



Full Business Case

For

**Modernisation and redesign of primary and
community health services for Possilpark**

**Glasgow City Community Health Partnership – North
West Sector**

11th November 2011

Project Particulars

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<p>This document is the Full Business Case for NHS Greater Glasgow & Clyde's Modernisation and redesign of primary care for Possilpark and provides information on:</p> <ul style="list-style-type: none"> ▪ The Final Option ▪ Procurement, Contractual and Delivery arrangements ▪ Relevant Financial Information inc Value for Money <p>The document is prepared in accordance with the SCIM 5-Case model.</p>	
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1. EXECUTIVE SUMMARY

Introduction

This Full Business Case (FBC) introduces NHS Greater Glasgow & Clyde's project, the Modernisation and redesign of primary and community health services for Possilpark and provides evidence that the proposed project is robust, affordable and deliverable. It also provides clear guidance with regards to objectives, timescales, measurability and governance.

The project was first introduced in the project's Initial Agreement; Modernisation and redesign of primary and community health services for Possilpark and, as stated in the Initial Agreement, the purpose of this project is much more than the simple replacement of the existing facility and services

North Glasgow experiences the greatest intensity of poverty and deprivation in the whole of the area covered by NHS Greater Glasgow and Clyde (with nearly 60% of the population living in the worst 15% areas of deprivation in Scotland making North Glasgow the second most deprived CHP area in Scotland.)

Project Objectives

The project has been identified by NHSGG&C as an opportunity to enable and facilitate fundamental change in the way in which healthcare is delivered to the people of Possilpark thus satisfying a critical business need. The underlying aim is to tackle health inequalities by improving the delivery of health and social care services in an area of extreme poverty and deprivation. Health care services will be shaped around the needs of patients and clients through the development of partnerships and co-operation between patients, their carers and families and NHS staff; between the local health and social care services; between the public sector, voluntary organisations and other providers to ensure a patient-centred service.

The development of the Health Centre will be led by NHS Greater Glasgow & Clyde (NHSGG&C) but it forms a significant part of a wider regeneration project led by Glasgow Regeneration Agency (GRA) entitled Saracen Exchange. In terms of its fit within a wider urban development plan, Glasgow City Council has advised that the Glasgow and Clyde Valley Structure Plan identify Possilpark as a "Town Centre to be safeguarded" and a priority location for investment.

The replacement of Possilpark Health Centre presents a unique opportunity to demonstrate in a very tangible and high profile way NHS Greater Glasgow and Clyde's commitment to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

Location Map (Diagram 1)



Project Benefits

It is anticipated that service users will see an improvement in the following:

- Physical environment and patient pathway
- Access to a range of services not previously available locally
- One door access to integrated community teams; this will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs
- A more co-ordinated approach to rehabilitation
- Speedier referral pathways between professionals

The project will ensure that local services are driven by a continuous cycle of quality improvements, not just restricted to clinical aspects of care but to include quality of life and the entire patient experience. The project will build on our experience gained through *Keep Well* and will focus on preventing as well as treating ill health by providing information and support to individuals in relation to health promotion, disease prevention, self-care, and rehabilitation and after care.

The project will enable service re-design and development that will ensure that wherever appropriate and safe, services and care will be delivered as close as possible to the point of need. Similarly, it will enable responsibility for decisions about patient care to be devolved to as close to the point of delivery as possible.

Throughout the design process, our approach has been founded on the clear application of the 3P's – **Practice, Principles and People**. This application is discussed further in section 4. New health facilities not only have to support and facilitate the clinical needs of patients in a safe and quality environment, but they also have to deliver this in a supportive therapeutic environment. The proposed design creates a truly therapeutic environment that is responsive to the needs of patients, staff and visitors by creating a calm and uplifting building.

The project will also make a significant contribution to the physical and social regeneration of one of the most deprived neighbourhoods in Scotland.

Strategic Links

Section 2.4 of the Full Business Case illustrates how the project will contribute to the achievement of national and local strategies and policies. It is fundamental to the commitment by NHSGG&C to tackle health inequalities.

Shortlisted Options

As part of the preparation of the OBC a Site Options Appraisal Workshop was held on 11th January 2010.

A long lists of 7 options was considered and through a process of ranking the options against the agreed benefits criteria a short-list of 4 options was agreed. The options and their respective scoring at the workshop were:

Table 3

Option	Score	Rank
Option 6: New Build, Saracen Street (Self)	916	1
Option 5: New Build, Alternate site	735	2
Option 7: Third party developer led Health Centre at Saracen Street with GNRA	718	3
Option 2: Do Minimum (includes minor interior upgrade works to improve the building)	91	4

The preferred option was new build at Saracen Street (self). Section 3, Paragraph 3.4 summarises the rationale for the scores achieved by these options.

Economic and Financial Appraisal

The following tables are explained fully in section 3 & 5, but provide a snapshot of the economic and financial appraisals at this point.

The results of the economic appraisal of capital and revenue costs for each option are summarised in the table below:

Table 4: Economic Appraisals for the Shortlisted Options.

Economic Appraisals for the Shortlisted Options Element	Option 2: Do Minimum £ 000's	Option 5: New Build on alternate site £ 000's	Option 6: New Build at Saracen Street (Self) £ 000's	Option 7: Third party developer led Health Centre at Saracen Street with GNRA £ 000's
Capital Receipts	0	0	0	0
Capital Costs	1,475	10,961	8,906	756
Life Cycle	15,207	14,480	12,380	0
Other Revenue	-2,436	-870	-870	23,155
Net Present Value	7,086	14,685	12,773	14,453
Ranking	1	4	2	3

The results of the financial appraisal of the capital and revenue cash flows for the preferred option are summarised in the table below:

Table 5: Financial Appraisal for the Preferred Option

Option 6: New Build Saracen Street (Self)	2010/11 £,000	2011/12 £,000	2012/13 £,000	2013/14 £,000	Total £,000
Capital Funded by:					
Existing Capital	974	556	8,857		10,387
Total	974	556	8,857		10,387
Revenue Funded by:					
Existing Revenue					
Additional				121	121
Total				121	121

The results of the value for money analysis identifying the optimum solution when comparing costs to qualitative benefits are summarised in the table below:

Table 6: Value for Money analysis comparing Qualitative Benefits to Costs

Value for Money Analysis – comparing qualitative benefits to costs				
Option	Qualitative Benefits Score	Equivalent Annual Cost (£000)	Cost per Benefit point (£000)	VfM Economic Ranking
2. Do Minimum	91	269	£2.956	4
5. New Build on alternate site	735	557	£0.758	2
6. New Build at Saracen Street (Self)	916	484	£0.528	1
7. Third party developer led Health Centre at Saracen Street with GNRA	718	790	£1.100	3

Table 7: Economic Appraisal Summary

Option	Total Capital Estimate £'000	Net Revenue Costs / (Saving) £'000	NPV (ex VAT) £'000	Equivalent Ann cost	Benefit Score	Cost per benefit point £
Option 2	1,475	-42	7,086	269	91	£2,956
Option 5	10,961	-15	14,685	557	735	£758
Option 6	8,906	-15	12,773	484	916	£528
Option 7	756	891	14,453	790	718	£1,100

The low capital cost for option 7 reflects only capital equipment with the third party developer charging through a lease.

The lowest cost per benefit point is option 6, new build at Saracen Street

Summary of Project Milestones

A summary of the key project dates is provided in the table below:

Table 8: Project Milestones

Description	Key Milestones
▪ Planning Approval	22 nd March 2011
▪ OBC submitted to SGHD	30 th August 2010
▪ OBC Approved	5 th August 2011
▪ Gateway 3	1 st -3 rd Nov' 2011
▪ CIG Submission of FBC	11 TH Nov'2011
▪ NHSSG&C Quality Performance Cttee	15 th Nov' 2011
▪ CIG Meeting	16 th Dec'2011

Activities during this period are planned as follows:

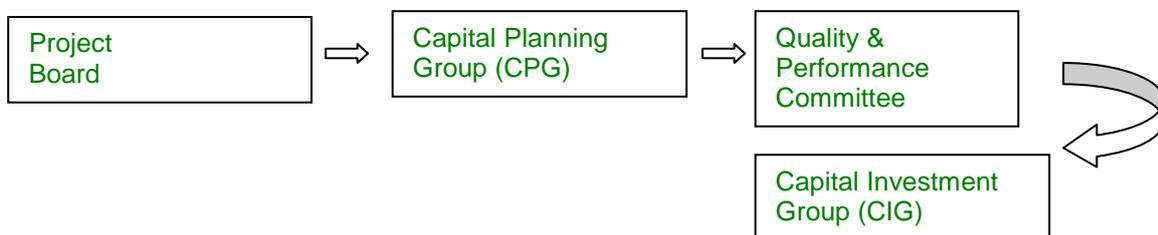
- Contractor appointment
- Mobilisation Period 16 Jan–3rd Feb'12
- Construction Period 6 Feb'12-1 Feb'13
- Commissioning Period 1 Feb'13 -11Mar'13

As per the Management Case

PPE will commence no later than 12 months after occupation

Project Governance

Diagram 2: FBC Approvals Flowchart



Change in Scope

Since Outline Business Case submission in August 2010 and approval in August 2011, the 5 jointly funded and managed Community Health and Care Partnerships between NHSGG&C and Glasgow City Council have been dissolved. These have been replaced, on the health side by the Glasgow City Community Health Partnership with three operating sectors in North West, North East and South. The planned Possilpark scheme now lies within the North West Sector.

Implications of the project not going ahead

A number of implications have been identified. These include:

- The envisaged clinical model will not be delivered in accordance with new operational policies
- The energy efficiency and carbon footprint reduction targets will be at risk
- Access to the conditional funding from the SGHD Primary and Community Care Premises Modernisation Programme may be lost
- The local support for the new facility will be lost
- Failure to expand range of services provided to patients in the community and to benefit from collocation of multi-disciplinary staff teams
- Dental facilities would not be improved and could therefore not meet national standards of care

- NHSGG&C will still require to consider the investment required for the ‘Do minimum’ option to address access issues such as disabled access and backlog maintenance
- The urban regeneration of this particular site will be stalled and limited
- The National Actions identified in the Delivering Quality in Primary Care National Action Plan will be more challenging to achieve.

The Saracen Exchange project addresses a long term market failure in the North of Glasgow and will become the focal point for the regeneration of the Possilpark community. The Master plan includes the new Health Centre, a local housing office and a Business, Employment and Learning Centre. The experience gained in North Glasgow from the *Keep Well Anticipatory Care* pilot emphasised the need for much closer connection between health, social care and other community services to meet the complex needs of patients in deprived areas. Should the project not proceed, it will limit the viability of the investment in the urban and social regeneration of this area.

Document Structure

This business case consists of five sections in addition to an Executive Summary and Conclusion. The content, per section, is described below:

Table 9: Summary of Document Structure

Section	Contents
Executive Summary	
Section 1:	The Strategic Case Revisits the NHSGG&C Modernisation and redesign of primary and community health services for Possilpark and provides an overview of the organisation, current accommodation, desired scope, strategic risks and future service delivery in relation to the project. This section expands on the project background by providing specific information such as investment objectives, constraints and dependencies.
Section 2:	The Economic Case Reviews historical project data, provides further information and relevant updates and includes a sensitivity analysis.
Section 3:	The Commercial Case Details the agreed scope and services, risk allocation, key contractual arrangements, personnel implications, implementation timescales and accountancy treatment.
Section 4:	The Financial Case Provides information with regards to the financial model and examines the project’s capital and revenue position
Section 5:	The Management Case Demonstrates the approach to procurement, project

	management, risk management, benefits realisation, post project evaluation and the project timetable
Conclusion	

2. THE STRATEGIC CASE

2.1 Introduction

This Full Business Case (FBC) introduces NHS Greater Glasgow & Clyde's preferred option for the modernisation and redesign of primary and community health services for Possilpark. It provides evidence that the proposed project is robust, affordable, deliverable and sustainable.

Purpose and Objectives of the Full Business Case

The purpose of this FBC is too specifically:

- Review the work done to date through both the IA and the OBC, identify any change in scope and update any information if required
- Provide evidence to support the Value for Money option
- Set out the negotiated commercial and contractual arrangements for the deal
- Demonstrate that the project is affordable
- Put in place the detailed management arrangements for the successful delivery of the project

Scottish Capital Investment Manual Compliance

This FBC has been prepared in accordance with the requirements of the Scottish Capital Investment Manual (SCIM) and presents the project's objectives, benefits, risks, costs and other relevant information.

