

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

BY: Chief Officer

SUBJECT: Primary Care Premises Business Cases

1 PURPOSE

1.1 This report seeks the support of the East Lothian Integration Joint Board (IJB) for the business cases for Prestonpans Health Centre and Cockenzie Health Centre.

2 RECOMMENDATIONS

2.1 The IJB is recommended to:

2.2 Support the Standard Business Case for Prestonpans Health Centre extension.

2.3 Support the Initial Agreement for Cockenzie Health Centre extension.

2.4 Support the submission of the business cases to the NHS Board Finance and Resources Committee.

3 BACKGROUND

3.1 The paper for the Lothian Capital Investment Group sets out the strategic context for primary care premises development in East Lothian and includes a Standard Business Case for an extension to Prestonpans Health Centre and an Initial Agreement (IA) for an extension to Cockenzie Health Centre. The paper also highlights the developing need for investment in North Berwick, Haddington, East Linton and potentially at Blindwells.

3.2 These proposals fit the IJB draft strategic plan in terms of improving access to primary care, facilitating developments in primary care and in meeting the needs of East Lothian's growing population.

3.3 NHS capital planning processes for projects of this scale have two key stages. The Initial Agreement (IA) which sets out the strategic case for change and investment and the options to achieve the objectives. This is

followed by the Standard Business Case (SBC) which develops the preferred option in details.

3.4 An IA for Prestonpans was approved in 2014 and therefore this project is now at SBC stage. The project at Cockenzie is at IA stage.

3.5 Other potential projects are not yet at IA stage and will be brought forward as appropriate. The Lothian Capital Investment Group has asked that all projects be covered in the attached paper in order to provide an overview.

4 POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 EQUALITIES IMPLICATIONS

5.1 Impact assessment has been carried out as part of each business case.

6 RESOURCE IMPLICATIONS

6.1 The resource implications of these proposals are set out in the attached papers. At present these implications are for NHS Lothian and the medical practices involved. However, the revenue implications will affect the size of the budgets that fund the delegated functions of the IJB from April 2016 and therefore should be included in the NHS Lothian financial plan.

7 BACKGROUND PAPERS

7.1 Lothian Capital Investment Group 25/08/15 paper.

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Prestonpans Health Centre Extension & Refurbishment

Standard Business Case

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1 Executive Summary

1.1 Introduction

- 1.1.1 The purpose of the Standard Business Case is to seek approval for the proposal to extend and refurbish the existing Health Centre at Preston Road, Prestonpans.
- 1.1.2 The proposal, recommended by East Lothian Community Health Partnership (ELHSCP) and Prestonpans Health Centre, is that the current building be refurbished and extended. This will provide appropriate premises to deliver clinical services in an environment which is fit for purpose.
- 1.1.3 The building is owned by NHS Lothian and capital funding of circa £1.92m will be required together with an increase to the revenue costs of £39k. This will be partially offset by income from the practice.
- 1.1.4 Designed in the late 1970's and built in 1980 the designed capacity of these premises has been significantly outgrown by the additional demands of population growth (21% over the last 10 years), levels of deprivation (54%) and demographic changes.
- 1.1.5 The practice is currently only accepting new patients who are resident within the EH32 9 postcode area to alleviate the pressures described in 1.1.4 above
- 1.1.6 The practice currently provides 44 GP clinical sessions, including extended-hours working plus dedicated telephone consultation sessions. They have successfully registered to become a GP training practice anticipating their first trainee in mid 2015.
- 1.1.7 The practice has negotiated Citizens Advice Bureau (CAB) sessions, at the practice, having recognised the needs of their practice population.
- 1.1.8 The practice has also been proactive in identifying and implementing change to address the capacity issues in other ways; through job redesign, the practice has actively worked to move appropriate GP activities to their nursing team.
- 1.1.9 The practice has also supported training for nursing staff in Family Planning and "Implanon" removal & insertion and is investigating the merits of sending some of their trained staff on the Nurse Prescribing course.
- 1.1.10 The practice has employed and trained, two Health Care Assistants to SVQ Level 3 to deliver phlebotomy, clinical measurement, Smoking Cessation, Flu & Pneumococcal vaccinations, Vitamin B12 injections and Coagu-Chek.

1.2 Organisational Overview

- 1.2.1 East Lothian Community Health Partnership (HSCP) is responsible for the provision of a wide range of health services within the area coterminous with the boundaries of East Lothian Council.
- 1.2.2 These services include the hosting of Lothian-wide clinical services, the provision of acute and therapy services in hospital and community facilities, a wide range of community delivered services and Primary Care services.

1.3 **Business Strategy & Aims**

- 1.3.1 Specific developments in primary care in East Lothian have shifted activity away from secondary care such as minor surgery and diabetic monitoring. Recent developments in long term conditions services in nursing and physiotherapy have been linked to practices through service specifications and practice support for care homes has recently been modernised.
- 1.3.2 However, these changes have increased the pressure on premises and premises issues have constrained their implementation.
- 1.3.3 The NHS Lothian's Primary Care Modernisation Strategy prioritisation of primary care premises in Lothian is ongoing, but draft results (2014) have indicated that the practice is a high priority for replacement, ranked joint 6th in Lothian and the first priority for East Lothian.

1.4 **Future Long Term NHS Strategic Drivers**

- 1.4.1 In *Better Health, Better Care*, the Scottish Government presented their 'investment priorities' for the NHS to help create 'modern health facilities in local communities: new and improved community health centres and GP Practices'.
- 1.4.2 The Scottish Governments 20:20 Vision for Care in the Community also recognises the correlation between the activities required to deliver that vision and the adequacy of primary care premises to do so for a growing population and the significant changes to the demography that has and is taking place.
- 1.4.3 When seeking to identify any significant historical and future changes in demand and capacity upon General Practice, in East Lothian, this business case took account of validated historical data from Information Services Division (ISD), population and demographic projections from National Records of Scotland (NRS) and Housing Land Audits (projections) provided by East Lothian Council.
- 1.4.4 This has allowed a picture to emerge that demonstrates the continuum over the past ten years and into the future and has highlighted that, for East Lothian:
 - The East Lothian practice List size grew by c9k (9.6%) on 2004 ISD List Size
 - Prestonpans list size grew by 1450 (21%) in the same period.
 - NRS projections predict that there will be a further population growth of c9k by 2024, (9% on 2014 ISD List Size) and c22k (21.5%) by 2037.
 - In addition to the population volume increases that have and are projected to occur, note must be taken of the changing demographics of East Lothian.
 - NRS projections for the above suggest that, from 2014, there will be an increase in the over 65 years population of 24% by 2024 and c64% by 2037.

2 THE STRATEGIC CASE

2.1 Strategic Context

- 2.1.2 In *Our National Health: A plan for Action, A Plan for Change* the Scottish Executive presented their 'investment priorities' for NHS to help create 'modern health facilities in local communities: new and improved community health centres and GP Practices'. Prestonpans Health Centre, in its present accommodation, is unable to develop in the direction indicated by those priorities.
- 2.1.3 Prestonpans Health Centre is non-compliant with both national legislative guidelines and NHS regulations necessary for safe running of a Practice.
- 2.1.4 The project is driven by a range of National and Local Policies that are designed to improve the delivery, targeting and take up of NHS and Local Authority services to the public. The Development fits with the Local Health Plan and the objectives of NHS Lothian. Joint working is widely recognised as key in overcoming complex issues in society:
- Implementation of Care in the Community
 - The Children (Scotland) Act, Working Towards a Healthier Scotland
 - Building a Health Service Fit for the Future
- 2.1.5 Community Health Partnerships should be a vehicle for integration and will be supported to:
- Deliver services more innovatively and effectively by bringing together those who provide community based health and social care
 - Shape services to meet local needs by directly influencing Health Board planning, priority setting and resource allocation
 - Integrate health services, both within the community and with specialist services, underpinned by service redesign, clinical networks and by appropriate contractual, financial and planning mechanisms
 - Improve the health of local communities, tackle inequalities and promote policies that address poverty and deprivation by working within community planning frameworks
 - Ensure more people receive clinical care closer to their homes and in community settings
- 2.1.6 The additional accommodation should also follow the sizing guidance of Health Building Note (HBN) 36, the centre currently does not meet this guidance in many areas. The additional space and upgrading works will ensure compliance.
- 2.1.7 This proposal for Prestonpans Health Centre is consistent with NHS Lothian's current Primary Care Premises Priority Programme. The prioritisation of primary care premises in Lothian is currently ongoing, but the draft results have indicated that Prestonpans Health Centre is amongst the highest scoring in the above and is the highest priority in East Lothian.

