

East Lothian
Integration Joint Board



**MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD**

**THURSDAY 22 SEPTEMBER 2016
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

1

Voting Members Present:

Councillor S Akhtar
Councillor J Goodfellow
Councillor D Grant
Ms F Ireland
Mr A Joyce
Councillor J Williamson (*substitute)

Non-voting Members Present:

Ms F Duncan
Mr D Harvie
Mr D King
Ms A MacDonald
Mrs M McKay
Ms M McNeill
Mr D Small
Dr J Turvill
Mr A Wilson

ELC/NHS Officers Present:

Ms J Ogden-Smith
Mr B Davies

Clerk:

Ms F Currie

Apologies:

Mr M Ash
Councillor S Currie*
Mr P Murray
Dr R Fairclough
Dr A Flapan
Mr T Miller
Ms S Saunders
Mr E Stark

Declarations of Interest:

Danny Harvie intimated a possible conflict of interest for Item 8 as a result of his role as Director of ELCAP. David Small advised that the report dealt with proposals for the

model of service delivery rather than individual contracts and therefore he did not consider there to be a conflict of interest at this stage.

The Chair welcomed Fiona Ireland to the meeting following her appointment as the new NHS Lothian voting member replacing Alison Meiklejohn, and Councillor John Williamson who was substituting for Councillor Currie.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 25 AUGUST 2016

The minutes of the East Lothian Integration Joint Board meeting of 25 August 2016 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 25 AUGUST 2016

The following matters arising from the minutes of the meeting held on 25 August were discussed:

Belhaven Hospital

Mr Small advised that he had written to potential members of the Belhaven Forum and it was anticipated that the first meeting of the group would take place in early October 2016.

3. CHAIR'S REPORT

The Chair reported on his attendance at one of the project update events for the East Lothian Community Hospital which had been hosted by NHS Lothian. He said that it had included both formal and informal sessions and had been well attended with a number of useful suggestions coming forward.

Margaret McKay had also attended the event as an observer and she referred to one very interesting point, not previously picked up, which had been raised by a member of the public. It identified that there was no provision in the plans for a play area/facility for children who were attending the Outpatients department or visiting patients on the wards. There were therapies for children but only for those receiving treatment. Mrs McKay said she had spoken to the architect who had agreed to review the plans and consider a suitable space. She emphasised that it should be seen an integral part of the Outpatients department not just an add-on and she urged the IJB to monitor its progress.

The Chair reminded members that the Primary Care Summit - 'Making Primary Care Fit for Purpose' - would take place on 29 September and 'The Big Conversation 2' on 3 October 2016. Both events would be held in Musselburgh.

4. ANNUAL ACCOUNTS 2015/16

The Chief Finance Officer had submitted the IJB's annual accounts for 2015/16.

David King advised members that, as a legally constituted body, the IJB was required to prepare annual accounts. He explained the layout of the document, the process for preparation and audit, and the requirement for the accounts to be signed by the Chair and Chief Officers.

In response to a question from Councillor Goodfellow, Mr King confirmed that, as the IJB had no actual financial resources in 2015/16, the only figures within the accounts related to the remuneration of the Chief Officer, specific payments to the Chair and Vice Chair (if any) and the fee paid to the external auditors.

Decision

The IJB agreed to accept the annual accounts for 2015/16.

5. ANNUAL AUDIT REPORT

The Chief Finance Officer had submitted the annual audit report to the IJB which had been prepared by KPMG.

Mr King presented the report. He confirmed that the auditors expected to issue an unqualified audit opinion and were satisfied in respect of each significant risk and audit focus area. They also made one recommendation: that the IJB should ensure that the process for financial planning for 2017/18 starts as soon as possible, and Mr King confirmed that this recommendation had been accepted.

Decision

The IJB agreed to note the contents of the report.

6. FINANCIAL ASSURANCE - UPDATE

The Chief Finance Officer had submitted a report to update the IJB on the current position of the financial assurance process for the 2016/17 budget setting process further to the paper presented to the IJB at its August meeting.

Mr King presented the report. He summarised the background to the financial assurance process to date and the outstanding issues which required to be addressed before the process for 2016/17 could be concluded. He reminded members that at the last meeting of the IJB they had considered proposals on the use of the Social Care Fund (SCF) and had agreed that half of the SCF should be used to address pressures and half to be used for 'additionality'.

Mr King outlined the discussions that had subsequently taken place to determine the options for 'additionality', the actual costs involved in addressing the areas of pressure and the nature of these, i.e. recurring and non-recurring. He referred members to the detail contained in his report and the recommendations. These included proposals to put before East Lothian Council, one of which would be a joint approach to the Scottish Government to discuss the costs of funding the living wage.

The members discussed the report at length focussing on certain key issues including funding of the living wage and at what stage independent care providers should be expected to absorb this cost, the best use of monies for 'additionality' and the lessons to be learned for future financial planning.

Responding to the issue of the living wage, Mr Small advised that all local authorities were at different stages of negotiating contracts and it was not reasonable to expect providers in East Lothian to fund the living wage based on prices agreed three years ago. However, he expected that for the future this would be included in the re-tendering process and that providers would be expected to take account of the increasing cost of the living wage. He added that the IJB was currently working through the consequences of policies that were put in place before it was constituted. He acknowledged the concerns of members and agreed that these issues would be looked at as part of the planning process for 2017/18.

Mr King confirmed that discussions with the Scottish Government would be done in conjunction with East Lothian Council. In addition, he said the issue had been raised at the IJB officers' network meetings and CoSLA had recognised this as a significant concern which required resolution. Mr Small added that the joint approach to the Scottish Government would likely take place in October if the Council agreed with the IJB proposals.

On the problem of delayed discharges, Mr Small acknowledged the importance of understanding and tackling the reasons for unplanned admissions to hospital as well as the services required to facilitate discharge. He advised that Carol Lumsden was undertaking work on this and that the IJB may want to consider reviewing its Directions for the coming year to move monies to alternative services. For the current year, he confirmed that £700,000 was the estimated cost of addressing the problem through additional home care services.

The Chair summed up the debate thanking members for their contributions and acknowledging the challenges facing the IJB in the short and longer term.

Decision

The IJB agreed:

- (i) To propose to East Lothian Council that:
 - a. The Social Care Fund should support an additional £800k to underpin the costs of implementing the living wage (from the element of the Fund originally proposed to provide 'additionality');
 - b. That the balance of c. £1m should be invested in home care commissioning budgets;
 - c. East Lothian Council should accept the residual financial risk in the Adult Wellbeing budget in 2016/17; and
 - d. East Lothian Council and the IJB should jointly approach the Scottish Government to discuss the costs of funding the living wage.
- (ii) To ask the Chief Officer, through discussion with ELC colleagues, to agree the impact of these proposals on the Adult Wellbeing budget along with an agreement on how the IJB can be assured of the 'additionality' achieved through the social care investments.

7. DELAYED DISCHARGES

The Chief Officer had submitted a report to update the Integration Joint Board (IJB) on performance on delayed discharges in East Lothian and to ask the IJB to agree further actions.

Mr Small presented the report. He informed members of recent changes to national data requirements for delayed discharges and highlighted the main change to reporting which had resulted in an increase in the number of clients/patients being captured at census. He advised that this had added between 15-25% to the reported figure from the previous reporting rules.

Mr Small drew members' attention to the individual results which showed an improvement in occupied bed days but an increase in the client/patient census figures for July & August 2016. He explained that the reasons for this increase related to a suspension of admissions to Tranent Care Home and a delay in accessing Care at Home services due the level of unmet hours. He hoped that the introduction of the living wage would assist the recruitment and retention of staff and that the September figures would show some improvement. He sought members' approval for the recommendations in the report which included proposals for the use of funds set aside for 'additionality'.

Mr Small responded to a number of questions from members on the changes to the reporting methodology, the reasons for unmet hours and the changing picture across the county.

Mrs McKay was sceptical about the ability of the living wage to solve the problem of unmet hours and wanted to know who should take the responsibility of investigating the other factors that motivate and maintain a workforce. She stated that carers and service users were seeking continuity and to be treated as human beings and while some providers achieved this others did not. She also queried who would be responsible for ensuring that the appropriate learning and support was given to staff to achieve this level of service.

Bryan Davies advised that the next item on the agenda would look at how future contracts could address these challenges.

Alison MacDonald suggested that there needed to be a better understanding of why people were being admitted to hospital in the first place. She added that this may require professionals to consider a different approach to assessments and care planning.

