

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



Woodside Health Centre

Initial Agreement

August 2012.

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Replacement Woodside Health Centre

Initial Agreement

1. Title of Scheme

- 1.1.1 The title of the scheme is the modernisation and redesign of primary and community health services for Woodside.

2. Introduction

- 2.1 This paper sets out an initial proposal and outline costs for the development of a healthcare facility for the community of Woodside. The development will be led by Glasgow City CHP (North West Sector). The CHP is responsible for the provision of all community health services in Glasgow.
- 2.2 The current Woodside Health Centre is the base for 8 GP practices (comprising a total of 23 GPs). The facility was built in the early 1970's and serves a GP practice population of 31,728. The existing centre is of poor fabric, is functionally unsuitable, does not meet current standards, is not fully accessible for people with a physical disability and does not have the space to deliver services that can be expected from a modernised National Health Service. The most recent PAMS (Property and Asset Management Survey) of premises carried out for Scottish Government Health Department identified Woodside Health centre as a priority for improvement.
- 2.3 The West of Scotland has profound health challenges that resonate at the top of UK and European indices. Woodside, where the new health centre is planned, represents one of the most deprived communities in Glasgow and is surrounded by neighbourhoods with a high BME population. 54% of the patients using Woodside Health Centre live in a SIMD 1 area (i.e. within the most deprived neighbourhoods listed within the Scottish Index of Multiple Deprivation).
- 2.4 The development of a new health centre would demonstrate in a very tangible and high profile way NHS Greater Glasgow and Clyde's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

3. Strategic Context

3.1 Organisational Overview

- 3.1.1 NHS Greater Glasgow & Clyde provides 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.

3.1.2 Glasgow City CHP is responsible for the planning and delivery of all health services within the local authority area. This includes the delivery of services to children, adult community care groups and health improvement activity.

3.1.3 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 key development objectives will centre on the following key Corporate Themes:

- Improve Resource Utilisation: making better use of our financial, staff and other resources
- Shift the Balance of Care: delivering more care in and close to people's homes
- Focus Resources on Greatest Need: ensure that the more vulnerable sectors of our population have the greatest access to services and resources that meet their needs
- Improve Access: ensure service organisation, delivery and location enable easy access
- Modernise Services: provide our services in ways and in facilities which are as up to date as possible
- Improve Individual Health Status: change key factors and behaviours which impact on health
- Effective Organisation: be credible, well led and organised and meet our statutory duties

3.2 Strategic Objectives

3.2.1 The national policy context has a critical influence on the development of health and care services in Woodside.

3.2.2 The Scottish Government has set out its vision for the NHS in Scotland in the strategic narrative for 2020.

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.

Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision

3.2.3 Underpinning the narrative is the Quality Strategy, with the three central ambitions that care should be person centred, safe and effective. The quality outcomes and 2020 vision will be the major national drivers of NHS targets and strategic direction for the period 2013-16 and beyond, including the HEAT targets for which the Board will be held to account each year.

3.2.4 While not intended to be exhaustive, the following list identifies some of the other key national policies which have influenced the proposals for a new health centre in Woodside:-

- Getting it right for every child;
- Hidden Harm;
- Changing Lives;
- Equality Legislation;
- Better Health Better Care;
- Equally Well;
- Gaun Yerslef , Long Term Conditions strategy;
- Reshaping Care for Older People;
- The Christie Report;
- The Sexual Health and Blood Borne Virus Framework 2011-15;
- Delivering Better Outcomes: an outcomes toolkit for Alcohol and Drugs Partnerships.

3.2.5 Delivering Quality in Primary care (2010) and the associated progress report (June 2012) set out the strategic direction for primary care as follows:

- Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person

The people of Scotland will be increasingly empowered to play a full part in the management of their health.

- Care will be clinically effective and safe, delivered in the most appropriate way, within clear, agreed pathways and
- Primary care will play a full part in helping the healthcare system as a whole, make best use of scarce resources

The proposal for a new health facility at Woodside will enable local primary care contractors and primary care health professionals meet these commitments.

3.3 Each of these policies seeks to improve the health and social care responses to the people of Scotland. There are a number of key cross cutting themes that underpin these policies:

- Improving access to services and providing patient centred care.
- Working in partnership with patients, carers, other public agencies and the voluntary sector to provide the support people need to lead as healthy a life as possible.
- Integrating services to provide timely and holistic care.
- The need to focus more resource and activity on prevention, early intervention and anticipatory care.
- The aim of providing more services in the community and reducing demand on acute hospital services.
- Building the capacity of individuals and communities to support good health.
- Tackling health inequalities.

3.4 In summary this policy context delivers the following as key drivers for the current project:

- Improving equitable access to services through the availability of an increased range of services in community settings.
- Community and public participation in service design and provision.
- Seamless care through tailor-made integrated care pathways supported by a range of agencies working in partnership.
- Staff partnership based on involvement and support to provide new flexible and effective ways of working.
- Improved care for the elderly and younger people.
- The use of technological advances in information and communications technology generally to benefit service users and reduce the professional isolation of its staff.
- The high priority attached to the improvement of people's health and improvement of community services.
- Breaking down of barriers between primary and secondary care and health and social care organisations and professions through a whole systems approach to planning and delivering services.
- The creation of sustainable and flexible services and facilities which can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease.