A checklist has been compiled to facilitate ease of reference in accordance with the SCIM. The checklist can be viewed below:

Table 10: SCIM Checklist

Phase/Action	Activity	Reference in FBC
Phase 3 – Procurement	Preparing the Full Business Case (FBC)	
Step 8	Procuring Value for Money (VFM) Solution	
Action 8.1	Revisit the Case for Change	Section 2
Action 8.2	Revisit the OBC options	Section 2
Action 8.3	Detail procurement process and evaluation of final tenders (in £s)	Section 3
Step 9	Preparing for the Potential Deal (Commercial Case)	
Action 9.1	Set out the negotiated deal and contractual arrangements	Section 4
Action 9.2	Set out the financial implications of the deal	Section 4
Step 10	Ensuring Successful Delivery	
Action 10.1	Finalise project management	Section 6

	arrangements and plans	
Action 10.2	Finalise change management arrangements and plans	Section 6
Action 10.3	Finalise benefits realisation arrangements and plans	Section 6
Action 10.4	Finalise risk management arrangements and plans	Section 6
Action 10.5	Finalise contract management arrangements and plans	Section 6
Action 10.6	Finalise post project evaluation arrangements and plans	Section 6

The preparation of a full business case is aligned with Gate 3 (Investment Decision) in the Gateway Review. A Gate 3 review took place on 1st, 2nd, & 3rd November 2011 and a Amber/Green rating was achieved.

Project Background

The current Possilpark Health Centre is the base for three GP practices. The facility was built in the 1970's and serves a GP population of 8,000. The existing centre is functionally unsuitable and does not have the space to deliver the services that are expected from a modernised National Health Service.

A premises audit, conducted in July 2008, identified the GP premises as lacking in providing patient confidentiality and inadequate for a three doctor practice. The fabric of the centre is very poor and a survey in 2006 identified costs of £640,000 to carry out necessary maintenance to bring into a satisfactory state. It should be noted that this investment would not include for any works to deliver service benefits. Beyond this, the building is not DDA compliant and restrictions in space prevent many procedures being carried out by primary care staff. As a result many patients need to be referred to secondary care for relatively minor procedures.

The current Health Centre also hosts a dentist practice and community dental services. The current accommodation severely restricts the potential for the dental services to expand or improve their facilities to meet new standards for example, sterilisation of equipment.

A fourth practice, the Balmore Road practice (CHI-nr: 4325-6) will join these three practices in the new facility.

2.2 Strategic Overview

Profile of Possilpark

The new population health profiles for 2010, published by the Glasgow Centre for Population Health in 2011, confirm the situation of North Glasgow generally and the Possilpark area in particular, as one where people's difficult circumstances result in poor quality of life, high rates of ill-health and low life

expectancy. On almost every indicator listed in the profile, Possilpark records significantly worse than the Scottish average

Life expectancy

In Possilpark male life expectancy is 64.1 (more than 10 years less than the Scottish average) and female life expectancy is 73.8 (6 years less than the Scottish average).

Poor health and hospitalisation

Table 11 sets out a summary range of indicators relating to specific health conditions, associated hospital admissions and child health, which illustrate the extent of the poor health experienced by people in Possilpark.

Table 11 Poor Health and Hospitalisation

Health indicator	Annual average/rate per 100,00 population	Comparison with Scottish average
Drugs related hospital admissions	52 people per year A rate of 400.6	Almost 5 times the Scottish average
Alcohol related hospital admissions	408 people per year A rate of 2310	More than twice the Scottish rate of 1088
Long term conditions COPD	On average 125 people hospitalised per year A rate of 475.9	3 times the Scottish rate of 158.9
Long term conditions CHD	117 people hospitalised A rate of 551.9	69% above the Scottish rate of 347.0
Emergency admissions	1890 emergency admissions per year A rate of 9955.3	1.5 times the Scottish rate of 6378.9
Psychiatric admissions	84 people per year A rate of 525.9	40% above the Scottish rate of 303.0
Mothers smoking in pregnancy	47.4% of pregnant mothers smoke	More than twice the Scottish average of 22.6%
Babies exclusively breast fed at 6 weeks	11.8% of babies aged 6 weeks	Less than half the Scottish average of 26.4%
Primary 1 children with no tooth decay	37.1%	37% below the Scottish average of 61.8%

A recent study (carried out in 2010, fully reported in the OBC) identified the 18 most deprived GP practices in Scotland. There are 5 Possilpark practices in the top 10 and 6 in the top 20 with Keppoch (CHI nr: 4323-7) the most deprived, Balmore Rd (CHI-nr: 4325-6) is the third most deprived, Dr Alguero (CHI nr: 4354-2) is fifth most deprived and Dr Langdridge (CHI nr: 4353-8) is the eighteenth most deprived in Scotland. These four practices will operate within the new Health Centre and collectively demonstrate the concentration of deprivation within the area in comparison to other parts of Scotland.

2.3 Organisational Overview

The Outline Business Case covered the organisational structure, priorities and policy and legislative drivers in great detail. This section (and those which follow related to aims and objectives) is intended to be an overview of the organisation only.

NHSGG&C ensures the delivery of high quality health care to Health Board residents and strategic leadership and direction for all NHS services in the Glasgow & Clyde area. It works with partners to improve the health of local people and the services they receive. Furthermore, the Board also provides both regional and national health care in some instances.

At a more local level the implementation of strategic policy objectives, has been given added impetus by the establishment of Glasgow Community Care Partnership which is responsible for the planning and delivery of all health services for the 584,000 people who live in Glasgow. This includes the delivery of services to children and adult community care groups and health improvement activity.

Delivery of the objectives of the CHP Development Plan as it reflects the NHS Greater Glasgow and Clyde Local Delivery Plan will be enabled by the development of the proposed facility.

The new development will support the implementation of NHSGG&C's Primary Care Framework which emphasises the importance of anticipatory care and tackling health inequalities. The Framework also proposes the establishment of locality groups, bringing together local GPs and other primary care contractors with CHP services for local decision making. The building of the new health centre will give added impetus to these developments and in turn the effective working of these locality groups will facilitate the integrated, multi-disciplinary working this centre is designed to encourage.

2.4 Strategies and Aims

The national policy context has a critical influence on the development of health and care services in Possilpark. The following list identifies some of the key national policies which influenced the preparation of this Business Case:

- Delivering for Health and associated guidance
- Better Health, Better Care
- Getting it right for every child
- Hidden Harm
- Changing Lives
- Health and Homelessness Standards
- Equality Legislation
- Improving Health in Scotland: the Challenge
- Respect and Responsibility – the national sexual health strategy.
- Equally Well – report of ministerial task force on health inequalities

Although each strategy focuses on different aspects of transformation, they are based on a common set of principles:

- Community capacity building
- Whole-systems approaches
- Focus on prevention and early intervention
- Reducing health inequalities
- User involvement
- Carers as partners
- Self management of care
- Systematic approach to long-term conditions management
- A competent workforce

All of these principles are reflected in the Preferred Option detailed in this FBC.

2.4.1 HEAT targets and standards

The project will contribute to the achievement of Glasgow CHP's share of the following HEAT targets and standards that have been set for NHSGG&C by the Scottish Government. The timescale of March 2014 for the relevant targets is relatively short, but it is anticipated that similar targets will be set for future years and/ or these targets will become HEAT standards that will still require concerted action if the Board is to meet Scottish Government expectations.

Relevant Health Improvement targets

- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines during 2011/12.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2011/12.
- Reduce suicide rate between 2002 and 2013 by 20%
- Achieve agreed completion rates for child healthy weight intervention programme over the three years ending March 2014.
- NHS Scotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.
- At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.

Relevant Health Efficiency targets

- NHS Scotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009

Relevant Health Access Targets

- From the quarter ending December 2011, 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.
- Deliver 18 weeks referral to treatment from 31 December 2011.
- By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; and 18 weeks referral to treatment for Psychological Therapies from December 2014.

Relevant Health Treatment Targets

- Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between 2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.

Relevant HEAT standards

- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team.
- No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census).
- No patient will wait longer than 9 weeks for inpatient and day case treatment (measured on month end Census).

- No patient will wait more than 6 weeks to be discharged from hospital into a more appropriate care setting.
- Maintain the number of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources.
- NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009.

2.5 Other Organisational Strategies

The primary policy imperatives (national and local) for this project are:

- The Healthcare Quality Strategy for NHS Scotland, whose key drivers are: person-centred, safe and effective services
- The Delivering Quality of Primary Care National Action Plan (2010) that reinforces the integral role of CH(C)Ps in ensuring that effective, high quality and appropriate healthcare is delivered in the heart of the community
- The national Action Plan for Improving Oral Health and Modernising NHS Dental Services (2005)
- The Sustainable Development Strategy for NHS Scotland CEL 15 (2009), and particularly the corresponding SCIM requirement that all new healthcare buildings above £2 million commit to achieving a British Research Establishment Environmental Assessment Method (BREEAM) Healthcare Excellent rating.
- The national Designing Places (2008) policy statement with its emphasis on the six qualities at the heart of good design - identity; safe and pleasant spaces; ease of movement; a sense of welcome; adaptability; and good use of resources; and the Policy on Design Quality for NHS Scotland CEL 19 (2010)
- Property and Asset Management Strategy CEL 35 (2010) Policy for the implementation of Asset Management within the NHS in Scotland.

2.6 Investment Objectives

The proposed investment will make a significant contribution to the achievement of the wider policy agenda and local objectives by providing modern and fit for purpose facilities for the provision of healthcare services.

Table 12 sets out the SMART objectives and the anticipated benefits (with associated performance measures).

In setting out expected improvements, the performance indicators are based on available data for the Possilpark neighbourhood (where the majority of

patients using the health centre will live). The GP practices in the health centre also have patients from surrounding areas. However, since Possilpark is the second most deprived neighbourhood in Scotland, it is considered that any change in Possilpark (where arguably change will be more difficult to achieve) will be a good indicator of improvements in surrounding areas (most of which are also deprived).

The investment objectives/benefits are listed below:

Table 12: Saracen SMART investment objectives/ benefits

	Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
1.	<p>Enable speedy access to modernised and integrated Community Health & Social Care Services that achieve national standards</p> <ul style="list-style-type: none"> • Reduced waiting times/increased productivity for services provided in health centre • More productive use of treatment rooms • Improvement GP access target (48hour and advance booking) • Reductions in bed days, prevention of delayed discharges, prevention of readmissions • More procedures in community and less use of acute hospitals 	<p>Yes – by improving consulting space</p> <p>Improved space for AHP procedures</p> <p>Improved treatment rooms and bookable space</p>	<ul style="list-style-type: none"> • AHP services <ul style="list-style-type: none"> - Dietetics - Physio - Podiatry • Addictions referral to treatment (alcohol and drugs) • GP access measured through national survey 	<p>10 week waiting time. 4 -5 sessions per month</p> <p>24 patients in Possilpark per month</p> <p>244 people per year referred to acute</p> <p>87% < 21 days</p> <p>90% in 48 hours 85% advance</p>	<p>5 week waiting time. 8 – 10 sessions per month</p> <p>48 per month</p> <p>At least 244 people treated in community instead of acute hospital</p> <p>92% < 21 days</p> <p>93% in 48 hours 91% advance</p>

2.	<p>Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care</p> <ul style="list-style-type: none"> Better management of LTCs - reduction in number of admissions and bed days Prevent inappropriate use of hospital services, better management of illness within primary care, Shift in balance of care - more patients looked after through primary care and less use of acute services Improvements in cervical screening rate and childhood immunisation rates Positive support to GP practices in deprived areas to tackle health inequalities GP practices in the area together provide community-oriented primary care 	<p>Yes- by improved space and more welcoming environment for patients</p> <p>Yes – by closer working together between GP practice, dental and CHP primary care staff</p> <p>Sandyford sexual health services in new building</p> <p>Mobile breast screening unit able to visit because car park secure</p> <p>Yes – by increased links between primary care and local community orgs.</p> <p>Yes- by improved space and more welcoming environment for patients</p>	<ul style="list-style-type: none"> Health checks delivered as part of new LES (Local Enhanced Service) as Keep Well mainstreamed Participation of GPs in other LES services <ul style="list-style-type: none"> diabetes CHD COPD Hospital admissions for COPD Hospital admissions for CHD Psychiatric admissions Emergency admissions Multiple admissions 65+ Alcohol hospital admissions Drugs hospital admissions Referrals from GPs and CHP services to health improvement services <ul style="list-style-type: none"> smoking cessation, Live active (physical activity) Money advice Stress counselling Waist winners employability Referrals from GP practices to local 	<p>200 checks per year</p> <p>4 GP practices engaged in LES</p> <p>125 per year</p> <p>117 per year</p> <p>84 per year</p> <p>1890 per year</p> <p>135 per year</p> <p>408 per year</p> <p>52 per year</p> <p>68 people referred to smoking cessation from Possilpark 2010/11</p> <p>85 in 2010</p> <p>21</p> <p>10</p> <p>12</p> <p>21</p> <p>391 per year (56.7%)</p> <p>38.5%</p>	<p>250 per year</p> <p>Continue all 4 with increased reach</p> <p>100</p> <p>90</p> <p>70</p> <p>1721</p> <p>115</p> <p>340</p> <p>40</p> <p>85</p> <p>100</p> <p>50</p> <p>40</p> <p>40</p> <p>60</p> <p>65%</p> <p>48%</p> <p>93%</p> <p>98%</p>
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			<p>carers team</p> <ul style="list-style-type: none"> - number of referrals 88.1% - number of carers assessments) 97% <p>47.4%</p> <ul style="list-style-type: none"> • Cervical cancer screening • Breast screening uptake • Bowel cancer screening uptake • Immunisation MMR 24 mths • Immunisation excluding MMR • Mothers smoking in pregnancy 		42%
3.	<p>Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.</p> <ul style="list-style-type: none"> • Uplift in patient satisfaction • Improvements in LES participation • Reduction in DNA rates • Increase in dental registrations • Reduction in children treated at dental hospital. 	<p>Yes- by improved space and more welcoming environment for patients</p> <p>Yes – by closer working together between GP practice, dental and CHP primary care staff</p> <p>Improved treatment rooms and bookable space</p>	<ul style="list-style-type: none"> • Survey of staff and users/patients regarding how accessible they find the facility. • Keep Well health checks as part of new LES • Compare DNA rates with current rates • Dental registrations of children 3-5 yrs • Children treated at dental hospital • Children in Primary 1 with no tooth decay 	<p>Current centre not accessible and described as “a fortress”</p> <p>200 per year</p> <p>73.5%</p> <p>44</p> <p>13 (37.1%)</p>	<p>New centre will be considered welcoming and highly rated as per survey results 250 per year</p> <p>80%</p> <p>36</p> <p>45%</p>
4.	<p>Continue to develop the</p>	<p>Yes, co-location of staff and proximity</p>	<ul style="list-style-type: none"> • Referrals from GPs and CHP services 	<p>See 2 above</p>	