Fiona Ireland referred to the use of 'additionality' monies for Care at Home, which had been discussed in the last item, and asked whether the IJB should consider alternative models of care to enable earlier discharge.

The Chair noted the changing reporting methodology and that, despite a previously improving picture, there had been an increase in numbers over the past couple of months. He advised members that there would be a further update later in the year.

Decision

The IJB agreed:

- (i) To note the recent worsening trend on performance; and
- (ii) That the resources identified by the Chief Officer to improve performance should be deployed in procuring additional capacity in home care.

8. DEVELOPING SPECIALIST AND CARE AT HOME SUPPORT SERVICES

The Chief Officer had submitted a report to update the IJB on the Project; Developing Specialist Support and Care at Home Services for Adults and Children in East Lothian and to seek the IJB's agreement to the model of care.

Mr Davies presented the report providing a detailed review of the background to the project. He outlined key aspects of the framework including the models of care delivery, the stakeholder engagement process, night time support, improving capacity, incentivising and sustaining quality services and improving community resources.

Responding to questions from members, Mr Davies provided advice on the scoping and evidence gathering work undertaken, the challenges of reducing staff travelling time, the importance of communication with stakeholders and the risk that this project may destabilise the care services market. He also outlined the expectations for staff training and proposals for measuring the performance of individual providers.

Mr Small confirmed that if the IJB agreed the recommendations officers would prepare a detailed Direction which would cover the headings contained in the report.

Mrs McKay commented that there was often a level of anxiety about change, particularly where something was already working well. She said that many carers had indicated that they did not want any changes to areas of care that were working and therefore communication about the proposed new framework would be essential to allay these concerns. While she said that the aims of the report were laudable she had yet to get a sense of what would be different and the timetable for the changes. She added that in relation to flexibility the balance needed to lie with service users and not providers, as this may be the difference between whether or not someone had control over how they lived their life.

Mr Davies referred to some of the key aspects outlined in the report and acknowledged the point about communication. He said that the process was about working with service users and carers to celebrate what was working well and to ensure that improvements were made only where needed. He also agreed that flexibility should lie with service users.

Councillor Akhtar observed that the heart of the framework should be about the needs of individuals and it would be important to get that message across and reassure people that it was not about taking away existing services which worked for them.

Mr Small stated that there would be a mid-year progress report on Directions presented at the October meeting of the IJB, which could include suggestions on new Directions for 2017/18.

The Chair thanked Mr Davies for his report and previous presentation. He noted that there was a process to go through and that further updates would be provided.

Decision

The IJB agreed:

- (i) the model of care to be procured by East Lothian Council; and
- (ii) that a revised direction DO2a should be issued to East Lothian Council.

9. NOMINATION TO NHS Lothian Healthcare Governance Committee

The Chief Officer had submitted a report asking the Integration Joint Board (IJB) to agree the nomination to the NHS Lothian Healthcare Governance Committee.

Mr Small presented the report. He advised members that this had arisen from a review of the roles and remits of NHS Lothian committees following the introduction of IJBs. He said that there may be further requests for nominations to committees in future.

Decision

The IJB agreed to the nomination of Fiona Ireland to the NHS Lothian Healthcare Governance Committee.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION

The Integration Joint Board agreed to exclude the public from the following business containing exempt information by virtue of paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters).

Minutes of the Meetings of the IJB Audit & Risk Committee held on 23 March and 21 June 2016 (for noting)

The IJB agreed to note the minutes of the meetings of the IJB Audit & Risk Committee held on 23 March and 21 June 2016.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 24 November 2016
BY: Chief Officer
SUBJECT: Cockenzie Health Centre - Standard Business Case

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1 PURPOSE

- 1.1 This report asks the Integration Joint Board (IJB) to support the current position with the Cockenzie Health Centre, Standard Business Case.

2 RECOMMENDATIONS

- 2.1 That the IJB support the progress of the case through NHS Lothian governance and discuss any key issues including the revenue gap.

3 BACKGROUND

- 3.1 Attached is a Standard Business Case that sets out the case for investment needed to extend and upgrade Cockenzie Health Centre.
- 3.2 The Cockenzie Project Board has approved the Standard Business Case.
- 3.3 It is anticipated that the Standard Business Case (SBC) will be submitted through the NHS Lothian governance channels following IJB support.
- 3.4 There is a revenue gap within the case of £23,000 per annum. This is largely due to increased floor space resulting in increased costs for utility and rates.
- 3.5 The revenue gap does not relate to delegated functions albeit that the gap arises from the need for additional space in order to deliver those functions.
- 3.6 It is proposed that the gap should be discussed between the IJB and NHS Lothian as part of financial planning for 2018/19.

4 POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 INTEGRATED IMPACT ASSESSMENT

5.1 Any outcomes from this report that affect the wellbeing of the community were considered through a Rapid Impact Assessment carried out.

6 RESOURCE IMPLICATIONS

6.1 Increased revenue implication as per SBC

7 BACKGROUND PAPERS

7.1 Standard Business Case.

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DATE	14 November 2016



**Cockenzie Health Centre, The Harbours
Medical Practice, Cockenzie**

Extension & Refurbishment

Standard Business Case

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- Appendix 2 Current and new room requirements
- Appendix 3 Project Risk Register (draft)
- Appendix 4 Long List of Options
- Appendix 5 hubCo Costed Risk Register

FINAL

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 Cockenzie Health Centre, The Harbours Medical Practice, The Avenue, Cockenzie, East Lothian;
- 1.1.2 The proposal which is supported by East Lothian Community Health and Social Care Partnership (ELH&SCP) and The Harbours Medical Practice is for the current building to be refurbished and extended. This will allow clinical services to be delivered in an environment which is appropriate and fit for purpose;
- 1.1.3 The building is owned by NHS Lothian for which capital funding of £2.5m is required together with an increase in revenue for the rates and utilities re-imburement of £24k per annum;
- 1.1.4 This facility was designed in the late 1970's and built in 1980. The additional demands of population and demographic growth have resulted in the building not having sufficient space and clinical rooms to meet the demands of the practice and the services they can offer;
- 1.1.5 The practice currently provides 63 clinical sessions, including extended-hours working plus dedicated telephone consultation sessions. They are a GP training practice and with the additional accommodation that the extension will offer, are planning to extend their training programme. The practice was recently declined by the GMA from taking on additional student placements due to lack of dedicated accommodation;
- 1.1.6 The practice is supported by community services which include Health Visitors, District Nurses, Midwifery Services and Psychiatry. The practice are currently unable to extend any community or visiting services;
- 1.1.7 The practice continues to be proactive with identifying and implementing change to address the capacity issues. This is being carried out through job redesign, utilisation in room use, nurse led consulting and shared room use for GP administration.

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 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 within hospital and community facilities, a wide range of community delivered services and Primary Care services.

1.3 Business Strategy & Aims

- 1.3.1 To increase the ability to provide additional GP consultations and services locally and also the ability to have premises which will enable increased training facilities;
- 1.3.2 Specific developments within primary care for East Lothian are shifting activity away from secondary care. The practice are actively involved in bloods and diabetic screening and monitoring, virtual clinic bloods (urology, haematology, rheumatology,) near patient testing, oncology bloods and mrsa screening;
- 1.3.3 Recent developments in long term conditions have seen the GPs working closely with physiotherapy and mental health services. They also have linked community services, such as, East Lothian leisure services;
- 1.3.4 The NHS Lothian's Primary Care Modernisation Strategy prioritisation of primary care premises in Lothian 2015 showed the practice as being a high priority for capital investment. They are ranked joint 13th within Lothian and are the 1st priority for East Lothian.