2.2 Existing Arrangements

- 2.2.1 Prestonpans Health Centre is located at Preston Road, Prestonpans which is approximately 11 miles from Edinburgh.
- 2.2.2 Designed in the late 1970's and built in 1980 the designed capacity of these premises has been significantly outgrown by the additional demands of population growth, levels of deprivation and demographic changes.
- 2.2.3 There are currently approximately 9,000 patients registered with the Practice. This represents an increase of 21% since 2004.
- 2.2.4 The practice list has the highest proportion (54%) of patients in deprivation quintiles 1 and 2 (most deprived), in East Lothian, and ranks the 22nd highest (of 127 practices) across the whole of NHS Lothian.
- 2.2.5 The 8 consulting rooms are currently shared by 6 Practice Partners along with 1 salaried Practitioner and 1 GP retainer (8 GPs), plus 4 Practice Nurses and 2 Healthcare Assistants.
- 2.2.6 A range of community clinics and services are also provided in the above, shared, consulting rooms.
- 2.2.7 This requires general practitioners to vacate consulting room and search for appropriate space to carry out post-consultation clinical work i.e. clinical administration, peer-to-peer consultation, result checking and report writing.
- 2.2.8 The Practice will be unable to retain their GP training practice status if their premises continue to have inadequate facilities to support this.
- 2.2.9 The current building also lacks suitable rooms for use by visiting services, reducing the equity of access for the local population.
- 2.2.10 Meetings and training sessions are currently held in the small Staff Room, during which there are no break facilities for staff, and/or meetings and training sessions are frequently interrupted.
- 2.2.11 During the Standard Business Case process, it was noted that initial high level draft costs identified for a full upgrade of the existing areas, utilising the BCIS Index, had been omitted from the Initial Agreement costs. To confirm actual requirement, the HAI Scribe Prevention and Control Nurse was asked to undertake an inspection and provide a report.
- 2.2.12 IT and Telecomms infrastructures have been inspected and classed as out of date and inadequate for contemporary clinical practice.

2.3 Business Needs – Current & Future

- There are insufficient consulting rooms (8) for the number of clinical sessions required by patient demand, having to be shared by GPs (8), trained nursing staff (4), Health Care Assistants (2) and visiting services.
- Staff facilities are inadequate
- Premises constrain practice development and expansion of services
- Meeting/general training facilities are non-existent
- Suitable accommodation for the training of GP Registrars is a prerequisite of the Royal College and is currently not available
- IT and Telecomms systems require urgent up-grade
- Better use could be made of the current accommodation if certain functions were relocated out-with clinical areas.

2.4 Investment Objectives (See also Critical Success Factors, section 3.1)

- 2.4.1 To ensure the practice is delivering care from premises which are compliant with legislative, statutory and sizing guidance requirements.
- 2.4.2 To provide equality for disabled and older patients
- 2.4.3 To enable the practice to deliver their services effectively according to clinical needs and not constrained by availability of current clinical facilities
- 2.4.4 To provide staff with a working environment conducive to delivering the best health care and aiding recruitment and retention
- 2.4.5 To provide the practice with the physical capacity to address the 21% increase in practice population (2004 – 2014) and the consequent increase in demand and service provision.
- 2.4.6 To provide the practice with the physical capacity to address future increases in demand.
- 2.4.7 To provide suitable accommodation for the training of GP Registrars, further increasing the clinical capacity of the practice.
- 2.4.8 To provide IT and Telecomm systems that meet contemporary standards
- 2.4.9 To provide a suitable meeting/general training facility.

2.5 Potential Scope & Service Requirements

- 2.5.1 The provision of an extension to the current premises to allow the reconfiguration of existing accommodation.
- 2.5.2 The reconfiguration/refurbishment of current facility to provide the compliant clinical accommodation required (see 2.2.11 above)

2.5.3 The provision of meeting/training/staff facilities and IT/Telecomm systems required to allow the relocation (within the building) of existing practice functions to facilitate the above.

2.6 Potential Benefits

2.6.1 The high level potential benefits are outlined in the table below, a detailed Benefits Realisation Plan is included at Appendix X:

Table 1

Investment objective	Benefit to patients	Benefit to Practice & NHS Services	Relative value	Benefits criteria
To ensure the practice is delivering care from premises which are compliant with legislative, statutory and sizing guidance requirements	Safe and compliant environment for patient care	Compliance with legislation	High	Measurable, not in cash terms
To provide a facility that enables safe, effective and accessible person-centred clinical care	Patients receive care in pleasant surroundings	Services delivered in appropriate accommodation	High	Qualitative
To provide a facility that will meet the clinical demands of historical and future population growth and allow an increase in services	Better access to clinical facilities	Improved waiting times	High	Qualitative
To enable the practice to deliver services effectively according to clinical needs and not constrained by the building	Better access to clinical facilities	Reduces current room sharing Services delivered in suitable clinical accommodation	High	Qualitative
To provide staff with a working environment conducive to delivering the best healthcare and aiding recruitment and retention		Better working environment demonstrating staff are valued	Medium	Qualitative
To provide appropriate facilities that will support the training and development of both practice and community staff	Better access to clinical facilities Waiting times reduced	Opportunity to develop services	High	Measurable, but not in cash terms

2.7 Strategic Risks

2.7.1 The main risks are noted in the table below. A more detailed project risk register is provided in Appendix X.

Table 2

Risk Categories	Identified Risk	Proposed Action/Mitigating Facts
Business Risks	<p>Failure to secure capital funding</p> <p>Failure to secure sufficient revenue funding</p> <p>Planning consent not achieved</p>	<p>Delay project or choose alternative solution</p> <p>Explore alternative funding options</p> <p>Ensure communication and information are kept open with East Lothian Council</p>
Service Risks	<p>Stakeholder expectations of build exceed affordability</p> <p>Planning Permission not granted</p>	<p>Work with stakeholders to ensure expectations are realistic and achievable</p> <p>Pro-actively liaise with East Lothian Council to ensure all issues are addressed</p>
External Risks	<p>Objections raised to planning application by local population</p> <p>Demographic growth and population from proposed new builds has an impact prior to project completion</p>	<p>Communicate relevant information to local population through Patient Partnership Forum throughout project</p> <p>Communicate with East Lothian regarding new development consents given and include contingency to cover potential increase</p>

2.8 Constraints & Dependencies

2.8.1 Constraints

2.8.1.1 Availability of NHS Lothian capital funding.

2.8.1.2 The project will be required to meet the statutory and planning criteria for East Lothian Council. It will be essential to ensure that East Lothian Planning Department are involved in discussions as early as possible.

2.8.2 Dependencies

2.8.2.1 The key dependencies that concern the project are:

- East Lothian Council Planning Department will be required to provide formal approval for the design.
- Agreement is required between East Lothian H&SCP, Prestonpans Health Centre and NHS Lothian as to the preferred option. This should meet the objectives of all Partners along with agreeing the additional funding required.

