

**The Full Business Case
For The
Modernisation & Re-design Of
Primary, Community Health & Social
Care Services & Facilities For
Alexandria**

EXTENDED EXECUTIVE SUMMARY



Delivering Excellence from the Heart of the Vale

November 2011

1. Improving the health and wellbeing within and across the area of the Vale of Leven - Alexandria, Balloch, Renton, Jamestown and Bonhill - requires its communities to be able to readily access high quality and joined-up community health and primary care services. The current arrangement of services – most notably those based within the leased premises that form the existing Alexandria Medical Centre – are far from optimal and place substantial limitations on service improvements necessary to meet current and future local needs.
2. The *NHSGGC Vision for the Vale* - as approved by the Cabinet Secretary for Health and Wellbeing – specifies the delivery of a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site. A full business case (FBC) has been prepared in accordance with the Scottish Capital Investment Manual (SCIM); and details how West Dunbartonshire Community Health and Care Partnership (CHCP), on behalf of NHSGGC, plans to deliver this Centre in an affordable, effective, value-for-money and innovative manner that reflects the ambitions of the NHS Scotland Quality Strategy. The content of the FBC builds upon the substantial detail provided within the preceding Outline Business Case (OBC that was previously approved by both the NHSGGC Health Board and the Scottish Government Capital Investment Group (CIG).
3. West Dunbartonshire Community Health and Care Partnership (WDCHCP) was established in October 2010, formally bringing together NHS Greater Glasgow and Clyde's (NHSGGC) and West Dunbartonshire Council's (WDC) separate responsibilities for community-based health and social care services within a single, integrated structure (while retaining clear individual agency accountability for statutory functions, resources and employment issues). The CHCP is responsible for the delivery (and subsequent operation) of this Centre on behalf of NHSGGC. The CHCP's Strategic Plan specifies the delivery of this Centre as its top capital priority; and a key enabler for the CHCP contributing to a range of specified national policies, NHSGGC corporate outcomes and local priorities, e.g. those expressed within the:
 - Healthcare Quality Strategy for NHS Scotland
 - Delivering Quality of Primary Care National Action Plan
 - National Action Plan for Improving Oral Health and Modernising NHS Dental Services
 - NHSGGC Vision for the Vale
 - NHSGGC Corporate Plan 2011-13
 - West Dunbartonshire Council Local Plan
 - West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2011-14.
4. The CHCP's approach to the management of this project reflects the expectations of the SCIM and best practice (including learning accrued within NHSGGC through the successful delivery of other such capital schemes). The approach has been strengthened by its procurement via the *Frameworks Scotland* route; and use of the Health Facilities Scotland (HFS) *NEC3 Engineering and Construction Contract*. The FBC identifies key strategic project risks plus mitigating activity, with project risk management undertaken as per prescribed NHSGGC approach and guidance. An Office of Government Commerce Gate 3 Review undertaken during the early drafting of the FBC yielded an overall delivery confidence assessment at that point in time as amber/green, i.e. successful delivery appears probable; however constant

attention will be needed to ensure risks do not materialise into major issues threatening delivery. An Equality Impact Assessment (EQIA) of the FBC confirmed that there are no negative equality impacts anticipated from the proposal; and that a variety of positive equality impacts will be delivered.

5. The previously approved OBC confirmed that delivering a single new health and care facility on a new site was the strongest option in terms of optimising benefits, minimising risk and representing value-for-money (see Table 1 below for refreshed summary of economic appraisal).

Table 1: Economic Appraisal Summary

	Capital excl. VAT (£,000)	Revenue Ex VAT/ Capital Charges (£,000)	Net Present Value (£,000)	Equivalent Annual Cost (£,000)	Weighted Benefit Score	Cost per Benefit point (£,000)
Option 1: Do minimum	7,596	-	10,093	383	261	1.466
Option 2: Single new site & building	17,336	139	27,929	1,059	949	1.116
Option 3: Retain existing plus procure a new building	21,121	387	39,058	1,481	629	2.354
Option 4: Vacate existing building & procure a number of new buildings	20,044	156	31,612	1,199	341	3.515

An independent feasibility study undertaken for the OBC identified that the optimal and most flexible site for a new centre was on NHS-owned land at North Main Street, Alexandria within the site of the Vale of Leven Hospital (see Figure 1 below). This has been reinforced within the *NHSGGC Vision for the Vale*.