1.4 Future Long Term NHS Strategic Drivers

- 1.4.1 In *Better Health, Better Care*¹, published by the Scottish Government in December 2007, this outlined their

¹ <http://www.gov.scot/Publications/2007/12/11103453/0>

Action Plan for the NHS which aimed to help create modern Health Facilities within local communities. This would provide new and improved Community Health Centres and GP Practices;

- 1.4.2 The Scottish Governments 20:20², sets out their strategic vision for achieving sustainable quality in the delivery of healthcare services, along with the required actions to improve efficiency and achieve financial sustainability throughout Scotland;
- 1.4.3 The Scottish Governments 20:20² “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 along with the significant changes to the demography that has and is taking place;
- 1.4.4 When seeking to identify any significant historical and future changes in demand and capacity within General Practices in East Lothian, it is essential that the Business Case takes account of validated historical data from Information Services Division (ISD), population and demographic projections from National Records of Scotland (NRS) and the housing projections provided by East Lothian Council through the Housing Land Audit;
- 1.4.5 This has allowed a picture to emerge that demonstrates the changes that has occurred over the past ten years and will continue well into the future which will affect both Cockenzie Health Centre, The Harbours Medical Practice and East Lothian:
- The Practice List size grew by 330 (3.3%) between 2005 and 2016;³
 - NRS projections⁴ predict that there will be a further population growth in the East Lothian area of 8.41% between 2016 and 2026. For the period between 2026 and 2037 the population growth is anticipated to be 8.57%;
 - NRS projections³ predict that there will be a further population growth in the Preston / Seton / Gosford ward of 2.74% between 2016 and 2026. This area covers the settlements for Prestonpans, Cockenzie/Port Seton and Longiddry; It should be noted that the boundary for Prestonpans Health Centre only covers the settlement of Prestonpans. Cockenzie Health Centre, The Harbours Medical Practice, Cockenzie covers the settlements of Prestonpans, Cockenzie and Longniddry;
 - The NRS projections³ for the period between 2026 and 2037 predict the population growth is anticipated to be 2.90%. For this ward, it is noted that particular caution should be taken when using projections beyond 2026.³ This is due to reliability of information decreasing the further into the future one goes;
 - In addition to the population increases that have and are projected to occur, note must be taken of the changing demographics in East Lothian.

² www.gov.scot/Topics/Health/Policy/2020-Vision.

³ <http://www.isdscotlandarchive.scot.nhs.uk/isd/3793.html>

⁴ <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-and-household-sub-council-area-projections>

2 THE STRATEGIC CASE

2.1 Strategic Context

2.1.1 In *Our National Health: A plan for Action, A Plan for Change*⁵, 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, The Harbours Medical Practice, Cockenzie is unable to develop in the direction indicated by these priorities in its current facilities;

2.1.2 The project is driven through a range of National and Local Policies which are designed to improve the delivery, targeting and up take of NHS and Local Authority services which are available to the public. The development fits with the local health plan and strategic objectives of NHS Lothian. Joint working is widely recognised as key in overcoming complex issues in society:

- Implementation of Care in the Community;⁶
- The Children (Scotland) Act, Working Towards a Healthier Scotland;⁷
- Building a Health Service Fit for the Future.⁸

2.1.3 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.

2.1.4 The additional accommodation should also follow the sizing guidance of Health Building Note (HBN) 36⁹ which the centre currently does not fully meet this guidance. An inspection carried out by NHSL Estates and the HA-scribe Prevention and Control Nurse raised significant issues which will require to be addressed. Details of this are available through Capital Planning & Projects Department¹⁰;

2.1.5 This proposal for Cockenize Health Centre, The Harbours Medical Practice, Cockenzie is consistent with NHS Lothian's current Primary Care Premises Prioritisation Programme. The prioritisation of primary care premises in Lothian has been finalised with the results showing that this premise has the highest priority within East Lothian.

2.1 Existing Arrangements

2.2.1 Cockenzie Health Centre, The Harbours Medical Practice is currently located in Cockenzie serving the population of Cockenzie, Port Seton, Prestonpans and Longniddry. Details of the practice boundaries have been supplied by Primary Care Contracts Office, NHS Lothian and the plan can be accessed through Capital Planning & Projects Department⁹;

2.2.2 The building was designed in the 1970's. The practice has significantly outgrown the premises as a result of population growth and demographic changes;

⁵ <http://www.gov.scot/Publications/2000/12/7770/File-1>

⁶ www.communitycare.co.uk

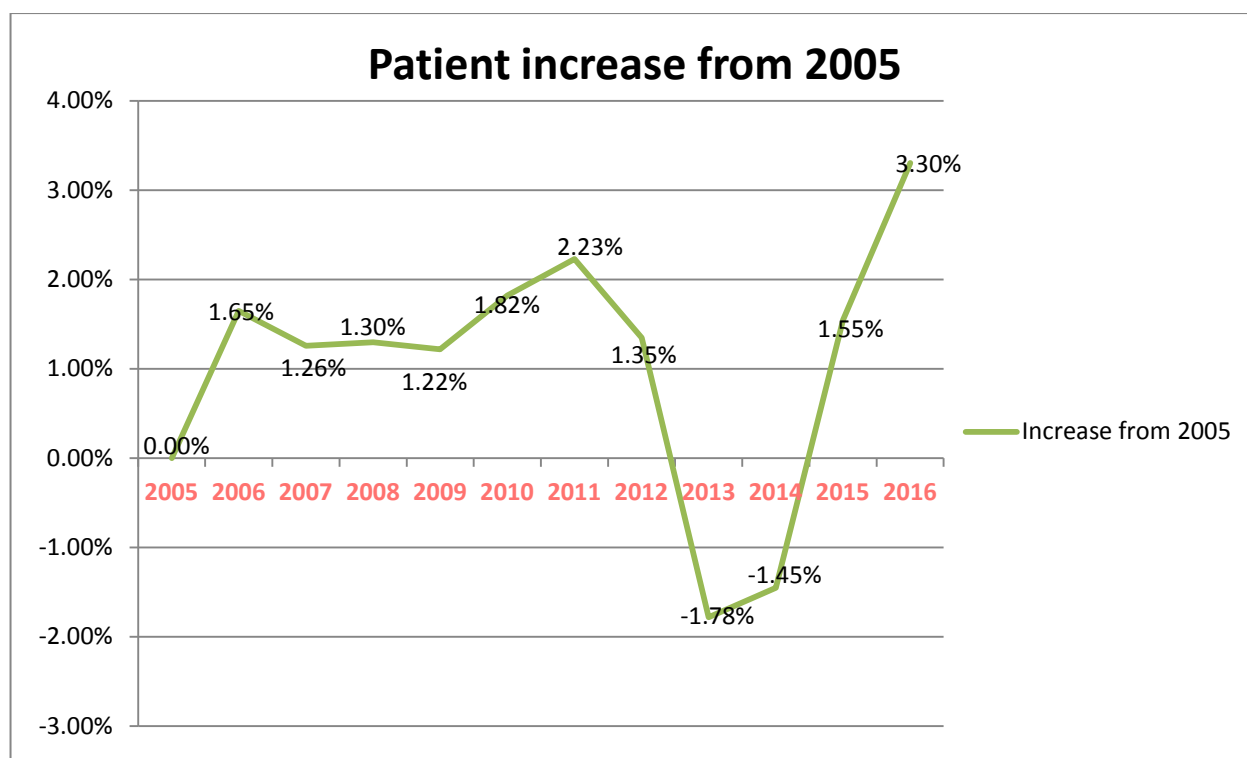
⁷ <http://www.gov.scot/Publications/2004/10/20066/44708>

⁸ <http://www.gov.scot/resource/doc/924/0012113.pdf>

⁹ <http://www.hfs.scot.nhs.uk/publications-1/property/scottish-health-planning-notes>

¹⁰ E-mail: Capital.planning@nhslothian.scot.nhs.uk

2.2.3 There are currently approximately 10,000 patients registered with the Practice. The chart below shows the percentage increase for patients each year using 2005 as the baseline;



- 2.2.4 There are 7 consulting rooms, 1 Treatment Room and 1 Interview Room/Treatment Room Clinic (this does not meet the guidelines for the purpose it is used for). These are currently shared by 9 General Practitioners, 1 GP Registrar, 3 Practice Nurses, 1 Health Care Assistant, 1 Midwife, 1 Practice Manager who are supported by 10 members of non clinical staff. Details of the current floor plan are available through Capital Planning & Projects Department¹¹. *Appendix 1* includes details of clinical room use;
- 2.2.5 Due to lack of space within the current building, temporary accommodation was required and is sited next to the current building which provides office space for community staff;
- 2.2.6 The Health Visiting Team share the clinical rooms 2 days each week. There is also a visiting Psychiatrist one day a week requiring access to a clinical room;
- 2.2.7 The clinical rooms are shared with a range of community services. Recently this has meant that services have had to reduce at times because of the unavailability of space. This has resulted in a reduction of access for the local population;
- 2.2.8 Visiting Services requires general practitioners to vacate consulting rooms and search for alternative space to carry out post-consultation clinical work which includes clinical administration, peer-to-peer consultation, result checking and report writing;
- 2.2.9 A lack of rooms restrict the capacity to provide adequate clinician appointments / sessions to meet clinical demand and practice training requirements;
- 2.2.10 Meetings and training sessions are currently held in a small Staff Room which results in frequent interruptions during staff breaks and lunches etc;
- 2.2.11 NHS Estates and the HAI-scribe Prevention and Control Nurse were asked to undertake an inspection and provide report on the current state of the building. The report detailed issues which required

¹¹ E-mail: Capital.planning@nhslothian.scot.nhs.uk

addressing to meet short, medium and long term goals. The report is available through Capital Planning & Projects Department¹²;

2.2.12 E-health and Telecomms infrastructures and systems have been inspected. This identified that they are out-of-date, inadequate and are not be able to support any future expansion required for additional services.

