live, this is seeing investment in the workforce to support full implementation.
    5. **The 2018 General Medical Services Contract in Scotland** refocuses the role of General Practitioners as expert medical generalists and recognises that General Practice requires collaborative working with enhanced multidisciplinary teams that are required to deliver effective care, joint working between General Practitioner Practices in clusters and as part of the wider integrated health and social care landscape.
    6. The Community Health and Wellbeing Hub programme in Fife has been selected to participate in a national **Local Care** **Pathfinder Programme,** together with Caithness andand Ayrshire’s Garvock Valley, sponsored by the Scottish Futures Trust on behalf of the Scottish Government. The goal of the porgramme is to facilitate the shift in the balance of care to community care. The intention is to produce three projects that deliver transformational change in the provision of care from hospital based care to community based care, so people’s health and wellbeing is supported as close to home as possible. The Fife Health and Social Care Partnership is being supported by Scottish Futures Trust and Carnell Farrar (specialist health care planners) to progress the redesign.
  1. **Drivers for Change, Investment Objectives and Options Appraisal**
     1. The key drivers for change and investment objectives are summarised below in Table 1:

|  | **Effect of the need for change on the organisation** | **Investment Objective** |
| --- | --- | --- |
| **1** | The locality is experiencing population growth, with significant growth in the older population. Lochgelly experiences significant health inequalities; Lochgelly East is in Decile One of the Scottish Index of Multiple Deprivation. The GP Practices, Community Health and Social Care services do not have the required local infrastructure to support the development of local health and wellbeing focused services to meet the population’s needs. | Ensure equal access to integrated Primary Care and Community Services for the whole population. As a national pathfinder site, the Partnership is seeking to realise key service transformation ambitions with modern, fit for purpose infrastructure to allow staff and community partners to better support local community health and wellbeing. |
| **2** | Pressure on existing staff, accommodation and services will inevitably increase (current building use is at 100%- with a reserve list process in place). | Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people’s health within their local community. |
| **3** | Staff facilities and accommodation are severely restricted with staff working in suboptimal conditions, impacting poorly on staff wellbeing and morale and the community’s experience of local service delivery. | Improve place experience of people, the community and colleagues. Ensure appropriate workforce can be accommodated, including increased flexibility of roles /development of new roles to support implementation of GMS contract (2018) and Community Health and Wellbeing Hub. |
| **4** | The facilities available in the community, combined with significant change in population, restrict the ability to deliver a wider multi disciplinary model locally. There is insufficient capacity in local facilities to deliver group therapy, and the components of care and treatment within the new GMS | Provide the infrastructure to support a more integrated seamless service across health and social care, including the capacity to deliver group based activities locally. This will support timely access and minimise travel and multiple appointments for the community. |

Table

|  | **Effect of the need for change on the organisation** | **Investment Objective** |
| --- | --- | --- |
| **5** | Services cannot be delivered locally, to meet patient need, but instead are delivered from where it is possible to deliver services. | Improve the patient and user experience - deliver services locally based on local patient need. Reducing the number of referrals to other services and the requirement for additional attendances because there is not the capacity to provide integrated care. |
| **6** | The Equality Act (2010) compliance within the building is poor - discriminating between the experiences of service users. | Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.  Support delivery locally of the National Outcomes for Integration. |
| **7** | Some clinical rooms are very small, failing to meet current standards due to the age and design of the building. These can be very restrictive/ unsuitable for patients and staff. Increased safety risk from outstanding maintenance and inefficient service performance. | To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards. |
| **8** | There is no scope to enhance the primary and community care services provided in the existing accommodation including transferring the right care closer to patients’ homes. | To deliver services more effectively and efficiently through our hub model - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting |

* + 1. A wide range of possible options for investment were considered using the options framework. These were reviewed and the resultant options short list (including indicative costs) is included in table 2 below:

Table

| **Option** | **Description** | **Indicative Capital Cost (£)** |
| --- | --- | --- |
| Option 2 | New build in Car Park | 7,025,717 |
| Option 3 | New Build at Jenny Grey (former care home) site | 6,959,207 |
| ~~Option 4~~ | ~~Refurbishment of Jenny Grey (former care home)~~ |  |
| **Option 5** | **New Build at Francis Street** | 6,835,692 |
| Option 6 | New Build at North School | 7,244,244 |

NB Option4 is no longer available, having been demolished since the Option Appraisal.

* + 1. An options appraisal process was completed with the community, assessing each of the options on its ability to deliver the investment objective. Option 5, Francis Street, was identified as the preferred option from this analysis. Further detailed work will be undertaken during the Outline Business Case (OBC) stage to fully confirm the service scope, costs, phasing and timescales.
    2. This Initial Agreement Document, the first of three document phases, details our thinking in terms of the most important issues which shape our strategic priorities and how these align nationally and across NHS Fife/Fife Health and Social Care Partnership.

1. **STRATEGIC CASE: EXISTING ARRANGEMENTS AND NEED FOR CHANGE**
   1. **SERVICE ARRANGEMENTS**
      1. The holistic multi disciplinary primary and community care services in Lochgelly are currently delivered from the existing Lochgelly Health Centre, a 1970’s constructed facility, which has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.
      2. General Practitioner services in Lochgelly and the surrounding area are delivered by three General Practices operating full time to meet their respective Practice population needs. The General Practitioner Practices are contracted to NHS Fife to provide General Medical Services:

* Lochgelly Meadows General Practitioner Practice (Primary care services) General Medical Services
* Lochgelly Medical Practice (Primary care services) General Medical Services
* Lochgelly (Dr Thomson) Medical Practice (Primary care services) General Medical Services
  + 1. Aligned to the Practice there is a wide range of permanent and visiting community health services provided from the current facility. Fife Health and Social Care Partnership and NHS Fife are responsible for the provision of Community Nursing, and Managed Services (treatment room support, Primary Care Nurse, Health Visiting, Clinical Psychology, Sexual Health, Pharmacy, Allied Health Professionals, Child Health, Stop Smoking, Community Midwifery, Mental Health and Addictions, Out-Patient Services and Facility Management), detailed in table 4 below.
    2. A constrained range of Voluntary Sector activity is delivered from the Health Centre, including drug and alcohol support services (supporting clinic activity etc). The constraining factor is accommodation availability.
    3. The local Community Council supported by local Councillors and Members of Scottish and UK Parliament have a local campaign group to support the realisation of a new health centre. The campaign notes the need for modern infrastructure to enable the local delivery of an integrated model to meet the significant health and wellbeing needs of the community.
    4. The services provided from the existing Lochgelly Health Centre are primarily provided in support of the population needs of the people of Lochgelly and surrounding areas, with 79% of the resident population registered (see figure 2 - interzone map) with the Practices. In accordance with NHS Fife’s statutory obligation to provide access to Primary Medical Services there is a formal requirement to continue provision of these services within this geographic area.

Figure

Lochs map.tif

Map of Lochgelly East, Lochgelly West, Lumphinnans, Ballingry, Lochore & Crosshill Interzones

* + 1. The General Practitioners together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients’ wellbeing throughout their lives.
    2. As figure 1 (page 5) above portrayed the General Practitioners and multidisciplinary team working in the hub model are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:
* Complexity in their care and support arrangements through locality multi disciplinary teams, or
* Clinical complexity providing rapid access to assessment through the locality community health and wellbeing hub teams.
  + 1. The combined Practice population of 10,728 (April 2019), has grown by 1.6% over the past 18 months. The current demographics of the population (based on 2011 census, 2016 SIMD datazone data and ISD Practice data 2019) are:
* 50.9% female: 49.1% male
* 18.0% are over the age of 65 and 18.2% are 0-15 years (slightly higher than the average for Fife)
* 45.4% of patients live in the most deprived quintile, with 0.9% living in the least deprived quintile
* 20.9% of the wider locality population are income deprived, compared to the Fife average of 12.4%, 24.3% of children (under 16) live in poverty compared to the Fife average of 17.9%
* 27.6% of the Practice’s patients have one or more long term condition compared to Fife rate of 7.16%
* Fife has the highest rate of under 18 and under 20 pregnancy rates in Scotland. The Cowdenbeath locality has the second highest rate of teenage pregnancy under 18 (three year aggregates to 2017) within Fife.
  + 1. Table 3 below notes a range of health indicators for the Lochgelly practice population (where available, or the wider locality where not available) compared to Fife (Fife has seven localities); this demonstrates the relative poor health of the population. The health outcomes for the people supported by the Lochgelly practices are consistently lower than the rates for Fife, in a number of instances these are the highest rates / poorest outcomes in Fife.
    2. The Lochgelly area populations’ experience higher rates of emergency hospital and multiple admissions. Along with higher rates of admission related to COPD, coronary heart disease and alcohol related hospital stays.
    3. In SCOTPHO analysis of QoF data 2017/18 the Lochgelly area comes out in the top three in 12 of 17 measures when compared with the seven Fife localities.
    4. Mental Health is the fourth highest of the health impacts on the population of Fife (after Cancer, Cardiovascular disease and Neurological conditions); those who are socially disadvantaged have an increased probability of experiencing mental ill health. For example, in 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations vs. 28 per 1,000 patients). The impact of mental health difficulties in the Lochgelly community is evidenced in the data below and the current range of services seeking to access accommodation in the health centre (detailed in table 4).