3 THE ECONOMIC CASE

3.1 Critical Success Factors (CSFs)

Table 3

Critical Success Factor (CSF)	SMART	Information required for SMART baseline
Improved Accessibility	Upon Migration: Close to bus route Improved car parking Level approaches DDA compliant Effective way-finding	Location of bus stop Number of parking spaces Site & approached plan DDA audit Signage audit
Increased Clinical Effectiveness	Upon Migration: Co-location of services Close Clinical adjacencies Purpose built facilities	Building plan Accommodation allocation Room datasheets
Improved Quality of physical environment	Upon Migration: DDA compliant Fire and H&S Compliant Improved work place Improved patient experience	DDA audit Fire safety and H&S audits Staff survey Patient/Carer survey
Acceptability to patients, staff, partners, and public	Capacity to increase range of services delivered in/from Practice Upon Migration: Improved patient experience Improved workplace Better clinical adjacencies	Practice Service database Patient/Carer survey Staff survey GP survey
Minimum Disruption to Services	Single move to new facility Planned service migration Effective Commissioning Effective Communications	No decanting required Service Migration Plan Commissioning Plan Communications Plan
Value for Money	Net Present Value Associated risks minimised Maximises return on investment	Anticipated NPV Risk register/plan Revenue costs & Service Improvement Plan
Achievability	Certainty in securing the site Property Transactions Compliance Supply-side interest	Heads of Terms Property Transactions Handbook SES HUB responses
Affordability	Meets funding source/s policies Meets availability of funding	Final Capital and Revenue Cost Capital & Financial Plan

3.2 Main Business and Short-listed Options

3.2.1 A long list of options was produced showing the advantages and disadvantages for each. These are shown in Appendix X.

3.2.2 The current location provides sufficient space to either extend or re-provide.

3.2.3 Although it would assist in alleviating the challenging issues of insufficient space and increasing demand, the option of changing and reducing the practice boundaries scored low.

3.2.4 Due to the potential site constraints, financial limitations and capacity issues a joint re-provision of premises with another Practice, whilst seen as a potentially viable option, it would not meet the current and urgent needs of the Practice in an acceptable time period.

Table 4 Original Options Appraisal from Initial Agreement

	Option	Description	Indicative Cost Range
1	Do Nothing	Remain within existing premises and continue as it presently stands	There are no direct costs associated with this option. However, the issues described in paragraphs 2.2.11 to 2.2.13 will generate significant costs to NHS Lothian.
3	Reference project	Construct ground floor extension with internal refurbishment to accommodate new extension	£646,232
4	Alternative new build/refurbished premises project	Re-provision of Health Centre on current site with temporary solution during build phase	£1,762,522

(Original Option Appraisal identifiers retained for ease of reference)

3.3 Preferred Option

3.3.1 The summary scores from the non-financial option appraisal are demonstrated below. The full details of the scoring against benefit criteria are contained in Appendix X.

Table 5

	Option 1	Option 3	Option 4
Service integration & clinical effectiveness	0	9450	12960
Accessibility	0	8050	11040
Quality of physical environment	0	8400	11520
Sustainability	0	6405	8784
Deliverability	0	5250	7200
TOTAL	0	37555	51504

3.3.2 Therefore the preferred Option was identified as: Option 3 'Construction ground floor extension with internal refurbishment to accommodate new extension' and approved by the Finance & Resource Committee on 12th November 2014.

4 THE COMMERCIAL CASE

4.1 The Procurement Strategy

4.1.1 As this is a project with a value less than £5m, to the NHS, it is within NHS Lothian's delegated limit and will not require to be submitted to Scottish Government Health and Social Care Directorates (SGHSCD) for approval.

4.2 Proposed Scope & Services

4.2.1 The provision of an extension to the current premises to allow the reconfiguration of the existing accommodation.

4.2.2 The reconfiguration/refurbishment of current facilities to provide the compliant clinical accommodation required.

4.2.3 Provide clinical capacity for GP and Community services, to meet the needs of the current practice population, its projected growth and the impacts of "Shifting the Balance of Care" now and in the foreseeable future.

4.2.4 Provide premises which comply with H&S, Fire and workplace legislation and ensures equity of access to health care for disabled patients.

4.2.5 The provision of dedicated staff facilities to improve the working environment

4.2.6 The provision of meeting/training/staff facilities and IT/Telecomm systems required to allow the relocation (within the building) of existing practice functions to facilitate the above.

4.3 Proposed Risk Allocation/Risk Management

4.3.1 Hub SE has produced a Costed Risk Register as part of their Stage 1 Submission This details all risks that are the responsibility of hub South East and will be reviewed during the Stage 2 process. The total risk cost is included in the Stage 1 Predicted Maximum Price.

4.4 Proposed Key Contractual Arrangements

4.4.1 This project will be procured through Hub SE.

4.5 Proposed Personnel Implications

There are no negative implications for Practice or visiting NHS staff.

4.6 Proposed Implementation Timescales

Assuming approval of this Standard Business Case at the Finance and Resources Committee in September 2015, the key project milestones are as follows:

Table 6

New Project Request	September 2015
hubCo Stage 2 Submission	December 2015
Construction Commencement	February 2016
Construction Completion	September 2016

5 FINANCIAL CASE

5.1 This section details the capital and revenue costs for the preferred option, option, which is to construction an extension to the building with some internal refurbishment and rearrangement to accommodate the new extensions.

5.2 CAPITAL COSTS

5.2.1 The proposal has been made to extend the premises to allow the practice to provide additional services and increase accessibility.

5.2.2 The added space will be used to include a consulting room dedicated to junior doctors, being trained in general practice. This will assist with the recruitment of more General Practitioners into the primary care sector while assisting the practice to manage their increasing patient list.

5.2.3 Currently all the GPs have to shared consulting rooms meaning that there is no space for them to do admin work when not taking appointments. There is also no room for meeting with other agencies or for staff training.

5.2.4 Option 2 Extension with refurbishment, is the preferred option as the capital costs to NHS Lothian of re-providing the entire premises elsewhere are unaffordable and would require a considerable lead time.

Table 7

	Option 1 Do Minimum	Option 2 Extension	Option 3 New Build
Area (m ²)	750	934	934
Cost/m ² (£)	0	1,630	3,537
	£k	£k	£k
Construction cost	0	1,522	3,304
Optimism bias/risk	0	0	297
Inflation	0	0	180
Fees	0	20	20
Decant	0	0	20
Telecoms	0	0	0
Equipment	0	50	50
Subtotal		1,592	3,871
VAT	0	318	774
Total	0	1,911	4,645

5.3 REVENUE COSTS

5.3.1 The Prestonpans practice building is owned by NHS Lothian so no rent is paid and therefore will not increase.

- 5.3.2 The extension will provide a further 184 square metres of space, which will result in increased costs for maintenance, cleaning, supplies and utilities. There will also be an increased telecoms cost, and increased depreciation.

Table 8

	Option 1 Do Minimum £	Option 2 Extension £	Option 3 New Build £
Rental			
Non Domestic Rates	44,617	55,801	55,801
Waste	3,000	3,000	3,000
Buildings Insurance			
Maintenance (Decorations, fabric, service)	3,210	4,015	4,015
Utilities (Energy costs, water, sewerage)	11,663	14,587	14,587
Cleaning	10,057	11,753	11,753
Supplies	3,500	4,371	4,371
Telecoms		1,288	1,288
Depreciation		40,225	117,932
Total	76,047	135,039	212,745
Available budgets/ Practice Contribution	76,047	96,142	96,142
Est Revenue Impact Gap / (Saving)	0	38,897	116,603

5.4 AFFORDABILITY

There is a gap of £39K per year associated with the revenue costs of extending and refurbishing the Prestonpans practice. Where appropriate this will be split between the practice and NHS Lothian pro-rated on the amount of the extended building occupied by each organisation. Although this is largely due to increased depreciation.

5.5 CONCLUSION

- 5.5.1 The option of extending the existing building is the best solution to allow Prestonpans more facilities to manage their growing list and to allow them to become a training practice thus alleviating the problems of obtaining locums.
- 5.5.2 The option of building an entirely new practice would be much more expensive and would entail a delay in providing expanded services of more than a year if not longer. The extension will also future proof the provision of primary care services in Prestonpans against the expected further increases in population

6 MANAGEMENT CASE

6.1 Project Management

- 6.1.1 East Lothian HSCP has established a Project Board and Project Team to develop the business case and manage the process through to approval.
- 6.1.2 Users of the practice have been consulted and will continue to be involved as the project progresses. Involvement via the local Patient Forum has also taken place
- 6.1.3 The proposed implementation timescales are demonstrated in 4.6 above.

6.2 Change Management

- 6.2.1 Contractual change management will be led by NHS Lothian, through Hub SE, and in consultation with the Prestonpans Practice.

6.3 Benefit Realisation

- 6.3.1 The benefits realisation plan for this project is attached in Appendix 1.