2.3 Business Needs – Current & Future

2.3.1 Table 1 below outlines the business needs:

Investment objective	Existing arrangement	Future business need
To ensure the practice is delivering care from premises which are compliant with legislative and statutory requirements	Premises are not compliant with current regulations and has insufficient rooms to accommodate future requirements	To ensure all population groups have equality of access in a fit for purpose and compliant building
Provide a facility that enables safe, effective and accessible person centred clinical care	A lack of clinical rooms has resulted in community services have had to be reduced	To ensure there are sufficient and suitable clinical rooms which can provide a range of clinical services accessible to the patient group and allowing for population growth
To enable the practice to delivery, as far as possible, integrated services effectively according to clinical needs and not constrained by the current clinical facilities	Increased community clinical services are limited due to lack of available clinical rooms.	Ensure adequate clinical facilities which can fully support service delivery To address integration opportunities from Social Care, third sector and voluntary organisations
To provide staff with a working environment conducive to delivering the best healthcare along with aiding recruitment and retention	Lack of suitable staff accommodation has resulted in a reduced morale within the workforce	Dedicated staff facilities which will be conducive to the working environment and aid to increasing clinical appointments
To provide appropriate facilities that will support the training and development needs of both practice and community staff	Premises unsuitable staff training as there are insufficient clinical rooms to accommodate mandatory training sessions	To provide suitable rooms for admin and clinical staff training and development needs to ensure staff provide the best quality of healthcare sessions
To provide the practice with the physical capacity to increase services and respond to the clinical needs of anticipated local population growth	Lack of available clinical rooms and supporting space has reduced community services for patient care	To ensure there is adequate clinical facilities to allow repatriation of community services and allowing for future expansion due to population growth
To accommodate an expansion of training GP Trainees and Medical students	Unable to extend the number of trainees due to lack of available suitable accommodation to meet training standards	Additional training rooms will enable the practise to support further GP training needs and support not only this local practise but the national GP shortage
To provide a contingency arrangement for the satellite practice based at Longniddry	Currently there is a 2 room stand alone building that accommodates 1 x	It is likely in the near future that this building will not be able to provide enough of a

¹² E-mail: Capital.planning@nhslothian.scot.nhs.uk

	GP plus HV Services in a building that is non compliant for today's standards	service as a result of increased housing development therefore the need for capacity within the main surgery is paramount
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Table 1

- 2.3.2 It is important to ensure that the premises meet both statutory and legislative requirements. This will ensure there is compliance and equality of access and services for all patient groups;
- 2.3.3 The premises do not currently meet the requirements of the practice. The additional clinical rooms will enable the GPs to provide an efficient and effective service for patients while ensuring that the current contracted hours are not exceeded. *Appendix 2* details both current rooms along with additional rooms required to meet future requirements;
- 2.3.4 To enable the practice to be supported effectively, it is imperative that supporting staff are co-located within a facility which meets user requirements. This will ensure that the daily operational work is carried out as effectively and efficiently as possible while ensuring patient care remains a priority;
- 2.3.5 The additional space will ensure that the building will be sufficient to meet both demographic and population growth which will be able to accommodate an increase in the patient list size for the foreseeable future;
- 2.3.6 The practice will support patients from the proposed Blindwells Development from the outset of development. It is anticipated that when patients within the proposed Blindwells Development reach around the 1,500 mark a local service should be supported which will cover the patient needs of this development;
- 2.3.7 Additional clinical rooms will allow the practice to repatriate former community services while expanding their range of visiting services. This will provide patients with a greater variety of local services such as psychiatry, counselling and health & wellbeing clinics;
- 2.3.8 A Combined Impact Assessment Report was carried out 5 August 2014 to ensure there was equality of access for the refurbishment and extension to all people groups. Details of the report can be accessed through the Capital Planning & Project Department¹³.

2.4 Investment Objectives

- 2.4.1 To ensure the practice is delivering care from premises which are compliant with legislative and statutory requirements;
- 2.4.2 Provide a facility that enables safe, effective and accessible person centred clinical care;
- 2.4.3 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;
- 2.4.4 To provide staff with a working environment conducive to delivering the best healthcare along with aiding recruitment and retention;
- 2.4.5 To provide appropriate facilities that will support the training and development needs of both practice and Community staff;
- 2.4.6 To provide the practice with the physical capacity to increase services and respond to the clinical needs of anticipated local population growth.

2.5 Potential Scope & Service Requirements

- 2.5.1 The provision of an extension to the current building will allow the refurbishment of the existing accommodation;

¹³ E-mail: Capital.planning@nhslothian.scot.nhs.uk

- 2.5.2 Refurbishment of the current building may be required to ensure the building meets current statutory and legislative requirements;
- 2.5.3 Additional space will provide a facility which can accommodate increased clinical capacity which will meet current and future demographic and population growth;
- 2.5.4 The additional space will enable repatriation of former services, such as psychiatry, counselling and health & wellbeing clinics. These required to be accommodated in other facilities due to lack of available clinical rooms;
- 2.5.5 The provision of dedicated space for meeting / training needs and staff facilities will improve staff working conditions which help increase staff morale.

2.6 Potential Benefits

- 2.6.1 The high level potential benefits were highlighted in the Initial Agreement. A detailed Benefits Realisation Plan was developed and can be accessed through the Capital Planning & Projects Department¹⁴;

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 3*.

Risk Categories	Identified Risk	Proposed Action/Mitigating Facts
Business Risks	Failure to secure capital funding	Delay project or choose alternative solution
	Failure to secure sufficient revenue funding	Explore alternative funding options
	Failure to gain approval from East Lothian Council Planning Department	Ensure well managed, informative and relevant communication is maintained with East Lothian Council
Service Risks	Allocated budget overspend	Monitor and control resources through effective project management processes. Ensure designs are agreed early and set affordability cap limit
	Stakeholder expectations of build exceed affordability	Manage and control stakeholders engagement. Ensure expectations are realistic and achievable
	Planning permission not granted	Pro-actively liaise with East Lothian Council to ensure all issues are addressed
	Lack of a suitable contingency arrangement for the satellite surgery at Longniddry	Providing enough capacity to support relocation in the future if and when required
External Risks	Objections raised to planning application by local population	Ensure effective and relevant communication to local population through Patient Partnership Forum and community engagement throughout project
	Demographic growth and population from proposed new builds has an impact prior to	Maintain regular communication with East Lothian Council regarding new development consents being approved. Include suitable

¹⁴ E-mail: Capital.planning@nhslothian.scot.nhs.uk

	project completion	contingency to cover any significant increase
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Table 2

2.8 Constraints & Dependencies

2.8.1 Constraints

2.8.1.1 The key constraints that concern the project are:

2.8.1.2 Lack of NHS Lothian capital funding;

2.8.1.3 IJB are unable to support their proportion of increased revenue costs for community services within the Practice;

2.8.1.4 The Harbours Medical Practice, Cockenzie are unable to support their proportion of the increased revenue costs;

2.8.1.5 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:

2.8.2.1.1 East Lothian Council Planning Department will be required to provide formal approval for the design;

2.8.2.1.2 Agreement is required between East Lothian H&SCP, Cockenzie Health Centre, The Harbours Medical Centre, Cockenzie and NHS Lothian as to the preferred option. This should meet the objectives of all Partners along with agreeing the additional funding required;

2.8.2.1.3 NHS Lothian are able to fully support the capital finance required for the building as well as the ongoing additional revenue costs;

2.8.2.1.4 Support is given by the local population.

3 THE ECONOMIC CASE

3.1 Critical Success Factors (CSFs)

- 3.1.1 The project should meet the strategic goals of NHS Lothian along with ensuring that the investment objectives will be achieved;
- 3.1.2 A number of critical success criteria were agreed and scored during the Initial Agreement stage;
- 3.1.3 These goals were revisited during the Standard Business Case stage and reviewed to produce an agreed baseline;
- 3.1.4 Table 3 below details the Critical Success Factors in comparison to the SMART goals:

Critical Success Factor (CSF)	SMART	Information required for SMART baseline
Improved Accessibility	Upon Migration: Improved car parking DDA compliant Effective way-finding	Number of parking spaces Site & approved 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	Planned moves to improved facilities 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 / project monitor Revenue costs & Service Improvement Plan
Deliverable	Within agreed timescale Within NHS delegated budget Supply-side interest	Project programme Budget baseline SES HUB responses
Affordability	Meets funding source/s policies Meets availability of funding	Final Capital and Revenue Cost Budget baseline

Table 3

3.2 Main Business and Short-listed Options

- 3.2.1 A long list of options was reviewed showing the advantages and disadvantages for each. These are shown in *Appendix 4*;
- 3.2.2 Consideration was given to the current site giving careful thought to previous investigations carried out for a potential extension. HubCo carried out a feasibility study and confirmed the current site provides sufficient space to either expand or reprovide;
- 3.2.3 While a new build, located on a new location, ranked first option, this was not considered viable from a service prospective due to lack of suitable site availability;
- 3.2.4 Extension and upgrade to the existing building was the option that the service supported. However, this requires to address all non compliance and capacity issues within the building;
- 3.2.5 Table 4 below provide details of the reviewed short list of options during the IA stage:

	Option	Description	Indicative Cost from IA stage	Current Cost
1	Do Nothing	Remain within existing premises and continue as it presently stands	There is no direct costs associated with this option. However, it should be noted that costs could be occurred with risk remaining in the building as it currently stands	There is no direct costs associated with this option. However, it should be noted that costs could be occurred with risk remaining in the building as it currently stands
4	Reprovision	Reprovision of Health Centre on current site with temporary solution during build phase	Circa £2.8m	Circa £3.8
6	Preferred Option Extension and minimal upgrade	Construct ground floor extension with some minor internal refurbishment	Circa £1.8m	Circa £2.5

Table 4

3.3 Preferred Way Forward

- 3.3.1 The preferred Option was identified as Ref 6 'Construction ground floor extension with internal refurbishment to accommodate new extension' and approved by the Finance & Resource Committee in May 2015;
- 3.3.2 Table 5 below provides details of the long list of options with the final weighted score received during a workshop in July 2014;

Ref	Option	Description	Score	%	Rank
1	Do nothing	Retain services within existing premises	0	0%	6
2	Do minimum	Retain services within existing premises with some minor modifications	1659	3%	5
3	New building on new site	Reprovision within new location	18912	37%	1
4	New building on existing site	Reprovision on existing site with temporary solution during construction	17887	35%	2

5	First floor extension with refurbishment to existing building	Construct a first floor extension with minor internal refurbishment to accommodate extension	7460	15%	3
6	Ground floor extension with refurbishment to existing building	Construct a ground floor extension with minor internal refurbishment to accommodate extension	4875	10%	4

Table 5

- 3.3.3 Through partner agreement, it was decided that Ref 3 'New building on new site' was not viewed as a suitable option that either party could pursue. This was due to the time it could potentially take to secure the procurement for a new land purchase in view of the current non compliant facility;
- 3.3.4 Through partner agreement, it was agreed that Ref 4 'New building on existing site' was not a supported option due to this having unaffordable long term revenue implications for the practice;
- 3.3.5 Through partner agreement, Ref 5 and Ref 6 were supported with the understanding that through the design development this would identify the best clinical and financial outcomes;
- 3.3.6 HubCo were appointed post approval of the Initial Agreement to carry out a feasibility study to identify the capital investment required. Details of this can be accessed through the Capital Planning & Projects Department¹⁵.

¹⁵ E-mail: Capital.planning@nhslothian.scot.nhs.uk

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 project will consist of an extension to the current premises to accommodate additional clinical and non clinical rooms as well as refurbishment and upgrading of the existing accommodation;

4.2.2 The building requires having capacity for both General Practice and Community services. This should meet the needs of the current practice population, the projected population growth and the impacts of "Shifting the Balance of Care"¹⁶ now and in the foreseeable future;

4.2.3 The practice are proposing to support a wider range of visiting services which could include psychiatry, counselling and health & wellbeing clinics which will provide patients with a wider range of care locally;

4.2.4 There will be improved provision to staff facilities which will enhance the working environment. This will demonstrate the value of staff which will assist with recruitment and retention;

4.2.5 There will be suitable facilities for clinical meetings and training. This is required to be separate from the staff rest room facilities.

4.3 Proposed Risk Allocation/Risk Management

4.3.1 HubCo South East produced a Costed Risk Register in April 2016 as part of their Feasibility Study. This details all risks that are the responsibility of hub South East and will be reviewed during the Stage 2 process. This is attached is *Appendix 5*.

4.4 Proposed Key Contractual Arrangements

4.4.1 This project will be procured through hubCo South East.

4.5 Proposed Personnel Implications

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

4.6 Proposed Implementation Timescales

Assuming approval of this Standard Business Case at the Finance and Resources Committee in March 2017 the key project milestones are as follows:

New Project Request	March 2017
hubCo Stage 2 Submission	May 2017
Construction Commencement	August 2017
Construction Completion	May 2018

Table 6

¹⁶ <http://www.shiftingthebalance.scot.nhs.uk>

5 FINANCIAL CASE

5.1 This section details the capital and revenue costs for the short listed options.

5.2 CAPITAL COSTS

- 5.2.1 The highest scoring option on the Non Financial Benefits Option Appraisal was for a new facility on a new site. This was discarded due to the difficulty of finding a suitable site within the existing practice boundaries within a reasonable period of time. The option with the second highest score was a new facility on the existing site. This option was not supported by the Practice due to the increased revenue costs;
- 5.2.2 The Practice's preferred option is for an extension to the current building and upgrading of the existing facilities;
- 5.2.3 The initial feasibility study carried out by hubCo returned significantly higher costs than the BCIS costs used to inform the Initial Agreement. This was £2,230per m² as opposed to £1,3558per m². In addition the area of the extension requested by the Practice had increased by a third;
- 5.2.4 Further work with the Practice has resulted in a smaller footprint whilst a further study by hubCo has returned estimated costs of £650per m² for the refurbishment portion of the project and £1,764 per m² for the extension. This has reduced the total project cost considerably, although it is still higher than the IA cost of £1.8million;
- 5.2.5 An inspection has been carried out by NHSL Estates and the HAI SCRIBE Infection Prevention & Control Nurse to confirm what works are necessary to ensure the existing facilities would meet current statutory and legislative regulations. The report can be accessed through the Capital Planning & Projects Department¹⁷;
- 5.2.6 Ongoing value engineering will continue to be led by NHSL to ensure best value for money is achieved without affecting the overall quality and outcomes;
- 5.2.7 Further investigation during the business case has determined that decant costs are no longer expected, nor are any legal fees pertaining directly to NHS Lothian.
- 5.2.8 Costs for telecoms and equipment are still estimated in this draft document. It is expected that cost certainty for these items will be achieved before the Standard Business Case is presented to the Lothian Capital Investment Group.

¹⁷ E-mail: Capital.planning@nhslothian.scot.nhs.uk

	Option 1	Option 2	Option 3	Option 4
	Do Minimum	Refurb/ Ext/Single Storey	Refurb/ Ext/Dble Storey	New Build
	£000s	£000s	£000s	£000s
Hub Costs				
Indicative prime		£1,472	£1,472	£2,118
Preliminaries		£154	£154	£253
Optimism bias/risk		£81	£81	£119
Inflation				
Professional fees		£73	£73	£99
Overhead & Profit		£85	£85	£124
Stage 1 fees		£156	£156	£197
Stage 2 fees		£50	£50	£61
NHS Lothian Costs				
Legal Fees				
IT & Telecoms Costs		£15	£15	£120
Equipment		£47	£47	£100
Total		£2,133	£2,133	£3,190
VAT -		£426	£426	£638
Total		£2,559	£2,559	£3,828

5.3 REVENUE COSTS

- 5.3.1 The building which hosts the Harbours Medical Practice, Cockenzie is owned by NHS Lothian and therefore no rent is payable by the Practice. The £6K in the rent line is a cost to NHS Lothian paid to the Practice in line with their contract.
- 5.3.2 The extension will provide an additional 430 square metres of space. This will result in increased costs for rates, maintenance, cleaning, supplies and utilities. There will also be an increased telecoms cost and increased depreciation.