Table 3

| **Indicator** | **Lochgelly area** | **Wider Locality** | **Fife** | **Comparative notes** |
| --- | --- | --- | --- | --- |
| Premature mortality  Cancer related  CHD related |  | 337 per 100,000  180 per 100,000  70 per 100,000 |  | (5th of 7)  (2nd of 7)  (2nd of 7) |
| Patients (65+) with multiple emergency admissions |  | 6,087 per 100,000 |  | (1st of 7) |
| New and unplanned repeat A&E attends | 297.4 per 1,000. |  | 264 per 1,000 |  |
| Potentially avoidable admissions |  | 20.2 per 100,000 |  | (2nd of 7) |
| Median 11/15-5/19 Falls related admissions (65+) |  | 2.5 per 1,000 | 2.05 per 1,000 | (1st of 7) |
| Cancer rate (QOF) | 3.06 | 2.85 | 2.85 | (Lochgelly has the 3rd highest compared to the 7 localities) |
| CHD rate (QOF) | 4.65 | 4.67 | 3.94 | (Lochgelly has the 3rd highest compared to the 7 localities) |
| Hypertension rate (QOF) | 18.45 | 17.54 | 15.36 | (Lochgelly has the highest compared to the 7 localities) |
| Asthma Rate (QOF) | 7.17 | 7.58 (2nd of 7) | 6.94 | (Lochgelly has the 3rd highest compared to the 7 localities) |
| COPD rate (QOF) | 3.4 | 3.61 (2nd of 7) | 2.58 | (Lochgelly has the 3rd highest compared to the 7 localities) |
| COPD admissions (standardised rate) | Prac. 1 - 2.7  Prac. 2 - 7.2  Prac. 3 - 5.6 | 5.3 | 3.1 | Two of the three practices are above Fife levels (Crude & standardised rates). |
| Diabetes rate (QOF) | 7.11 | 6.51 (2nd of 7) | 5.56 | (Lochgelly has the highest compared to the 7 localities) |
| Alcohol related mortality |  | 17.1 per 100,000 |  | (3rd of 7) |
| Mental Health rate (QOF) | 0.96 | 0.85 | 0.86 | (Lochgelly has the highest compared to the 7 localities) |
| Mental Health Prevalence |  | 5,132 per 100,000 (1st of 7) |  |  |
| Psychiatric Admissions (episodes) | 29.7 per 1,000 (2018) | 25.7 per 1,000 (2018) | 24.5 per 1,000 (2018) | Lochgelly levels are above all Fife localities for both patients and episodes |
| Depression rate (QOF) | 12.47 | 11.57 | 8.93 | (Lochgelly has the highest compared to the 7 localities) |
| Dementia rate (QOF) | 1.00 | 1.09 | 0.81 | (Lochgelly has the 2nd highest compared to the 7 localities) |
| Stroke and TIA rate (QOF) | 2.81 | 2.7 | 2.46 | (Lochgelly has the 2nd highest compared to the 7 localities) |
| Developmental disorders |  | 856 per 100,000 (2nd of 7) |  |  |

* + 1. Projections for future demand for primary care and community services with Lochgelly are driven by the population projections which see the older population growing by 45% by 2041 and by the known negative impact on health of the relative socio economic deprivation the community experiences. Housing developments are seeing the construction of circa 420 new homes by 2025 (potentially an additional 1,050 people). The local development plan includes potential for the development of a further 4070 homes within the Lochgelly Health Centre catchment area. The infrastructure is therefore required to enable services to develop the community health and wellbeing model to support the anticipated increase in the needs detailed in table 3 rather than seeking to continue to do more of the same.
    2. The current workforce delivering services, health, social and voluntary sector activity is outlined below at table 4 along with potential future workforce required to deliver integrated primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments and are taking into account the requirements to implement the GMS (2018) contract and enhance the primary healthcare team, community health and social care teams and health visitor pathway. The Meadows Practice provides training placements for medical students.

Table

|  |  |  |  |
| --- | --- | --- | --- |
|  | Existing Provision (whole time equivalent) | Recent change | Future provision  \* Incl. new roles |
| General Practitioners (5) | 4.5 | - 1wte |  |
| Advanced Nurse Practitioner (2) + trainee | 2 | +1wte |  |
| Nurse Practitioner (1) | 0.8 | +0.8wte |  |
| Practice Nursing (3) | 1.7 | -1.05wte |  |
| Primary Care Mental Health Nurse | 1 | +1 |  |
| Practice Phlebotomist (1) | 0.39 |  |  |
| Practice Manager (3) | 2.9 |  |  |
| Admin staff (11) | 9.6 | -0.27 |  |
| Community Nursing Team (9+ 2 student/rotational Intermediate Care team colleague) | 6.87 (+2) |  | Redesign of Community Nursing + caseload weighting necessitate change |
| Community Phlebotomist (1) | 0.5 |  |  |
| Community Teams Admin Staff | 0.9 |  |  |
| Medical Students | 0.2 |  |  |
| Primary Care Pharmacist | 1 |  | +4 requiring an office and access to consultation accommodation |
| Visiting teams | **Sessions per month** | **Future provision**  **\* Incl. new roles** | |
| Addiction Services | 12 |  | |
| Clinical Psychology | 33 |  | |
| Fife Intensive Rehabilitation and Substance Misuse Team | 16 |  | |
| Phlebotomy (Bloods) | 16 |  | |
| Respiratory Nurse Base + Clinic | 1 wte + 3 clinics |  | |
| Paediatric Clinic | 6 |  | |
| Asthma Clinic | 4 |  | |
| Fife Forum | 8 |  | |
| Continence Clinic | 4 |  | |
| ADAPT (Alcohol and drug triage service) | 4 |  | |
| Stop Smoking | 4 |  | |
| Psychiatry | 8 |  | |
| Health Visitors Baby Clinic | 4 | 13 staff and the full range of centre based Health Visiting activity: majority currently delivered from an adjacent smaller village | |
| Health Visitor Review Clinic | 12  + Wellbeing meetings when required |
| Immunisation Team | 8 | Potentially evening Flu clinics | |
| Midwife Clinic | 12 |  | |
| Safe Space | 4 |  | |
| Dietician | 2 |  | |
| Orthoptic Clinic | 4 |  | |
| Podiatry | 16 |  | |
| Diabetic Foot Check (DAR’s) | 6 |  | |
| Dermatology | 4 |  | |
| Minor Surgery Clinic | As required circa 2 per week |  | |
| Depot Clinic (QMH Nurses) | 1 hr per week |  | |
| Treatment Room | 20 |  | |
| Fife Alcohol Advisory Service | 4 |  | |
| Social Workers / Social Care Workers |  | MDT time  Child Protection meetings | |
| Mental Health Nursing | 8 |  | |
| Contraception and Sexual Health | 4 |  | |
| Alcohol and Drug Drop in | 4 (evenings) |  | |
| Wider voluntary sector |  | A wider range of voluntary sector services e.g. citizens advice supporting income maximisation | |
| First Contact Physiotherapist |  | 0.55wte | |

* 1. **SERVICE DETAILS**
     1. The accommodation in Lochgelly (Building report at Appendix 1), provided over one level with a total floor area of 760m2, supports:
* General Practitioner activity associated with the Lochgelly Meadows Practice (Circa. 19,000 appts PA and a Practice population of circa. 5,011)
* Nurse activity associated with the Lochgelly Meadows Practice (Circa. 4,000 appts PA)
* General Practitioner activity associated with the Lochgelly Medical Practice (Circa. 10,000 appts PA and a Practice population of circa. 3,511)
* Nurse activity associated with the Lochgelly Medical Practice (Circa. 7,000 appts PA)
* General Practitioner activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 5,400 appts PA and a Practice population of circa. 2,206)
* Nurse activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 900 appts PA)
* Community nursing “treatment room” activity (16 appts per day, 22 at busiest times, Circa. 4,100 appts PA), Phlebotomy provide 37 appts 4 days per week, Circa 6,500 PA) with the team visiting about 30 people at home per day.
* Primary Care nursing activity (Average 30 appts per week - 1560 PA)
* Minor surgical procedures undertaken by a specialist General Practitioner (Circa. 100 episodes PA)
* Practice Phlebotomy services (Circa. 5,500 episodes PA)
* Midwifery ante-natal clinic activity (Circa. 750-800 appts PA)
* Psychology out-patient services (Circa. 1000 appts PA)
* Targeted sexual health services for younger people (Circa. 300 appts PA)
* Dietetic consultations (Circa. 204 episodes PA)
* Podiatry services (Circa. 1010 appts PA)
* Stop Smoking sessions (Circa. 470 appts PA)
* Paediatric consultation activity (Circa. 170 appts PA)
* Mental Health: Nursing Psychiatry and Psychology
  + West Fife Community Outreach Team (Circa. 200 appts PA).
  + Addictions – sessions outlined above
  + Psychiatry – sessions outlined above
* Voluntary Sector services – sessions outlined above
  + 1. General Practitioner Practices have access to a known number of consulting rooms/areas on a daily basis, with visiting services scheduled ahead as far as possible, based on room availability. This situation is complicated by a lack of inter-service flexibility and the particular challenge associated with low patient numbers in a wide range of different clinics, most notably high ‘session utilisation’ (all rooms are booked all the time they are available) but poor ‘in-session utilisation’.
    2. Whilst the General Practitioner Practice and Health and Social Care Partnership are working collaboratively to modernise, integrate and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises. For example the respiratory nurse would be able to see circa three times more patients if clinic space was available, supporting more proactive case management, with medical colleagues and thereby reduce emergency admissions further.
    3. In summary, baseline data indicates that services delivered from the existing Lochgelly Health Centre amount to a total of circa 70,000 attendances per annum; circa 270 attendances per day or around 15 patients / clinical room activity per day. Whilst this is considerably less than the theoretical capacity associated with these clinical spaces, this situation occurs as a result of an overall lack of administrative / support areas within the building and the resultant extensive use of consulting space for administrative and clinical support activities. For example GPs use their consulting rooms also as office space, meaning the rooms cannot be used by another clinician outwith their clinical sessions.
    4. As the Health Centre runs at 100% capacity services often double book rooms in case cancellations arise – this includes clinical services, voluntary sector support groups, teams seeking to deliver mandatory staff training and centre based teams seeking to meet together. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (page 38).
    5. Where services are not / cannot be delivered locally in Lochgelly, patients are referred to different locations that include: Queen Margaret Hospital, Dunfermline; Victoria Hospital, Kirkcaldy; Rosewell Clinic, Lochore. For example the majority of Health Visiting activity including Wellbeing Meetings is delivered from Rosewell Clinic; impacting on access inequities.
    6. Out of Hours Primary Care is delivered from four Urgent Care Centres in Fife. The Partnership does not have plans to extend the number of Urgent Care Centres. The Practices and Community Teams offer a small number of clinics / sessions into the evening. The restrictions of the building do not lend themselves to safe and simple access in the evening.
    7. The model of care is developing in line with the new General Practitioner Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Accommodation is not available to support the local delivery of physiotherapy, mental health nursing, primary care pharmacists, social prescribing, etc. For example the Local Area Co-ordinator (voluntary sector member of the team sign posting people to local community provision) is not able to work from Lochgelly as frequently as required. To meet the areas needs within the GMS (2018) there will be three levels of pharmacotherapy input, this will see the resource based in Lochgelly grow from 1 whole time equivalent to 5.
    8. Nationally, a re-provisioning exercise is in process to replace existing GP IT systems, with suppliers having until February 2020 to complete development of their respective systems in line with NHS National Services Scotland requirements.  After this, a transition exercise will commence across all boards, with Fife’s transition scheduled to commence summer 2020.  This will facilitate the Lochgelly practices to be paperlite.
  1. **STRATEGIC CONTEXT**
     1. NHS Fife Clinical Strategy sets the strategic direction with Fife Health and Social Care Partnership that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.
     2. Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.
     3. Our development of the community health and wellbeing hub model is designed to flexibly and responsively layer services where required, adjusting support and care incrementally, as locally as possible. In light of the changing demography this has focused initially on supporting people to minimise and modify the impact of frailty and factors leading to frailty(including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reducing in unscheduled care. Fife has a population of 371,910 (2018 mid year population estimates, NRS), with slightly above the Scottish average for the over 65’s age group described in Table 5.