6.4 Risk Management

- 6.4.1 Hub SE has produced a Costed Risk Register as part of their Stage 1 Submission (See Appendix 2). This details all risks that are the responsibility of Hub South East and will be reviewed during the Stage 2 process. The total risk cost is included in the Stage 1 Predicted Maximum Price.
- 6.4.2 The main NHS Lothian risks, outwith the remit of hub SE, are listed in the table below. This will be developed into a Costed Risk Register, by the Project Team, during the Stage 2 process. An Optimism Bias allowance of 13.5% has been used for the capital costs in this Standard Business Case.

Table 9

Risk Categories	Identified Risk	Proposed Action
Planning	Project Fails to gain planning consent	Pre application dialogue has been undertaken with the planning department.
Design and Construction	Failure to agree design, layouts, room data sheets etc	Current layouts etc have identified acceptable design solutions.
Financial	The hub Stage 2 costs exceeds the capital budget.	The Stage 1 costs are a Predicted Maximum Price and will not increase unless the client request changes. A robust Change Control process will be established.

Legal	Parties unable to agree terms of leases / occupancy agreements etc	Preliminary discussions on legal arrangements have taken place.
Other Risks	Unsatisfactory project management arrangements	Hub SE will project manage the construction element of the project. NHSL has identified client representatives.

6.5 Contract Management

6.5.1 The construction contract will be managed through HubSE and in consultation with NHS Lothian.

6.6 Post Project Evaluation

6.6.1 The arrangements for project evaluation review have been developed by NHS Lothian in accordance with best practice.

6.6.2 The process will be agreed with the Project Team as to timings and method of review.

6.7 Contingency Plans

6.7.1 In the event of this project not proceeding, the Prestonpans Health Centre will need to continue to deliver their services from their existing premises.

6.7.2 However cognisance should be taken of the results of the HAI-SCRIBE, Telecomms and IT inspections, carried out during this business case process.

6.7.3 These inspections made it evident that the facility will require significant investment, if this project as advocated does not proceed, to ensure the facility is brought up to contemporary standards of compliance and functionality.

Benefit Realisation Plan – Prestonpans Medical Practice			
Project Title	Extension and Refurbishment of Prestonpans Health Centre		
Distribution	Project Team, HSCP EMT, GP Practice, East Lothian Council etc.		
Version	2.0	Date Created	2015.01.05
Status	Draft	Approved By	
Creator	Peter Gilfoyle	Date Approved	

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
1	Clinical Effectiveness	Allows services to address the current and future needs of the community	Capacity		Provide facility as planned	ELHSCP Clinical Director	Planned Capacity	Inadequate capacity to meet clinical demand in non-compliant facilities	Planned Capacity	As per planned capacity	Upon migration
2	Clinical Effectiveness	Well equipped, appropriate services to provide quality of care	Capacity, design and way-finding		Provide facility as planned	ELHSCP Clinical Director	Planned Capacity and facilities	Inadequate capacity to meet clinical demand in non-compliant facilities	Planned Capacity and compliant facilities	As per Planned Capacity and facilities	Upon migration
3	Clinical Effectiveness	Facilitates potential for new ways of integrated working, including one-stop clinics, nurse-led practise and other visiting services	Capacity, design and way-finding		Provide facility as planned Clinical review of working practices	ELHSCP Clinical Director	Service integration plans Audit of service quality improvement Patient Survey	Inadequate capacity to meet clinical demand in non-compliant facilities	Improved service quality Improved patient satisfaction	As per Planned Capacity and facilities	On-going feature
4	Accessibility (patient services / site access)	Provides adequate accommodation to allow visiting services to deliver in the community without impacting on Practice capacity	Capacity & Location		Provide facility as planned	ELHSCP Clinical Director	Number of visiting services	Visiting services constrained by needing to use the same consulting rooms as Practice GPs	Capacity to increase/ develop the number of visiting services	As per Planned Capacity and facilities	Upon migration

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
5	Accessibility (patient services / site access)	Enables patients to easily access services by foot, by cycle or by public transport with easy drop-off and pick-up zones	Location & site plan		Provide facility as planned	HSCP Head of Health	Parking provision Cycle storage Foot paths	Current parking and footpath provision adequate for facility	Ensure extension does not adversely impact on parking & footpaths. Cycle storage provided	As per planned service provision	Upon migration
6	Quality of Physical Environment	Maximises the use of the site, building and land to optimise provision in terms of space, layout, functionality and working environment	Site plan & building design User involvement		User (Patients & Staff) involvement in design features	HSCP Head of Health	Adjacencies Patient/staff surveys Way finding Complaints Staff turn-over	Inadequate capacity to meet clinical demand in non-compliant facilities	Maximum clinical services & adjacencies Improved patient and working environment Minimum staff turn-over	As per planned service provision	Upon migration
7	Quality of Physical Environment	Supports compliance with disability, equality and diversity legislation	Site plan & building design Way-finding		User (Patients & Staff) involvement in design features	HSCP Head of Health	DDA E&D policies RIA Complaints	Inadequate capacity to meet clinical demand in non-compliant facilities	Full compliance with legislation High User satisfaction Capacity for additional clinical resources.	As per planned service provision	Upon migration
8	Quality of Physical Environment	Promote a sense of well being and confidence in patients and staff	Site plan & building design Way-finding		User (Patients & Staff) involvement in design features	HSCP Head of Health	Patient/staff surveys Complaints Staff turn-over	Inadequate capacity to meet clinical demand in non-compliant facilities	Clinical and non-clinical adjacencies provide professional and caring environment		12 months

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
9	Quality of Physical Environment	Recognises that healthcare delivery may change significantly in the future and health facilities need to accommodate such a change with the minimum of expenditure and disruption	Site plan & building design		Room lay-outs conducive to change of use. Building design to allow change of internal configuration	HSCP Head of Health	Design brief	Early 1980's building constructed prior to significant population expansion	Design accommodates future change of use with the minimum of expenditure and disruption	As per planned service provision	Upon migration
10	Acceptability to Patients, Staff, Partners & Public	Meet patients', staff and partners' expectations in terms of effectiveness, quality and accessibility of services	User involvement Accommodation for visiting clinical services		Building design Service delivery in the community	HSCP Head of Health	Number & range of visiting services and health related activities	Early 1980's building constructed prior to significant population expansion	Increased number of visiting services Improved patient & staff environment		12 months after migration
11	Disruption to Service	Minimal disruption or need for phasing/decanting during construction of extension	No need for decant during construction of extension	N/A	No need for decant during construction of extension	HSCP Head of Health	No need for decant during construction of extension	N/A	No need for decant during construction of extension		N/A
12	Disruption to Service	Refurbishment and reconfiguration of existing facilities to enhance and maximise functionality	Additional clinical and administrative facilities provided	Disruption to administrative, clinical and domestic functions	Probable temporary decant to new extension required during refurbishment/reconfiguration	HSCP Head of Health	Planned decant and migrations	N/A	Service disruption minimised		During construction
13	Disruption to Service	Optimal timescale to completion	Design & Construction NHS Lothian governance process Planning permissions	NHS Lothian governance	Decision Fast-track design for submission	HSCP Head of Health	Project Management Arrangements as per contract				Pre-construction

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
14	Disruption to Service	Business continuity for clinical services on migration	Service migration planning and commissioning Equipment procurement plan	?	Service migration and commissioning planning Equipment procurement planning	HSCP Head of Health Director of Capital Planning & Projects	Level of activity lost during migration phase Short-fall against equipment requirements	N/A	Minimal loss of activity during refurbishment/reconfiguration and migration phases Equipment needs met	N/A	From SBC to migration
15	Disruption to Service	Clearly identified hard facilities management service	Maintenance and hard facilities management through NHS Estates		SLA with Practice for Maintenance and hard facilities management	Director of Capital Planning & Projects	Clinical cancellations and postponements due to facilities issues	N/A	No disruption to clinical services due to modern and well managed facilities		Pre-migration
16	Financial	Energy efficiency/savings	Design Brief Design & construction		Audit of design for compliance status	Director of Facilities	BREEAM	BREEAM Non Compliant	BREEAM Excellent rating		12 months