	<p>culture of partnership that is an essential foundation for the CHCP in line with Partnership for Care</p> <ul style="list-style-type: none"> Increased referrals to these services from GPs Increase in referrals and increase in carers assessments Shift in balance of care – more older people supported at home, reduction in bed days Less children in need of residential care 	<p>of other services will encourage better partnership to provide more holistic services for patients</p>	<p>to health improvement services</p> <ul style="list-style-type: none"> smoking cessation, employability Referrals from GP practices to local carers team <ul style="list-style-type: none"> number of referrals number of carers assessments) Bed days through LTCs – COPD and CHD Increased IAF and joint case review etc. Number of LAC (looked after children) Number of LAAC (looked after and accommodated children) 	<p>See 2 above</p>	
5.	<p>Deliver NHS GGC wide planning goals and support service strategies</p> <ul style="list-style-type: none"> More care in community and less in acute hospitals Increase numbers of older people supported in the community and reduce use of residential accommodation and hospitals Inequalities sensitive practice part of core business for staff 	<p>Yes, will support implementation of Primary Care Strategy, LTC strategy, ASR and RES redesign</p> <p>More people supported at home</p> <p>Better management of LTCs</p> <p>Prevention of hospital admissions and delayed discharges</p> <p>More treatment in primary care</p> <p>Anticipatory care</p>	<ul style="list-style-type: none"> Admissions from LTCs Bed days through LTCs emergency admissions multiple admissions 65+, Tackling inequalities – Inequalities sensitive practice in primary care – best practice shared and rolled out , GP access Use of outreach and other methods to 	<p>See 2 above</p> <p>See 2 above</p> <p>See 2 above</p> <p>GP practices will complete PDSAs(Plan, Do, Study, Act)</p> <p>See 1 above</p> <p>200 health checks</p>	<p>Learning from PDSAs actioned</p> <p>250 health checks</p>

	<p>operating in the health centre</p> <ul style="list-style-type: none"> Health centre a hub for health in the area 	Tackling health inequalities	<p>engage with vulnerable patients</p> <ul style="list-style-type: none"> Keep Well LES activity Active locality groups 	<p>Locality groups established Oct 2011</p>	<p>GPs actively engaged and local issues addressed</p>
6.	<p>Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs through achievement of BREEAM healthcare rating of excellent</p>	<p>Yes – design of building ensures excellent rating</p>	<p>Contribute to North West sector's share of CHP target for reduced carbon emissions</p>	<p>Current building of poor fabric and energy efficiency</p>	<p>Immediate reduction in heating/lighting costs</p>
7.	<p>Improve and maintain retention and recruitment of staff.</p> <ul style="list-style-type: none"> Uplift in staff satisfaction and morale Decrease in absence rates Decrease in staff turnover 	<p>Yes – design of building provides a more pleasant, safer and less stressful working environment</p>	<ul style="list-style-type: none"> Staff satisfaction survey at end of year 1. Staff absence records Staff turnover rate 	<p>5.6%</p> <p>6.03%</p>	<p>3.9%</p> <p>5.0%</p>
8.	<p>Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS and CABE. Creation of an environment people want to come to, work in and feel safe in</p> <ul style="list-style-type: none"> Provide a clinical 	<p>Yes, capital investment makes this possible</p> <p>Use of quality design and materials to create a pleasant environment for patients and staff</p> <p>Yes – design of building provides a more pleasant, safer and less</p>	<p>HAI cleaning audits (regular NHSGG&C process)</p> <p>Building contributes to improvement of Possilpark area - acts as starting point for wider development by GRA (chart development in 5 years following build)</p> <p>HR statistics as per 7</p>	<p>Currently a derelict site</p> <p>5.6%</p> <p>6.03%</p>	<p>Create new civic buildings and square in the town centre</p> <p>3.9%</p>

	<p>environment that is safe and minimises any HAI risks</p> <ul style="list-style-type: none"> • Building makes a positive contribution to health • Reduced staff absenteeism and turnover • Reduced complaints re violence/aggression from patients 	stressful working environment	<p>above</p> <ul style="list-style-type: none"> • Staff absence records • Staff turnover rate 		5.0%
9.	<p>Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA</p> <ul style="list-style-type: none"> • Building accessible to all • Positive response from users of the building 	<p>Yes, design complies with legislation</p> <p>Involvement of BATH (Better Access to Health) group (patients with disabilities) in design and in plans for operation of building</p>	<p>Carry out DDA audit and EQIA of building.</p> <p>Engagement with local people to ensure building is welcoming – PPF to carry out survey of users</p>	<p>Current building provides poor disability access</p>	<p>New building will be fully DDA compliant</p>
10	<p>Contribution to the physical and social regeneration of the whole area</p> <ul style="list-style-type: none"> • New health centre acts as catalyst for further investment and development • Health centre is 'owned' by local people • The building of 	<p>New public facility replaces derelict site</p> <p>Increased pedestrian flow and business to shops in Saracen street</p> <p>People using health centre choose to visit adjoining employability and learning facility</p> <p>Health Centre a focus for community life</p>	<p>Building contributes to improvement of Possilpark area - acts as starting point for wider development by GRA and North Glasgow Housing Association</p> <p>GRA will measure economic benefits of whole Saracen Exchange development</p> <p>GRA will monitor use of new training/employability</p>	<p>Site has been derelict for over 20 years</p> <p>No facility in the area at present</p> <p>Small group of people</p>	<p>Centre will contribute to success of whole Saracen Exchange development, which will provide a new focus for the town centre.</p> <p>At least 50 people engaged in arts and</p>

	<p>the centre presents an opportunity to engage people in health improving activity, building self esteem and community capacity</p> <ul style="list-style-type: none"> High quality of facility will let people see they are valued and improve perceptions of Possilpark 		Engagement of local people in developing art work and landscaping for the centre.	involved in planning	landscaping elements
11	<p>Potential achievability for long and short term within realistic timescale and future flexibility</p> <ul style="list-style-type: none"> New centre built – and people’s aspirations for a derelict site at the heart of their community are realised 	Yes – plans in place to commence build once FBC agreed	Centre up and running within timescale and within budget - but with potential for further development in the future on remainder of the site	Currently a derelict site	Centre operational within 18 months of start date of build

By achieving the above objectives and HEAT targets for Patient Improvements, this project will bring modern holistic health services to a vulnerable community that need them most and support the physical, social and economic regeneration of an extremely deprived community, in addition to meeting the expectations of this project. It will be a tangible example of the recognition of the needs of people in the Possilpark area. The quality of the design will let people in the area know they are valued and give impetus to a new lease of life for the Possilpark Town Centre.

2.7 Existing Arrangements

The following services are currently provided in the existing Possilpark Health Centre:

Diagram 3 – Existing Services

- Adolescent Mental Health Team
- Alcohol Counseling
- Antenatal Care
- Anti-coagulant Clinic
- Audiology
- Child Development Centre
- Child Health and Family Psychiatry
- Child Health Clinics
- Child Mental Health Team
- Community Dental Services
- Continence Services
- Counseling Services
- Dietitian
- Drug Counseling
- Ear Nose and Throat clinics
- Enuresis Clinics - (Bedwetting)
- Sexual Health Services
- General Dental Practitioners
- GP Services
- Hearing Aid battery replacement
- Learning Disability service
- Ophthalmology
- Orthotics
- Pediatric Clinics
- Physiotherapy
- Podiatry
- Psychiatry
- Psychology
- Stop Smoking Service
- Treatment Room services
- Weight Clinic

2.8 Business Needs

We are providing care in the community to increasing numbers of people, many of whom experience chronic illness at a younger age and have more complex needs than other less deprived areas, the factors affecting the local population are summarised at 2.2 above and were covered in detail in the OBC. It should be noted that there are outline plans for 120 new homes in the Possilpark/Ruchill area. While much of this development has been postponed due to the current economic climate in the longer term this will significantly increase the population to be served by local NHS services.

The Facility – Why status quo is not an option

The current fabric of the existing Health Centre building is poor and space is restricted. As a result the building is barely fit for purpose at present and is not suitable for the provision of 21st century health and social care services.

The existing building is not DDA compliant and was originally designed and constructed to overcome difficulties in the ground conditions. As a result it has been designed 'on stilts' with most services provided on the first floor. Access however is difficult, with the single lift being too small to accommodate

wheelchairs and the access ramp being too long and too steep to provide an acceptable means of access to anyone whose mobility is compromised which therefore presents a difficulty to most Health Centre users.

The Board's PAMS document of August 2011 identifies the existing Possilpark HC as one of the top ranked Primary Care Centres in need of investment within NHSGG&C.

Previous property studies of Possilpark Health Centre have concluded that there is no potential for expansion on the current site. NHS aspirations to develop more local multi-disciplinary teams working in the community (e.g. through the dispersal of specialist child health staff to support more local partnership working) cannot be supported without additional space being made available.

The lack of space in current treatment rooms prevents many procedures requiring local anaesthetic from being administered – and as a result patients are required to be referred to Stobhill Acute Hospital. The Dental facilities do not meet the new requirements for sterilisation of equipment. This prevents the CHP from delivering more local treatments in line with government policy.

2.9 Benefit Criteria

The benefits used to assess each of the options through the Benefits Appraisal methodology are detailed at 3.6 in the Economic Case. The methods of measuring these benefits are detailed in the Management Case at 6.4.

Beyond these benefits which were identified to be used as the basis for formal appraisal, the following longer list of benefits that will accrue from the scheme were identified by the project team.

Table 13: Key Benefits

Class		Relative Value	Relative Timescale	Benefits Criteria
Short-term: 1 – 3 Years	Medium-term: 3 – 5 Years		Long-term: 5+ Years	
Strategic				
Services designed around the needs of patients & clients so that they work well and are convenient for them. Patients and clients will be asked for their views on what is convenient, what works well and what could be improved. The pathway or route that a patient or client takes from start to finish will be continuously examined to see		High	Immediate, with ongoing benefit in the long term	Qualitative Direct Indirect Economic

how it can be made easier and swifter. Unnecessary stages of care or service delivery will be removed, more tests and treatments will be done on a “one-stop” basis and patients will be able to access a wider range of services in fewer locations.			
Improved localisation of access to services through having all services on the same site will enable the delivery of “one-stop shop” services and single point of access for patients to all services they might need which at present is either very difficult or impossible to achieve.	High	Immediate, with ongoing benefit in the long term	Qualitative Direct Indirect Economic
Improved clinical effectiveness through removing the artificial boundaries between secondary, primary and community care and enabling further progress to be made in improving the scope and range of local health care delivery.	High	Some immediate benefit, with greater benefit in mid term as new services develop	Qualitative Direct Economic
Integration of health and social services to provide best value to patients based on the “one-stop shop” principle. This states that as many services as possible should be provided at each visit especially for those with long term health needs, combined with recognition that each patient contact should be the only contact needed to access all the services needed.	High	Immediate, with ongoing benefit in the long term	Qualitative Direct Indirect Economic
Better communication between multi-disciplines i.e. Community and Hospital Care, Midwifery, Community Nursing Teams and Social Care Services. Hence, from a patient perspective a seamless service.	High	Some immediate benefit, with greater benefit in mid term as new ways of working	Qualitative Direct Indirect Economic

		bed in	
<p>Improved clinical quality will be achieved by service redesign allowing team working to develop, joint ownership and clear management responsibility of both services and budgets. The realisation that service development depends upon constant re-examination of current working practices to ensure that best value is always being obtained from available resources frees staff to “think the unthinkable” when considering priorities and the balance between what has always been done and what developments are desired from the patients, public and professionals perspective. Examples of the expected improved clinical quality through teamwork are:</p> <ul style="list-style-type: none"> ▪ General Practitioners and Clinical Pharmacy improving patient prescribing. ▪ Clinical Pharmacy and Nursing promoting improved use of medicines at home. ▪ Better interaction and joint working between General Practitioners, Health Visitors and General Dentists can prevent dental decay in children. ▪ General Practitioners and Consultants can improve inpatient and outpatient care through regular liaison and the sharing of the wider Primary Care Team in educational sessions and topical discussions. ▪ Primary, Secondary and 	High	Immediate, with ongoing benefit in the long term	Qualitative Direct Indirect Economic
	High	Immediate, with ongoing benefit in the long term	Qualitative Direct Economic
	High	Immediate, with ongoing benefit long term	Qualitative Direct Economic
	High	Medium-term with ongoing benefits long term	Qualitative Direct Indirect Economic
	High	Medium-term with ongoing benefits long term	Qualitative Direct Indirect Economic
	High	Immediate,	Qualitative