Table 5

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total Population | 65+ | 75+ | 85+ |
| Fife | 371,910 | 20% | 9% | 2% |
| Scotland | 5,438,100 | 19% | 8% | 2% |

* + 1. Fife H&SCP has seven localities. Lochgelly is within the Cowdenbeath locality. The Cowdenbeath locality sits within the West Division of the (H&SCP. The H&SCP is developing a locality clinical model with General Practitioner Clusters focused on the needs of the locality population. Table 6 demonstrates the percentage of locality populations over 75.

Table 6

|  |  |  |
| --- | --- | --- |
|  | Population over 75 | 75+ |
| City of Dunfermline | 3928 | 7% |
| Cowdenbeath | 3360 | 8% |
| Glenrothes | 4109 | 8% |
| Kirkcaldy | 5549 | 9% |
| Levenmouth | 3560 | 10% |
| North East Fife | 7192 | 10% |
| South West Fife | 3845 | 8% |

* + 1. Figure 3 notes the anticipated change in the localities population over the next 25 years. The total population within Cowdenbeath Locality is projected to increase by 5% by just around 2,000 by the year 2041. Most of the areas’ population growth is expected to take place in the older people age group, an increase of circa 45% which will place an increasing demand on health and social care.

Figure 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Population - **2016** | | | **41,288** | |
| Population estimate – **2041** | | | **43,300** | | |
|  | By 2041 |  | |  | | |
| **0-15** | **🡫8% (600)** | | | | | |
| **16-64** | **🡫4% (1,000)** | | | | | |
| **65+** | **🡩45% (3,600)** | | | | | |

* + 1. The local and national goal, supported by NHS Fife’s Clinical Strategy (2016-21), and the Fife Health and Social Care Partnership’s Strategic Plan for Fife 2019-2022 (draft) is to provide safe, effective and sustainable care at home or as close to home whenever possible. The integrated model being implemented will support robust, holistic health (primary and community) and social care, with third sector services having a strong focus on early intervention, prevention, anticipatory care and supported self management.
    2. The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only address the current restrictions upon local delivery of clinical, community and third sector services and deficiencies in facilities at the existing Lochgelly Health Centre but also enable the delivery of the above integrated model within the Lochgelly area.
    3. The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:
* 10% of the population consults with a GP Practice clinician every week
* 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005
* 37% increase in female General Practitioners and 15% decrease in male GPs over the ten-year period to 2015
* 40% of female GPs leave the profession by the age of 40
* 2015 – 1 in 5 GP training posts unfilled
  + 1. Fife’s Primary Care Improvement Plan sets out the ambitions for reshaping primary care and General Practice in implementing the new GMS 2018 Contract. This is facilitating the development of General Practitioners as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:
* Contact: accessible care for individuals and communities
* Comprehensiveness: holistic care of people – physical and mental health
* Continuity: long term continuity of care enabling an effective therapeutic relationship
* Co-ordination: overseeing care from a range of service providers
  + 1. Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Lochgelly area. The effect of which is evidenced in the continued reliance upon the traditional medical model of relatively high acute hospital attendance and admission rates.
    2. Local accessibility and improved joint working with other health and social care partners as part of a wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by Practice multi disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care.
    3. Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife’s Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

* Commission on the Future Delivery of Public Services (The Christie Report) (June 2011)
* 2020 Vision for Health and Social Care (September 2011)
* Healthcare Quality Strategy (2012)
* A National Clinical Strategy for Scotland (February 2016)
* Health and Social Care Delivery Plan (December 2016)
* Property Asset Management Strategy (2017)
* NHS in Scotland 2016 – Audit Scotland Report (October 2016)
* Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (August 2017)
* General Medical Services Contract (2018)
* Health and Social Care Integration – Audit Scotland (November 2018)
* Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

* Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022)
* NHS Fife Clinical Strategy (2016-21)
* NHS Fife Estates Rationalisation Strategy (2017)
* NHS Fife Operational Delivery Plan (2018/19)
* Let’s really raise the bar: Fife Mental Health Strategy (draft) (2019-2023)
  + 1. This proposal interacts with these key local and national strategies in terms of:

**Quality Strategy** ambitions in relation to:

* Person centred care - through improving access to Primary Care and providing more care closer to home;
* Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
* Effective – bringing together a wider range of health and care services to make more effective use of resources.

**2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

**Technology Enabled Care** projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

**NHS Fife’s Clinical** **Strategy** and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Lochgelly, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general Practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between General Practitioner Practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

* Maintaining and improving access;
* Introducing a wider range of health professionals to support the expert medical generalist;
* Enabling more time with the General Practitioner for patients when it is really needed; and
* Providing more information and support to patients.

The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife’s local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by the **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government’s **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorates paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1st April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and therefore will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

* ***The Vision is*** To enable the people of Fife to live independent and healthier lives.
* The **Mission** is “We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.”
* Our **Values** are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering
  + 1. This will support local delivery of the national outcomes for integration.
  1. **DRIVERS FOR CHANGE**
     1. The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Table

| **Driver for change:** | **What effect is it having, or likely to have, on the organisation?** | **Why action now:** |
| --- | --- | --- |
| The clinical and social care model have developed and implementation is being circumscribed | Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future.  Existing facilities lack the number and range of support areas necessary to deliver safe and effective services, the physical capacity of the building is 100% utilised and oversubscribed. | The model of integrated care is being undermined now: preventing locally based, proactive care.  Lack of essential support areas (e.g. clean and dirty utility areas) represents a real and unacceptable risk to the Board in key areas such as Healthcare Associated Infections and patient safety that can only be addressed through significant investment.  Time from Initial Agreement to occupation of a new facility could take circa 4 years. |
| Services cannot be delivered locally for local patient need; Existing physical capacity is unable to deliver essential baseline change and re-design. | Local health inequality issues will continue to be difficult to support.  NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and the community health and wellbeing hub model within Lochgelly unless this is planned for. |
| Pressure on existing staff, accommodation and services will inevitably increase. | Sustainability of primary care is a key priority for the Partnership and NHS Fife.  There is a need to plan to provide a sustainable service for the future |
| Poor clinical and non clinical functionality and space restrictions in existing accommodation (configuration) | Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equality Act (2010) compliance within the building is poor. | Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional in-efficiency and suboptimal patient experience. Wheelchairs, mobility scooters and double buggies cannot access parts of the building, including the waiting area. The waiting areas are too small. |
| Premises are functionally inadequate and compromise pro-active patient care. | No scope exists to re-organise parts of the service to improve the experience. |
| Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff. | Poor patient and staff experience.  Does not meet current recommended standards. |
| Clinical and social care functionality (capacity) issues | Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointments to meet with different members of their multi disciplinary team and to access healthcare out-with the local area. | Service sustainability and development is at risk and an increasing number of patients will travel to other venues for appointments. |
| Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services | There are no rooms available to deliver training, accommodate local multi disciplinary team meetings, etc.  There is no accommodation to support local access to a wider range of visiting community services to support for example income maximisation. |
| Building issues (Including statutory compliance and backlog maintenance) | Existing facilities fall far below the required standards in terms of how they are configured and laid out.  Physical characteristics of the building prevent safe and effective patient care: small treatment rooms below minimum standards.  Increased safety risk from outstanding maintenance and inefficient service performance. | Building configuration and layout present unacceptable risks as well as poor performance and functional inefficiency.  Redesign of building will allow for improved care, staff experience and financial performance.  Building condition, performance and associated risks will continue to deteriorate if action is not taken now. |

* 1. **INVESTMENT OBJECTIVES**
     1. This section identified the ‘business need’ in relation to the current arrangements described in section 2.1. These were discussed at the Architecture & Design Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between ‘where we are now’ and ‘where we want to be’.

Table

|  |  |
| --- | --- |
| **Effect of the need for change on the organisation:** | **Investment Objectives** |
| Existing service arrangements are affected by lack of clinical support service facilities. | Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities. |
| Implementation of integrated models of care is undeliverable locally in the current environment | Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity. |
| Pressure on existing staff, accommodation and services will inevitably increase. | Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people’s health within the local community. |
| The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally. | Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity. |
| Existing configuration, as a result of a circa 1970’s building, which has been modified and extended with a ‘best fit’ approach means poor accommodation e.g. service users who rely on wheelchair access or have a mobility problem have extreme difficulty in both accessing and traversing the facility. | Delivery of safe and effective care with dignity by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.  Improved staff wellbeing. |
| Increased safety risk from outstanding maintenance and inefficient service performance. | Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate. |

* 1. **PROPOSED BENEFITS**
     1. There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the Partnership’s Strategic Plan and NHS Fife Clinical Strategy. The proposed investment in infrastructure will enable the Lochgelly Medical Practices to fully participate in the required programmes of care, enable full access to the development of Primary Care Improvement Plan and thereby improve outcomes for individuals, their families and the community, experience of staff and the reputation of the organisation.
     2. Benefits for each of the investment objectives described in section 2.5 above are mapped to the expected benefits in the context of the Scottish Government’s five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).
     3. To ensure that resources are effectively exploited and that any investment made provides agreed benefits a benefits register has been developed. This register (see appendix 3) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. A Benefits Realisation Plan will be developed as part of the Outline Business Case.

Table

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Investment Objective** | **Benefit** | **Investment Priority** |
|  | Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities. | General Practitioner Practice Multi Disciplinary Team, wider community hub team and voluntary sector have access to accommodation to meet population needs locally. | Person-Centred  Health of Population  Integrated Care |
|  | Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity. | Services delivered locally based on need. | Person Centred  Efficient  Effective  Integrated Care |
|  | Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people’s health within the local community. | Higher staff retention levels.  Higher staff morale/lower absence rates.  Increased flexibility of roles.  Career progression.  Improved workforce planning across the health and social care pathway.  Supports training, education and development.  Improved patient centred communication within the wider team. | Person Centred  Efficient  Effective  Value and Sustainability  Integrated Care |
|  | Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity. | Access to wider staff skills, support and experience on one site.  Reduces unnecessary hospital referrals.  Reduces patient risk. | Effective  Quality of Care  Person Centred  Integrated Care |
|  | Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.  Improved staff wellbeing. | Improves patient experience addressing privacy and dignity issues.  Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff. Ease of compliance with standards e.g. Equality Act (2010), HAI  Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes. | Safe  Person Centred  Quality of Care  Integrated Care |
|  | Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate. | Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care. | Effective Quality of Care  Efficient: Value and Sustainability |

1. **STRATEGIC RISKS, CONSTRAINTS AND DEPENDENCIES**
   1. **RISKS**
      1. Recognising that one of the main reasons when change projects are unsuccessful in terms of cost and time overruns and/or failing to deliver the expected benefits is the failure to properly identify and manage the project risks, a Project Risk Register has been developed. Risks at the Initial Agreement Stage of the Project have each been assigned an owner and mitigation action identified (appendix 3).
      2. The key areas of risk relate to:

* Capital envelope does not support the preferred way forward.
* Clinical and care models may change and not be adequately planned for
* The programme may be delayed: further impacting on service delivery
* Engagement: in terms of maintaining positive stakeholder engagement
* Acquisition of land: initial discussions have been held with Fife Council in relation to the possible purchase of land.
  1. **CONSTRAINTS AND DEPENDENCIES**
     1. Financial: given the current climate it is recognised that the project is likely to be constrained financially. The affordability of the project will continue to be fully tested through each of the approval stages; this will include the development of a fully detailed revenue model within the Outline Business case. Once the project budget is set, the project will require to be delivered within this.
     2. Programme: given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.
     3. Quality: the project will require to comply with all applicable healthcare guidance and achieve the Achieving Excellence Design Evaluation Tool (AEDET) pre-defined target criteria across all categories.
     4. Sustainability: as the preferred option is a new build there will be a requirement to achieve British Research Establishment Environment Assessment Method (BREEAM) ’excellent’.
     5. Site: as the preferred option is a new build within a built-up area delivery of the project will be restricted and constrained. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to surrounding residents and local businesses.
     6. Dependencies associated with the build phase will be tested in development of the Outline Business Case.
     7. These risks will then be reviewed in more detail at the Outline Business Case stage. The process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisation.
  2. **CRITICAL SUCCESS FACTORS**
     1. In addition to the Investment Objectives set out in section 2, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Table

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Description** | **Critical Success Factor** |
| **Strategic fit** | Meets agreed clinical and investment objectives, related business needs and service requirements | * From Patient perspective:   + a facility that is easily accessible, bright, welcoming and airy.   + designed so that patients can be treated with dignity particularly in terms of confidentiality. * Promotes sustainability of Primary Care provision, Realistic Medicine and delivery of 2018 GMS Contract * Consistent with NHS Board’s Clinical Strategy * Supports delivery of NHS Scotland Quality Strategy * Facilitates integration of health and social care services, delivered locally |
| **Value for money** | Maximise the return on the required investment and minimise risks | * Service model maintains or reduces revenue costs in the longer term through earlier intervention * Service model enables effective decision making in allocation of resources * Building design maximises efficiency and sustainability |
| **Potential achievability** | Is likely to be delivered in relation to the required level of change  Matches the available skills required for successful delivery | * The skills and resources are available to implement new ways of working * The Partnership and the Practice are able to embed new ways of working * NHS Fife are able to deliver the programme to agreed budget and timescales * Technology enablers are available and utilised |
| **Supply side capacity and capability** | Matches the ability of service providers to deliver required services | * Service providers are available with skills, materials and knowledge * The project is likely to attract market interest from credible developers |
| **Potential affordability** | Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services | * Solution is affordable to all stakeholders |

1. ECONOMIC CASE
   1. **DO NOTHING/ DO MINIMUM OPTION:**
      1. It is not feasible to continue with the existing arrangements (‘Do Nothing’) as outlined in [Section](#_Existing_Arrangements) 2, because the building is not fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Table

|  |  |
| --- | --- |
| **Strategic Scope of Option** | **Do Nothing** |
| Service Provision: | Primary Care services in Lochgelly are delivered from the existing Lochgelly Health Centre. The facility has previously been considerably modified and extended. |
| Service Arrangements: | Three separate Primary General Medical Services practices, Community Health and Voluntary Sector services |
| Service Provider and workforce arrangements: | For the services detailed above at section 2 the workforce arrangements will continue with General Practitioner services Community Health and Social Care and Voluntary Sector services delivered in the building. The developing integrated multi disciplinary model will be circumscribed with inequity of access and travel implications for patients. Poor accommodation will continue to be managed as a risk in terms of staff health and safety. |
| Supporting assets: | * The existing Lochgelly Health Centre has a baseline area of 760m2 and features a mixture of traditional General Practitioner/consulting spaces that includes:4 x restricted separate reception and records areas at a total of 100m2 (Associated with the 3 x separate Practices and NHS consulting elements) * 2 x waiting areas (total 26m2) with inadequate space to meet even baseline needs and no age-specific provision * 17 x (reasonably sized but poorly configured) consultant/treatment rooms located throughout the facility with little/no functional relationship to each other or the different patient groups they relate to * 1 x interview room * 1 x group room, although this is in effect a former waiting area with no windows that is far from fit for purpose and can consequently only be used for very short periods, therefore this has virtually no capacity for e.g. staff meetings, staff training and group work (e.g. breastfeeding support) * 5 x small and disparate offices (total 74m2) * 1 x staff room (23m2) servicing the whole facility and all staff groups   Clinical Functionality Capacity issues have been identified as those problems associated with a lack of local space (area) that is essential to safe, effective and appropriately compliant service delivery.  Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. Whilst the facility technically has sufficient space to support baseline clinical activity, in reality it is unable to do this as a consequence of a chronic lack of storage, waiting, quiet / interview, phlebotomy, administrative and office space. In addition, the existing facility lacks any form of clean utility room, dirty utility room, disposal hold, Domestic Services Room (DSR) or clinical storage facilities.  There is no dedicated teaching, group space nor consulting rooms capable of supporting a GP training function. There are no administration areas capable of supporting wider staff teaching and learning or undertaking on-line training and assessment packages.  The facility has nowhere that a patient can be managed should their visit become protracted; they become unwell; and / or they require acute management prior to transfer out to another facility by ambulance. This results in delays to clinical activity as it means consultations being delayed or suspended and is compounded due to the extremely poor access to all existing clinical areas. (None of these can be accessed by a trolley through the main entrance should this be required, with the only other entrance – at the rear – only being accessible by a number of steps. This impacts poorly on patient dignity and confidentiality).  The building configuration is poor from access, service configuration, safety and security perspectives. |
| Public & service user expectations: | Delivery of effective General Practitioner and Primary Care, physical and mental health services in Lochgelly from one building in a good central location which is all on one level.  Services delivered by a wide range of professionals.  Strong desire to increase ‘targeted’ delivery to address inequalities.  Single shared staff room  Access to adjacent car parking spaces in a free Council car park. |

* 1. **ENGAGEMENT WITH STAKEHOLDERS**
     1. It was key to have the support of key stakeholders from health and social care staff and also leaders from the local community to define the change required and create the vision for change.
     2. Stakeholders supported this through their participation in the Option Appraisal Exercises, Achieving Excellence Design Evaluation Toolkit AEDET and Design Statement workshops.
     3. This will ensure that the vision is shared, is communicated to all who will be impacted by the change and the support from those who have an emotional commitment to the services provided in their community.
     4. Further detailed information on the engagement and involvement with stakeholders completed to date, and proposed throughout the programme is included at section 7.
  2. **SERVICE CHANGE PROPOSALS**
     1. The initial scope for the Lochgelly Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Lochgelly which was of a suitable size and condition to meet with the growing needs of the existing Practices, community health and social care team and voluntary sector services.

**Long List**

* + 1. The theoretical long-list of options was initially generated by the NHS and Local Authority teams with the support of Hubco and its advisers, and reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.
    2. Strategic theoretical option themes included:

Table

|  |  |
| --- | --- |
| **Strategic Scope** | **Summary** |
| **1 Service Provision** | * Do nothing (The status quo) * Build entirely new, minimise any use of existing buildings (full build) |
| **2 Service Arrangements** | * Don’t have any specific General Practitioner / health facilities locally |
| **3 Service provider/ workforce** | * Utilise only ‘operational’ solutions to address existing problems |
| **4 Supporting Assets** | * Build new but also make use of existing facilities to support the overall model (reduced build) * Combine a new build or refurbishment proposal with other new / existing developments across the public sector * Use and/or refurbish one or more existing local buildings/facilities |
| **5 User Expectations** | * The expectations of the public and service users |

* + 1. The following core long-list of options, in addition to Option 1 do nothing/minimum described above at Table 11, was agreed:

|  |  |  |
| --- | --- | --- |
| Option | Description | Commentary |
| Option 2 | **Don’t have any Health Centre building – use existing available public sector estate.** | This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the health & social care hub required and result in an even more fragmented service than at present. It was also reliant upon making use of existing spaces that lack both the capacity and functionality to deliver any of the services being delivered now and in the future. |

|  |  |  |
| --- | --- | --- |
| Option | Description | Commentary |
| Option 3a | **An operational solution utilising only the existing Health Centre** | Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not mutually exclusive – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed. |
| Option 3b | **An operational solution utilising the existing Health Centre plus space in the adjacent Lochgelly Centre** | This option was assessed as a variation on option 3a), with space in the Lochgelly Centre providing potential additional scope to improve capacity concerns in the short-term. It was not short-listed for the same reasons. |

|  |  |  |
| --- | --- | --- |
| Option | Description | Commentary |
| Option 4a | **Refurbish & extend the existing Health Centre facility** | This option was originally agreed for short-listing and was subsequently developed into drawings. Unfortunately this work-up highlighted that there was insufficient space to support the required extension (which would have to be on a single level on the adjacent car park site). It was consequently proven unfeasible and not short-listed. |
| ~~Option 4b~~ | **~~Refurbish the existing Jenny Grey facility~~** | In contrast to the previous option, refurbishment of the Jenny Grey facility was not initially thought feasible, however architect work up developed a scheme that appeared credible with good use of space and only minimal compromise. This option was consequently short-listed. |

|  |  |  |
| --- | --- | --- |
| Option | Description | Commentary |
| Option 5a | **Reduced new build on existing Health Centre site (plus use of space in existing Health Centre facility)** | This option involved building a reduced new facility on the existing site that retained the existing facility. It was a theoretical option only and clearly not feasible as the existing Health Centre occupies its entire curtilage. The option was consequently not short-listed. |
| Option 5b | **Reduced new build on existing Health Centre site (plus use of space in Lochgelly Centre)** | This option involved building a reduced new facility on the existing site that also made use of space in the adjacent Lochgelly Centre. The option was not short-listed as it offered no benefits over a reduced new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building. The option was consequently not short-listed. |
| Option 5c | **Reduced new build on adjacent (car park) site (plus use of space in Lochgelly Centre)** | This option involved a reduced new build on the adjacent car park site that made use of space (primarily group rooms) in the adjacent Lochgelly Centre. It was deemed feasible and consequently short-listed. |
| Option 5d | **Reduced new build on Lochgelly North School site (plus use of space in shared new development)** | This option involved a reduced new build on the existing (disused) Lochgelly North School site that would be aligned to potential (very early stage) local authority proposals relating to the construction of a pre-school nursery on the site. It was deemed feasible and consequently short-listed. |
| Option 5e | **Reduced new build on Jenny Grey site (plus use of space in *other* facilities TBC)** | This option involved building a reduced new facility on the existing Jenny Grey site that also made use of space in appropriate existing local facilities. In the event, no such facilities could be found and consequently the option was not short-listed |

|  |  |  |
| --- | --- | --- |
| Option | Description | Commentary |
| Option 6a | **Full new build on existing site** | This option involved a full new build on the existing site that was entirely self-contained. It was not short-listed as it offered no benefits over a full new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building |
| Option 6b | **Full new build on adjacent car park site** | This option involved a full (self-contained) new build on the adjacent car park site. It was deemed feasible and consequently short-listed. |
| Option 6c | **Full new build at Lochgelly North School site** | This option involved a full (self-contained) new build on the Lochgelly North School site. It was deemed feasible and consequently short-listed. |
| Option 6d | **Full new build at Jenny Grey** | This option involved a full (self-contained) new build on the existing Jenny Grey site. It was deemed feasible and consequently short-listed |
| Option 6e | **Full new build at Francis Street** | This option involved a full (self-contained) new build on the Francis Street site. It was deemed feasible and consequently short-listed. |