Benefit Realisation Plan – Stakeholder Benefits Distribution

ID No.	Benefit Type	Benefit Description	Patients & Carers	Staff	Medical Practice	Community Midwifery	Community Nursing	Health Visitors	East Lothian HSCP	NHS Lothian
1	Clinical Effectiveness	Allows services to address the current and future needs of the community	✓	✓	✓	✓	✓	✓	✓	✓
2	Clinical Effectiveness	Well equipped, appropriate services to provide quality of care	✓	✓	✓	✓	✓	✓	✓	✓
3	Clinical Effectiveness	Facilitates potential for new ways of integrated working, including one-stop clinics, nurse-led practise and other visiting services	✓	✓	✓	✓	✓	✓	✓	✓
4	Accessibility (patient services / site access)	Provides adequate accommodation to allow visiting services to deliver in the community without impacting on Practice capacity	✓	✓	✓	✓	✓	✓	✓	✓
5	Accessibility (patient services / site access)	Enables patients to easily access services by foot, by cycle or by public transport with easy drop-off and pick-up zones	✓	✓	✓					
6	Quality of Physical Environment	Maximises the use of the site, building and land to optimise provision in terms of space, layout, functionality and working environment	✓	✓	✓	✓	✓	✓	✓	✓
7	Quality of Physical Environment	Ability to create a sustainable environment with due regard to green space, energy efficiency, scale, density, transport and working environment	✓	✓	✓	✓	✓	✓		
8	Quality of Physical Environment	Supports compliance with disability, equality and diversity legislation	✓	✓	✓	✓	✓	✓	✓	✓
9	Quality of Physical Environment	Promote a sense of well being and confidence in patients and staff	✓	✓	✓	✓	✓	✓		
10	Quality of Physical Environment	Recognises that healthcare delivery may change significantly in the future and therefore health buildings / sites need to accommodate such a change with the minimum of expenditure and disruption	✓	✓	✓	✓	✓	✓	✓	✓
11	Acceptability to Patients, Staff, Partners & Public	Meet patients', staff and partners' expectations in terms of effectiveness, quality and accessibility of services	✓	✓	✓					
12	Disruption to Service	Minimal disruption or need for phasing decanting during construction	✓	✓	✓	✓	✓	✓	✓	✓
13	Disruption to Service	Optimal timescale to completion	✓	✓	✓	✓	✓	✓	✓	✓
14	Disruption to Service	Business continuity for clinical services on migration	✓	✓	✓	✓	✓	✓	✓	✓
15	Disruption to Service	Clearly identified hard facilities management service	✓	✓	✓	✓	✓	✓	✓	✓
16	Financial	Energy efficiency/savings			✓				✓	✓

Long List of Options

Appendix 3

Option	Description	Advantages	Disadvantages
1	Do nothing	No capital costs; no revenue increases; no disruption.	New patients unable to register within local vicinity and practice would not be able to achieve contractual obligations. May have to transfer community services and other services to other location. Increase in on-going maintenance costs.
2	Do minimum. Temporary port-a-cabin type solution	Easily constructed; quick to implement; satisfies immediate clinical requirements; buys time.	Does not cater for anticipated list expansion and is a short term solution. Unlikely to represent value for money and no physical link to existing building. Ongoing revenue costs for hire. Temporary disruption to patient care.
3	Construct a ground floor extension with minor internal refurbishment to accommodate the extension	Increased space would allow full GP service to be delivered; permanent solution; relieves immediate pressure; provides accommodation allowing Practice to become a GP training facility.	There is a planning risk; fails to cover a comprehensive range of services; potential for not being able to cope with significant patient list increase; significant capital investment required.
4	Re-provision of Health Centre on current site with a temporary solution during the build phase	Fully compliant, modern, fit for purpose accommodation; flexible; will cope with demand for GMS and community services for next 20 years; potential for further additional services provided locally; no site purchase required; patient familiar with site; well received locally.	Decanting and disruption of existing services during construction; very significant investment required; planning risk; additional parking space may be required.
5	Change and reduce the practice boundaries	Minimal cost; more flexible use of accommodation to meet demand; delivered quickly.	Would require change to existing contracts; nearby premises unable to accommodate increase without change to premises; likely to be strong patient resistance due to additional travelling; will not address demographic growth and not meeting patient demands.
6	Re-provision of health premises to include both Prestonpans and other Practice.	Fully compliant, modern, fit for purpose accommodation; flexible; will cope with demand for GMS and community services for next 20 years; potential for further additional services provided locally; minimal disruption; addresses issue of more than 1 practice.	Land purchase may be required; timescales, will take 5 years; difficulty in acquiring appropriate site; very significant investment required; service costs might be required; planning risk; likely to be no space for parking; likely strong patient in change of location.

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Service integration & clinical effectiveness	0	2970	9450	12960	2430	10800
Accessibility	0	2530	8050	11040	2070	9200
Quality of physical environment	0	2640	8400	11520	2160	9600
Sustainability	0	2013	6405	8784	1647	7320
Deliverability	0	1650	5250	7200	1350	6000
TOTAL	0	11803	37555	51504	9657	42920

Ranking	6	4	3	1	5	2
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- Note:**
- Option 1 Do nothing
 - Option 2 Do minimum. Temporary port-a-cabin type solution
 - Option 3 Construct ground floor extension with refurbishment to accommodate new extension
 - Option 4 Re-provision of Health Centre on current site with a temporary solution during build phase
 - Option 5 Change and reduce practice boundaries
 - Option 6 Re-provision of Health premises to include both Prestonpans and another Practice

Rapid Impact Assessment summary report

Each of the numbered sections below must be completed
 Interim report Final report (Tick as appropriate)

1. Title of plan, policy or strategy being assessed.

Extension to Prestonpans Health Centre

2. What will change as a result of this proposal?

General Primary Care and Community Services provided at Prestonpans Health Centre, Preston Road, Prestonpans. An extension is proposed to the front of the building.

3. Briefly describe public involvement in this proposal

There has been representation from the Patient Participation Group (PPG) who is involved through regular Project Team Meetings. The PPG participant has been involved in a non financial site options appraisal. There will be ongoing involvement required as the project.

4. Date of RIA

12 May 2014

5. Who was present at the RIA? Identify facilitator and any partnership representative present

Name	Job Title	Date of RIA training	Email
Lesley Boyd	Health Inequalities Manager	TBC	Lesley.Boyd@nhslothian.scot.nhs.uk
Janette Richards	Infection Control Nurse		Janette.Richards@nhslothian.scot.nhs.uk
Elaine Horne	Practice Manager		Elaine.Horne@lothian.scot.nhs.uk
Dr Zain Kapasi	General Practitioner		Zain.Kapasi@lothian.scot.nhs.uk
Kirsty McBeth	Advanced Practitioner		Kirsty.McBeth@nhslothian.scot.nhs.uk
Julie Thomson	Secretary		Julie.Thomson@nhslothian.scot.nhs.uk
Kenny Pitkethly	Fire Safety Officer		Kenny.Pitkethly@nhslothian.scot.nhs.uk
Jane Peattie (Facilitator)	Project Officer	April 2014	Jane.Peattie@nhslothian.scot.nhs.uk

6. Evidence available at the time of the RIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need		Details of demographic growth along with current and potential new developments were available during workshop.
Data on service uptake/access		Details of services were available during workshop
Data on quality/outcomes		Details of Quality & Framework weighted score, from the ISD website, was available during workshop
Research/literature evidence		
Patient experience information		
Consultation and involvement findings		The design will go for public consultation once formal approval is achieved. Design will be subject to consultation with key stakeholders at 1:500, 1:200 and 1:50 stages
Good practice guidelines		
Other (please specify)		