3.5 Taking analysis of the policy context further, the key assumptions underlying the analysis of the strategic context for the changes proposed in these plans and this business case are:

- It will increasingly be possible to provide services safely and effectively closer to people's homes and this will benefit people who use the services by improving access.
- Interagency collaboration, multidisciplinary working and service integration are vital to the effective provision of services for many groups in the population.
- Medical, information and communications technology will continue to improve and create opportunities for improving local access especially to diagnostic services.
- People's expectations about the services which they receive and where and when they receive them will continue to increase and meeting these expectations will remain a social policy priority.
- Nurses, Allied Health Professionals and Social Care Professionals, in particular, will continue to develop their roles in providing care in the context of extended primary care teams.
- Improvement of service through the design of integrated care pathways for people with complex health and social problems will remain national priorities. This will also apply to the improvement of services for people with a range of diseases which cause premature death or reduce people's functioning or quality of life (e.g. CHD, cancer and diabetes).
- The demand for locally based services will increase and this will mean using facilities and staff in an imaginative way to expand capacity to meet this demand.

Significant and sustained improvements in health and well-being are achieved through supported self care and as such services and facilities are needed to motivate people to look after themselves and to help them to do this.

4. Investment Objectives

4.1 The investment proposed will make a significant contribution to the achievement of the wider policy agenda and the local Corporate Objectives by providing modern and fit for purpose facilities for the provision of services across health and social care.

4.2 In particular the investment will:

- Enable speedy access to modernised and integrated Primary Care and Community Health Services that are progressing towards the achievement of national standards.
- Promote sustainable, cost effective primary care services and support a greater focus on anticipatory care.
- Improve the convenience of access to primary care services that are patient centred, safe and clinically effective
- Support the necessary ethos of team working that will result in the effective integration of services
- Deliver NHS Greater Glasgow & Clyde wide planning goals by supporting strategies for service remodelling and redesign that have been the subject of extensive public engagement and involvement.
- Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions in line with the Government's 2020 target and contributing to a reduction in whole life costs.
- Achieve a BREEAM Healthcare rating of 'Excellent'.
- Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.
- Meet statutory requirements and obligations for public buildings e.g. with regards to DDA.
- Make a significant contribution to achieving the aims of the local regeneration strategy for the area.

4.3 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.

4.4 These aspirations for the building have been reflected in the Design Statement (Appendix 1)

Table 1 sets out the investment objectives, with the associated proposed measures and timescales.

Table 1

Primary Objective	Outcome	Measure	Timescale
Enable speedy access to modernised and integrated Primary Care and Community Health Services	<p>Reduced waiting times/ increased productivity for services provided in health centre</p> <p>More productive use of treatment rooms</p> <p>Improvement GP access target (48hour and advance booking)</p> <p>Reductions in bed days, prevention of delayed discharges, prevention of readmissions</p>	<p>AHP Waiting times</p> <p>GP access targets</p> <p>Cancer – referral to treatment</p> <p>Addictions – referral to treatment</p> <p>Rehab team performance measures</p>	1 year on from opening
Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care	<p>Increase in numbers of GPs participating in Local Enhanced Services</p> <p>Better management of LTCs - reduction in number of admissions and bed days</p> <p>Prevent inappropriate use of hospital services, better management of illness within primary care</p> <p>Shift in balance of care - more patients looked after through primary care and less use of</p>	<p>Participation of GPs in LES (diabetes, stroke, CHD, COPD, Keep Well)</p> <p>LTC Hospital admissions</p> <p>Monitor emergency admissions</p> <p>Monitor emergency admissions 65+</p>	1 year on from opening

	<p>acute services</p> <p>Improvements in cervical screening rate and childhood immunisation rates</p> <p>GP practices in deprived areas supported to tackle health inequalities</p> <p>GP practices in the area together provide community-oriented primary care</p>	<p>Monitor referrals from GPs to health improvement services (smoking cessation, healthy eating, stress management, employability, money advice)</p> <p>Monitor referrals from GP practices to local carers team (number of referrals and number of carers assessments)</p> <p>Monitor cervical cancer screening and immunisation</p> <p>Gather information on community health initiatives</p>	
<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>	<p>More hard to reach patients using centre</p> <p>Uplift in patient satisfaction</p> <p>LES targets to be met</p> <p>Reduction in DNA rates</p>	<p>Survey of staff and patients regarding how accessible they find the facility.</p> <p>Keep Well health checks to be carried out on eligible patients</p> <p>Compare DNA rates with current rates</p>	<p>1 year on from opening</p>