<p>Social Care Services will have the opportunity to better co-ordinate care to prevent admission and improve rehabilitation.</p> <ul style="list-style-type: none"> ▪ “One Stop Shop” service for Diabetic Service involving General Practitioners, Opticians, Nurses, Prescribing Advisors, and Dieticians working together can prevent visual loss from Diabetes. 	High	with ongoing benefit long term Immediate, with ongoing benefit long term	Direct Indirect Economic Qualitative Direct Indirect Economic
Improved arrangements for delivering and managing out of hours services.	High	Immediate	Qualitative Direct Indirect Economic
Opportunities to develop intermediate care within the primary care setting for example within Dermatology where intermediate specialists can treat a wider range of patients in Primary Care thereby improving the profile of patients referred to Acute services which will impact on waiting times and improve accessibility to specialist services.	High	Mid term with ongoing benefit long term	Qualitative Direct Economic
Improved quality of physical environment through the development of building design solutions that get the best clinical performance from the diverse teams operating in the health and social services. It is intended that the Project Group will be extensively involved in the design stage of planning the new building, which will be much more than simply the same services in a new building.	High	Immediate	Qualitative Direct Indirect Economic
Enhancing the provision of investigation, rehabilitation & outreach services in close partnership with Primary Care.	High	Immediate	Qualitative Direct Indirect Economic
Operational			

Physical environment and patient pathway.	Medium	Immediate with ongoing benefit in long term	Qualitative Quantitative Direct Economic Financial
Access to a range of services not previously available locally.	Medium	Some immediate benefit will increase mid term once GRA development also complete. Ongoing benefit in long term	Qualitative Quantitative Direct Financial
One door access to integrated community teams; this will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs.	Medium	Immediate with ongoing benefit long term	Qualitative Quantitative Direct Financial
A more co-ordinated approach to rehabilitation.	Medium	Immediate with ongoing benefit long term	Qualitative Quantitative Direct Economic
Speedier referral pathways between professionals.	Medium	Some immediate benefit, increasing in mid term as new ways of working bed in	Qualitative Quantitative Direct Economic
Energy efficient & sustainable build.	High	Immediate	Qualitative Quantitative Direct Economic
Statutory compliant build eg DDA	High	Immediate	Qualitative Quantitative Direct

Table 14: Definition of Terms relating to the Benefits Criteria

Term	Description
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Qualitative	The benefit descriptions or distinctions based on quality rather than on quantity, when referring to data, it means data that is not quantified
Quantitative	Implies that there is something about this benefit that can be measured, whether financially, over time or research
Direct	Direct benefit to the patients and the NHS Board in improving the quality of care.
Indirect	Indirect benefits to others in the public service through an aim to address the high deprivation statistics.
Economic	Non cash releasing but measurable
Financial	Cash releasing

As noted earlier, the Benefit Appraisal is discussed in the Economic Case.

2.10 Stakeholders & Stakeholder Consultation

NHSGG&C has involved a broad range of stakeholders in respect of the Modernisation and redesign of primary and community health services for Possilpark. These stakeholders are listed / grouped below:

Internal NHS stakeholders

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow & Clyde Board and Quality & Performance Committee
- Glasgow CHP Committee
- Glasgow CHP Management Team
- North West Sector Heads of Service
- Saracen Street Project Board
- Saracen Street Core Team
- Principal Supply Chain Partner
- Locality Group for Maryhill, Kelvin and Canal area (which includes Possilpark)
- Senior clinicians in acute hospitals (in the main Stobhill and GRI)
- NHS Estates & Facilities
- Infection Control, Health & Safety

Users of building

- General medical and dental contractors with premises in the building
- Glasgow City Council Social Care Services
- GP practice and dental staff
- Sandyford Sexual Health Hub
- CHP staff working in building/ CHP Staff Partnership Forum (SPF)
- Patients/ North West Sector Public Partnership Forum (PPF)
- BATH (Better Access to Health) patients group
- Local people

Partners providing services that support health

- Local community organisations (e.g. Lifeline stress centre, North Glasgow Healthy Living Centre, Money Advice services)

- Local Regeneration Agency – partner in overall regeneration of site at Saracen exchange and provider of employability and training support
- Glasgow Life
- Maryhill, Kelvin and Canal Local Community Planning Partners
- Possilpark Regeneration Group
- Glasgow Housing Association
- North Glasgow Housing Association

Other External stakeholders

- Local MSPs
- Local Councillors

A stakeholder communication plan has been developed (See Appendix 1), so that each group of stakeholders can receive the correct information and engage in the development of the building at the appropriate time.

2.11 Strategic Risks

Strategic risks are categorised into business, service and external risks. These risks will be managed in accordance with the Board's risk management process outlined in the Management Case. The key risks per category are listed below:

Table 15: Strategic Risks

Risk	Mitigation
Business	
Land Acquisition	Early Engagement with Landowner
Independent Contractor Charging Arrangements	Continual Dialogue with GP's and GDP
Service	
New ways of working required	OD and L&E support provided for staff – already part of change programmes for Rehab Teams, District Nursing and Health Visiting staff. Current NHSGG&C review of AHPs will support change
New culture in GP practices	All practices in centre have gained experience from Keep Well in providing more holistic services and engaging with hard to reach patients. New locality groups will encourage sharing of best practice
Centre needs to be seen as an asset by the local community	Strong engagement with PPF and local community organisations
External	Secondary legislation and/or tax changes and mitigation is managed within change control process where possible.

2.12 Constraints and Dependencies

Project constraints and dependencies have been identified and reviewed during the business case stages. These constraints and dependencies will have an impact on the way the project is managed and delivered. The following key constraints have been identified:

Table 16: Project Constraints

Constraints	Explanatory Note
<ul style="list-style-type: none"> ▪ Programming and phasing: 	<ul style="list-style-type: none"> ▫ Maintaining vehicular access and egress during the course of construction to the existing Post Office. Construction phasing will be pre-agreed with GRA, the Post office and NHSGG&C ▫ Existing Services require to be retained in the existing Possilpark Health Centre until completion of the new centre
Quality:	<ul style="list-style-type: none"> ▫ Achieve a minimum target score of 4/6 in the

	<p>AEDET categories under the AEDET review process</p> <ul style="list-style-type: none"> ▪ Compliance with all current health guidance
Sustainability	Achievement of BREEAM Health 'Excellent' for the new build

Review of the potential dependencies associated with the proposed investment has been undertaken by key individuals within the senior management team. The following key dependencies have been established:

Table 17: Project Dependencies

Dependencies	Explanatory Note
Funding	Development is contingent of FBC approval and confirmation of funding
Site	Planning Permission: Development is contingent on the PSCP and design consultants obtaining detailed planning consent – Now Achieved 22 ND March 2011.
Saracen Exchange:	A dependency of particular importance is that the replacement Possilpark Health Centre cannot be viewed in isolation. The joint Master plan developed by NHSGGC & Glasgow Regeneration Agency (GRA) aims to provide a social, economic and physical urban regeneration of an area of Glasgow that has suffered from a lack of investment over a number of years. GRA has been successful in obtaining European Regional Development Fund grant funding for the development of Saracen Exchange thus providing an opportunity for sustained development and investment in the area. GRA confirm planned site start February 2012
Service improvement	The success of the development depends on all service providers working together and adopting new ways of working to support service improvement

3. THE ECONOMIC CASE

3.1 Critical Success Factors

Critical success factors were subject to workshop discussion at the early stages of this project and were articulated at OBC stage. These critical success factors were revalidated during the preparation of this FBC.

The critical success factors are listed in the table below:

Table 18: Critical Success Factors

	Key Critical Success Factors	Broad Description
1	Strategic fit & business needs	How well the option: Meets the agreed investment objectives, business needs and service requirements & provides holistic fit & synergy with other strategies, programmes & projects.
2	Potential VfM	How well the option: Maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability & minimises associated risks.
3	Potential achievability	How well the option: Is likely to be delivered & matches the level of available skills required for successful delivery.
4	Supply-side capacity and capability	How well the option: Matches the ability of service providers to deliver the required level of services and business functionality & appeals to the supply side.
5	Potential affordability	How well the option: Meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints.

3.2 Main Business Options

The main options explored at OBC stage were: -

- Do Nothing
- Do Minimum
- Extend existing Health Centre
- Refurbish existing and develop smaller new-build on another site
- New build Health Centre on another site
- New build Health Centre at Saracen Street
- Third party developer led Health Centre at Saracen Street with GNRA

3.3 The Preferred Way Forward

The conclusion of the OBC was that the way forward was: **to provide a single purpose built medical centre to accommodate a range of General Practitioner, Primary Care, Community Health services for Possilpark.**

The key factors identified through the OBC as supporting this way forward are summarised as follows:

- It optimises clinical effectiveness by providing a building that facilitates multi-disciplinary working, improves communications and breaks down traditional barriers to the integration of services.
- It improves clinical quality by integrating health and social services, allowing services to be redesigned around team working. This will enable the re-examination of current working practices and facilitate the development of services that ensure best clinical practice as well as best value for money.
- In conjunction with planned manpower initiatives it will enable the development of practice based mental health services; nurse triage /specialist services in the area of chronic disease management; further development of health promotion and health prevention activities; increased access to a range of paramedical services and the opportunity to continue to develop the full range of primary care services.
- It will facilitate the development of an information technology structure common to all service providers and hence it will enable the development of an integrated patient information system.
- It will enable services to be provided from a modern, purpose built facility that will provide an environment appropriate for care in the 21st Century.
- It will meet modern decontamination requirements, which have a significant impact on dentistry.

3.4 Short Listed Options

Following on from the preferred way forward, a summary of the options that were shortlisted in the OBC is noted in the table below.

Table 19 : Shortlisted Options

Option Title	Score	Option Description
Option 2: Do Minimum	91	Do minimum (includes minor interior upgrade works to improve the building)
Option 5:	735	New build, alternative site
Option 6:	916	New build Saracen Street (self)
Option 7:	718	Third party developer led Health centre at Saracen Street with GNRA

3.5 Summary of Economic Appraisal (NPC/NPV Findings)

Capital costs for economic appraisal

Table 20 Capital Costs for Economic Appraisal

	Capital Exc Vat	Capital Inc Vat
	£,000	£,000
Opt 2-Do Min	1,475	1,770
Opt 5 New-Alt	10,961	13,153
Opt 6 New Saracen	8,906	10,387
Opt7-3pd	756	907

The table below summarises the position with regards to Net Revenue, Net Present Value (NPV), and Benefit Score per option and the resulting Cost per Benefit Point. All figures exclude vat.

Table 21 Economic Appraisal Summary

Option	Total Capital Estimate £'000	Net Revenue Costs / (Saving) £'000	NPV (ex VAT) £'000	Equivalent Ann cost	Benefit Score	Cost per benefit point £
Option 2	1,475	-42	7,086	269	91	£2,956
Option 5	10,961	-15	14,685	557	735	£758
Option 6	8,906	-15	12,773	484	916	£528
Option 7	756	891	14,453	790	718	£1,100

The low capital cost for option 7 reflects only capital equipment with the third party developer charging through a lease.

The lowest cost per benefit point is option 6, new build at Saracen Street

Details of the assumptions made on the movement in revenue costs for each option are shown in the table below

Table 22: Revenue assumptions for economic appraisal

	Option 2	Option 5	Option 6	Option 7
	Do Min	New build alt	New build Saracen	3pd
	£,000	£,000	£,000	£,000
Capital Charges	158	266	218	91
Current capital charges	88	88	88	88
Additional cc's	70	178	130	3
Facilities	218	273	273	173
Less inc	0	13	13	13
Net Facilities	218	260	260	160
Less current	191	191	191	191
Net Change facilities	27	69	69	-31
Decontamination	60	60	60	60
Directorate savings	-138	-138	-138	-138
Change excl cap charge's	-51	-9	-9	-109
Change inc cap charges	19	169	121	-106
Lease cost				1,000
Movement in Revenue cost	19	169	121	894

3.5.1 Assumptions and Exclusions

It is important to note the assumptions and exclusions used in the preparation of the information above. The information is set out in the table.