	Option 1	Option 2	Option 3	Option 4
	Do Minimum	Refurb/ Ext/Single Storey	Refurb/ Ext/Dble Storey	New Build
	£000s	£000s	£000s	£000s
Proposed Floor Area	515	945	945	945
Rental	£6	£6	£6	£6
Non Domestic Rates	£27	£49	£49	£67
Waste	£3	£3	£3	£3
Utilities	£14	£26	£26	£26
Cleaning	£15	£28	£28	£28
Depreciation	£29	£85	£85	£128
Total Property Costs	£94	£197	£197	£258
Available Revenue Budgets	£94	£94	£94	£94
Gap	£0	£103	£103	£164

5.4 Affordability

- 5.4.1 There is a gap of approximately £24K p.a. associated with additional revenue costs due to extending and refurbishing Cockenzie Health Centre. The costs will be split between the GP practice and NHS Lothian pro-rated by the area occupied, just as they are at present. The current split as charged is 52% GP practice and 48% NHS Lothian, although the occupancy rates have changed since this charging mechanism was put in place.
- 5.4.2 Once the centrally funded elements (depreciation/rates) and the portion of costs applicable to NHS Lothian are removed, the gap remaining will be around £43K per annum.
- 5.4.3 The GPs will continue to be cross charged under their existing SLA which will increase to £20K, which is driven by the increased size of the building and the increased occupancy share. The existing billing mechanism is for 54% of a building of 512m², but after the project is completed, the GPs are expected to be occupying 80% of a building of 945m².

	Option 1	Option 2	Option 3	Option 4
	Do Minimum	Refurb/Ext/Single Storey	Refurb/Ext/Dble Storey	New Build
	£000s	£000s	£000s	£000s
Total Property Costs		£197	£197	£258
NHS Lothian				
Depreciation centrally funded		£85	£85	£128
Rates GMS		£50	£50	£68
25% cleaning		£6	£6	£6
25% utilities		£5	£5	£5
GMS - dilapidations		£6	£6	£6
Waste GMS		£3	£3	£3
Total cost to NHS Lothian		£155	£155	£216
GP Share		£20	£20	£20
Gap		£23	£23	£23

5.5 Financial conclusion

- 5.5.1 To forecast the true costs to NHS Lothian over the long term (30 years) the Net Present Value has been calculated for all options generate by hubCo. The NPV is then divided by the non financial benefit to give a cost per benefit score over the life of the building.

	Option 1	Option 2	Option 3	Option 4
	Do Minimum	Refurb/Ext/Single Storey	Refurb/Ext/Dble Storey	New Build
Net Present Value (NPV) (£000)	1,828	6,384	6,384	8,840
Ranking	1	2	2	4
Non Financial Benefits Scoring	237	325	373	577
Ranking	4	3	2	1
NPV per Benefit Score (£000)	7,711	19,642	17,114	15,320
Ranking	1	4	3	2

5.5.2 The option that would deliver the most non-financial benefits at the lowest cost would be to refurbish the existing building and build a two storey extension. The preferred option at the moment is for a single storey extension but further study may indicate that a two storey extension has design efficiencies.

FINAL

6 MANAGEMENT CASE

6.1 Project Management

- 6.1.1 East Lothian H&SCP have established a Project Board to develop the business case and manage the process through to formal approval;
- 6.1.2 Representatives of the Practice have been consulted and will continue to be involved throughout as the project progresses;
- 6.1.3 A Project Team will be established once the SBC is approved. This team will be instrumental in the design and planning of a newly upgraded and extended practice;
- 6.1.4 The local Patient Forum members have been involved, are kept up-to-date and are included as and when required;
- 6.1.5 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 HubCo South East and in consultation with Cockenzie Health Centre, The Harbours Medical Practice, Cockenzie.

6.3 Benefit Realisation

- 6.3.1 A Benefits Realisation Plan has been completed for this project. This can be accessed through the Capital Planning & Projects Department¹⁸.

6.4 Risk Management

- 6.4.1 Hub SE has produced a Costed Risk Register as part of their Stage 1 Submission (see *Appendix 4*). This details all risks that are the responsibility of HubCo 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, which are outwith the remit of hubCo South East, are listed in Table 10 below. *Appendix 3* provides the NHSL draft Risk Register which will be developed into a costed Risk Register by the Project Team during the Stage 2 process.

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.

¹⁸ E-mail: Capital.planning@nhslothian.scot.nhs.uk

Other Risks	Unsatisfactory project management arrangements	Hub SE will project manage the construction element of the project. NHSL will ensure robust project management processes are in place for all required NHSL processes and work remit.
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Table 10

6.5 Contract Management

6.5.1 The construction contract will be managed through HubCo South East with consultation through the Capital Planning & Projects Department.

6.6 Post Project Evaluation

6.6.1 The arrangements for project evaluation review have been developed by NHS Lothian in accordance with Project Management 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, Cockenzie Health Centre, The Harbours Medical Practice, Cockenzie will require to deliver their current services from the existing premises;

6.7.2 It should be noted that cognisance is required to be given to the results of the HAI-scribe, Telecoms and IT inspections carried out during this business case process;

6.7.3 The inspections previously carried out during 2015 made it evident that the facility will require significant investment irrespective of whether this project proceeds. This is required to ensure that the facility is brought up to acceptable standards relating to compliance and functionality.

6.8 Conclusion

6.8.1 The option of extending the existing building is deemed the best solution for providing Cockenzie Health Centre, The Harbours Medical Practice, Cockenzie with additional facilities to assist them with managing a growing patient list. It will enable them to enhance current training facilities to include additional General Practitioner Trainees. This will also help with alleviating the problem of having to use locums and will assist with increasing the number of General Practitioners in the Primary Care Sector;

6.8.2 The investment will alleviate the working difficulties the Practice are currently facing within a short timeframe while future proofing the provision of primary care services within the Cockenzie area against expected increases in demographic growth and housing development.

Current clinical room usage

Project Name: The Harbours Medical Centre, Cockenzie

Sample weekly clinical room booking

ROOMS	Aug-16	Monday		Tuesday		Wednesday		Thursday		Friday	
		g	on	morning	afternoon	morning	afternoon	morning	afternoon	morning	n
Dr Churns	Wk 1	GP 1	GP 1	GP 1	GP 1	REG 2	REG 2	GP 2	GP 1	GP 1	GP 1
Registrar		REG 1	REG 1	REG 1	REG 1	REG 1	REG 1	REG 1	REG 1	REG 1	REG 1
Interview Room		GP 2	PN 3	GP 7	Herdmanflat	Herdmanflat	Herdmanflat	PN 4	PN 4	PN 4	PN 4
Consulting room 1		GP 3	GP 3	GP 8	GP 8	GP 7	GP 7	REG 1	REG 2	HV clinic	GP 8
Consulting room 2		GP 2	GP 6	GP 6	GP 6	GP 6	GP 6	HV clinic	HV clinic	GP 6	GP 6
Consulting room 3		GP 4	GP 4	REG 1	GP 4	GP 4 - babies	GP 4	GP 4	GP 4	REG 2	REG 2
Consulting room 4		GP 5	REG 2	GP 5 (duty)	GP 3	GP 3	GP 3	GP 3	GP 3	GP 3	GP 3
Consulting room 5		Phlebot		GP 9	RG 2	GP 9	GP 8	GP 9	GP 9	GP 9	GP 9
Treatment room		PN 1	PN 4	PN 1	PN 3	PN 1	PN 3	PN 1	PN 5	PN 1	PN 1
HCA's room		Phlebot	Phlebot	Phlebot	Phlebot	Phlebot	Phlebot	Phlebot	Phlebot	Phlebot	Phlebot
Old HCA room											
Total sessions			GP's x9 New PN x0 Registrar x2		GP's x13 Registrar x4		GP's x8 Registrar unknown		GP's x10 Registrar x2 Training x2		GP's x10 Registrar x2

Current room & new rooms

Project Name: The Harbours Medical Centre, Cockenzie extension

Schedule of Accommodation

Details of room use: current building

No.	Plan Room Name	Plan Room Number	Current Plan Room Use	New Room Use after construction		current sqm	required sqm re. New room
<i>eg</i>	<i>Consulting</i>	<i>Room 1</i>	<i>GP consultations</i>	<i>GP Consultations</i>	<i>As per plan</i>	<i>17.00</i>	
1	Consulting	Room 1	GP consultations	GP consultations (Rm 1)	*	17.00	
2	Consulting	Room 2	GP consultations	GP Consultations (Rm 2)	*	17.00	
3	Consulting	Room 3	GP consultations	GP Consultations (Rm 3)	*	17.00	
4	Consulting	Room 4	GP consultations	GP consultations (Rm 4)	*	16.60	
5	Consulting	Room 5	GP consultations	GP consultations (Rm 5)	*	16.60	
6	Phlebotomist	Room 7	Phlebotomist	Phlebotomist	*	11.70	
7	Treatment	Room 6	Treatments	GP consultations (Rm 6)	*	16.60	
8	Consulting room	Room 25	Trainee consultations	Meeting room / library	*	11.00	
9	Utility room	Room 9	Utility room	Breast feeding room	*	6.20	5.00
10	Waiting area (incl play area)	Room 27	Waiting area	Waiting area	*	40.00	
11	Vestibule	Room 28	vestibule	vestibule	*	12.30	
12	Reception / Admin	Room 11	reception / admin area	reception / admin area	*	45.00	
13	Manager	Room 14	Practice Manager Office	Baby change	*	7.30	6.00
14	Consulting room	Room 24	GP consultations	GP consultations	*	16.70	
15	DSR	Room 17	DSR	DSR	*	7.30	
16	Disposal hold	Room 18	Disposal hold	Disposal hold	*	7.30	
17	WC	Room 10	WC ambulant	WC ambulant	*	3.00	