	<p>Increase in dental patients and dental registrations</p> <p>Reduction in children treated at dental hospital</p> <p>Increase in cervical cancer screening</p> <p>Reduction in teenage pregnancies</p> <p>Increase in smoking cessation quit rate</p> <p>Reduction in pregnant women smoking</p> <p>Increase in breastfeeding rate</p>	<p>Monitor use of community dental facility</p> <p>Increase in dental registrations of pre-5s</p> <p>Monitor referrals to dental hospital</p> <p>Monitor screening rate</p> <p>Monitor successful quits</p> <p>Monitor smoking rate</p> <p>Monitor breastfeeding</p>	
Support the necessary ethos of team working that will result in the effective integration of services	<p>Increased referrals to community health services from GPs</p> <p>Increase in carers referrals and increase in carers assessments</p> <p>Shift in balance of care</p>	<p>Referrals from GP practices to local health improvement services</p> <p>Monitor referrals to local Social Work carers team</p> <p>Improved working</p>	From opening and one year after opening

	<p>– more older people supported at home, reduction in bed days</p> <p>More effective integration of health and social care services through co-location of staff</p> <p>Less children in need of residential care</p>	<p>between NHS and SW staff to support older people – measured through performance framework for Rehab Teams</p> <p>Improved working between NHS and SW children's teams - increased IAF and joint case review etc.</p>	
<p>Deliver NHS GGC wide planning goals and support service strategies</p>	<p>More care in community and less in acute hospitals</p> <p>Increase numbers of older people supported in the community and reduce use of residential accommodation and hospitals</p>	<p>Shift balance of care – monitor delivery in acute/primary care</p> <p>Bed days/emergency admissions/multiple admissions 65+, admissions from LTCs</p> <p>Reshaping care for older people – monitor delayed discharges, admissions, numbers supported in community</p> <p>Inequalities sensitive practice</p>	<p>From opening and one year after opening</p>

	<p>Inequalities sensitive practice part of core business for staff operating in the health centre</p> <p>Health centre a hub for health in the area</p>	<p>in primary care – best practice shared and rolled out</p> <p>GP access</p> <p>Use of outreach and other methods to engage with vulnerable patients</p> <p>Keep Well LES activity</p>	
<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>Contribute to North West sector's shared of CHP target for reduced carbon emissions</p> <p>Meet the requirements regarding sustainability set out in the Design Statement (Appendix 1)</p>	<p>Reduced emissions and lower running costs</p>	<p>From opening</p>
<p>Improve and maintain retention and recruitment of staff.</p>	<p>Uplift in satisfaction</p> <p>Decrease in absence rates</p> <p>Decrease in staff turnover</p>	<p>Staff satisfaction survey at end of year 1.</p> <p>Monitor absence records and contrast to previous.</p> <p>Monitor staff turnover rates</p>	<p>One year from opening</p>
<p>Achieve a high design</p>	<p>Provide a clinical</p>	<p>Use of quality</p>	<p>From opening</p>

<p>quality in accordance with the Board's Design Action Plan and guidance available from A+DS Creation of an environment people want to come to, work in and feel safe in</p>	<p>environment that is safe and minimises any HAI risks</p> <p>Building makes a positive contribution to health</p> <p>Building provides a welcoming environment for patients , with security as part of design</p> <p>Building meets the requirements set out in the Design Statement (Appendix 1)</p>	<p>design and materials</p> <p>HAI cleaning audits (regular NHSGG&C process)</p> <p>Building contributes to local regeneration strategy</p>	
<p>Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA</p>	<p>Building accessible to all</p> <p>Positive response from users of the building</p> <p>Building meets the requirements set out in the Design Statement</p>	<p>Carry out DDA audit and EQIA of building.</p> <p>Involve BATH (Better Access to Health) Group in checking building works for people with different types of disability</p> <p>Engagement with local people to ensure building is welcoming – PPF to carry out survey of users</p>	<p>From opening</p>
<p>Contribute to the physical and social regeneration of the Woodside area</p>	<p>New health centre acts as catalyst for further investment and development</p> <p>Building meets the requirements set out in the Design Statement</p>	<p>Building contributes to Canal Regeneration Strategy</p> <p>Engagement of local people in</p>	<p>During construction and from opening</p>

	(Appendix 1) Health centre is 'owned' by local people The building of the centre presents an opportunity to engage people in health improving activity , building self esteem and community capacity	developing art work and landscaping for the centre.	
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4.5 Existing Arrangements

4.5.1 Woodside, where Woodside Health Centre is located, is an area characterised by severe and enduring poverty and urban deprivation.

4.5.2 54% of patients using Woodside Health Centre live in a SIMD 1 area. The majority of patients using Woodside Health Centre live in the surrounding area – the 4 neighbourhoods of Cowlares and Port Dundas, Keppochhill, Woodside and Firhill.

4.5.3 These 4 areas are geographically adjacent and similar in many respects. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities.

4.5.4 The following is a summary of some headline health statistics (from the Health and Well-Being Profiles 2010) which illustrates the challenges faced in improving health in Woodside. On all these measures, performance is amongst the worst in Scotland.

4.6 Life Expectancy

4.6.1 The average male life expectancy across Cowlares, Keppochhill and Woodside is 65.8 years (nearly 9 years below the national average). Firhill records average male life expectancy at 71.3 years (3 years below the Scottish average). The average female life expectancy across the 4 neighbourhoods is 75.6 years (4 years below the national average).