Figure 1: Site Location & Orientation



6. The 'Vision' for this new, state-of-the-art health and care centre is that it will be welcoming, reassuring and revitalising for its patients, their carers, its staff, and visitors from the wider community. This new Centre will:
 - Ensure a clear focus on the provision of excellent and continuously improving health and care services as an integral element of a positive patient experience.
 - Provide a flexible base for a range of increasingly integrated and multi-disciplinary health and care services.
 - Stimulate inter-disciplinary learning and networking through the optimal provision and creative use of shared and common space.
 - Empower patients and visitors with clear information and diverse opportunities to make informed choices about their care and their health.

7. This state-of-the-art facility will enable improved access for local communities to:
 - Three large general practices.
 - An NHS-committed general dental practice.
 - Community-based dietetics.
 - Community-based podiatry.
 - Community-based speech & language therapy.
 - Primary care mental health.
 - Community-based physiotherapy.
 - Community & salaried dental services.
 - A variety of additional outreach services utilising general and multi-functional community consulting suites.
 - A variety of non-clinical health and care related activities/services utilising a bookable public education room.

8. It will also provide a local base for district nursing; health visiting; prescribing support; integrated health and social care teams; training and education facilities. A notable element of the Centre will be an integrated dental complex, incorporating the above general dental practice; community & salaried dental services (CSDS) provided to those patients who would otherwise have difficulty accessing general dental services, such as medically compromised and elderly; and undergraduate dental teaching facilities (affiliated with Glasgow University Dental School and NHS Education for Scotland). The location of the Centre will also enable strong links to be fostered with the acute services operating within the main hospital buildings. This new leading edge facility will meet a number of significant needs that the existing arrangements (and specifically those within the current Alexandria Medical Centre) are fundamentally unable to, i.e. it will:
 - Improve access to and range of services.
 - Improve patient, carer and visitor experience.
 - Enable integration of service provision.
 - Enable integrated team working.
 - Improve quality of clinical care, including meeting decontamination requirements.
 - Enable better use of information and communication technology.
 - Improve physical work environment for staff.
 - Provide high quality education and learning facilities for staff and students.
 - Improve environmental management and sustainable development contribution.

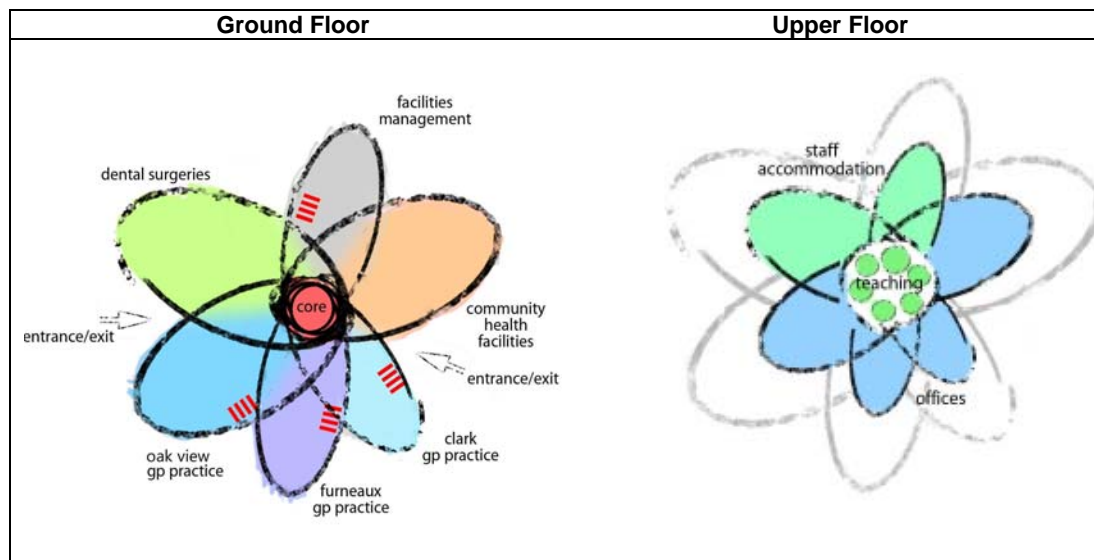
- Provide improved modern parking and drop off facilities, plus enhanced access for pedestrians, cyclists and those using public transport.
 - Improve space utilisation and enhance adaptability for future change.
9. The comprehensive and intense design development process has resulted in a number of headline adjustments to the schedule of accommodation for the Centre from that initially suggested within the OBC:
- Two general practices have merged (forming the new Oakview Practice).
 - The Sandyford Sexual Health Services decided not to establish an in-situ presence within the Centre reflecting current NHSGGC-wide developments.
 - Audiology Services decided not to establish an in-situ presence within the Centre reflecting current NHSGGC-wide developments.
 - A change in the number of dental surgeries ("chairs") to 13: four GDP surgeries; five CDSS surgeries (including repatriated specialist activity from Glasgow Dental Hospital & School); and four undergraduate "outreach" teaching surgeries. This is due to a change in requirement by NHS Education Scotland (NES).
10. The gross internal floor area (GIFA) for the Centre has now been confirmed as 5782m²; this is just over – approximately 1.5%/100m² more than - the estimate indicated in the OBC (having now incorporated actual circulation space requirements and internal walls). The refreshed apportioning of accommodation areas (primarily reflecting an increased emphasis on optimising common facilities and shared space) are summarised in Table 2 below.