* + 1. The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.
    2. Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Kincardine in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other’s work through the development of an agreed list of benefits criteria that were weighted independently.
    3. In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:
* Deliver an optimal physical environment
* Be readily accessible
* Support flexibility and sustainability
* Support local and national service strategies
* Deliver wider community & public benefits
  + 1. The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver General Practitioner, primary care and local clinical services from Lochgelly.
    2. Specific site/facility considerations included:
* The existing NHS owned Health Centre site in Lochgelly
* The adjacent Local Authority owned (car park) site in Lochgelly
* A site at the Local Authority owned Lochgelly North School
* The Jenny Grey site (A Local Authority care home recently reprovided)
* A Local Authority owned site at Francis Street
  + 1. Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

**Short List**

* + 1. The short list initially included Options 1, 4b, 5c, 5d, 6b, 6c, 6d and 6e.
    2. In reflection of the complexity of the process and relatively early stage in the development it was however agreed to combine a number of these options. Specifically:
* Option 6b was combined with option 5c for evaluation purposes, with the amended option 5c becoming new build on adjacent (car park) site plus/minus use of space in Lochgelly Centre. This combined option referenced the fact that the required land take for both options was the same, with only the volume of accommodation required on a second floor different, whilst acknowledging the significant additional work still required to understand the actual opportunities and threats associated with potentially accessing the Lochgelly Centre.
* Option 6c was combined with option 5d for evaluation purposes, with the amended option 5d becoming new build on the Lochgelly North Schools site that ‘had the potential to make use of space in a shared new development’ if this is taken forward by the Local Authority. This combined option referenced the fact that the area available was capable of delivering both options whilst acknowledging that the nursery proposal was still only embryonic.
  + 1. The short list options finally agreed and short-listed for scoring (by location) were:

|  |  |  |
| --- | --- | --- |
| Site | Option | Commentary |
| Current Site/Adjacent Car Park Area: | Option 1 | Do nothing (The status quo) |
| Option 5c | Build a new Health Centre on the adjacent (car park) site (plus/minus make use of space in Lochgelly Centre) |
| Jenny Grey Site | Option 4b | ~~Create a new Health Centre by refurbishing the existing Jenny Grey facility~~ Option no longer available as demolished |
| Option 6d | Build a new Health Centre on the Jenny Grey site by demolishing the existing facility |
| Lochgelly North School Site | Option 5d | Build a new Health Centre on the Lochgelly North School site (with potential to make use of space in a shared new nursery development) |
| Francis Street Site | Option 6e | Option 6e) Build a new Health Centre on the Francis Street site |

* 1. **INDICATIVE COSTS**
     1. Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by Hubco. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020), Figures are calculated over a 60 year period.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Description | Capital Costs (£) | Whole Life Capital Costs (£) | Whole Life Operating Costs (£) | Est.  NPV (£) | Est.  EUV (£) |
| 1 | (1) Do Nothing/Base | - | - | 5,465,940 | 2,311,661 | 91,099 |
| 2 | (5c) Car Park | 7,025,717 | 1,639,332 | 19,613,953 | 11,871,118 | 467,823 |
| 3 | (6d) Jenny Grey | 6,959,207 | 1,623,802 | 19,526,538 | 11,799,393 | 464,996 |
| 4 | (4b) ~~Jenny Grey Refurbishment~~ | - | - | - | - | - |
| 5 | (6e) Francis Street | 6,835,692 | 1,594,962 | 19,364,198 | 11,666,192 | 459,747 |
| 6 | (5d) North School | 7,244,244 | 1,690,358 | 21,488,830 | 12,763,618 | 502,995 |

* 1. **OPTION APPRAISAL**

     2. The following table 13 outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria through an Option Appraisal exercise undertaken with representatives of all stakeholder groups. Stakeholders worked in groups, and through a process of discussion / debate within groups, with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied. Table 14 then summarises the options relationship to the investment objectives.

Table

| Option | Advantages:  Strengths  & Opportunities | Disadvantages:  Weaknesses & Threats |
| --- | --- | --- |
| **Option 1:**  **Status Quo** | Established location | Building and curtilage no longer fit for purpose.  Not suitable for further development  Is no longer an option. |
| **Option 5c:**  **Car Park** | Central, established location.  Accessible site. Overlooked- supports security.  Visible site.  Community setting.  Improves town landscape.  Community setting. | Two storey.  Further site investigations required due to mining.  Constrained town centre site.  Loss of car parking during construction.  Reduced car parking  Access roads may be unsuitable for construction traffic.  Site ground conditions make development very expensive.  Infrastructure issues – sewers do not support new development /network issues. |
| **Option 4b:**  **Refurb. Jenny Grey** | ~~Relatively close to town centre.~~  ~~Reuse of existing public sector estate.~~  ~~Space for optimum parking / site servicing.~~  ~~Good access.~~  ~~Overlooked- supports security.~~  ~~Potential capital savings.~~  ~~Community setting.~~  ~~Flexibility of expansion options on site.~~  ~~Potential complimentary use of site.~~  ~~Potential to have segregated staff access.~~ | ~~Decant costs.~~  ~~Possibly too overlooked. Further site investigations required due to mining.~~  ~~Access roads may be unsuitable for construction traffic.~~  ~~Does not meet more detailed briefing requirements due to restrictions of existing structure.~~ |
| **Option 6d:**  **New Build Jenny Grey** | Relatively close to town centre.  Large flat site, optimum parking/site servicing.  Good access. Overlooked- supports security.  Adjacent to open amenity site.  Community setting.  Flexibility of expansion options on site.  Potential complimentary use of site.  Potential to have segregated staff access. | Overlooking could impact on patient privacy.  Further site investigations required due to mining.  Access roads may be unsuitable for construction traffic.  Perceived impact on local amenity space. |
| **Option 5d:**  **North School** | Relatively close to town centre.  Large flat site, optimum parking/site servicing.  Good access. Overlooked - supports security. Potential complimentary use of site.  Uses a site with established community function  Uses infrastructure of potentially suitable capacity of site. | Further site investigations required due to mining.  Access roads may be unsuitable for construction traffic.  Site ground conditions make development very expensive.  Infrastructure issues – sewers do not support new development /network issues.  Hidden from primary routes.  Demolitions required on site. Potential impact on programme/approvals from adjacent developments |
| **Option 6e: Francis St** | Central location.  Accessible, ample site.  Overlooked- supports security.  Visible site.  Community setting.  Increased flexibility.  Enables segregated access | Possibly too overlooked.  Further site investigations required due to mining.  Access roads may be unsuitable for construction traffic.  Site ground conditions make development very expensive.  Infrastructure issues – sewers do not support new development /network issues. |

Table

| **Investment Objectives** | **Option1:**  **Status Quo** | **Option 5c:**  **Car Park** | **Option 4b:**  **Refurb. Jenny Grey** | **Option 6d:**  **New Build Jenny Grey** | **Option 5d:**  **North School** | **Option 6e: Francis St** |
| --- | --- | --- | --- | --- | --- | --- |
| Ensure equal access to Primary Care and Community Services for the whole population. | No | Yes | No | Yes | Yes | Yes |
| Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people’s health within their local community. | No | Yes | No | Yes | Yes | Yes |
| Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of GMS (2018) and Community Health and Wellbeing Hub. | No | Yes | No | Yes | Yes | Yes |
| Provide a more integrated seamless service across health and social care, including the capacity to deliver group based activities locally. | No | Yes | No | Yes | Yes | Yes |
| Improve the patient and user experience - deliver services locally based on local patient need. Reducing the number of referrals to other services and the requirement for additional attendances because there is not the capacity to provide integrated care. | No | Yes | No | Yes | Yes | Yes |
| Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.  Support delivery locally of the National Outcomes for Integration. | No | Yes | No | Yes | Yes | Yes |
| To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards. | No | Yes | No | Yes | Yes | Yes |
| To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting. | No | Yes | No | Yes | Yes | Yes |
|  |  | | | | | |
|  |  |  |  |  |  |  |
| **Weighted score** | 256 | 431 | 435 | 632 | 431 | 879 |
| **Preferred / Possible / Rejected** |  |  |  |  |  | Preferred |

* 1. **THE PREFERRED OPTION**
     1. The Option 6e) (listed as Option5) New Build at Francis street, represents a clearly favoured option for all stakeholders, with 6d) a clear 2nd place.
     2. The proposal has the support of representative service users, carers, staff, the General Practitioner Practice and all other key stakeholders.
     3. It is recommended that NHS Fife proceeds to Outline Business Case, exploring Option 6e (option 5): New Build at Francis street site in more depth.

Figure



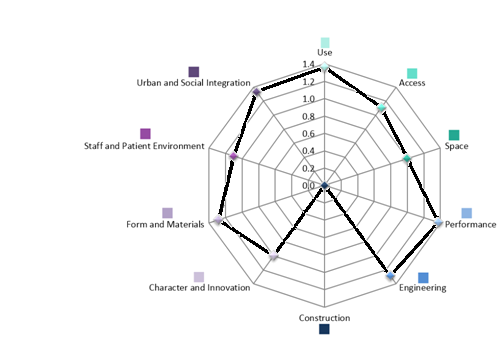
Indicative Site Plan for New Build at Francis Street.

* 1. **DESIGN QUALITY OBJECTIVES**
     1. A key part of the development of the Initial Agreement Document was to ensure that stakeholders were fully engaged in the NHS Scotland Design Assessment Process (NDAP).
     2. There were two key strands to this work;

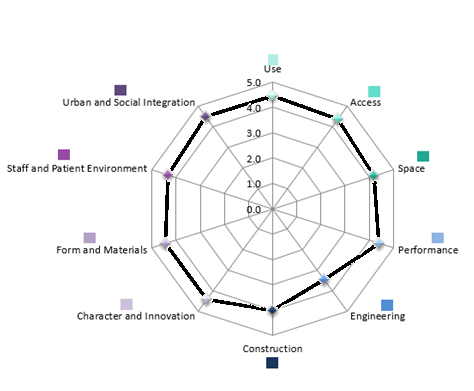
1. A multi-stakeholder event where the Achieving Excellence, Design Evaluation Tool (AEDET) was completed for the existing unit.
2. An NDAP Design Statement was developed to capture the ‘non-negotiable’ points that need to be addressed by the project.
   * 1. AEDET on Existing Property: An AEDET Workshop was held on 21 February 2017.
     2. The existing unit at Lochgelly was reviewed. A Benchmark Score was achieved with the resultant Target Score as below.