Table 23: Assumptions and Exclusions relating to the Economic Appraisal

Assumptions and Exclusion
<p>The following assumptions have been made:</p> <ul style="list-style-type: none"> ▪ Where, as a result of higher costs, the expected revenue costs have increased for the preferred option, a pro rata increase in each type of cost has been assumed to apply to the other options.
<p>The following has been excluded:</p> <ul style="list-style-type: none"> ▪ Capital Charge depreciation ▪ Vat

3.6 Benefits Appraisal

As noted in the OBC, the list of Benefits Criteria that each of the Options was scored against is as follows: -

1. Enable speedy access to modernised and integrated Community Health & Social Care Services that achieve national standards.
2. Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care.
3. Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.
4. Continue to develop the culture of partnership that is an essential foundation for the CHCP in line with Partnership for Care.
5. Deliver NHS GGC wide planning goals and support service strategies
6. Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs through achievement of BREEAM healthcare rating of excellent
7. Improve and maintain retention and recruitment of staff.
8. Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS and CABB. Creation of an environment people want to come to, work in and feel safe in
9. Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA
10. Contribution to the physical and social regeneration of the whole area
11. Potential achievability for long and short term within realistic timescale and future flexibility.

The methodology for the realisation of these benefits is detailed in Section 6.0 of this FBC.

The outcome of the Benefits Scoring Workshop detailed in the OBC is illustrated in the table below:

Also, please see Appendix 2 for list of Stakeholder Attendees

Table 24: Benefit Criteria

Criteria	Score	Rank
Option 6: New Build, Saracen St (Self)	916	1
Option 5: New Build Alternate Site	735	2
Option 7: Third Party Developer led Health Centre at Saracen St with GRA	718	3
Option 2: Do Minimum (includes minor interior upgrade of works to improve building)	91	4

3.7 Risk Assessment

Risks that may prevent us maximising the benefits of the project

Consideration has been given to potential risks that might impact on the ability of the development to deliver all the planned benefits. These risks are set out below with an indication of what activity is currently in place, or planned to address them

1. **New ways of working might not be implemented effectively and as a result the benefits of integrated working and the provision of a one-stop shop approach might be compromised**
 - CHP staff may not engage with new ways of working
 - GPs and their staff may not engage in new ways of working
 - Some change may be adopted, but insufficient to effect real change in the way patients experience the service

Action:

- NHSGG&C has launched 'Facing the Future Together', a corporate change programme, to engage all staff in changing our services in line with our aspirations and government policy.
- There is already an extensive programme of workforce change within North West sector, including a review of health visiting and district nursing services that will include significant OD support and use of LEAN methodology to assist staff in changing how they work. This includes an extensive series of team Releasing Time to Care events.
- New multi-disciplinary Rehabilitation and Enablement Teams were established in 2011, focussing on shifting the balance of care from hospital to the community. These teams are working through an OD programme and developing a performance framework to support the

necessary change. This programme should be bearing fruit by the time the new centre is complete.

- There has been a series of Rapid Improvement Events to support service change, which will continue throughout 2012/13
- Within North West sector the OD Manager and the Change Manager (a post newly established in 2011) will give priority to working with the teams of staff due to be based in the new health centre, this will include organising Rapid Improvement events in which representatives of all users groups in the centre will participate.
- The NHSGG&C primary care strategy has been developed in partnership with local GP representatives. From this strategy a more detailed plan has been developed with priorities for inclusion within the CHP development plan for 2012/13.
- GP practices in Possilpark have been participating in Keep Well since Wave One, and have therefore already developed many of the aspects of anticipatory care the new centre is designed to support. To date the success of a more holistic, early intervention approach has in large part been achieved despite the poor accommodation in the current health centre. The new centre will positively reinforce the partnership working between GPs and other services that has been developing over the past 5 years.
- All GP practices to be based in the new centre are included in the Deep End project, which supports the development of new ways of working for GP practices in the most deprived areas
- A stakeholders group, with representation from all user groups, will meet regularly in the lead up to the opening of the centre to review progress/ identify any issues with the building at an early stage. This group will continue to meet regularly once the centre is opened to monitor how the centre is operating and to review progress against the targets for benefits realisation.
- Regular feedback from different user groups will be fed into the stakeholder group discussions. This will include the results of planned PPF surveys of patients.

2. Factors within the operation of NHSGG&C not directly related to the new health centre, might impact on the overall quality of the patient experience and the overall health gain associated with the new health centre.

- The need to contribute to NHSGG&C's efficiency targets may compromise our ability to develop services as we would wish
- Staff may feel overloaded with the level of change within the NHSGG&C system at a time when overall numbers of staff will reduce

Action:

- NHSGG&C is committed to protecting frontline services as much as possible. Our emphasis is on redesigning services to be more efficient and effective rather than reducing the level of service to patients

- NHSGG&C is committed to tackling health inequalities and as a consequence North West sector is carry out a programme of shifting resource to areas of greatest need (which includes Possilpark)
- All efficiency savings will be subject to EQIA, which will ensure that the needs of vulnerable patients, such as those using the new centre, are given priority
- The sector is planning to move existing services to the new centre and to gain improvements through better coordination and integration (rather than create new services), so there should be no additional costs arising from the move to the new centre.

3. A deterioration in the economic situation in Glasgow will adversely affect the health of people living in Possilpark

- People already experiencing poverty will be adversely affected by the downturn in the UK economy
- Changes in the welfare benefits system will result in a loss of income to a large proportion of the population in Possilpark (79.7% rely on out of work benefits or child tax credits)
- Increased unemployment and a lack of job opportunities will reduce the success of employability programmes

Action

- Glasgow City Council Development and Regeneration Services (DRS) have identified the Possilpark area as a priority for development
- North Glasgow Housing Association will continue with a planned programme of new houses in the area
- North Glasgow Housing Association is engaging with partners on a programme to support both physical and social regeneration,
- Glasgow Regeneration Agency will continue to provide a programme, in part funded by European Social Fund (ESF) , to support people at all stages of the pathway to employment (including meaningful activity, volunteering and training)
- Currently there are expressions of interest in moving into the adjacent Saracen Exchange development, from 3 well-established local voluntary organisations whose activities will complement the health centre. (i.e. support for vulnerable families, money advice and stress management services).

4. The local facility may not have the planned positive effect on the local area and may not improve the self-efficacy of people living in Possilpark

- Local people may not feel a sense of ownership of the building
- Local people may not feel that the new facility makes a difference to life in Possilpark

Action

- The PPF has been actively engaged in the plans for the new centre and are eager to engage more widely with different groups in the community, once they are certain that the development will proceed.

- The local arts network has been engaged in developing plans for art displays in the building
- Local voluntary groups are planning to be involved in landscaping of the site (including the planting of a wild flower meadow)
- The North Glasgow Voluntary Sector Network is already engaged in developing plans for ways that people using the new facility can be referred/signposted to local services
- PPF plan to carry out surveys of users of the building to gauge people's views

3.8 Sensitivity Analysis

A quantitative assessment of value for money is made using a Net Present Value (NPV) analysis. The NPV of an option looks at the total life cycle cost of that option over a defined period, recognising the time value of money. The recognition of the time value of money is achieved by using a “discount rate” so that all costs and revenues in the future are discounted by a set percentage to recognise that they are not as valuable to the Board as costs or revenues incurred or received today. The discount factor applied to future costs and revenues is defined centrally by HM Treasury – currently 3.5% for the first 30 years and 3% thereafter.

A summary of the Net Present Value (NPV) for each option is shown below.

Table 25: Net Present Value for Each Option

Options	Net Present Value £000	Equivalent Annual Cost £000	Weighted Benefit Score	Cost per Benefit Point £ NPV
Option 2	7,086	269	91	2,956
Option 5	14,685	557	735	758
Option 6	12,773	484	916	528
Option 7	14,453	790	718	1,100

This economic evaluation takes account of the costs included in the revenue and capital profiles, but also includes the life cycle costs of maintaining the facility for 60 years.

The table also outlines the equivalent annual cost of each option and the NPV per benefit point. On this basis, Option 6 is the best value option, as this delivers the proposed solution at the least cost per benefit point.

The detailed NPV calculations are included in Appendix C and excludes capital charges and VAT

Sensitivity Analysis on Economic Appraisal

As can be seen from the above table, option 6 presented the most favourable option in NPV terms with a net Benefit NPV point score of 528. Option 5 came next in ranking order

In order for option 5 to achieve best cost per benefit NPV point, option 6 would require to increase the capital cost by £5.962m. This is equivalent to 67% of the capital cost and is seen as unrealistic.

3.9 The Preferred Option

The results of the combined financial and non-financial appraisal of the shortlisted options are summarised below. Excluding Vat:

Table 26: Financial and Non-Financial Summary

Option	Total Capital Estimate £'000	Net Revenue Costs / (Saving) £'000	NPV (ex VAT) £'000	Equivalent Ann cost	Benefit Score	Cost per benefit point £
Option 2	1,475	-42	7,086	269	91	£2,956
Option 5	10,961	-15	14,685	557	735	£758
Option 6	8,906	-15	12,773	484	916	£528
Option 7	756	891	14,453	790	718	£1,100

From the above table it can be seen that the option which gives the lowest cost per benefit point is option 6, new build at Saracen Street.

Therefore the conclusion, taking into account all of the appraisal activity carried out and detailed above is that the Preferred Option remains as at OBC stage, that is: **Option 6, a new build Health Centre at Saracen Street.**

4.0 THE COMMERCIAL CASE

4.1 Agreed Scope and Services

As identified at 3, above the Preferred Option at OBC is a New Build at Saracen Street and this remains the case for this FBC. This Preferred Option will be summarised and any changes since OBC identified in this section.

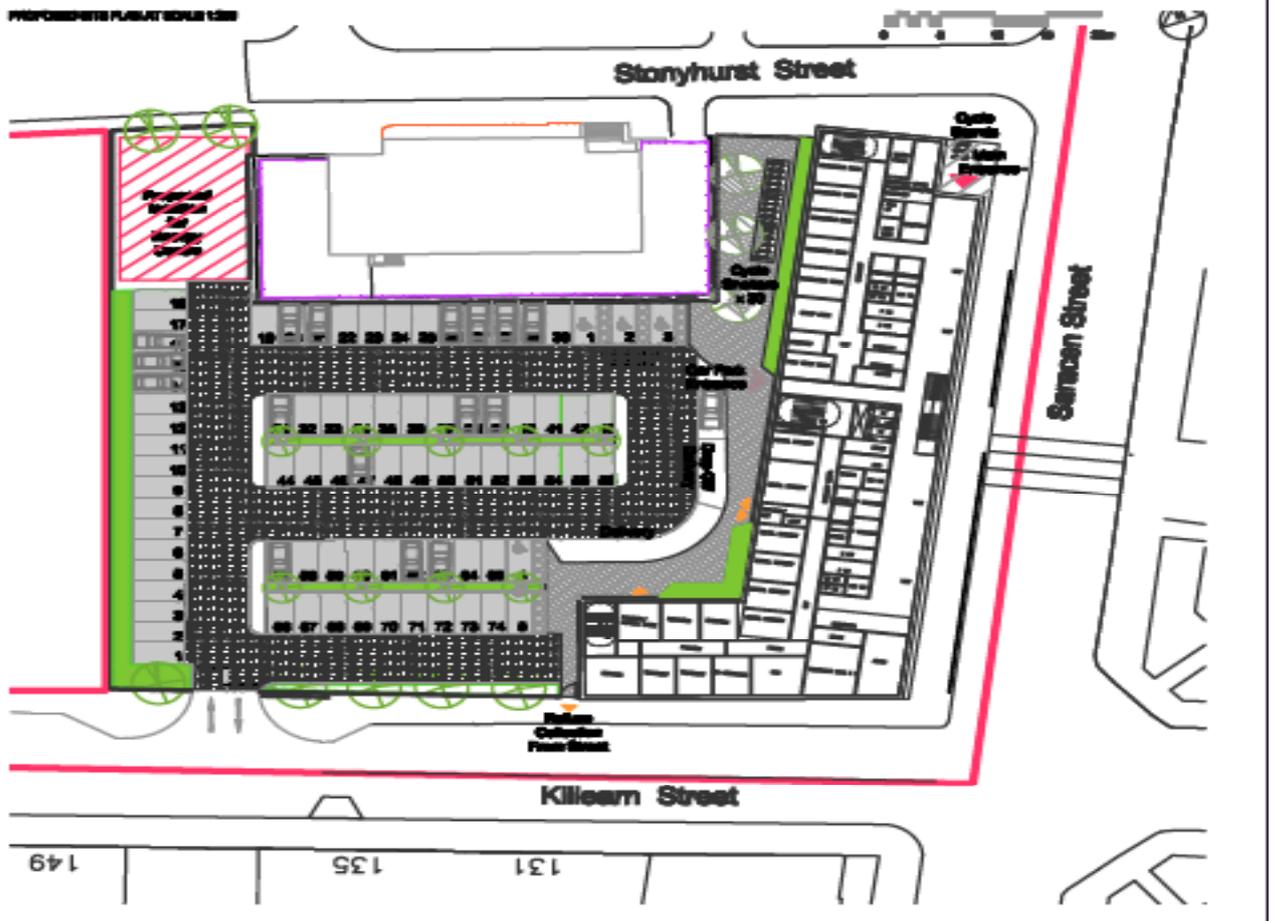
As noted in the OBC, the design proposals that have been developed for the Health Centre align with and support the aspirations for the masterplan. The masterplan received Outline Planning Consent in February 2010. This includes the Health Centre proposal and detailed consent for the scheme in March 2011

4.1.1 The Scope of the Project

The site is within Possilpark Town Centre and has been identified as a key site within the wider regeneration area. The Health Centre Sites and the adjacent sites to the north and west are part of the wider master plan called the Saracen Exchange which has been developed by Glasgow Regeneration Agency (GRA).