Table 2: Schedule of Accommodation

Area Summaries	GIFA (m ²)
Public Spaces	56.70
General Practices: Oakview; Clark & Partners; Furneaux & Partners	912.80
Dental/Oral Health (including GDP)	548.40
CHCP Community Services	1073.70
Community Consulting Suite	333.30
Learning/Education/Training (Shared)	234.80
Staff Facilities (Shared)	143.30
Facilities Management (Common)	560.20
Sub total	3863.20
Internal walls & Circulation	1931.20
TOTAL	5782.00

11. A guiding principle for this project has been that of "form following function" – that function being primarily the delivery of efficient and responsive primary care and community care services to; and the co-production of effective and meaningful health and care outcomes with the communities of the Vale of Leven area of West Dunbartonshire. This is illustrated within the following service adjacencies bubble diagram developed during the embryonic stages of the design process (Figure 2).

Figure 2: Optimal Accommodation Adjacencies



12. The site has provided a rare opportunity to develop an innovative design that:

- Optimally positions services within the facility, both to support their effectively functioning as discrete “units” and also (critically) to enable them to operate in an efficiently integrated manner.
- Ensures that all of the services for the public are on the ground floor, thus optimising ease of access.
- Capitalises on the green nature of the site – allowing views to trees and parkland - so as to maximise the use of natural light and ventilation - all of which enhance the health-promoting effect of the building itself.

13. The key innovation at the core of the design concept is that the integrity of the two functionality “bubble” diagrams developed at the start of the design process (Figure 2 above) have been intentionally maintained within the final building form and layout (Figure 3 overleaf)

Figure 3: Site Layout



14. A comprehensive planning application for the new Centre was formally considered and approved by West Dunbartonshire Council Planning Committee on 6th September 2011. The highly supportive committee paper that accompanied the planning application affirmed that the proposed Centre strongly evidenced the qualities of good design set within the national *Designing Places* policy, i.e.: distinctive; safe and pleasant; easy to get to and move around; welcoming; adaptable; and resource-efficient.
15. The scheme proposed has been assessed as on target for a British Research Establishment Environmental Assessment Method (BREEAM) score of 81% and to thus deliver a Healthcare Excellent rating (as required for all NHS capital projects of this size). The scheme proposed within this FBC has been assessed and scored extremely strongly using the Achieving Excellence in Design Evaluation Toolkit (AEDET).
16. The project's comprehensive local community engagement process has been undertaken in accordance with the relevant requirements of CEL 4 (2010) *Informing, Engaging and Consulting People in Developing Health and Community Care Services*, and the principles set within the *National Standards for Community Engagement* (2009). All of the engagement with local stakeholders evidenced a unanimous and highly positive response to the Vision for the Centre and the proposed design scheme (with an accompanying impatience for its delivery) including:
 - A high level of support for the overall design approach and accommodation layout having been based around how best to provide high quality and

- integrated services for patients and service users.
- Approval for all public services being easily accessible on the ground.
- Appreciation for how the design made use of the green space within the site, especially the views of parkland and trees available internally (including waiting areas) alongside high levels of natural light and ventilation (Figure 4 below).
- Enthusiasm for the 'modern' building shape (see front cover).