	Cowlares and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Male life expectancy	66.3	65.8	66.2	71.3	74.5
Female life expectancy	72.9	73.3	75.5	79.9	79.5

4.7 Alcohol and Drugs

4.7.1 The average rate of alcohol-related hospital admissions in all 4 areas is significantly worse than the Scottish average. The rate in Keppochhill is 2.5 times the Scottish average.

4.7.2 The average rate of drugs-related hospital admissions in Cowlairs and Port Dundas and Keppochhill (297.0) is more than 3.5 times the Scottish average

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Alcohol related hospital admissions (rate per 100k)	1772	2546	1268	1124	1088
Drugs related hospital admissions (rate per 100k)	265.1	328.9	64.7	57.3	85.1

4.8 Mental Health

4.8.1 There is a high incidence of mental illness, as illustrated by the high level of prescribing of anti-depressants. (The average across the 4 neighbourhoods is 21% above the Scottish average). Psychiatric hospital admissions are significantly higher than the Scottish average in all 4 neighbourhoods. The average rate in Woodside and Keppochhill (870.7) is almost 3 times the Scottish average.

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
% patients prescribed drugs for anxiety/depression	13.5%	14.5%	10.7%	10.7%	9.7%
Psychiatric hospitalisation rate (per 100k)	402.0	1019.4	722.0	457.2	303.0

4.9 Older people and long term conditions

4.9.1 Hospital admissions are significantly above the national average.

4.9.2 The average rate of hospital admissions for COPD across the 4 neighbourhoods is 382.3 (nearly 2.5 times the national rate).

4.9.3 The average rate of emergency admissions across the 4 neighbourhoods is 8409.0 (31% above the national rate) and in Keppochhill the rate is almost twice the national rate.

4.9.4 The average rate of multiple admissions for people aged 65+ across the 4 neighbourhoods is 4350.8 (40% above the Scottish rate).

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Hospitalisation for COPD (rate per 100k)	298.0	484.3	328.0	338.9	158.6
Emergency Admissions (rate per 100k)	9112.9	11088.2	7272.9	6162.0	6378.9
Multiple admissions people aged 65+ (rate per 100k)	4094.0	4510.2	4497.6	4300.8	3110.4

4.10 Child Health

4.10.1 There are high rates of teenage pregnancies and smoking in pregnancy in all 4 neighbourhoods and low rates of breastfeeding in Cowlairs and Port Dundas and Keppochhill.

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Teenage pregnancy (rate per 100k)	64.0	75.0	No figure	75.6	41.4
Smoking in pregnancy	38.6%	51.1%	25%	27.5%	22.6%
Breastfeeding	18.4%	9.0%	27.4%	41.2%	26.4%

4.11 BME Population

4.11.1 The area served by Woodside Health Centre includes 18 post codes where the proportion of BME population is significantly higher than the Glasgow city average. The overall proportion of BME population in these 18 postcode areas is 12.8% (compared to the Glasgow figure of 5.5%), BME population in these 18 postcode areas ranges from 6.6% to 23.3%. (Figures from 2001 Census)

4.12 Oral Health

The development of a new centre will support delivery of the National Oral health Improvement Strategy for Priority Groups which are, in addition to children, adults vulnerable to poor health: frail older people and those with special care needs and homeless people.

'Caring for Smiles' is planned and partly implemented to date. Where not already in place, actions will include participation in the other 'smile' programmes. There is a structured plan in place for the homeless and links in place with the homeless partnership. There is also a focus on antenatal mothers, encouraging registration with dental practice and participation in the Childsmile programme.

There are Dental Health Support Workers, based between the local health centres, who work mainly work for Childsmile but also with priority groups. The local GDP is enrolled in the Childsmile programme.

At March 2012 the percentage of children registered with a dentist was:

(Old boundaries)

West Glasgow CHCP – 87%

North Glasgow CHCP – 89.2%

Scotland – 87.5%

Children with no obvious decay experience:

3 year olds (2011)

North Glasgow – 70.5%

(No national statistics)

Primary 1s (2010)

North Glasgow – 50.46%

Scotland – 64%

Primary 7s (2011)

North Glasgow – 54%

Scotland – 69.4%

There is one independent, NHS committed, general dental practice in the current Woodside health centre with 4 dentists and 4 dental surgeries. There is adequate GDP provision in the area and little incentive for them to relocate as they would not qualify for funding support (Scottish dental access initiative). Many will have invested in their properties recently to meet decontamination requirements.

Community & Salaried Dental Services are based in other nearby health centres at Maryhill (to the north-west) and Possilpark (to the north east). In particular, the domiciliary care team for the wider area is based at Maryhill. Care/support for the priority groups will be provided locally as described above.

In addition to maintaining the existing provision, a new facility would provide the potential to introduce a dedicated Childsmile (dental education) room, decorated and equipped to encourage children to look after their teeth. Dental Facilities within the new centre would be designed to improve access for the disabled. It would include the planned number of surgeries, administrative space, waiting and reception, designed and built in line with the design statement prepared for this facility.