Diagram 4 Site Map

The orientation of the site is shown below:



Schedule of Accommodation

The Schedule of accommodation for the facility is noted in the table below: -

Table 27: Breakdown of Accommodation Schedule

Service	Location	Sqm
Community/GDP/Community Dental/Podiatry/Physiotherapy/Reception & Shared/Common Areas	Ground Floor	833.2
Four GP Practice's/Shared & Common Areas	First Floor	705.1
Children & Families/Enablement/Diabetic Services/Shared & Common Areas	Second Floor	814.7
Circulation/Walls/Planning/Services & Plant	General	892
Total GIFA		3245

Design Concept

The Design Concept (detailed in the OBC) has been developed to meet the following key design principles:

- Creation of a strong civic presence on the street
- Formation of a civic square at the intersection of Saracen Street and Stonyhurst Street
- Formation of entrance off the civic square
- Reinstatement of the street line of Saracen Street and Killearn Street
- Separate vehicular and service access to the rear of the building from Killearn Street
- Formation of secure staff access and disabled vehicular access from the car park
- Creation of a buffer zone between Saracen Street and the main building functions

These key principles have been developed by a combination of site aspirations, responses and constraints as defined by the Saracen Exchange masterplan, the functional brief and the aspirations defined in the high level information pack (HLIP).

NHSGG&C is using the Achieving Excellence Design Evaluation toolkit (AEDET) to assist with determining and managing their design requirements from the initial proposals through to post project evaluation. AEDET evaluates the design by posing a series of clear, non-technical statements encompassing the three key areas of impact, build quality and functionality. Two reviews have taken place in August 2010 and April 2011 these were attended by various user representatives including GP's , Practice Manager's, Podiatry, IT, Estates, GDP, Community Dental, Infection Control and Health & Safety staff which provided sufficient time for the drawings to be finalised.

The ground, first and second floor layouts have been included in the appended Design Statement.

Sustainability through Design

Like all public sector bodies in Scotland, NHSGG&C is committed to the Scottish Government's purpose: ***"to create a more successful country where all of Scotland can flourish through increasing sustainable economic growth"***. The Board and the PSCP team are taking an integrated approach to sustainable development by aligning environmental, social and economic issues to provide the optimum sustainable solution for the Board's estate.

The replacement of Possilpark Health Centre at Saracen Street will promote NHSGG&C's commitment to providing a sustainable estate that meets the needs of the present without compromising the ability of future generations to meet their needs in all of its activities. To this end the new facility is seeking to obtain a BREEAM 'Excellent' rating.

The current BREEAM assessment (dated 28 May 2010) is attached as an appendix indicating an anticipated "potential" score of 74.85%% which indicates that an Excellent rating is achievable.

BREEAM Assessments will be carried out regularly to monitor progress towards achieving the best possible score with regular interim feedback and updates from the PSCP client team stakeholders. Where necessary, the project team has sought clarity from external agencies such as Health Facilities Scotland. This has allowed a more optimistic view to be taken with regard to maximising points available at the earliest stages of the process and allowed the team to take corrective action at the earliest opportunity.

NHSGG&C has taken cognisance of the principles laid down both locally and nationally for the promotion of sustainability. Due regard is given to the framework set out in *A Sustainable Development Strategy for NHS Scotland* CEL (18) 2009.

NHSGG&C set out a detailed methodology in the OBC regarding how sustainability in Building, Transport and Business terms will be achieved through the scheme. Please refer to the OBC if further detail on this aspect is required.

Engagement with Users

From the outset there has been engagement with the different groups of users of the building. The outputs from this engagement were used in developing the outline business case and have been included in the final design.

Engagement included a series of presentations to

- All staff currently based in the existing Possilpark Health Centre
- The PPF and local people in North Glasgow
- The North Glasgow CHCP committee which included local councillors, Staff Partnership and PPF representatives, and representatives of the local PEG (professionals Executive Group)

The PPF also carried out a survey of patients at the current Possilpark health Centre on what they liked/disliked about current services.

These were followed by more in-depth meetings with GP and Dental practices, and a sub-group of the PPF to translate users' aspirations for the building into a tangible plan. Meetings with users took place over the period August 2010 and May 2011 which have all influenced the outcomes reported in this FBC.

Specific issues raised by the users and addressed in the design are set out below:

Issue Raised	How addressed in design
Aspirations for more space and more facilities than budget allows (e.g. community café within health centre)	Some facilities have potential as part of overall Saracen Exchange development (community café) , and health centre has been designed with potential for a future extension if funds become available
Poor disabled access in current centre – steep ramp difficult for many users and lift too small	New Centre DDA compliant – disability access from both rear/car park entrance and front entrance Multiple Lifts are of adequate size and will ensure disabled access at all times in event of lift breakdown.
Poor state of decoration in current centre and gloomy atmosphere	Bright welcoming atmosphere a key feature of the design
Patients and staff likened current centre to a fortress	All consulting rooms have windows that open and are placed at rear of building to avoid traffic noise/fumes
Staff wanted to be able to open windows for fresh air, but concerned re traffic noise/fumes	All consulting rooms have windows that open and are placed at rear of building to avoid traffic noise/fumes
Lack of shared space for staff to meet/ poor kitchen facilities	Shared space to encourage informal interaction

Concerns re security of staff, particularly in GP surgeries	Safety by design – access restricted to first and second floor (where GP surgeries and office spaces are) Reception areas open and able to see problems arising
Patients at current centre happy with GPs on first floor provided better access	Doors for treatment rooms open inwards and outwards
Concerns re privacy for patients	Glass at ground level is opaque to give light but preserve privacy
Concerns re vandalism/graffiti	Special materials and finishes used to prevent crime/ minimise damage
Local people want to encourage local ownership	Local Arts network involved for production of artwork once building operational Local environmental group plan wild flower planting on sloping bank at rear of the site.

4.1.2 Changes since OBC

Positive progress has been made since the submission of the OBC in August 2010. The following milestones have been achieved: -

- PSCP Appointed September 2009
- Planning Consent for the Scheme was achieved in March 2011.
- Building warrants 1 & 2 were obtained in April/Mazy 2011.
- Successful Gateway 2 Review March 2011 – Amber/Green

In terms of the schedule of accommodation, this has remained largely as reported at OBC stage, some additional accommodation has been included: -

- Community Dental
- Larger Decontamination Facilities

For full details on the design of the new facility, please refer to Appendix 3 which will show the floor plans, elevational treatments and the latest Architects report.

4.2 Agreed Risk Allocation

In accordance with the Frameworks Scotland guidance notes, NHS Greater Glasgow & Clyde and Interserve (PSCP) act as joint owners of the Project Risk Register. The Board and its professional advisors also ensure that there is an appropriate allocation of risks.

Risks are allocated to the party best able to manage the risk. The table and an indicative allocation is shown below:

Table 28: Potential Risk Allocation

Potential Risk Category	Potential allocation of risk		
	NHSGG&C	Interserve	Shared
Design		√	
Development and Construction		√	
Transition and Implementation	√		
Performance			√
Operating	√		
Revenue	√		
Termination	√		
Technology and Obsolescence	√		
Control	√		
Financing	√		
Legislative	√		
During the ongoing risk management workshops, allocation and ownership of risks will be monitored throughout the project.			

4.3 Agreed Charging Mechanisms

This is a treasury funded capital project and as such there is no-ongoing charging mechanism between Board and PSCP

4.4 Agreed Key Contractual Arrangements

The preferred option is being procured under the Framework for Scotland. This Framework is founded on collaborative working principles and the NEC3 form of contract is used to support these principles.

Following the SGHD's methodology for tendering work through Framework Scotland, Interserve has been appointed as Principal Supply Chain Partner (PSCP) to work with the NHSGG&C Team to finalise detailed design, work up the target cost for the scheme.

The current design status which accords with Stage E is now market tested reflects the results of this collaborative approach between the Board and the PSCP in defining the scope and financial envelope of the project. On approval

of FBC NHSSG&C plans to contract with Interserve for Stage 4 contract of Framework Scotland for construction of the building

4.5 Agreed Personnel Implications

The new centre will accommodate staff groups who are currently working from a number of different facilities within North Glasgow, however, the main group of staff will transfer from the existing Health Centre.

It is not anticipated that the new build itself will result in any changes in staffing numbers or in skill-mix. However, a number of separate streams of redesign activity are in progress throughout the CHP which are intended to improve service integration and efficiency. It is not anticipated that the new build will result in any staff redundancy or retirement.

In terms of access to premises for staff, the new build is on an arterial bus route in a more central location than the previous premises.

4.6 Agreed Implementation Timescales

Table 29: Agreed Implementation Timescales

Description	Key Milestones
<ul style="list-style-type: none"> ▪ Planning Approval ▪ OBC submitted to SGHD ▪ OBC Approved ▪ Gateway 3 ▪ CIG Submission of FBC ▪ NHSSG&C Quality Performance Cttee ▪ CIG Meeting 	<ul style="list-style-type: none"> 22 March 2011 30th August 2010 5 August 2011 1 -3 Nov' 2011 11Nov'2011 15 Nov' 2011 16 Dec'2011
<p>Activities during this period are planned as follows:</p> <ul style="list-style-type: none"> ▪ Contractor appointment ▪ Mobilisation Period ▪ Construction Period ▪ Commissioning Period 	<ul style="list-style-type: none"> 16 Jan–3 Feb'12 6 Feb'12-1 Feb'13 1 Feb'13 -11Mar'13
<p>As per the Management Case</p>	<p>PPE will commence no later than 12 months after occupation</p>

Please see Construction Programme attached in (Appendix 4)

4.7 Agreed Accountancy Treatment

It is assumed that public funding will be allocated to this project and therefore the new Health Centre will be included on the Board's Asset Register.

5. THE FINANCIAL CASE

5.1 Funding Model and Board Participation

This is a project proposed to be funded by public capital comprising funds from the Scottish Government Primary Care Division's Primary and Community Care Premises Modernisation Programme and the Capital Resource Limit (CRL) of NHS Greater Glasgow and Clyde.

5.2 Capital

The capital costs for the new development (including VAT) are summarised in the table below:

Table 30: Breakdown of Capital Costs

	£000
Total Works Cost	7,252
Fees	1,332
Land	480
Equipment	748
VAT Reclaim	(300)
Quantifiable Risk/Contingency/Risk Register (includes demolition costs)	876
Total Project Cost	10,388

The costs have been based upon tendered bids submitted by the preferred contractor, together with a reasonable assessment of planning contingencies and identifiable risks where these can be quantified. Please see Target Price Report in (Appendix 5)

The total project cost of £10.387m is in, line with the Outline Business Case initial planning assumption. The potential cost of demolition has been considered as part of the overall planning process.

Funding for the capital cost of the project will be from an allocation from the Scottish Government.

5.3 Revenue

The revenue implications of the new development have been updated from the Outline Business Case using projections from NHS Greater Glasgow & Clyde's Finance and appropriate service provider department. The projected increase in revenue costs to the NHS, including capital charges, VAT and rates, associated with the project are summarised in the table below.

Table 31: Revenue Costs –Comparison to OBC

Revenue Costs	OBC	FBC	Incr/ (Decr)	Comment
	£,000	£,000	£'000	
Capital Charges	228	218	(10)	Resulting from a reduction in overall cost
Facilities Costs				
Cleaning	70	63	(7)	Based on updated figures
Rates	41	86	45	
Heat, Light& Power	39	47	8	
Maintenance	26	27	1	
Telephone	34	50	16	
Facilities Costs increase			63	
Total Increased costs			53	
Revenue Gap OBC			68	
Revised Revenue Gap			121	

The Revenue consequences in the FBC are increased from those identified in the OBC. Increases within some facilities costs are to some extent offset by reductions in Capital Charges and Cleaning costs. The increase reflected against the rates cost is based on an updated estimate of the potential liability. The CHP recognises the increase and has included the additional £53k within its financial planning framework and is comfortable that this increase can be accommodated through efficiency savings overall.