Table

|  |  |  |  |
| --- | --- | --- | --- |
| Descriptor | | Benchmark | Target |
| Functionality | Use | 1.4 | 4.5 |
| Access | 1.1 | 4.4 |
| Space | 1.0 | 4.2 |
| Build Quality | Performance | 1.4 | 4.4 |
| Engineering | 1.3 | 3.4 |
| Construction | 0.0 | 4.0 |
| Impact | Character and Innovation | 1.0 | 4.4 |
| Form and Materials | 1.3 | 4.4 |
| Staff and Patient Environment | 1.1 | 4.3 |
| Urban and Social Integration | 1.3 | 4.5 |



**AEDET Refresh Benchmark Summary**



**AEDET Refresh Target Summary**

* + 1. NDAP Design Statement**:** A multi-stakeholder event was held on Friday 3 March 2017.
    2. This event was facilitated by Architecture and Design Scotland (A&DS) where the group discussed the non-negotiable in terms of requirements from the perspective of patients, staff and visitors. These are summarised below:

The Patients Perspective

The patient’s perspective was reviewed in terms of their initial approach to the centre through to waiting for their appointment. There was a consensus on the expectations for a facility that was easily accessible, bright, friendly and airy. It was agreed that the facility should be designed so that patients could be treated with dignity particularly in terms of confidentiality.

The Staff Members Perspective

Staff groups were clear that they would want the facility to enable different staff groups’ paths to cross. Staff want to feel safe in accessing and egressing the facility. Suitable investment in information technology and teaching facilities is also expected as well as staff change, shower and communal staff room facilities.

The Visitor / Carer Perspective

It was agreed that carer’s should be able to accompany patients and be easily accommodated in the waiting and consulting spaces with access to support information at hand.

A smaller private waiting space is required to support patients and carers who are challenged by open spaces or who themselves are exhibiting challenging behaviours.

* 1. **DESIGN STATEMENT**
     1. The event enabled participants to clearly describe the attributes the building must possess, this will support the development of the detailed business case. The business objectives the project seeks to achieve are:
* To provide current clinical service requirements locally and reduce the number of referrals to other service providers and additional attendances required.
* Deliver group based activities. A key strand of NHS Fife’s Clinical Strategy is to reduce health inequalities by reconfiguring services and resources so that there is equity of access to services across Fife and across all patient groups. Care should be provided at home or as close to home as possible. Delivering services in a group environment will allow a greater number of NHS Fife residents to be supported in their management of their own well-being.
* To meet Outcome 3, 5 and 9 of the National Outcomes for Integration, i.e. that people who use Health and Social Care Services have positive experiences of those services, and have their dignity respected; health and social care services contribute to reducing health inequalities; and resources are used effectively and efficiently in the provision of health and social care services
* Improve safety and effectiveness of accommodation by improving the physical condition and quality of the healthcare estate.

1. COMMERCIAL CASE
   1. **OUTLINE COMMERCIAL CASE**
      1. The indicative costs for the preferred option at this stage are £6,835,692 excluding VAT. The current building is owned by NHS Fife, it is therefore anticipated that NHS Fife will lead on the procurement, supported by the IJB, through the Scottish Futures Trust hub initiative.
      2. Hub East Central is the designated procurement vehicle for health projects in excess of £750k in the NHS Fife Board area.
      3. The East Central HubCo can deliver projects through one of the following options:

* Design and Build contract (or build only for projects which have already reached design development) under a capital cost option
* Design, Build, Finance and Manage under a revenue cost option
  + 1. Design and Build, using NHS Capital is likely to be the most suitable vehicle for this project.

1. THE FINANCIAL CASE
   1. Based on the current costs and assumptions identified in Section 4.5 below, NHS Fife considers the project to be affordable within the current available capital resources estimated within the Local Delivery Plan. This builds in a significant contingency into the scheme to cover optimism bias and other possible infrastructure and enabling costs. Should Capital costs increase over the agreed budget, the Board would require to acquire Capital funding from elsewhere within the Board’s Capital Programme.
   2. Fife Health & Social Care Partnership has agreed to fund the revenue consequences; which are affordable within the revenue resources available. Should Revenue costs increase, then these additional costs would require to be funded within the Partnership’s overall revenue resource envelope.
   3. In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:

* Capital costs for preferred option (including construction and equipment);
* Non-recurring revenue costs associated with the project;
* Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
* Changes to revenue costs associated with service redesign as a direct result of the development.
  1. **CAPITAL AFFORDABILITY**
  2. The total capital cost comprises the projected construction cost, supplied by HubCo, plus optimism bias and professional fees.
  3. The estimated capital cost associated with each of the short listed options is detailed in table 16 below:

Table

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Option 5c:**  **Car Park** | **Option 4b:**  **Refurb. Jenny Grey** | **Option 6d:**  **New Build Jenny Grey** | **Option 5d:**  **North School** | **Option 6e: Francis St** |
| Construction Cost | 3,669,025 |  | 3,634,025 | 3784025 | 3,569,025 |
| Preliminaries | 660425 |  | 654,125 | 302,722 | 642,425 |
| Fees Stage 1 & 2 & Construction | 293,522 |  | 290,722 | 143,793 | 285,522 |
| Hubco Items | 139,423 |  | 138,093 | 124,873 | 135,623 |
| Contractor OHP | 121,078 |  | 119,923 | 283,802 | 117,778 |
| Contingency / Risk | 275177 |  | 272,552 | 20,000 | 267,677 |
| Planning & Warrant (Inc Mark Ups | 20,000 |  | 20,000 | 16,000 | 20,000 |
| Survey Fees (Inc Mark Ups) | 16,000 |  | 16,000 | 126,403 | 16,000 |
| Inflation BCIS TPI 3Q19 - 4Q20 @ 347 | 122,588 |  | 121,426 | 681,125 | 119,270 |
| Optimum bias | 1276137 |  | 1264048 | 1315858 | 1241597 |
| Professional fees | 242507 |  | 240257 | 249899 | 236078 |
| Decant | 26370 |  | 26120 | 27191 | 25657 |
| eHealth | 15241 |  | 15275 | 15901 | 15004 |
| Equipment | 148044 |  | 146641 | 152652 | 144037 |
| **Total** | **7025717** |  | **6959207** | **7244244** | **6835692** |
| **VAT** | **1356642** |  | **1343790** | **1398869** | **1319923** |
| **Total capital costs** | **8382359** |  | **8302997** | **8643114** | **8155615** |

* 1. To provide the above Indicative Costs at this Initial Agreement Stage, the following assumptions have been made:
  2. The options are based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020)
  3. The optimum bias % applied is based on the Green Book recommendation of 24% for a standard build
  4. For the Jenny Grey Refurbishment option it had been assumed that this building was at least 30 years old. Life cycle adjustments have been made downwards to reflect this.
  5. No costs identified for council requirements e.g. bus stops, crossings.
  6. Land will be available on a long-term lease from Fife Council therefore no costs for land purchase have been included.
  7. No costs included for demolition as assuming Fife Council would demolish existing buildings and clear land where appropriate with a corresponding adjustment on any lease costs.
  8. Advisers’ costs (included within the Capital Cost figures) are based on recent Hubco calculations.
  9. Discounted Cash Flow (used to calculate NPV and EUV) - after 30 years the discount rate adjusts to 3%
  10. Life cycle costs are based on maximum life for a new build
  11. For comparison, the present backlog maintenance costs recognised for Lochgelly Health Centre are £255,000. This represents the estimated cost (excl. VAT, professional fees and enabling costs) to complete all presently recognised backlog maintenance to bring the asset up to 'satisfactory condition'. It does not allow for replacing of any assets due to functionally unsuitability.
  12. **REVENUE AFFORDABILITY**
      1. The estimated revenue cost for both the baseline (do nothing) and the short list options are included below:

Table

|  | **Cost per Annum (£k)** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Revenue Cost** | **Option1:**  **Status Quo** |  |  | **All Options** |  |  |
| **Non Pay** |  |  | | | | |
| Equipment | 260 | 1,500 | | | | |
| Heating Fuel and Power | 17,336 | 35,097 | | | | |
| Property Maintenance | 10,577 | 13,518 | | | | |
| Property Rates | 30,032 | 54,072 | | | | |
| Water Charges |  | 5,132 | | | | |
| **Facilities Costs** |  |  | | | | |
| Pay: Support services | 23,946 | 58,256 | | | | |
| Non Pay: |  |  | | | | |
| Bedding and Linen | 710 | 1,369 | | | | |
| Cleaning | 482 | 929 | | | | |
| Equipment | 942 | 1,816 | | | | |
| General Services | 684 | 1,385 | | | | |
| Post Carriage and Telephones | 70 | 142 | | | | |
| Printing and Stationery | 222 | 449 | | | | |
| Property Maintenance | 959 | 2,034 | | | | |
| Surgical Sundries | 50 | 256 | | | | |
| Other misc non pay | 4,831 |  | | | | |
| **Total Estates & Facilities Costs** | **91,099** | **175,956** | | | | |
| **Depreciation charge** | 30,449 | **266,435** | | | | |
| **Notes/Assumptions** | Actual costs 2018/19 | |  | | --- | | 1) Revenue Costs for proposed site are based on current plans of a two storey build of 1502m2. | | 2) One-off equipment purchases required in year 1 of £8,400. | | | | | |

* + 1. The H&SCP estimates that the ability to deliver a more integrated, proactive model locally will support revenue efficiencies. It is not expected that there will be any revenue implication for overall GMS costs on NHS Fife and so has been excluded from this table.
    2. Any changes General Practitioners make to the provision of services within the General Practitioner Practice are being developed through Primary Care Improvement Fund.
    3. A full affordability analysis will be undertaken at OBC stage to confirm whether the Capital and Revenue costs associated with the new facility are affordable within the available funding levels.