18	WC	Room 12	WC ambulant	WC ambulant	*	3.00	
19	WC	Room 13	WC ambulant	WC ambulant	*	3.00	
20	Admin office	Room 15	Admin office	Admin office	*	35.60	
21	Interview / consult	Room 26	Midwives / Practice Nurse consultations	Meeting room / library TBC	*	9.00	
22	Staff room	Room 23	Staff rest area / meeting room	Staff rest area	*	17.40	
23	Kitchen	Room 22	Staff kitchen	Staff kitchen	*	5.60	
24	WC - male	Room 21	Staff WC	Staff WC	*	3.60	
25	WC - female	Room 20	Staff WC	Staff WC	*	11.24	
26	Store	Room 8	Storage	Storage	*	5.80	
27	Store	Room 16	Store	Store	*	7.00	
28	Store	Room 29	Store	Store	*	6.00	
29	Plant room	Room 19	Estates plant room	Estates plant room	*	32.10	
30	External	external	Bin store (clinical/domestic/recycling)	external			
31	Circulation		Circulation @ 33%		*	107.00	

Total 514.94

Project Name: The Harbours Medical Centre, Cockenzie extension

Schedule of Accommodation

Details of room use: extension

No.	Plan Room Name	Plan Room Number	Current Plan Room Use	New Room Use after construction		current sqm	required sqm re. New room
<i>eg</i>	<i>Consulting</i>	<i>Room 1</i>	<i>GP consultations</i>	<i>GP Consultations</i>	<i>As per plan</i>	<i>17.00</i>	
1			Records storage	Records store			20.00
2			Consulting room 7	GP consultations (Rm 7)			15.00
3			Treatment room 1	Treatments			18.00
4			Treatment room 2	Treatments			18.00
5			Trainee consulting room 1	Trainee consultations (Rm 1)			18.00
6			Trainee consulting room 2	Trainee consultations (Rm 2)			18.00
7			Trainee consulting room 3	Trainee consultations (Rm 3)			18.00
8			Health Care assistant room 2	Nurse consultations (Rm 1)			15.00
9			Nurse Practitioner consulting room	Nurse consultations (Rm 2)			15.00
10			Midwives / Practice Nurse consultations	Nurse consultations (Rm 3)			15.00
11			Utility room	Utility room			10.00
12			Practice Managers office	Practice Managers office			12.00
13			Office	Office			12.00
14			Baby change/feed	TBC			
15			Staff WC room 1/shower	Staff WC room 1/shower			9.31
16			Staff WC room 2	Staff WC room 2			2.25
17			WC ACC	WC ACC			4.00
18			Health Education room	Health Education room			25.00
19			Health Education store	Health Education store			6.00

20			Community office for 8 staff	Community office for 8 staff			40.00
21			Interview / upset room	Interview / upset room			9.00
22			Meeting room / Library	TBC			
23			Staff changing	Staff changing			15.00
24			Staff WC room 4 (ambulant)	Staff WC room 4			2.25
25			Server / comms room	Server / comms room			10.00
26				Circulation @ 33%			101.91

Total 428.72

FINAL

FINAL

Risk Register

PROJECT TITLE Cockenzie - extension

PROJECT RISK REGISTER

Risk No.	Date Raised	Description of Project Risk	Potential Failure / Cause	Direct Consequence	Severity (1 - 5)	Probability (1 - 5)	Risk Factor (H, M or L)	Risk Allowance £k	Risk Transferred to hub/CO	Comments	Trigger	Mitigation
1		NHSL Capital costs exceeded	Costs exceed expectations	Cost						Budgets for capital costs will be based on recently completed projects. NHSL equipment will be included the revenue costings.		
2		Revenue costs	Revenue costs may exceed estimates	Cost						Budgets for revenue costs will be based on recently completed projects.		Detailed cost requested for services.
3		IT / Telecom costs	Potential issues with connections and equipment.	Cost/time						Meeting scheduled 27/01/15 re new telephone system specification to obtain quotes. Discussion required regarding IT specification.		Clarification required as discussions.
4		HAI compliance	Failure to meet guidelines	Cost /time						Potential to negatively impact upon design		HAI-Scribe will undertake a identify need design process.
5		Lease negotiations - Preferred Option	Failure to agree terms for increased building footprint.	Cost /time								
6		Design change /variations following design freeze	Changes to design following appointment of contractor	Cost						Design will be agreed by users by specified date		
7		Planning permission	planning permission difficult to obtain causing delays	time						Part of design process		
8		Unforeseen site condition issues	Potential issues with site including those not identified in site surveys.	cost						Discovery of site issues not identified in site investigations		
9		Exceptional weather during construction	Adverse weather may affect programme.	time						Weather conditions may disrupt progress		
10		Loss of public confidence	Adverse publicity, failure to communicate with local community	reputation						Community Groups represented on project group.		Keep commu of project pri dates. Develop plan with NH
11		No increase in clinical accommodation	Failure to be able to facilitate future demographic growth in current building and / or recruit and retain staff	reputation / cost						Budget constraints unable to support required increase		Agree and all of working to accommodate demographic
12		Increased maintenance costs	Potential ongoing maintenance issues	cost / time						Building inspected by Estates on a regular basis		Agree timesc maintenanan be carried ou
TOTAL RECOMMENDED CONTINGENCY ALLOWANCE								0.00	0.00			

Key Severity scored 1 Minor to 5 Severe.
Probability scored 1 very unlikely to 5 very likely.

Long List of Options

COCKENZIE: Site Options Appraisal						
Ref.	Option	Description	Advantages	Disadvantages	Weighting score	Rank
1	Do nothing	Retain services within existing premises	No capital costs; no revenue increases; no disruption	New patients unable to register within local vicinity; will not be able to achieve contractual obligations (GMS); may have to transfer community services and other services	0%	6
2	Do minimum	Retain services within existing premises with some minor modifications	Minimum disruption; meets statutory and legislative requirements	New patients unable to register within local vicinity; will not be able to achieve contractual obligations (GMS); may have to transfer community services and other services; minimal capital costs; disruption to services during minor modifications	2%	5
3	New building on new site	Reprovision within new location	Fully compliant modern, fit for purpose accommodation; flexible; will cope with demand for GMS and community services for next 20 years; potential for additional services to be provided	Land purchase will be required; timescales make take in excess 5 years; difficulty in acquiring land; significant investment required; service costs may be required; planning risk; likely strong patient and GP resistance	30%	2
4	New building on existing site	Reprovision on existing site with temporary solution during construction phase	Fully compliant modern, fit for purpose accommodation, flexible, will cope with demand for GMS and community services for next 20 years; potential for additional services to be provided	Significant investment required; service costs may be required; planning risk; Site constraints during construction for temporary building	34%	1
5	First floor extension with refurbishment to existing building	Construct a first floor extension with minor internal refurbishment to accommodate 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	Fails to cover a comprehensive range of services; potential for not being able to cope with significant patient list increase; significant capital investment required; planning refusal for first floor extension; objections from local neighbourhood for first floor extension	21%	3
6	Ground floor extension with refurbishment to existing building	Construct a ground floor extension with minor internal refurbishment to accommodate 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	13%	4