7. Population groups considered

Population groups considered	Potential differential impacts
Older people, children and young people	There is restricted mobility at the front door. During construction, direct access to reception will require to be maintained.
Women, men and transgender people (include issues relating to pregnancy and maternity)	No differential impact but positive benefits of increased space and capacity
Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)	Potential access and noise levels could have negative impact to some patient types. Regular meetings with builders during construction to minimise noise and retain ease of access.
Minority ethnic people (includes Gypsy/Travellers, non-English speakers)	Attention needs to be given regarding suitable signage.
Refugees & asylum seekers	No differential impact but positive benefit of increased space and capacity
People with different religions or beliefs	No differential impact but positive benefit of increased space and capacity
Lesbian, gay, bisexual and heterosexual people	No differential impact but positive benefit of increased space and capacity. Signage could include same sex images to be inclusive of gay couples
People who are unmarried, married or in a civil partnership	No differential impact but positive benefit of increased space and capacity
People living in poverty / people of low income	Community would benefit from Construction company providing facilities or funding for a community project e.g. garden plot in terms of added value in tender process.
Homeless people	No differential impact but positive benefit of increased space and capacity
People involved in the criminal justice system	No differential impact but positive benefit of increased space and capacity
People with low literacy/numeracy	Improved signage to include pictorial signs. There is no proposed change to the layout but this will be captured during the design stage.
People in remote, rural and/or island locations	No differential impact but positive benefit of increased space and capacity
Carers (including parents, especially lone parents; and elderly carers)	There is currently more parking space availability than required by East Lothian Council Planning Dept. Spaces will be lost but it was agreed there would be sufficient to meet current regulations. The bays will require to be remarked. Bays near the entrance are required for Disabled people
Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)	The District Nurses working 24/7. Planning with the builders will be required during construction to ensure this is maintained. A temporary alarm system may be required.
OTHERS:	<p>The large plant room with an external door contains liquid nitrogen required by the clinicians. This should be relocated to the internal plant room prior to construction. The Fire Officer confirmed the internal location will not pose a fire risk.</p> <p>The Practice currently facilitates a roots and fruits stall. This provision will require to be addressed prior to construction to ensure a short term solution can be arranged.</p>

8. What positive impacts were identified and which groups will they affect?

Impacts	Affected populations
Inclusion of community and voluntary services	All groups
Additional space to meeting current and future demand	All groups
Clinical training facility training junior General Practitioners and additional clinics	All groups
Improved services which could improve lifestyles	All groups
Increased employment opportunities for local people to be included in contracting arrangements.	All groups

9. What negative impacts were identified and which groups will they affect?

Impacts	Affected populations
Reduced parking space	All groups
Increase in vehicles parking during construction	All groups
Additional noise level during construction	All groups
Security of District Nursing staff access to building during constructions at weekends	Staff
Project requires to meet energy efficiency but larger space will increase costs. Need to review energy use	Staff
The building's heating was controlled by Roodlands hospital and created difficulties for staff and patients on site and was an ineffective use of resources..	All groups

10. What communications needs were identified? How will they be addressed?

There is currently a Project Team which communicates information to staff. On the Project Team is representative from the PPG who is the link between the Project Team and the public. This person will keep the patient group informed. They will be the link in which patients can raise any queries to the Project Team. As appropriate, the patients will also be kept informed through a notice board within the reception area. Further information will be provided through Healthlink, Connections and the Local Press.

11. Additional Information and Evidence Required

No further evidence is required

12. Recommendations

There is a requirement to make sure that construction traffic is segregated from deliveries, patients and staff traffic during construction while maintaining safe and accessible access to the building.

There is proposed to be an increase in staff cycling to work. A bicycle shed located to the rear is required for staff use with bicycle racks located near the main entrance for patient use.

It was noted that the heating system was regulated by Roodlands Hospital giving little control to the practice and causing inefficiencies in managing heating costs. It was suggested that separate heating for the Health Centre be considered to improve the environment for patients and staff.

13. Specific to this RIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the RIA)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Ensure design stage takes account of accurate marking of parking bays	Project Team	Subject to SBC approval	Prior to construction
Signage to be suitable for all group types e.g. include pictorials	Project Team	Subject to SBC approval	Prior to construction
Ensure construction traffic and public traffic is segregated during construction	Project Team	Subject to SBC approval	Prior to construction
Create Communication Plan	David Ridd, Communications Manager, NHSL	Subject to SBC approval	3 months after SBC approval
Investigate energy efficiencies	Project Manager	Prior to construction	Completion of new build

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

This will be carried out by the Project Team at strategic points throughout the project and this will inform the final RIA

Manager's Name: Miriam Anderson, Business & Capital Manager

Date: 17 June 2014

Please send a completed copy of the summary report to the Equality and Diversity Support Officer. Up to date contact details can be found on [HR Online](#)

Note that you **will** be contacted by a member of NHS Lothian's impact assessment group for quality control and/or monitoring purposes

INITIAL AGREEMENT

1 Title

- 1.1 The title of the project outlined in this document is to provide additional capacity to The Harbours Medical Practice, Cockenzie in East Lothian

2 Introduction

- 2.1 The purpose of the Initial Agreement is to seek approval for the proposal for an extension to The Harbours Medical Practice, Avenue Road, Cockenzie. The premises are in the ownership of NHS Lothian and will require capital funding in order for the extension to be provided and ensure it is fit for the future.
- 2.2 It is proposed by East Lothian Health and Social Care Partnership (HSCP) that the preferred option will take into consideration the demographic growth along with East Lothian Council's proposed developments detailed in the South East of Scotlands Strategic Development Plan approved in June 2013¹.
- 2.3 The project should seek to capture opportunities for the integration of services from East Lothian Council including Health & Social Care along with the third sector and voluntary services.
- 2.4 The building is currently in the ownership of NHS Lothian and it is anticipated that the project would go through the Hub South East Scotland process.
- 2.5 Under the new Scottish Capital Investment Manual guidelines, the NHS Board must still approve a business case for the proposal. The first stage in that process is consideration of the Initial Agreement.
- 2.6 Approval of this Initial Agreement will lead towards developing a Outline Business Case (OBC) to enable the preferred way forward to be identified. This will allow NHS Lothian to appoint HubCo South East Scotland Ltd to carry out the project design, financial implications and other project related detail.

3 Strategic Context

- 3.1 In Our National Health : A plan for Action, A Plan for Change the Scottish Executive presented their 'investment priorities' for NHS to help create 'modern health facilities in local communities: new and improved community health centres and GP Practices'. Cockenzie Health Centre in its present accommodation is unable to develop in the direction indicated by those priorities.
- 3.2 Cockenzie Health Centre is non-compliant with both by national legislative guidelines and NHS regulations necessary for safe running of a practice.
- 3.3 The health centre provides accommodation for a GP practice and associated community services but no longer has sufficient space to accommodate the increase in demand for clinical services that has taken place over recent years, driven by changing demographics, population growth and levels of deprivation in the immediate area.

¹SEsplan Strategic Development Plan Approved 27 June 2013

- 3.4 The project is driven by a range of national and local Policies that are designed to improve the delivery, targeting and take up of NHS and Local Authority services to the public. The Development fits with the Local Health Plan and the objectives of NHS Lothian. Joint working is widely recognised as key in overcoming complex issues in society:
- Implementation of Care in the Community,
 - The Children (Scotland) Act, *Working Towards a Healthier Scotland*
 - Building a Health Service Fit for the Future

All of the above necessitate a collaborative approach.

- 3.5 Health and Social Care Partnerships are the vehicle for integration and will be supported to:
- Deliver services more innovatively and effectively by bringing together those who provide community based health and social care;
 - Shape services to meet local needs by directly influencing Health Board planning, priority setting and resource allocation;
 - Integrate health services, both within the community and with specialist services, underpinned by service redesign, clinical networks and by appropriate contractual, financial and planning mechanisms;
 - Improve the health of local communities, tackle inequalities and promote policies that address poverty and deprivation by working within community planning frameworks;
 - Ensure more people receive clinical care closer to their homes and in community settings

- 3.6 The additional accommodation should also follow the sizing guidance of Health Building Note (HBN) 36, the centre currently does not meet this guidance in many areas. The additional space and upgrading works will comply.

- 3.7 The extending of Cockenzie Health Centre fits in with NHS Lothian's current Primary Care Premises Priority Programme. The prioritisation of primary care premises in Lothian is currently ongoing, but the draft results have indicated that Cockenzie Health Centre is the 2nd highest scoring in the East Lothian Lothian PC Prioritisation

4 Investment objectives

- 4.1 The investment objectives the project seeks to achieve are in line with the Clinical Strategy for NHS Lothian:

- 4.1.1 To provide a facility which enables the practice to safely deliver services efficiently and effectively according to clinical needs and requirements which are not constrained by limited accommodation;

- 4.1.2 To increase the capacity of the existing premises by the increase of an additional 17 spaces, 11 of which are clinical rooms, enabling a safe and fit for purpose working environment with the capacity to accommodate the requirements for the Practice to continue to meet its current and future demands and become a GP Training facility.