5.4 Optimism Bias

Optimism Bias has been calculated at 1.2% details are enclosed in appendix 6

5.5 Lifecycle Costs

Lifecycle costs have been taken for a 60 year period and are based on an assessment of the different elements of the building, their likely lives and the requirement to maintain through refurbishment or replacement. These costs have been incorporated in to the Net Present Cost calculations below. (See Appendix 7)

5.6 Net Present Value

The Net Present Cost has been calculated to provide an economic appraisal of the options using discounted cash flow techniques. A discount rate of 3.5% was used for the first 30 years and 3% for the remaining years up to 60. This has been applied to the capital, revenue and lifecycle costs noted above. (See Appendix 8)

5.7 Finance Model Assumptions and Exclusions

Table 32: Assumptions and Exclusions relating to The Financial Model

Assumptions and Exclusion
<p>The following assumptions have been made:</p> <ul style="list-style-type: none">▪ Where, as a result of higher costs, the expected revenue costs have increased for the preferred option, a pro rata increase in each type of cost has been assumed to apply to the other options.
<p>The following has been excluded:</p> <ul style="list-style-type: none">▪ Capital Charge depreciation▪ Vat

In relation to VAT we have been notified by HM Revenue & Customs in a letter dated 23rd June 2010 that we may recover 17.6% of the vat charged to us (See Appendix 9).

5.8 Net Effect on Prices

There is a forecast minor revenue gap which is of minimal value and it is envisaged would be locally managed and have no impact on price.

5.9 Impact on Balance Sheet

The project is funded via public capital and is within the affordability of the Board's current CRL. The facility will be treated as a public asset on completion in addition to being noted on the Board's asset register. There is no impact of PPP as this is a solely capital scheme.

5.10 Impact on Income and Expenditure Account

The impact on NHS Greater Glasgow and Clyde's balance sheet and income and expenditure account is noted above. The cash flow profile for revenue and capital between 2010/11 and 2013/14 is outlined in the table below.

Table 33: Income and Expenditure

Financial Year	NHS Capital £000	NHS Additional Revenue £000
2010/11	975	
2011/12	556	
2012/13	8,857	
2013/14		121
Total	10,388	

The financial plans for NHS Greater & Clyde incorporate the capital and revenue consequences as outlined.

5.11 Overall Affordability.

As noted in sections 5.2 and 5.10 appropriate provision has been made for the capital and revenue implications of the project within the NHS Board's financial planning assumptions.

6. THE MANAGEMENT CASE

6.1 Project Management

The project team

The NHSGG&C Frameworks Scotland team comprises key stakeholders from the NHS and several external advisers.

The Project Team responsible for the implementation of this project is as follows: -

- Project Director – NHSGG&C
- Project Manager - Currie & Brown
- Cost Advisor - Cyril Sweett
- Principal Supply Chain Partner - Interserve
- Supervisor – NHSGG&C
- Construction Design Management (CDM) co-ordinator – Cyril Sweett

The roles and responsibilities of each of the members of the team were detailed in the OBC and have been appended for your reference (See Appendix 10) .

The Capital Projects Advisor from Frameworks Scotland will play a significant role in the project in terms of implementing the principles of Frameworks Scotland as they will provide support to the Board in the implementation and ongoing application of the required Frameworks Scotland principles and procedures.

Post project, the Capital Projects Advisor will capture lessons learned during the project and this information will be added to the best practice and lessons learned database from other projects. A Capital Projects Advisor has been appointed by Frameworks Scotland and has been involved since the appointment of the PSCP.

6.1.1 Project Phases and Milestones

In order to align the principles outlined in the project approach with the project phases above, the following framework has been created to ensure understanding and manage expectations:

Table 34: Project Framework

SCIM	OGC Gate	Frameworks Scotland (see diagram 16)	RIBA (see diagram 17)
Determining the Strategic Context	Gate 0: Strategic Fit	Initiating	A

Initial Agreement	Gate 1: Business justification	Initiating	A, B
Outline Business Case	Gate 2: Procurement Strategy	(Initial) Planning	C, D,
Full Business Case	Gate 3: Investment Decision	(Review and Conclude) Planning	D,E,F,G,H
Implementation	Gate 4: "Go Live"	Executing, Controlling, Closing	J, K
Post Project Evaluation	Gate 5: "Benefits Realisation"	Closing	L

This framework will form the basis for the project team to prepare for and manage this project and will be concluded for inclusion in the FBC.

6.2 Service Continuity and Decant Strategy

Services will continue to be provided from the existing health centre until the new building is completed and commissioned allowing a safe transfer of operations. This will minimise disruption to services. There will be no additional costs arising from the provision of service continuity.

As the site for new building is located close to the existing health centre in a very prominent location in Saracen Street, patients will have little or no difficulty in locating the new site. All patients will receive written communication advising them when the change is about to take place, with a map showing the new location. This will be supplemented by information in local media, in Health News (NHSGG&C's own publication), articles in partner newsletters (e.g. local housing associations) and by frequent postings on SOLUS screens located in local health centres and social work offices. Word of mouth is also a powerful means of providing information, and PPF members and local community organisations will be encouraged to help spread the word just before the change is made.

6.3 Change Management

The implementation of NHSGGC's 'Facing The Future Together (FTFT) Corporate Change Programme aims *'to deliver effective and high quality health services, to act to improved the health of our population and to do everything we can to address the wider social detriments of health which cause health inequalities...'*

The intention of this Change Programme is to ensure that NHSGGC and all members of staff are equipped to change and face a different future, delivering better services to patients. Of critical importance is establishing much more consistent and effective engagement with staff to facilitate and support their focus on improving the experience of patients.

Three distinct parts are identified:

- Establish whole organisational systems of working which will have the effect of creating an improved climate to deliver local change programmes by improving capacity to deliver change across the organisation.
- Set out changes which need to be seen consistently across the whole organisation as they are fundamental to the way we work.
- Create a coherent narrative which sets local change programmes in a clear framework, with consistency of language and purpose where that is required.

There are four key outcome headings:

Patient Outcome

Have a consistent and effective focus on listening to patients, making changes to improve their experience and to respond better to vulnerable people.

People Outcome

Develop a workforce which feels positive to be part of NHSGGC, feels listened to and valued and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving what we deliver to patients.

Leaders Outcome

Leadership is management plus, it is about more than managing transactions but managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients.

The outcome needed to be achieved is that managers feel:

- Better equipped and supported to perform effectively
- Work with clearer and more consistent organisational requirements for delivery, particularly on relationships with staff and quality of services and real incentives
- Are able to develop beyond management into leadership
- Are motivated and respected

What is required is to create an environment where leadership across professions is encouraged and supported

Resources Outcome

Develop a much wider and more consistent focus on efficiency and effectiveness activities designed to improve organisational performance and ensure a broad range of staff can drive and deliver improvements.

6.4 Benefits Realisation

The criteria used to measure the long list of site options from the Initial Agreement was reviewed and amended at a Site Options Appraisal Workshop held on 11th January 2010. As a result of the review, the original list of 14 was reduced to 11.

The amended criteria are listed below:

1. Enable speedy access to modernised and integrated Community Health & Social Care Services that achieve national standards.
2. Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care.
3. Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.
4. Continue to develop the culture of partnership that is an essential foundation for the CHCP in line with Partnership for Care.
5. Deliver NHS GGC wide planning goals and support service strategies
6. Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs through achievement of BREEAM healthcare rating of excellent
7. Improve and maintain retention and recruitment of staff.
8. Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS and CABA. Creation of an environment people want to come to, work in and feel safe in
9. Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA
10. Contribution to the physical and social regeneration of the whole area
11. Potential achievability for long and short term within realistic timescale and future flexibility.

These Benefits Criteria were used in the OBC to appraise the Options and are all desirable outcomes for the project that are expected to be achieved, to one degree or another, by the options brought forward in the OBC and to be strongly achieved by the selected preferred option which is the subject of this FBC.

However, a critical factor that will help determine the success of this project in the longer term will be in ascertaining just how well were the expected benefits realised? In other words, will NHS GG&C not only implement the project within the expected timescales and to budget, but will the project also achieve the anticipated benefits as outlined above?

In order that these outcomes can be ascertained, the Benefits Criteria must therefore be measurable.

Therefore, I would refer you back to Tables 12 & 13 in this document on how each of the Benefits Criteria above, will be measured and monitored through the project's lifetime in order to ensure that a meaningful assessment can be made of the benefits yielded by the project is available and to benchmark the assessment criteria themselves so that lessons learnt can be fed back into future projects.

The monitoring and review of achievement in relation to each of these service aims will be built into the work plans of the Management Team and the Medical and Dental Practices as appropriate.

6.5 Risk Management

Two risk registers are being maintained during this project:

- The Project Risk Register
- Strategic Risks Register

The ownership and management principles are outlined below:

- The Director of NW Sector is the overall owner and champion of the projects' risk registers
- The Project Team will collate and co-ordinate inputs from NHS GG&C, Professional Advisors and the PSCP
- There will be no single risks with shared ownership. In the event that a risk is identified and has actions or effects whose ownership can be allocated to NHS GG&C and the Main Contractor, then separate items must be identified on the risk register. Responsibility for risks identified in the register will be allocated and identified on the Register.
- The Project Risk Register should be subject to continuous review and updating by the whole Project Team. The Project Risk Register will be an agenda item at every Project Team meeting. All high priority risks should be reviewed with a general overview provided on all other risks to ensure that either individually or cumulatively their impact on the Project is not escalating in respect of their effects on the Project to the extent they become a high priority

- Each version of the Project Risk Register should be given a version number, identify when it was last reviewed and identify the author/collator of the document together with a record of those who participated in the review
- Each risk identified should be given a unique reference, which must not be changed during the life of the Project. Even if a risk is cleared the reference should be retained on the Register.

The Board's risk management process is outlined below:

- All high level risks identified will be recorded on a Risk Register to be reviewed and monitored by the Project Group.
- The Project Group will rank and prioritise the identified risks and nominate a Lead against each risk.
- Each Lead Officer will be responsible for ensuring appropriate action is taken to mitigate each risk identified.
- Action Plans should be prepared for all very-high/high priority risks, detailing the steps which will be taken to manage the identified risk and the timescales for this.
- Each Action Plan should also identify the Sub-Group lead officer responsible for taking the identified actions to mitigate risks.
- The Project Group will review the Risk Register at each of its formal meetings, and ask each Lead Officer for a progress report on the very-high/high risk areas
- The Project Group will ensure regular reporting of risks and risk management to the NHSGG&C's New Possilpark HC Project Board

Copies of the current Risk Registers are appended to this FBC (See Appendix 11)

6.6 Commissioning

Building commissioning will be undertaken by a select team drawing from a wide skills bank of both technical and strategic staff. This team will be headed by a dedicated Commissioning Manager who will be appointed prior to works commencing on site, to allow them to influence the programme and installation stages. Regular meetings will be held with the Commissioning Team to ensure that a fully scrutinised robust Commissioning Plan is in place well in advance of the commissioning phase. The commissioning phase will be carried out in a co-ordinated and comprehensive manner, in line with BSRIA and CIBSE guidelines.

The main duties of the Commissioning Manager will be:

- Establish the migration programme for each department going into the new facility

- Establish a communications plan
- Liaise with the Project Manager during the construction phase
- Assist with the procurement, delivery and installation of equipment
- Coordinate training needs
- Manage the transfer of patients and staff to the new facility
- Coordinate security arrangements post construction completion
- Manage staff orientation visits

The Commissioning Manager's direct line of responsibility will be to the Project Director and thereafter to the Project Owner.

6.7 Contingency Plans

In compliance with the Civil Contingencies Act (Scotland) 2005, North West sector has in place a business continuity plan to ensure there is no significant disruption to the services provided or hosted by the Sector.

The plan is updated regularly on a 6-monthly basis and provides a basis for response to unforeseen risks and combinations of risks. It identifies the roles and services provided by the North West Sector and prioritise these in order of the need for their re-establishment.

To support the North West Sector business continuity plan, each service/facility within the sector has a detailed plan, which translates the overall principles set out in the sector plan into tangible action in that particular location. Currently there is a detailed contingency plan for Possilpark Health Centre. This details the action to be taken in the event of emergencies /disruption such as loss of electrical power, heating and water, partial or total failure of IT and telecommunications, damage due to fire, flood etc, staff shortages etc.

Much of the activity set out in this plan will be relevant to the new health centre. Just before the health centre is due to become operational this plan will be reviewed and amended to reflect the situation in the new building.

This plan will also provide the basis for consideration of response to any disruption arising from problems when moving into the new building.

6.8 Facilities Management

The new Health Centre will be supported by the in house resources of NHSGG&C for the delivery of all Facilities Management (FM) services.

In a new development designed with flexibility but to meet its primary purpose, it is more straightforward to apply the National Cleaning Standards

specifications and comply with the latest HA Infection Control requirements. The Board's FM team will input to the design specification around the most efficient routes in and out of the building for clean and dirty waste, mail and other deliveries. The Operational Estates team will input to the design from the ongoing maintenance, replacement and energy strategies perspective and also with a view to long term sustainability and reducing revenue costs for running modern & more efficient buildings. The IT and Telecoms team will utilise existing contract strategies adopted by the Board to obtain the greatest service provision for users' requirements at the most efficient price.

6.9 Post Project evaluation

NHSGG&C is aware that in order to assess the impact of the project, an evaluation of activity and performance must be carried out post completion. This is an essential aid to improving future project performance, achieving best value for money from public resources, improving decision-making and learning lessons for both the Board and others.

Sponsors of capital projects in NHS Scotland are also required by the Scottish Government Health Directorates to evaluate and learn from their projects. The methodology that NHSGG&C will adopt to carry out its post-project evaluation is detailed at length in the OBC.