- Physical Condition Cat D
- Statutory Standards Cat D
- Environment Cat D
- Space Cat F
- Function Cat D
- Quality Cat D
- DDA Cat D

4.13.5 In the past few years some improvements have been made to the accommodation in the health centre. However these have been limited to making the roof watertight and installing a small single person lift to allow disability access to the first floor. There is however a wing of the building that has no disability access and there no feasible way to retro-fit a lift or ramp.

4.13.6 There is very limited potential for expansion on the current site and 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, the bringing together of health and social care staff) cannot be supported without additional space being made available.

4.14. Business Needs

4.14.1 The purpose of the project is much more than the simple replacement of the existing facilities. This is an opportunity to enable and facilitate fundamental change in the way in which health is delivered to the people of Woodside. The underlying aim is to reshape services from a patient's point of view. 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 proposals for the new centre have been discussed with Glasgow City Council Social Work at both an area and city level – and space for Social Work is included in the design, with a view to continue to develop partnership working. The design brief seeks sufficient flexibility to allow for different team structures that might arise from future formal integration of NHS and Social Work services

4.14.2 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. There will be a focus on anticipatory care, early intervention and tackling health inequalities.

4.14.3 The provision of a new health centre in Woodside 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.

4.14.4 The designers will consult with clinical users and patients to achieve a good design that: fosters access to social support , seeks to lower reduce stress levels so that patients reach the point of consultation feeling as calm and relaxed as can be expected; offers an early welcoming point of orientation for moving around the building; delivers well planned waiting rooms to reduce fear and increase confidence; uses material that are robust as well as attractive; can capture the use of natural light and ventilation to help contribute to good energy efficient and environmental conditions throughout.

The Project Brief will set out the requirements and standards expected of the Hubco Design Team in respect of efficiency and design and will include specific requirements on: energy efficiency, sustainability, value for money criteria, adherence to the principles of the agile working policy. West Hubco are also required to involve a specialist health planner to ensure that levels of space utilisation are maximised.

4.14.5 In this respect the designers will be able to build on the outcome of local stakeholder events held in April 2012 and 2 design workshops in July and August 2012 which brought together representatives of patients, health professionals and partner agencies to outline their aspirations for the new health centre. These included:

- The new centre should be located close to the existing centre (within 1 or 2 miles radius) but address current problems of poor access
- We should aim to provide a wide range of services in the new centre. We should continue all the services that currently operate in the existing centre and plan for new services e.g.
 - Preparing for activity that is currently undertaken in acute hospitals but might increasingly be transferred to primary care
 - Services for increasing numbers of older people
 - Space to allow visits from mobile units (e.g. breast screening/ blood donor units)
 - Services provided by partners such as social work, local housing associations, police would be welcomed
 - The planned development of the new health centre with increased capacity to provide services in the community supports NHSGG&C's Acute Services Review which includes reductions in some areas of acute services on the basis of shifting balance of care to community and is well advanced in its implementation.
 - The proposed facility includes space for social work and Addictions services (an integrated service between NHS and Glasgow City Council). Police and Fire service already have their local HQs close by – and in looking at preferred sites maximising the benefits of adjacency with other partners including local housing associations and leisure facilities scored highly. Discussions are currently ongoing with Glasgow City Council regarding the potential of one of the short listed sites to include the replacement of a learning disability day centre.
- The centre should be designed to allow access on a 24/7 basis, so that some services can operate beyond current working hours
- The building should incorporate flexible, multi- use space(s) that can be used by different services – and also by local voluntary organisations / community groups (including OOH access)
- The building should be welcoming to patients and provide a good working environment for staff. The design should promote team working among different professionals, support the patient pathway and be easy for all

groups of patients to navigate. The design of the building should take security for staff and patients into account from the outset.

4.14.6 These are reflected in the design statement that is attached as Appendix 1.

5. Business Scope & Service Requirements

5.1 The core elements of the business scope for the project are identified as the minimum requirements within the table below. Intermediate and maximum elements will be considered if the cost / benefit analysis to be considered in detail at OBC permits.

Table 2

	Min	Inter	Max
Potential Business Scope			
To enable the CHCP to provide an integrated service spanning primary care, community health, social care and hospital services in the Woodside area.	<input checked="" type="checkbox"/>		
To maximise clinical effectiveness and thereby improve the health of the population.	<input checked="" type="checkbox"/>		
To improve the quality of the service available to the local population by providing modern purpose built facilities	<input checked="" type="checkbox"/>		
To provide accessible services for the population of Woodside and surrounding areas.	<input checked="" type="checkbox"/>		
To provide flexibility for future change thus enabling the CHCP to continually improve existing services and develop new services to meet the needs of the population served.	<input checked="" type="checkbox"/>		
To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.	<input checked="" type="checkbox"/>		
To provide additional services that are complimentary to the core services provided by the CHP		<input checked="" type="checkbox"/>	
To contribute to a new community hub for Woodside contributing to the social, economic and physical urban regeneration of a deprived area		<input checked="" type="checkbox"/>	
Key Service Requirements			
GP practices	<input checked="" type="checkbox"/>		
A new dental health suite	<input checked="" type="checkbox"/>		
Treatment rooms	<input checked="" type="checkbox"/>		
Health visitors and district nurses working in integrated	<input checked="" type="checkbox"/>		