- 4.1.3 To upgrade existing non compliant rooms to meet legislative and statutory requirements;

- 4.1.4 To enable the practice to meet the needs of the local population ensuring that the current and future changes in the demographic profile, population growth and levels of deprivation are considered.

5 Existing Arrangements

- 5.1 Harbours Medical Practice is currently located in Cockenzie serving the population of Cockenzie, Port Seton, Prestonpans and Longniddry. The Practice boundaries are shown on Appendix 1.
- 5.2 The Practice provides primary care services to the local population. There are 10 General Practitioners, 2 GP Registrars, 3 Practice Nurses, 1 Health Care Assistant, 1 Nurse Practitioner, 1 Health Promotion Nurse, 1 Practice Manager who are supported by 10 members of non clinical staff.
- 5.3 The premises provide community services which include Health Visitors, Midwife and Community Psychiatry clinic. Due to cluster working the District Nurses have been relocated in Prestonpans. There is a strong desire and aspiration by the Practice to bring back the district nursing team.
- 5.4 Due to limitations in available clinical rooms, there has been a requirement to re-accommodate some community clinical services, ie Podiatry, Physiotherapy, Audiology, ELICPSE counselling, in other premises such as Haddington and Musselburgh. This can lead to additional travelling time for patients which also may create some difficulties for some patient group types. Additional capacity would enable repatriation of services.
- 5.5 There is a lack of available consulting rooms resulting in General Practitioners requiring to room share. This can mean that clinical administration work, such as referrals and checking of work, has to be completed out with the clinical sessions. To ensure the service to the patients is not affected, this frequently means the Practitioners work beyond their contractual hours.
- 5.6 The lack of rooms restricts the capacity to provide adequate clinician appointments/sessions to meet clinical demand and training.
- 5.7 There has been an increase in both Practice and Community staff within the premises over the past few years. Lack of suitable space means administrative staff require to work wherever space becomes available and this is often on inappropriate workstations or non compliant space. This results in a dispersed and inefficient workforce.
- 5.8 The premises have no suitable meeting room facility. Meetings with Practice staff or other professionals require to be held in the staff room. This means that staff have no facility for taking required breaks during these periods.
- 5.9 As of 1 April 2015, the Practice list size was 9,616² covering all patient groups. The Practice will require to ensure that demographic growth along with proposed new developments including the new Blindwells settlement are captured. This will result in the patient list size further increasing over the coming years.

² www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations

5.10 It is projected that the population in East Lothian will grow by approximately 33% between 2010 and 2035. This is higher than the overall anticipated growth of Scotland at approximately 23%. The report also forecasts an increase of 77% in the number of people aged over 65 years between 2010 and 2035³.

5.11 The Blindwells settlement which will be located close to the Practice catchment area is planned for 1,600 units and proposed to be completed between 2018 and 2038. Assuming an average of 2.3 people per unit, this would increase the local population by 3,680.

6 Business Needs

6.1 Table 1 below outlines the business needs:

Investment objective	Existing arrangement	Business need
To ensure the practice is delivering care from premises which are compliant with legislative and statutory requirements	Premises are unsuitable for continued service delivery and future requirements	To ensure all population groups have equality of access to both GP and community services
Provide a facility that enables safe, effective and accessible person centred clinical care	Clinical services dependent on availability of shared accommodation	To ensure there is sufficient and suitable clinical facilities to support continuing clinical care
To enable the practice to deliver, as far as possible, integrated services effectively according to clinical needs and not constrained by the current clinical facilities	Clinical services dependent on availability of shared accommodation	Ensure adequate clinical facilities to support service delivery To address integration opportunities from Local Authority, third sector and voluntary organisations
To provide staff with a working environment conducive to delivering the best healthcare along with aiding recruitment and retention	Staff facilities inadequate	Dedicated staff facilities which will be conducive to the working environment
To provide appropriate facilities that will support the training and development needs of both practice and community staff	Premises unsuitable for continued service delivery and future requirements	To address additional patient requirements and future clinical needs and training responsibilities
To provide the practice with the physical capacity to increase services and respond to the clinical needs of anticipated local population growth	Premises insufficient to support future patient growth	To ensure there is adequate clinical facilities to support future patient list growth
To accommodate an expansion of training GP Speciality Trainees and medical students.	Premises unsuitable for continued service delivery and future requirements	To address additional patient requirements and future clinical needs and training responsibilities

Table 1

³ East Lothian Profile – a statistical profile of East Lothian (October 2013)

- 6.2 It is important to ensure that the premises meet both statutory and legislative requirements. This will ensure there is equality of access and services for all patient groups.
- 6.3 The premises do not currently meet the requirements of the Practice. The additional consulting rooms will enable the General Practitioners to provide an efficient and effective service for patients while ensuring that the current contracted hours are not exceeded.
- 6.4 To enable the Practice to be supported effectively, it is imperative that supporting staff are co-located within a vicinity meeting requirements. This will ensure that the daily operational work is carried out as efficiently and effectively as possible.
- 6.5 The additional space will ensure that the building will be sufficient to meet both demographic growth and the potential increase in patient list size through new housing developments. This should take into consideration people from the proposed Blindwells settlement.
- 6.6 In terms of 'The Public Bodies (Joint Working)(Scotland) Bill', there is requirement to seek opportunities for the integration of services from East Lothian Council including Health & Social Care Departments. Opportunities for integrating the third sector and voluntary organisations will also be investigated during the Outline Business Case stage.
- 6.7 To allow the practice to expand the range of enhanced services such as minor surgery, long acting contraceptive services and would also aspire to house other community services.

7 Potential Business Scope

- 7.1 The core minimum requirement is to provide and extension to the current facilities and refurbish the existing building to ensure it meets the minimum statutory and legislative requirements.
- 7.2 It is essential to ensure that the consulting rooms are increased to enable the General Practitioners to work in a more effective and efficient manner within their contracted hours. The additional rooms should also suffice the Practice for the next 25 years or so allowing them to meet the increase in patients from the demographic growth and new developments.
- 7.3 It is essential to ensure that duplication of services provided through both Local Authority and NHS Lothian are integrated as much as possible. This will ensure that resources are utilised effectively while providing the best possible care to patients.

8 Potential Benefits

- 8.1 The potential benefits are outlined in Table 2 below:

Investment objective	Benefit to patients	Benefits to Harbours MP / NHS Lothian	Relative Value	Benefits criteria
To ensure the practice is delivering care from	Legislation ensures that all user requirements	Compliance with legislation	High	Measurable: not in cash

premises which are compliant with legislative and statutory requirements	have been considered in the most appropriate setting			terms
Provide a facility that enables safe, effective and accessible person centred clinical care	Patients receive care in appropriate pleasant surroundings	Services delivered in appropriate accommodation	High	Qualitative
To enable the practice to deliver, as far as possible, integrated services effectively according to clinical needs and not constrained by the current clinical facilities	Better access to clinical services	Reduced requirement for room sharing Services delivered from suitable clinical accommodation	High	Qualitative
To provide staff with a working environment conducive to delivering the best healthcare along with aiding recruitment and retention		Better working environment which demonstrates the value of staff	Medium	Qualitative
To provide appropriate facilities that will support the training and development needs of both practice and community staff	Better access to clinical services	Opportunity to develop services	High	Measurable: not in cash terms
To provide the practice with the physical capacity to increase services and respond to the clinical needs of anticipated local population growth	Better access to clinical services	Improved waiting times and increased services	High	Qualitative

Table 2

9 Main Risks

9.1 The main risks are noted in Table 3 below. A more detailed Risk Register will be developed as the project progresses.