Figure 4: Illustrated Example View within Centre Atrium



17. The sustainable transport serving the site has been acknowledged by West Dunbartonshire Council as being very good, in particular the walking and bus facilities surrounding the site. The Green Travel Plan has identified that most local residential areas within the Vale of Leven are able to access the site either by walking or by local bus services. Notably a new bus stop is to be provided directly outside the main (east) entrance on North Main Street; a new bus bay on the opposite side of that road; and a new pedestrian (puffin) crossing improving walking accessibility.
18. The Gate 3 Review undertaken (Section 2.4) during the drafting of this FBC confirmed that:
 - There has been effective engagement and communication that have ensured full support from service staff and the local community (to the extent that no objections to the Planning Application were received).
 - Effective engagement and communication have engendered a wide sense of ownership and pride amongst stakeholders which should carry forward into the commissioning phase.
 - Technically the project is in a good position having gone through a very sound design development process to arrive at an innovative and functionally efficient design that is well supported by all stakeholders and should enhance the area of the town in which it is to be constructed.

19. The project has been procured via the *Frameworks Scotland* route (as per the approved OBC) and strictly adhered to the process prescribed. Turner & Townsend and Gardiner & Theobald have been respectively appointed as external Project Manager and Cost Adviser to take the project forward through Stage 3 and in readiness for delivery Stage 4 (subject to FBC approval). Laing O'Rourke has been appointed as the Principal Supply Chain Partners (PSCP) to progress the development through to Stage 3 Framework Scotland agreement and FBC. The supervisor role is being discharged in-house by the NHSGGC Corporate Capital Planning & Procurement Team as Client Project Manager.
20. The recommended target price sum has been confirmed as £13,983,316 (excluding VAT) – this is within the cost identified by the OBC. When the target price is combined with other standard costs (e.g. board direct costs such as estates and commissioning), the estimated total cost is £20,795,090 (including VAT). This is just (approximately £16k) below the total capital cost indicated within the OBC. Provision for this expenditure has been made within the NHSGGC Capital Programme. The project, being Treasury funded, will be incorporated into the NHSGGC balance sheet, following a valuation by the District Valuer.
21. The projected net increase in revenue costs to NHSGGC associated with the preferred option is estimated as £654,000. It has been confirmed that this increase in revenue costs (part year 2013/14, and full-year thereafter) can be provided for within the indicative unallocated financial resource allocation published for NHSGGC.
22. The effective commissioning of the Centre will build upon the effective processes and working relationships that have both supported and been strengthened through the project thus far. In addition to maintaining appropriate service continuity, attention will be given to refreshing operational policies and necessary change management activities to optimise the opportunities afforded by the new Centre (e.g. adopting and adapting to agile working styles). The CHCP will ensure that the development and embedding of refreshed ways of working for staff and services within the new Centre will be in keeping with the expectations of the new NHSGGC *Facing the Future Together* Corporate Change Programme; in accordance with the NHSGGC *Policy on Managing Workforce Change* (including working constructively in partnership with Trade Unions/Staff Side as has been the norm within the CHCP); and reinforcing the CHCP's established commitments to its own well-developed *Staff Governance Framework* and successful *Healthy Working Lives* scheme.
23. Subject to confirmation of the approval of the FBC formally by NHSGGC and the Scottish Health Directorate Capital Investment Group by January 2012, construction of the Centre will commence February/March 2012 with the Centre anticipated as being completed, commissioned and operational by early/mid Summer 2013 – Table 3 below

Table 3: Key Project Milestones

NHSGGC Capital Planning Group Approval	Early November 2011
Project Board Approval	2 November 2011
NHSGGC Quality & Performance Committee Approval	15 November 2011
SGHD CIG Consideration	16 December 2011
SGHD CIG Approval Anticipated	January 2012
Construction Commence	Feb/March 2012
Construction Complete, Centre commissioned and open	2 nd Quarter 2013
Post project Evaluation	3 rd Quarter 2014

24. The FBC presents an affordable, value-for-money and high quality scheme for the confident delivery of a key element of the Cabinet Secretary-approved NHSGGC Vision for the Vale. In delivering the innovative Centre and improvements detailed within the FBC, the CHCP will bring leading-edge health and care services to communities that have high levels of persistent health needs; and in a manner that supports the physical, social and economic regeneration of the area as whole. It will be a tangible example of the recognition of the needs and value of the people of the Vale of Leven, providing not just a showpiece health and care centre but a landmark building that engenders and reinforces a palpable sense of civic pride (Figure 5).

Figure 5: Illustration of the Presence of the Centre on North Main Street