teams			
Social Work staff on site, working in integrated teams with health staff	<input checked="" type="checkbox"/>		
Allied Health Professional services (AHPs), including a physiotherapy gym which will be available for local community use in the evenings	<input checked="" type="checkbox"/>		
Child and adolescent mental health services	<input checked="" type="checkbox"/>		
Community mental health services	<input checked="" type="checkbox"/>		
Personal care facilities in the community to support independent living for local disabled people (allowing them access to shopping and other community activity in the Woodside area).	<input checked="" type="checkbox"/>		
Youth health services	<input checked="" type="checkbox"/>		
Sexual Health services	<input checked="" type="checkbox"/>		
Pharmacy	<input checked="" type="checkbox"/>		
Training accommodation for primary care professionals including undergraduate and postgraduate medical , dental students	<input checked="" type="checkbox"/>		
A Community Addiction Team clinic	<input checked="" type="checkbox"/>		
Breast feeding support services	<input checked="" type="checkbox"/>		
Parenting services/ baby clinics	<input checked="" type="checkbox"/>		
Smoking cessation services	<input checked="" type="checkbox"/>		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service		<input checked="" type="checkbox"/>	
Carers services		<input checked="" type="checkbox"/>	
Community health services and community-led rehabilitation and health improvement activity		<input checked="" type="checkbox"/>	
Local Stress Centre services		<input checked="" type="checkbox"/>	
Money advice services			<input checked="" type="checkbox"/>
Employability advice and support			<input checked="" type="checkbox"/>
Housing advice and support			<input checked="" type="checkbox"/>
Opportunities for volunteering			<input checked="" type="checkbox"/>
Crèche facilities			<input checked="" type="checkbox"/>

6. Risks, Contingencies and Dependencies

6.1 Main Risks

6.1.1 The main project risks and mitigation factors are identified at a high level at the IA stage. As the project develops through the OBC and FBC stages a more detailed and quantified risk register will be prepared.

Table 3

Risk Categories	Description	Mitigation
Business Risks	Commercial – e.g. land acquisition	Early engagement with landowner / development partner
	Financial	Robust business case & procurement process

	Political Potential opposition to building on playing field site for two of the preferred sites and on a play area for one of the sites	Encompass current legislation Early engagement with Glasgow City Council
	Environmental	Early sustainability briefing
	Strategic	Joint development agreement with partners
	Cultural	Develop public engagement process
	Quality	Detailed briefing & monitoring
	Procurement method	Adopt Hub process
	Funding	Robust business case model
	Organisational	Develop early project management framework and delegated authority limits
	Projects	Develop within Hub initiative
	Security	Document control strategy
Service Risks	Workforce	Manage within Hub process Staff engaged as stakeholders
	Technical	Employ strict change control management processes
	Cost	Employ strict change control management processes
	Programming	Plan & monitor with reference to an early warning strategy
	Operational support	Manage service User input effectively
	Quality	Share QA responsibility with Hub Teams/Wellspring
	Provider failure	Develop a Commissioning programme
	Resource	Manage for resource / succession planning
External Environmental Risks	Secondary legislation	Plan within timescales with development team
	Tax	Manage within change control process where possible
	Inflation	Manage within change control process where possible
	Global economy	Manage within change control process where possible

6.2 Constraints

- 6.2.1 The project is planned to be delivered via funding from Hub initiative. As such it must meet the criteria for award of funds from the Hub initiative, and meet the timescale set by the Hub of being operational by March 2015.

6.3 Dependencies

- 6.3.1 This Initial Agreement focuses on the case for the replacement of Woodside Health Centre. A separate Initial Agreement has been prepared for a replacement for Maryhill Health Centre. One of the options included in the main business options list for the replacement of Woodside Health Centre is the provision of a combined new centre for Maryhill and Woodside Health Centres (see Paragraph 7.5). This option is also included in the short list for Maryhill Health Centre but will be dependent upon a willingness by Glasgow City Council to negotiate for the change of use of the site which is currently used as playing fields.

7. Exploring the preferred way forward

7.1 Main Business Options

- 7.1.1 A long list of 8 options was identified. These were considered at a stakeholders' options appraisal workshop on 26th June, attended by representatives of GP practices, dental services, the pharmacy and CHP services currently operating in the existing health centre together with partner organisations and PPF representation. The 8 options were as follows (set out in Table 4 below)

Table 4

Option	Description
1	Do minimum
2	Build new Woodside Health Centre on current site
3	Build new Woodside Health Centre at Rodney Street
4	Build new Woodside Health Centre at Grovepark/Cedar Street
5	Build new Woodside Health Centre at Hinshaw Street/Doncaster Street
6	Build new Woodside Health Centre at New City Road
7	Build a new combined health centre for Woodside and Maryhill at Hugo Street/Shuna Street
8	Build a new combined health centre for Woodside and Maryhill at Maryhill Road/ Queen Margaret Drive

7.2 Criteria

- 7.2.1 These 8 options were considered against the criteria as set out in Table 5 below