HubCo costed Risk Register

PRIMARY CARE FRAMEWORK
RISK REGISTER

Cockenzie Health Centre



Ref	Date Raised	Cause of Risk	Risk Description	Effect of Risk	Stage of hub Process	Pre-construction				Risk Owner(s)	Risk Control Measures	Action by Date	Post-construction				Cost Assessment	Last Reviewed/Comments
						Likelihood	Impact - Time	Cost (£)	Risk Score				Likelihood	Impact - Time	Cost (£)	Risk Score		
1 Site Issues																		
1.1	17/02/16	Existing building not being able to accommodate NHS Services	Constraints of existing building footprint	Commercial Risk	Stage 1	2	1	1	2		Discussions required with building users					£25,000		
1.2	17/02/16	Noise and Pollution	Impact of noise and pollution on AEDET and HAI-SCRIBE	Delay	Construction	0	0	0	0		Dealy to works require acceleration					0		
1.3	17/02/16	Capacity of existing storm network	Capacity of sewers, site attenuation	Commercial impact	Stage 1	3	2	2	8		Drainage impact assessment					£50,000		
2 Utility Services Issues																		
2.1	17/02/16	Lack of utility Capacity	Unknowns with existing utilities	Delay	Stage 1	3	2	2	8		Surveys required					£50,000		
2.2	23/02/16	Cable Diversion	Diversion of existing SSiv cable. Believed to be located at rear of building running in area of Culvert	Delay/Commercial	Stage 1 & 2	3	2	3	8		Surveys required to establish location before quote for relocation. Early engagement with SPN					£150,000		
3 Commercial Issues																		
3.1	17/02/16	Inflation	Inflation trends higher than projected resulting in adjustment to the project scope or budget	Commercial / Programme	Stage 1 & 2	1	2	2	2		Monthly monitoring of BCIS Indices throughout the pre-construction period					£80,000		
3.2	17/02/16	Incorrect affordability cap	Incorrect affordability cap demands adjustments to the project at a later date	Commercial / Programme	Stage 1 & 2	0	0	0	0		Intelligent benchmarking, cost planning and due diligence carried out during strategic support					0		
3.3	17/02/16	Tier 2 & 3 supply chain disinterest	Supply chain disinterested in the project resulting in low number and uncompetitive market testing returns	Commercial / Programme	Stage 1 & 2	2	1	4	2		Supply chain engagement events held during S1 to establish a robust and interested supply chain for the project, and the wider framework					£250,000		
3.4	23/02/16	Budget	Inability to complete project within budget for the scope required by NHS Lothian	Commercial/ Programme	Stage 1 & 2	0	0	0	0		Review of budget from SS through stage 1 and 2. NHS to review scope.					0		
4 Design Issues																		
4.1	17/02/16	Authority Requirements	Lack of As	Delay	Stage 1	3	3	4	9		to be managed by programme					£280,000		
4.2	17/02/16	Existing building	Section 8 compliance	Commercial	Stage 1	0	0	0	0		Design review					0		
4.3	17/02/16	Existing building	Clarification of scope of works to existing fabric	Delay	Stage 1	0	0	0	0		Provide ACRs					0		
4.4	17/02/16	Mine workings	Potential for mineworkings under existing building footprint	Commercial	Stage 1	3	3	3	9		Surveys required					£150,000		
4.5	17/02/16	Ground	Underlying Ground Conditions	Delay	Stage 1	0	0	0	0		Surveys required					0		
4.6	17/02/16	Drainage	Condition of internal and building drainage	Commercial	Stage 1	2	1	1	2		Surveys required					£20,000		
5 Construction Issues																		

PRIMARY CARE FRAMEWORK
RISK REGISTER

Cockenzie Health Centre



Ref	Date Raised	Cause of Risk / Risk Description / Effect of Risk			Stage of hub Process	Pre-construction				Risk Owner(s)	Risk Control Measures	Action by Date	Post-construction				Cost Assessment	Last Reviewed/Comments
						Likelihood	Impact - Time	Cost (£)	Risk Score				Likelihood	Impact - Time	Cost (£)	Risk Score		
1 Site Issues																		
1.1	17/02/16	Existing building not being able to accommodate NHS Services	Constrains of existing building footprint	Commercial Risk	Stage 1	2	1	1	2		Discussions required with building users					£25,000		
1.2	17/02/16	Noise and Pollution	Impact of noise and pollution on AEDET and HAJ-SCRIBE	Delay	Construction	0	0	0	0		Dealy to works require acceleration				0			
1.3	17/02/16	Capacity of existing storm network	Capacity of sewers, site attenuation	Commercial impact	Stage 1	3	2	2	6		Drainage impact assessment				£50,000			
2 Utility Services Issues																		
2.1	17/02/16	Lack of utility Capacity	Unknowns with existing utilities	Delay	Stage 1	3	2	2	6		Surveys required				£50,000			
2.2	23/02/16	Cable Diversion	Diversion of existing SSW cable. Believed to be located at rear of building running in area of Culvert	Delay/Commercial	Stage 1 & 2	3	2	3	6		Surveys required to establish location before quote for relocation. Early engagement with SPN				£150,000			
3 Commercial Issues																		
3.1	17/02/16	Inflation	Inflation trends higher than projected resulting in adjustment to the project scope or budget	Commercial / Programme	Stage 1 & 2	1	2	2	2		Monthly monitoring of BCIS indices throughout the pre-construction period				£80,000			
3.2	17/02/16	Incorrect affordability cap	Incorrect affordability cap demands adjustments to the project at a later date	Commercial / Programme	Stage 1 & 2	0	0	0	0		Intelligent benchmarking, cost planning and due diligence carried out during strategic support				0			
3.3	17/02/16	Tier 2 & 3 supply chain disinterest	Supply chain disinterested in the project resulting in low number and uncompetitive market testing returns	Commercial / Programme	Stage 1 & 2	2	1	4	2		Supply chain engagement events held during S1 to establish a robust and interested supply chain for the project, and the wider framework				£250,000			
3.4	23/02/16	Budget	Inability to complete project within budget for the scope required by NHS Lothian	Commercial/ Programme	Stage 1 & 2	0	0	0	0		Review of budget from S8 through stage 1 and 2. NHS to review scope.				0			
4 Design Issues																		
4.1	17/02/16	Authority Requirements	Lack of Ase	Delay	Stage 1	3	3	4	0		to be managed by programme				£280,000			
4.2	17/02/16	Existing building	Section 6 compliance	Commercial	Stage 1	0	0	0	0		Design review				0			
4.3	17/02/16	Existing building	Clarification of scope of works to existing fabric	Delay	Stage 1	0	0	0	0		Provide ACRs				0			
4.4	17/02/16	Mine workings	Potential for mineworkings under existing building footprint	Commercial	Stage 1	3	3	3	0		Surveys required				£150,000			
4.5	17/02/16	Ground	Underlying Ground Conditions	Delay	Stage 1	0	0	0	0		Surveys required				0			
4.6	17/02/16	Drainage	Condition of internal and building drainage	Commercial	Stage 1	2	1	1	2		Surveys required				£20,000			
5 Construction Issues																		

PRIMARY CARE FRAMEWORK

RISK REGISTER

Cockenzie Health Centre



Ref	Date Raised	Description	Impact	Stage of hub Process	RISK-CONTROL			Risk Owner(s)	Risk Control Measures	Action by Date	RISK-CONTROL			Cost Assessment	Last Reviewed/Comments
					Lead	at -Time	(R)				Score	Lead	at -Time		
5.1	17/02/16	co-ordination of existing Plant and services	Location and co-ordination with the building user throughout the build	Delay	Stage 1	2	1	2	2					£50,000	
6 Third Party/Stakeholder Issues															
6.1	17/02/16	Planning approval	Delay in approval	Delay	Stage 2	3	2	2	6					£80,000	
6.2	17/02/16	Planning conditions	Onerous planning conditions	commercial/ delay	Stage 2	0	0	0	0					0	
6.3	17/02/16	Building warrant	Delay in approval	Delay	Stage 2	0	0	0	0					0	
6.4	17/02/16	Hub approvals	Delay in hub approvals delays programme	delay	Stage 2	3	2	2	6					£80,000	
6.5	17/02/16	SFT approvals	Delay in SFT approvals delays programme	delay	Stage 2	3	2	2	6					£80,000	
6.6	17/02/16	Participant approvals	Delay in approvals delays programme	delay	Stage 2	3	2	2	6					£80,000	
6.7	17/02/16	end user engagement	Lack of engagement with end user in Design Process	Commercial/Delay	Stage 1	0	0	0	0					0	
7 Client Specific Issues Managed out															
7.1	17/02/16	Failure of NHS to close out Land title	Clarification of rights of access and survey of escape routes outwith NSHL demise	Commercial/delay	Stage 1	3	2	2	6					£80,000	
8 Other															
8.1															
8.2															
8.3															
ORIGINAL RISK TOTAL									78	CURRENT RISK TOTAL			0		