1. THE MANAGEMENT CASE
   1. **GOVERNANCE ARRANGEMENTS**
      1. Governance will be taken forward in line with the Scottish Capital Investment Manual (SCIM) guidelines, through the NHS Fife Capital and Investment Group and Finance, Performance and Resources Committee.
      2. As the estimated costs of this project are outwith the Board’s delegated limited for capital expenditure of £1.5m, there is a requirement to seek the Scottish Governments approval through the Capital Investment Group (CIG).
      3. Under the SCIM guidelines, approval of this Initial Agreement will lead towards developing an Outline Business Case (OBC) to enable the preferred way forward to be identified.
   2. **PROPOSED PROJECT RESOURCES**
      1. Fife HSCP, together with NHS Fife and the Lochgelly Medical Practices, will utilise a Project Board to develop the business case and manage the process through to approval. The Project Board will comprise:

Table

| **Role** | **Individual** | **Capability and Experience** |
| --- | --- | --- |
| Project Sponsor | Nicky Connor, Interim HSCP Director | Experience in leading and ownership of developments. |
| Project Owner | Claire Dobson, Divisional General Manager | Experience from delivery of range of capital redesign programmes |
| Belinda Morgan | Clinical Services Manager | Experience in modernisation of service delivery models in community care and in project management |
| Facilities Manager NHS Fife | Jim Rotherham | Experience in delivering similar projects such as Linburn Rd. |
| Head of Estates | Appointee pending | Experience from delivery of range of capital redesign programmes |
| Finance Business Partner | Gordon Cuthbert, Finance Business Partner | Responsible for providing financial guidance and scrutiny |
| Capital Finance/ Planning | Individuals will be identified from a pool of staff who have experience of similar projects | |
| NHS Fife eHealth | Representatives will be invited to sit on the project team to ensure collaborative working and identification of any risks and opportunities with regard to technology. | |
| Lochgelly Medical Practices | The Partners and Practice Managers provide Primary Care expertise and have sound understanding of local community needs | |
| Other health care professionals will be consulted / co opted as required | | |

* + 1. The remit of the Project Board is:
* To assist the Project Sponsor and Project Owner with the decision-making process and ongoing implementation of the project.
* To assist the Project Owner with preparing to meet the assurance needs of the Finance, Performance & Resources Committee, as well as any further enquiries from IJB / NHS Fife’s Board with regard to the project.
  + 1. The Project Team will be further developed at OBC stage when key suppliers have been procured.
    2. Those individuals identified in table 14 above have been heavily involved in developing this Initial Agreement Document and they will continue to be involved in leading the project through subsequent stages,providing continuity and a stable environment for the project to achieve its objectives. Users of the Health Centre / Practice have been consulted and will continue to be involved as the project progresses.
    3. A blend of resources will be utilised to deliver this project. The Project Board, Project Director, Stakeholders and Clerk of works will be internal resources, whilst the Project Manager and Cost Advisor are likely to be procured through utilisation of external suppliers. The Board has used this blend of resource successfully on other projects and feels that it creates a good balance between control, risk transfer, capability and availability. The Board is experienced in delivering projects of this nature within the selected procurement route and is ready to move the project forward to the next stage upon IAD approval.
  1. **PROJECT PLAN**
     1. A detailed Project Plan will be produced for the OBC. At this stage, the Project Board is aiming to achieve the milestones shown in table 19 below:

Table

|  |  |
| --- | --- |
| **Key Milestones** | **Date** |
| Appointment of Advisors by SFT | January 2016 |
| Appointment of Local Care Consultants / Local Care Pathfinder | May 2017 |
| Initial Agreement approval | October 2019 |
| First Project Board | December 2019 |
| Outline Business Case approval | February 2020 |
| Full Business Case approval | October 2020 |
| Construction Commences | December 2020 |
| Construction completion | May 2022 |
| Commence service | July 2022 |

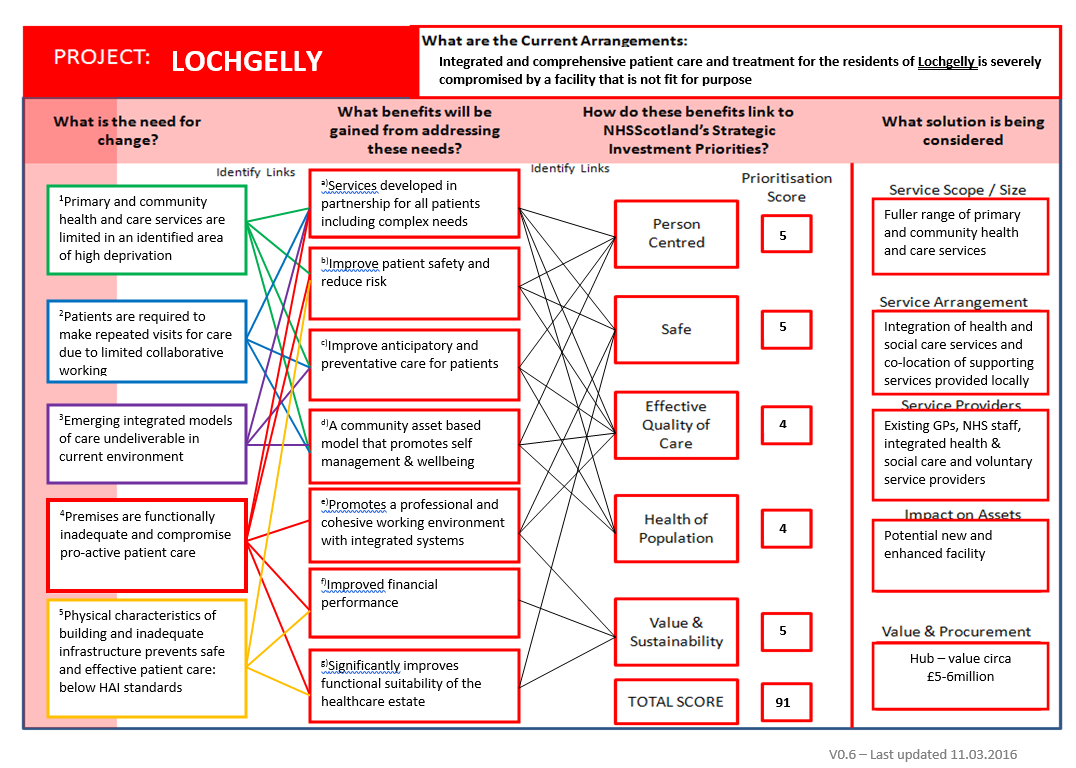
* 1. **STAKEHOLDER ENGAGEMENT AND SUPPORT**
     1. This proposal impacts on adults, children and young people and their carers who live in the Lochgelly area who require access to Primary Medical Services, community health and social care and voluntary sector services. It also impacts upon clinical and support staff currently working within the Health Centre, Medical Practice and locality teams who cannot currently access accommodation in Lochgelly.
     2. Table 20 below details the engagement that has taken place to date and the support for the proposal, including the identified preferred solution, received from the stakeholders.
     3. Further engagement with the identified stakeholders in line with SCIM guidance will be undertaken as the project progresses.

Table

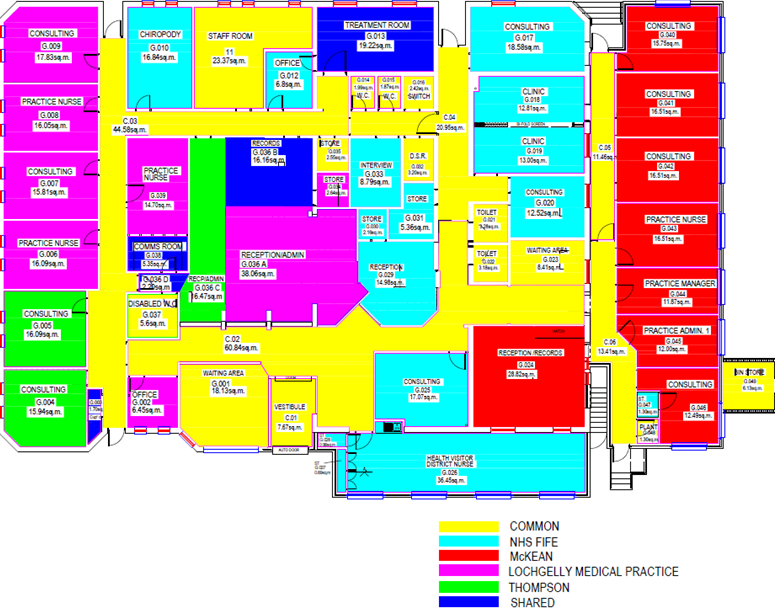
| **Stakeholder Group** | **Engagement that has taken place** | **Confirmed support for the proposal** |
| --- | --- | --- |
| NHS Fife Board | The Health Board is fully supportive of this proposal, with Michael Kellet, HSCP Director, taking the lead role in its development. | The Health Board agreed priority for development in May 2017. The Initial Agreement was previously approved by the NHS Fife Board in May 2017. |
| Patients / service users | Service user and carers representatives have been informed to support their full engagement in the option appraisal. Patients have identified a range of ‘non-negotiables’ that cannot be supported from the current accommodation.  Ongoing engagement and specific engagement to support the development of the Clinical Strategy and through the Health and Social Care Joining Up Care Proposal consultation informed the development of the model of care. | There is a preference from service users for the development to be accessible, bright, friendly and supportive of their dignity and confidentiality.  Community groups, individuals and stakeholder groups have shaped the community health and wellbeing hub model. |
| Medical Practices | The Medical Practices deliver Primary Medical services to their Practice population under a 17J contract. The Practice Managers and General Practitioners have been actively involved in the process of developing options and plans for the proposal. | The Practices fully support the Initial Agreement and intend to continue service provision in accordance with the developments within the new GMS. |
| Staff / Resource | Staff affected by this proposal include: Lochgelly Medical Practice, Meadows Practice and Dr Thompson Medical Practice, Nursing and Administrative staff. Community service staff including District Nurses, Health Visitors, AHPs, Clinical Psychology, Mental Health Nursing, Psychiatry, Pharmacy, Physiotherapy, Partner Voluntary Sector services, admin and clerical, Social Work and staff from partner health and social care services. | There is support for the proposal from all staff groups. |
| General public | The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. The public were supportive of the Community Health and Wellbeing model within the Joining Up Care Consultation.  A Communication and Engagement Plan is being developed to ensure ongoing Stakeholder communication. | Lochgelly area Community Councils have been engaged and are supportive of this development |

1. CONCLUSION
   1. **REVIEW OF STRATEGIC ASSESSMENT**
      1. The Project Team have reviewed the Strategic Assessment (Appendix 1) and the position in terms of the need for change, the benefits that need addressed, the links with National Investment Priorities and the prioritisation scoring, the position remains unchanged.
   2. **PREFERRED OPTION**
      1. Overall, the non-financial option appraisal process has identified that the current preferred strategic option is for the service to be delivered from a new build facility.
      2. All of the stakeholder groups engaged in this process:

* Are likely to support Option **6e)** as an overall preferred option, unless something radical changes.
* Do not support the “do nothing” option in any way.
* See little difference between the relative merits of options 5b), 5d) and 4b).
  + 1. NHS Fife and Fife Health and Social Care Partnership have summarised the need for change in and around the facilities in Lochgelly under a number of defined headings within the IAD. These are:
* Integrated clinical and care functionality (capacity) issues which have been identified as those problems associated with a lack of local space (area) that is essential for safe, effective, timely and appropriately compliant service delivery, e.g., a lack of clinical support, administrative support, group, sanitary, teaching, group work and specialist areas
* Service capacity related issues that predicate the need for change based on a lack of available physical capacity across the service delivery model that are hampering the delivery of integrated care locally
* Clinical functionality (configuration) issues that seriously challenge the delivery of safe and effective modern services, e.g., access issues, room design, sound attenuation, security, patient flow, etc
* Building and fabric issues including overall condition, suitability, statutory compliance issues and backlog maintenance

Appendix 1 – Strategic Assessment

Lochgelly Health Centre Condition Report



Current configuration / layout of Lochgelly Health Centre

NHS Fife Estates maintain records on the suitability and condition of buildings in its estate. Below is the current information relating to the Lochgelly Health Centre building.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Status | Occupied   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Building | Engineering | Statutory | Fire | | Backlog (C and Below) | £121,746 | £0 | £133,280 | £0 |  |  |  | | --- | --- | | Quality | C (Not Satisfactory) | | Space Utilisation | O (Overcrowded) | | Functional Suitability | C (Unsatisfactory) |  * Figure used from surveys were complete in December 2012 |
| GIA (m2) | 779 |
| Land Value | £70,200 |
| Net Book Value | £560,353 |
| Tenure | Owned |

Appendix 2 - Benefits Register

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Benefits Register* | | | | | | |
| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | **Person-centred Benefits** |  |  |  |  |  |
| P1 | Supports people in looking after and improving their own health and wellbeing. | Quantitative | Maintenance of PC team consultation rate/1,000 population | 4852 | 4852 | 4 |
| P2 | Ensures that people who use health and social care services have positive experiences and their dignity respected. | Qualitative | Targeted client questionnaire designed to measure overall experience of health and social care delivery | Current patient experience questionnaires | Future patient experience questionnaires | 4 |
| P3 | Improves the physical condition of the healthcare estate | Quantitative | Estate physical condition survey assessment | C | A | 5 |
| P4 | Improves utilisation of the healthcare estate | Quantitative | Estate utilisation assessment | Over-crowded (100% utilisation) | 80% | 5 |
| P5 | Improves functional suitability profile of the healthcare estate | Quantitative | Estate functional suitability assessment | C | A | 5 |
| P6 | Reduces the age of the Healthcare Estate | Quantitative | Estate age/life expectancy | 77 Years/<5 Years | <10 years/>25 years | 4 |
| P7 | Improves access to all clinical areas - in particular for those with mobility issues | Qualitative | Measured accessibility to all patient/clinical areas | Baseline issues as identified in SA, IA and design brief | Equality Act (2010) Compliance and AEDET scores | 5 |
| P8 | Improves access to age appropriate waiting areas | Qualitative | Availability of a child-specific waiting area that is appropriate to the size of the facility | No child-specific waiting | Child-specific waiting available | 4 |
| P9 | Improves way-finding and access to a main reception point | Qualitative and Quantitative | (i) IA AEDET Score (ii) Number of reception points | (i) 1.1  (ii) 4 | (i) 4.4  (ii) 1 | 4 |
| P10 | Addresses confidentiality concerns related to hearing private conversations, between rooms, associated with existing facility | Quantitative | Ability to hear normal volume conversations from adjacent rooms or outside with windows open | Possible to hear conversations at normal volume | Only possible to hear raised voices or shouting | 5 |
| P11 | Address confidentiality concerns at Reception | Qualitative | Ability to hear conversations at reception area from waiting area | Conversations currently take place in public at reception | Provision of private spaces for sensitive conversations | 5 |
| P12 | Increases the number and range of services available on-site, thereby reducing hand-off's and additional attendances | Quantitative | (i) Access to social care services on site (ii) Access to social work services on site (iii) Access to LA services on site (iv) Access to voluntary (sign-posting) services on site (v) Access to other relevant targeted clinical services on site | (i) No access (ii) No access (iii) No access (iv) Minimal access (v) Minimal access | (i) Sessional access (ii) Sessional access (iii) Sessional access (iv) Daily access (v) Sessional access | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Safety Benefits |  |  |  |  |  |
| S1 | Reduces adverse harmful events | Quantitative | (i) Number of adverse incidents recorded on Datix(ii) Severity of adverse incidents recorded | **2015/2016**   1. **3** 2. **1** minor harm (falling ceiling tiles) **2** no harm (verbal abuse no appts; leak from skylight)   **2016/2017**   1. **2** 2. **1** no harm (verbal abuse from patient - lone worker receptionist); **1** minor harm (IT system failure - different system to other Practices - no adequate available rooms, full day clinic cancelled)   **2017/2018**   1. **2** 2. 2 no harm (2 children running around after close and heavily pregnant colleague tripped twice on raised lino flooring within staff cupboard)   Incidents and ongoing risks practices have relayed to Project Team:   * Patient collapse blocking door way – no screens or privacy (2013) * Uneven flooring in Office area/Room 1 since 2016 * Reception ceiling tiles fell onto PC due to water ingress2018 * Display materials fell off wall onto patient 2018 | Zero events relating to the building / facilities | 5 |
| S2 | Increases safety of people receiving care and support e.g. feeling safe and secure | Qualitative and quantitative | Addressing baseline issues as identified in SA, IA and design brief | Baseline issues as identified in SA, IA and design brief | All issues addressed | 5 |
| S3 | Improves statutory compliance | Quantitative | Backlog maintenance costs/m2 associated with statutory compliance elements | 72% | 100% | 5 |
| S4 | Reduces backlog maintenance | Quantitative | Backlog maintenance costs/m2 | £335/m2 | Zero | 5 |
| S5 | Reduces significant and high risk backlog maintenance | Quantitative | Significant and high risk backlog maintenance costs/m2 | £191/m2 | Zero | 5 |
| S6 | Reduces Infection risk through addressing design, area, fabric and equipment issues | Quantitative | (i) Domestic Monitoring Tool (ii) Compliance with local HAI audits | (i) 97% (ii) Several non-compliant issues | (i) 100% (ii) Zero non-compliant issues | 5 |
| S7 | Increasing facility flexibility by rationalising IT systems. | Quantitative | Number of different Practice-based IT systems in use | 3 | 1 | 2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Effective Quality of Care Benefits |  |  |  |  |  |
| E1 | Improve the capacity to deal with emergency clinical incidents | Qualitative and quantitative | Reduces the impact of clinical emergencies by providing suitable space and equipment | 0 | 1 | 4 |
| E2 | Improves the Functional Suitability of the Healthcare Estate | Quantitative | Estate functional suitability assessment | C | A | 5 |
| E3 | Supports increased local access to pharmacy support. | Quantitative | Number of pharmacist hours available per Practice/week | 1wte | 5wte | 3 |
| E4 | Increases access to group opportunities. | Quantitative | (i) The number of group work sessions held locally (ii) The number of people attending group work sessions held locally | (i) 0 (ii) 0 | (i)10 (ii) 15 (per group) | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Health of the Population Benefits |  |  |  |  |  |
| H1 | Supports smoking cessation initiatives (12 weeks post quit) | Quantitative | (i) Number of smoking cessation appts delivered locally (ii) Number of clients still not smoking 12 week after session completion | (i)470 (ii) 40 | (i)500 (ii) 50 | 3 |
| H2 | Supports antenatal access | Quantitative | (i) Number of ante-natal appointments held locally (ii) DNA rates | i) 902 ii) 100 | i) 950 ii) 50  (enabling to patient-led care model where more care will be delivered in the community) | 4 |
| H3 | Supports the integration of general and mental health services | Quantitative | Number of mental health appts held locally PA | 1200 | 2000 | 4 |
| H4 | Supports child healthy weight interventions | Quantitative | (i) Number of child healthy weight appts held locally PA | Zero currently provide from the HC - interventions are provided on an outreach basis | Option available of providing interventions from the HC | 4 |
| H5 | Supports sexual health interventions | Quantitative | Number of sexual health appts held locally PA | 300 | 480 | 4 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Value & Sustainability Benefits |  |  |  |  |  |
| V1 | Optimises resource usage | Quantitative | (i) Consultations/clinical room/day (ii)Number of staffed reception points | (i) 12 (ii) 4 | (i) 24 (ii) 1 | 4 |
| V2 | Optimises service delivery model parameters by staff group | Quantitative | Overall consultation rate/1,000 population | 4852 | 4852 | 4 |
| V3 | Optimises overall running cost of buildings | Quantitative | Facility running costs/m2 and per appt | £67.44/m2 | < national average | 5 |
| V4 | Optimises cleaning costs | Quantitative | Cleaning costs/m2 and per appt | £30/m2 | < national average | 3 |
| V5 | Optimises property maintenance costs | Quantitative | Property maintenance costs/m2 and per appt | £10.27/m2 | < national average | 5 |
| V6 | Optimises energy usage costs | Quantitative | Energy usage & associated costs/m2 and per appt (Kj & £) | £25.92/m2 | < national average | 5 |
| V7 | Optimises FM & support services costs | Quantitative | FM and support services costs/m2 | Contained in V5 | Contained in V5 | 3 |
| V8 | Optimises waste costs | Quantitative | Waste costs | £835 per annum | In line with Waste Action Plan | 4 |
| V9 | Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure | Quantitative | Backlog maintenance costs/m2 | £335/m2 | Zero | 5 |
| V10 | Reduces carbon emissions and/or energy consumption | Quantitative | (i)Detailed energy/building assessment (ii)BREEAM rating | (i) G (ii) N/A | (i) A (ii) ‘Excellent’ | 5 |
| V11 | Reduces local medicine/prescribing costs | Quantitative | Medicines cost/registered patient | Lochgelly: £125 Meadows: £122 Thompson: £118 | Move towards the Scottish average | 5 |
| V12 | Paper records storage area/capacity minimised on site | Quantitative | Area (m2) associated with paper records storage | 80m2 | 0m2 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Wider/Social Benefits |  |  |  |  |  |
| W1 | Supports wider town and community planning |  | Fits with Local Authority planning. | Zero | Actively contributes to Lochgelly Plan within project boundaries. | 3 |
|  |  |  |  |  |  |  |
| **Scale / RAG** | **Relative Importance** |  |  | | | |
| 1 | Fairly insignificant |  |  |  |  |  |
| 2 | ↕ |  |  |  |  |  |
| 3 | Moderately important |  |  |  |  |  |
| 4 | ↕ |  |  |  |  |  |
| 5 | Vital |  |  |  |  |  |

Appendix 3 Risk Register



1. Local Strategic Assessment 2018, Fife Council Research Team [↑](#footnote-ref-1)