Table 5

Investment objective	Criteria
Improve access	<p>Good pedestrian access</p> <ul style="list-style-type: none"> - Easy walking - Near public transport <p>Sufficient car parking</p> <p>Fully DDA compliant</p>
Improve patient experience/ good working environment for staff	<p>Welcoming building</p> <p>Easy to navigate</p> <p>Improve patient pathway</p> <p>Improved patient (and staff) safety</p>
Promote joint service delivery	<p>Promote team working</p> <p>Capacity for social work and other partners</p> <p>Capacity for other organisations to use space</p> <p>Design allows out of hours use of building</p>
Sustainability	<p>Energy efficient</p> <p>Reduce carbon footprint</p> <p>Reduce running costs</p>
Contribution to regeneration of Woodside	<p>Clear signal of investment</p> <p>Catalyst for improvement</p> <p>Support to local businesses</p> <p>Attract other investors</p> <p>Consistent with Town Planning objectives</p>

The criteria detailed in Table 5 represents a summation of the aspirations for the new health centre that were expressed by stakeholders for the new health centre at a workshop, involving approximately 60 stakeholders including GPs, GP practice staff, CHP staff, patient representatives and local voluntary organisations. The various comments made were categorised and summarised in the criteria and then used at the next stakeholders' event that looked in more detail at potential sites. There was a scoring system used with participants scoring each sites against each criterion as follows:

- 0= does not meet criterion at all
- 1 = poor
- 2 = satisfactory
- 3 = good
- 4 = Very good
- 5 = excellent

These scores were then totalled for each site to guide the choice of which sites should be included in the short list

7.3 Critical Success Factors (CSFs)

7.3.1 Consideration was also given to the extent to which each option met the following critical success factors (as set out in Table 6)

Table 6

Key CSFs	Broad Description
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.
Potential Value for Money	How well the option: Maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability & minimises associated risks.
Potential achievability	How well the option: Is likely to be delivered within the Hub timescale for development (i.e. operational by April 2015) & matches the level of available skills required for successful delivery.
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.
Potential affordability	How well the option:

	Meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints.
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7.4 Ranking the options

7.4.1 Table 7 summarises the overall rating given to each option, taking into account suitability in relation to the critical success factors.

Table 7: Woodside Options Summary – criteria scores and CSF suitability

Option	Score		Strategic fit	Capacity	Value for money	Affordability	Achievability
1. Do minimum	56	1.75	NO	NO	NO	NO	YES
2. Build on current site	351	10.97	YES	NO	NO	? Difficulty with decanting and phased build may increase costs during build	NO
3. Rodney Street	289	9.08	NO	YES	NO	YES	YES
4. Grovepark St.	417	13.03	YES	NO	YES	YES	? Issues re loss of play area
5. Hinshaw St.	615	19.21	YES	YES	YES	YES	YES
6. New City Road	373	11.65	YES	YES	? Cost of road access	YES	YES
7. Shared site – Hugo St.	286	8.94	NO	YES	YES	YES	? Site of interest to private developer
8. Shared site – Queen Mgt. Drive	487	15.21	YES	YES	YES	YES	? Issues re change of use of playing fields. GP and dentist concerns re potential loss of patients/ size of single facility

7.5 Independent Contractor Engagement

7.5.1 After the options appraisal workshops and number of exchanges and meetings have taken place with the local independent contractors who currently operate from the existing Woodside Health Centre and clinical and managerial leads from the NW Sector team. In particular, the meetings have taken place in response to contractors concerns about the impact on patient care and business continuity on the proposal to develop at combined replacement health centre for Maryhill and Woodside.

7.5.2 As a result on these exchanges it has become evident that there is unanimous opposition from local contractors to engage in the development of a combined replacement health centre. The opposition from local contractors is based on the following clinical reasons:

- Although there are good transport links to the proposed combined site, contractors are convinced that many existing patients will not access services out with the Woodside area.
- In particular, there is a large student population, who currently access services at Woodside, may be lost to the service.
- In combining services in a new single location more staff time will be lost to travel as there will not be bases within the major local communities. As a result clinical contact time will be lost.
- A number of local services are looking to develop more access points within local communities including addictions clinics, health improvement programs and rehabilitation teams. The opportunity for this development is restricted by the development of a combined site.

7.5.3 Recognising the pivotal role that independent contractors will need to play in developing the vision for the replacement centre and the delivery of healthcare for the local population thereafter, it is proposed that the combined replacement health centre for Woodside and Maryhill be deleted from the proposed short list.