Risk Categories	Identified Risk	Proposed Action
Business Risks	Failure to gain approval from East Lothian Council (ELC) Planning Department	Early discussions with ELC Planning Department to avoid conflicts
	Failure to acquire capital funding	Avoid inflationary elements so that costs are proportionate in relation to project scale
	Proposed development not well received by the public and creates a negative impact	Proposed development plan to be widely publicised, consultations and communications through various means
Service Risks	Project over spend	Project to be managed within resources available, agree designs

	<p>Stakeholder expectations exceed affordability</p> <p>Planning Permission not granted</p>	<p>early and set an affordability cap for project</p> <p>Involve stakeholders in all necessary aspects of the project</p> <p>Work with ELC Planning Department and stakeholders to agree realistic requirements</p>
External Risks	<p>Population from planned housing development impacts pre-project completion</p> <p>Objections to proposals</p>	<p>Ensure close liaison with ELC Planning Department is maintained</p> <p>Identify temporary capacity in other locations.</p> <p>Ensure stakeholders are kept informed of proposals and project</p>

Table 3

10 Constraints

- 10.1 Funding will require to be provided through NHS Lothian for both capital and additional revenue. Due to financial constraints, there is a possibility funding will not be available.
- 10.2 The project will require to meet all the criteria required by ELC Planning Department. It will be essential to ensure that ELC Planning Department are involved in discussions as early as possible.
- 10.3 While the current site provides facility to increase the building footprint, previous investigations noted there were limitations for an increase. However, further work, along with discussions with East Lothian Council have highlighted that it is possible to build to the perimeter of the current site, releasing enough space for the proposed extension.

11 Dependencies

- 11.1 The key dependencies that concern the project are:
- 11.1.1 It is essential that ELC Planning Department provide formal approval for the Planning Application.
- 11.1.2 Agreement will be required between East Lothian Health and Social Care Partnership (H&SC), the Harbours Surgery and NHS Lothian as to the preferred option. It is essential that this meets all the objectives of the Partnership organisations along with the funding requirements.
- 11.1.3 NHS Lothian will require to approve the required funding to enable the project to proceed.

12 Combined Impact Assessment

12.1 A workshop was held to assess whether the project would have an adverse impact on any population group. The outcome confirmed there was no detrimental affect on any part of the population.

13 Critical Success Factors

13.1 At the Initial Agreement stage, a number of specific success factors were identified covering the strategic and benefits realisation of the project.

13.2 The project should meet the strategic goals of NHS Lothian along with ensuring the investment objectives will be achieved.

13.3 It is essential that value for money is achieved alongside ensuring the project provides a facility which will meet both current and future needs required to meet both clinical and patient requirements.

13.4 The preferred option will require to provide an immediate solution allowing the facility to accommodate any increase in patient list size along with additional services.

13.5 A list of success criteria for the Options Appraisal were produced and the averaged weighting score are listed in Table 4 below:

Success Criteria	Weighting
Service Integration and Clinical Effectiveness Does the option meet the service requirements to enable delivery of effective clinical care?	20%
Accessibility Does the option facilitate safe and easy public access by pedestrians? Does the option facilitate safe and easy public access by essential staff and public users of private transport? Does the option facilitate safe and easy public access by users of public transport?	26%
Quality of Physical Environment Statutory compliance – Does the option meet all necessary guidance parameters? Does the option provide a suitable working environment including acceptable management of light, air quality, and noise? Is accommodation conducive to effective working and clinical care?	19%
Sustainability Will the option enable the service to respond to future demographic trends and clinical requirements? Does the option provide an energy efficient infrastructure and working environment?	16%
Deliverability Does the option deliver the development within planned timescales? Will the option avoid /minimise disruption to services?	19%

Table 4

14 List of Options

14.1 A long list of options was agreed with the Project Team. These are shown in Table 5 below:

Ref.	Option	Description
1	Do nothing	Retain services within existing premises
2	Do minimum	Retain services within existing premises with some minor modifications
3	New building on new site	Reprovision within new location
4	New building on existing site	Reprovision on existing site with temporary solution during construction phase
5	First floor extension with refurbishment to existing building	Construct a first floor extension with internal refurbishment to accommodate extension
6	Ground floor extension with refurbishment to existing building	Construct a ground floor extension with internal refurbishment to existing accommodation

Table 5

14.2 A long list of options was produced providing advantages and disadvantages.

14.3 Consideration was given to the current site taking into consideration previous investigations carried out for a potential extension. It was noted that the current site could accommodate an extension that would meet current and future needs if ELC Planning support building to the parameter of the site.

14.4 The Project Team considered the long list of options against the investment objectives.

15 Preferred way forward

15.1 It has been noted that the preferred way forward is for a a ground floor extension and upgrade to the existing premises.

15.2 The preferred option of an extension should be taken forward as a preferred project. Further consideration and investigation will require to be carried out through the approval process to clarify whether the way forward can be facilitated on the current site

15.3 The short listed options, together with their indicative costs, are outlined in Table 6 below.

Short listed options

Short listed options

Ref.	Option	Description	Indicative cost range
1.	Do nothing	Remain within existing premises and continue as it presently stands	There are no direct costs associated with this option. However, it should be noted that costs could be occurred with the risk of remaining in the building as it currently stands
2.	Extension and upgrade	Construct ground floor extension with internal	Circa £1.8m

		refurbishment	
3.	Re-provision	Re-provision of Health Centre on current site with temporary solution during build phase	Circa £2.8

Table 5

16 Commercial Case

16.1 Procurement

It is anticipated that this will be a Hub procured project as it is expected to be above the hubCo threshold of £750k.

17 Financial Case

17.1 Capital costs

These costs are estimated using BCIS indices for costs per m² as at 8th August 2015. Fees, decant, telecoms and equipment costs have been estimated using similar recent projects as a benchmark. They will be further refined during the development of the Standard Business Case.

	Option 1 Do Minimum	Option 2 Extension & Refurb	Option 3 New Build
Area (m ²) Current	512	512	
Area (m ²) Extension		424	
Area (m ²) New Build			1,000
Cost/m ² (£) Refurb	0	1,362	
Cost/m ² (£) Horizontal Extension		1,358	
Cost/m ² (£) New Build			1,813
	£	£	£
Construction cost Refurb	0	697,344	0
Construction cost Extension		575,792	
Construction cost new build			1,813,000
Optimism bias/risk	0	114,582	253,820
Inflation	0	69,386	103,341
Fees	0	20,000	20,000
Decant costs	0	20,000	80,000
Telecoms	0	3,535	3,535
Equipment	0	50,000	50,000
Subtotal		1,550,639	2,323,696
VAT	0	290,128	444,739
VAT recovery 5% on Extension		-5,758	0
Total	0	1,835,009	2,768,435

17.2 Revenue costs

These are estimated costs based on similar recent developments in NHS Lothian. Forecast costs of the new premises are £149k for the preferred option. These will be split between the GPs and NHS Lothian based on the occupancy rate in the new building. Currently the occupancy split is 48% NHS Lothian, 52% GP practice.

	Option 1 Do Minimum	Option 2 Extension & Refurb	Option 3 New Build
	£	£	£
Proposed Floor Area	512	936	1,000
Rental N/A	0		0
Non Domestic Rates	28,545	52,214	73,000
Waste	3,170	3,170	3,170
Maintenance (Decorations, fabric, service)	2,190	4,006	4,280
Utilities (Energy costs, water, sewerage)	11,900	21,767	23,256
Cleaning	12,793	23,400	25,000
Supplies	2,559	4,680	5,000
Telecoms		1,288	1,288
Depreciation		38,632	58,283
Total Property Costs	61,156	149,157	193,276

Further work will be done on these costs and offsetting budgets during the development of the Standard Business Case.

18 Management Case

- 18.1 East Lothian Community Health Partnership (H&SC) have, together with Harbours Medical Practice, established a Project Team to develop the Business Case and manage the process through to approval. The team comprises:

NHS Lothian Programme Manager NHS Lothian (Chair)
 NHS Lothian Capital Planning - Project Officer
 NHS Lothian Capital Finance
 Harbours Medical Practice – Senior Partner
 Harbours Medical Practice – Practice Manager
 Other Health Care Professionals as and when required

- 18.2 Users of the Practice have been consulted and will continue to be involved as the project progresses. Involvement with the patients through representation from the Patient Participation Group has also been incorporated.
- 18.3 The project timetable will be dependent on final approval of the required capital and revenue funding.

The Harbours Practice (7605-2) Boundary