NHSGG&C shall carry out this project specific post project evaluation as an adjunct to the evaluation and measurement of the Benefits for the project as noted at 6.3 above.

CONCLUSION

The proposals for the new Possilpark Health Centre represent the aspiration to provide a modern, flexible and attractive building that makes a positive contribution to the community of Possilpark both physically and socially. The Health Centre will meet the challenges required of any healthcare building of the 21st century. It will also meet the considerable challenge of creating a civic heart to this part of Possilpark, thereby providing a catalyst for wider urban regeneration. The vision is that this building will have a transformative effect on this part of Possilpark in terms of the physical environment and in terms of the wellbeing of the residents.

This vision supports the values of the NHS GGC in its welcoming and civic appearance, creating a reassuring sense of purpose and professionalism. The proposal represents the increasingly high expectations of health professionals and the community they serve. The building is a significant opportunity to create a much needed positive and optimistic image for Possilpark by:

- Addressing the need for a suitable Health Centre
- Offering efficient and functional clinical accommodation accessed through bright, open and welcoming reception and circulation areas
- Creating a building with suitable civic presence that is welcoming and modern

- Repairing the damaged urban fabric of the derelict site with a suitable response to the constraints and opportunities that the site presents.

The FBC demonstrates that the proposed project delivers best value for money and remains affordable and deliverable within the time, cost and quality parameters set.

Appendix A – Stakeholder Communication Plan

Stakeholders:	Information Required:	Information Provider:	Frequency of Communication:	Method of Communication:
Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	What specific information is required by each stakeholder group?	Who will provide the information?	How often will information be provided?	By what method will the communication take place?
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	SRO	As required for Business Case Approvals etc	Reports
Project Board	Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Chairs of Task Teams and User Groups	Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute.	All papers issued by email where appropriate including progress, reports agenda's etc. Telephone/emails as appropriate.

Core Team	Programme/progress Updates, general Information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.	Core Team members to provide information also to participants as per working group remit.	Weekly tele conference, fortnightly meetings and/or adhoc as required.	Telephone, email, face to face meetings, reports and briefings.
Principals Group	Review of Project Progress, regarding design, construction, affordability, etc	NHS Project Director/Project Manager, Consultant PSC – Project Manager & Cost Adviser,+ PSCP Senior Manager	Quarterly or ad-hoc as required	Telephone, email, face to face meetings, briefings
Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and adhoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
CHP Committee	Programme Update, General Information relating to Territory development, project pipeline updates.	SRO	As per action plan.	As appropriate dependant on issue to be communicated.
Principal Supply Chain Partner (PSCP)	Framework, High Level Information Pack, & Procurement	Project Manager SRO	As stated in High Level Information Pack.	Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.
Professional Service Contracts	High Level Information Pack	Project Director Project Manager	As stated in High Level Information	Meetings, correspondence, Bidders Day,

(PSC – PM and CA)	Framework & Procurement Information		Pack.	briefings, e-mail and telephone
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated.
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated.
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
CHP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan.	As appropriate dependant on issue to be communicated.
North West – PPF & Bath Group Possilpark Regeneration Group Maryhill/Kelvin Canal Planning Board Maryhill/Kelvin Canal CRG Maryhill/Kelvin and Canal Locality Group	Programme Updates, general Information relating to Project	SRO	As per action plan.	As appropriate dependant on issue to be communicated.
Glasgow North Regeneration Agency	Project Updates, general information relating to Project	SRO	As per action plan	As appropriate dependant on issue to be communicated

Appendix B – Quarterly Action Plan

Introduction

This Plan details the actions and targeted activity the Project Team will undertake over the next three months. Some of these will be rolling actions and will continue over various quarterly plans

March – June 2011

Stakeholder Group	Actions
Project Board	<ul style="list-style-type: none"> • Consultation with Project Board members and the stakeholder groups to develop and implement the Project Board decisions through one to one meetings, submission of relevant data and contributing to the assessment and potential ability to deliver the project where appropriate; • Provide copies of project and procurement documentation, Risk Register, Target Cost, FBC etc and respond to feedback during the approval processes required; • Provide support and respond to questions regarding the project on issues such as capital and revenue funds, changing requirements of new CHP structure etc; • Preparing and monitoring the FBC delivery programme. • Provide support and liaison with the Board Property Committee re the required land acquisition
Core Team	<ul style="list-style-type: none"> • Complete programme of procurement workshops to deliver target cost; • Finalise the design solution; • Involvement in risk reviews, project development and procurement documentation; • Regular progress meetings.
Scottish Govt Health Directorate and Government Ministers	<ul style="list-style-type: none"> • Respond to queries raised on business case submissions
PSC – Project Manager & Cost Advisers	<ul style="list-style-type: none"> • Manage the required NEC³ Contract Administration Toolkit (CAT) forms; • Ensure that all appointed external advisors are fully informed on project development requirements; • Manage the project through key programme, affordability and design approvals; • Respond to adhoc queries or requests for information during the FBC preparation.
PSCP – Principal Supply Chain Partner	<ul style="list-style-type: none"> • Respond to the design brief; • Facilitate engagement of PSCP with local Supply Chain companies to deliver an affordable Target Price; • Ensure that all potential bidders receive consistent and clear information regarding the project; • Manage and clarify design queries;

	<ul style="list-style-type: none"> • Maintain a record of all communications in the ASITE programme database.
Participant Organisations, inc : <ul style="list-style-type: none"> ○ Community Planning Partnership Boards ○ Community Health Partnership Committees ○ Finance Managers ○ Service Planning Development Managers ○ Asset and Estate Managers ○ Legal Teams ○ Senior Management Teams ○ User Groups 	<ul style="list-style-type: none"> • Participate in and contribute to briefings and awareness raising sessions for internal stakeholders within their own organisations, e.g. internal steering groups, planning meetings etc; • Develop and agree a project media briefing paper and progress report; • Delivery of a Public Awareness updates via PPF and Community Planning; • Maintain a record of all contacts in the project database.
Participants Communication Managers	<ul style="list-style-type: none"> • Ensure that all communications regarding key processes and stages is effectively and clearly disseminated to all identified organisation media representatives and to the wider media where required.
Partner Board Members and Local Communities, CHP Committee , Senior Management	<p>Arrange and undertake Briefing / Awareness sessions, with colleagues, to ensure that a full understanding of the project and its objectives and outcomes is disseminated within the wider partner organisation structures.</p>

Appendix 2

NAME	TITLE	BASE
Alex MacKenzie	Director	CHCP
Marion O'Brien	Admin	CHCP
Ranald Brown	Head of Finance	CHCP
Fiona McKinlay	Practice Manager	Keppoch Med Practice
Ellice Morrison	Senior Nurse	Springburn HC
Sandra O'Neill	Practice Manager	Balmore Surgery
Liz Taylor	Admin Manager	Springburn HC
Evelyn Borland	Head of Planning & Health	CHCP
John Thomson	Health Improvement Officer	CHCP
Bob Mandeville	GP	Possilpark HC
Petra Simbale	GP	Possilpark HC
Elizabeth Ellis	Associate Specialist	
Karen Mochan	Midwife	
Atif Bashir	GDP	Possilpark HC
Sajid Bashir	GDP Practice Manager	Possilpark HC
Nicola Myers	GP	Balmore Practice
Stephen Baker	Partnerships Project Manager	Capital Planning
Derek Rae	Project Manager	Capital Planning

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Target Price Reports

FB1 – 13 October 2011

Possilpark 5 October - Lifecycle2

Possilpark 5 October nvp tables2

New Possilpark HC VAT Letter

NHS Greater Glasgow & Clyde

New Possilpark Health Centre

Key Roles and Responsibilities

In accordance with SCIM, NHSGG&C has followed a Frameworks Scotland procurement option for this project as HUBCo is not yet in operation in the West of Scotland.

Frameworks Scotland requires a co-ordinated approach from the outset and timely inclusion of all key stakeholders from NHSGG&C and any external advisors.

There are a number of roles that are vital to the successful implementation and delivery of Frameworks Scotland Projects. These include but are not specifically restricted to:

- Project Director
- Project Manager
- Cost Advisor
- PSCP
- Healthcare Planner (part of the PSCP team)
- CDM Co-ordinator
- Clinical Manager
- NEC3 Supervisor
- CAT Administrator
- HFS Advisor

The roles and responsibilities are discussed briefly below with the external advisors discussed in more detail in section 8.

Summary of Roles and Responsibilities relating to the Project Structure

Group	Roles and Responsibilities
NHS Board	<p>The overall purpose of the unified NHS Board is to ensure the efficient, effective and accountable governance of the local NHS system and to provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.</p> <p>The role of the unified NHS Board is to:</p> <ul style="list-style-type: none"> ▪ To improve and protect the health of local people ▪ To improve health services for local people ▪ To focus clearly on health outcomes and people's experience of their local NHS system ▪ To promote integrated health and community planning by working closely with other local organisations ▪ To provide a single focus of accountability for the performance of the local NHS system <p>The functions of the unified NHS Board comprise:</p>

	<ul style="list-style-type: none"> ▪ Strategy development - to develop a single Local Health Plan for each NHS Board area, which addresses the health priorities and healthcare needs of the resident population, and within which all aspects of NHS activity, in relation to health improvement, acute services and primary care will be specified ▪ Resource allocation to address local priorities - funds will flow to the NHS Board, which will be responsible for deciding how these resources are deployed locally to meet its strategic objectives ▪ Implementation of the Local Health Plan and Local Delivery Plan ▪ Performance management of the local NHS system, including risk management
Capital Planning Group	<p>The role and remit of the group will include the responsibility to:</p> <ul style="list-style-type: none"> ▪ Establish priorities for the allocation of capital resources, preparing the Capital Plan and submitting this for approval to the NHS Board ▪ Oversee the allocation of capital resources to projects in line with Board approval(s) ▪ Allocate any residue of available capital resources, including slippage which is identified by Directorates/CHPs/other partnerships during the course of the financial year ▪ Monitor capital expenditure compared to plan, preparing revised forecasts and report progress to PRG/NHS Board on a quarterly basis ▪ Review business cases, as required, prior to submission for PRG approval
Project Board	<p>The advisory board comprising key stakeholders in the development including senior representatives of North Glasgow Community Health & Care Partnership, the Mental Health Partnership, GPs and the Project Management team.</p> <p>The Project Board represents the wider ownership interest of the project and maintains co-ordination of the development proposal.</p> <p>The Project Board will be supported by a series of task teams (as below). The Project Board is also the forum to address strategic issues and major points of difficulty and enable the Project Sponsor to take the necessary decisions to allow the project to proceed.</p>
Task Teams	<p>Specialist working groups will be formed to support the Project Steering Group, Project Core Team and Project Manager with detailed information through the life of the project. These include:</p> <ul style="list-style-type: none"> ▪ IM&T: Chaired by IT Accounts Manager ▪ Facilities/Equipment: Chaired by CHCP Business Support Manager ▪ Public Involvement/Transport: Chaired by CHCP

	Head of Planning & Health Improvement <ul style="list-style-type: none"> ▪ Commercial: Chaired by CHCP Head of Finance ▪ Clinical & Departmental User Group: Chaired by CHCP Clinical Director ▪ Commissioning: Chaired by CHCP Business Support Manager
Project Director	The Project Director is an individual, usually an employee of the Board, who represents and has the authority of the Board to act on their behalf in respect of the delivery of a specific programme, in this case, the replacement of Possilpark Health Centre. All instructions by the Project Director are deemed to be given by the Board, all communication passed to the Project Director is deemed to have been given to the Board. The project director will lead the whole process from the outset of the project by providing strategic direction, leadership and will ensure that the business case reflects the views of all stakeholders.

External Advisors

A number of external advisors have been appointed and sit on the core team. In keeping with Frameworks Scotland, professional advisors are required to learn about the specific mechanisms of Frameworks Scotland, understand the skills and techniques that need to be applied under Frameworks Scotland and ensure that all key staff have the appropriate levels of awareness and skills e.g. project manager competency in administering requirements of the scheme contract process and NEC3 procedures; cost advisor knowledge of cost forecasting, risk management and target price setting process. Finally, all external advisors are expected to understand and adhere to the core principal of Frameworks Scotland, which requires a collaborative culture and for all professional advisors to adhere to these principles.

The Project Core Team represents the users and includes key representatives from the Principal Supply Chain (PSC) and the Principal Supply Chain Partner (PSCP) who will be delivering the project. The team will be led by the Project Manager and their primary roles include:

- Review key documents and provide feedback to the Project Manager
- Seek/manage the clinical/service input.
- Monitor finance including revenue implications
- Provide feedback on design development and must be aware of design approvals at key stages
- Ensure that the clinical brief and service plan requirements are delivered

The following disciplines have been appointed and sit on the core team with the specific remit under Frameworks Scotland:

- PSCP: Interserve
- PSC Project Manager: Currie & Brown
- PSC Cost Advisor: Cyril Sweett
- CDM Co-ordinator: Cyril Sweett

New Possilpark HC Risk Register Rev 6 split 30-09-2011