7.6 Short list of options

7.6.1 From the above table and the reasoning outlined in section 7.5 above the short list of possible options is identified as:

- Option 1 – do minimum
- Option 4 – Grovepark Street
- Option 5 – Hinshaw Street
- Option 6 – New City Road

7.7 The Commercial Case

Purpose of the Commercial Case

- 7.7.1 The Commercial Case assesses the possible procurement routes which are available for a project. Normally these include Frameworks Scotland, NPD and Hub revenue models. NHSGGC have consulted with Scottish Futures Trust and the advice is that the project should be developed based on the hub revenue financed model.
- 7.7.2 In a letter from the Acting Director – General Health & Social Care and Chief Executive NHS Scotland issued on 22 March 2011 it stated that the Scottish Government has agreed that a range of projects are to be funded through the NPD model and hub revenue financed model. Subject to meeting the guidance and funding conditions set out in the above letter, appropriate funding will be provided to procuring bodies to support the delivery of these projects which includes the Woodside Health Centre project.
- 7.7.3 The letter defines the components of the unitary charge to be supported by the Scottish Government as:
- 100% of construction costs (subject to the agreed scope of the project)
 - 100% of private sector development costs (subject to an agreed cap)
 - 100% of finance interest and financing fees (at prevailing Financial Close rates)
 - 100% of Special Purpose Vehicle (SPV) running costs during the construction phase (subject to an agreed cap)
 - 100% of SPV running costs during the operational phase (subject to an agreed cap)
 - 50% of lifecycle maintenance costs.
- 7.7.4 This leaves the procuring authority to fund the element of the unitary charge that relates to Hard Facilities Management and the balancing 50% of lifecycle maintenance costs. Additionally, it will fully fund costs for soft FM, utilities and any equipment costs not included within the overall construction cost.
- 7.7.5 A full value for money and affordability assessment will be carried out at Outline Business Case stage.

7.8 Financial Case

- 7.8.1 The Board has received conditional approval that a replacement Woodside Health Centre would be funded via the West of Scotland Hub initiative, subject to approval through the business case process.
- 7.8.2 The Board has made provision within its capital resource limit for this project dependant on confirmation of the Hub funding.

- 7.8.3 The Board has experience of delivering similar type projects having recently completed the building of new Health Centres at Renfrew and Barrhead underway.
- 7.8.4 The Glasgow City CHP committee wholeheartedly supports the plan to improve the healthcare facilities available to the local population.
- 7.8.5 We have four projects running in parallel, with a 2 month gap in programme between the Eastwood/Maryhill and the Woodside/Gorbals projects. At the OBC stage when there is more certainty about the site options we will review the options for the most cost effective bundling arrangement.

7.9 Indicative Costs

- 7.9.1 The Table below represents the range indicative capital costs for each of the short listed options. In the preparation of the indicative capital costs, cognisance was taken of the guidance issued by SGOV on 11th July around affordability caps. The cost is based on prime cost benchmark per sq metre

Indicative Capital Cost		
Option No.	Description	Capital Cost estimate £m
1	Do Minimum	£1.5m
4	New Build Grovepark St	£11.0m -£12.3
5	New Build Hinshaw St.	£11.0m -£12.3
6	New Build New City Rd.	£11.0m -£12.3

The cost is based on prime cost benchmark per square metre. The base figure used is from a priced project from the West Hubco, based on Barrhead Health centre and priced during the hub procurement process.

7.10 Revenue and Lifecycle Costs

- 7.10.1 SCIM Guidance states that the procurement route for all community based new build proposals over the value of £1m, should be through the Scottish Futures Trust Hubco Design, Build, Finance and Maintain model. As noted in the Commercial case, it is assumed that this project will be delivered by this route.
- 7.10.2 The Hubco contract is proposed to be a Design, Build, Finance and Maintain arrangement which will include the provision of all hard facilities management and lifecycle costs. It will not include the provision of soft facilities management costs such as domestic and portering services.
- 7.10.3 The Unitary Charge costs associated with this development will be examined in full during the OBC process together with comprehensive financial modelling to assess the revenue and lifecycle costs and a full value for money and affordability appraisal will be undertaken as outlined in SCIM.

7.11 Overall Affordability

- 7.11.1 It is anticipated that the recurring revenue funding from the current facilities, which has been identified as £290k, will be made available to support the new facility if the IA is implemented.
- 7.11.2 Further development of the revenue implications will be undertaken in the development of the OBC, including energy efficiencies and reduced maintenance arising from a new build.
- 7.11.3 It is also expected that by implementation of the proposals contained in the IA, Non Recurring costs in respect of significant backlog maintenance will be avoided. Backlog associated with the 'Do Minimum' and to make the premises fit for purpose has been identified as £900K in the NHS Greater Glasgow & Clyde Property and Asset Management Strategy 2012-2016. Figure based on a BCIS refurbishment m2 rate.
- 7.11.4 The figures within the 'Do Minimum' option on the indicative capital cost table above exclude fees, decant, double running and other enabling costs.

7.12 Management Case

- 7.12.1 The project, should it proceed as per the preferred way forward, will be managed by a Project Board chaired by the Head of Primary Care and Community Services, North West Sector. The Director, North West Sector will act as Project Sponsor.
- 7.12.2 The Project Board will comprise representatives from the Senior Management Group of the North West Sector, Glasgow CHP, and key stakeholders from the GP/User group, the PPF and representatives from West hubco as members of the Project Board and Project Delivery Group and the Board's Capital Planning team. The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal.
- 7.12.3 The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGC hub projects. This Group is chaired by the Glasgow City CHP Director and includes representative from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco. This governance structure is illustrated in Fig. 1. (attached as Appendix 2)
- 7.12.4 A Project Steering Group would also be required to manage the day to day detailed information required to brief and deliver the project. If procurement progresses through the West of Scotland Hub this would be the key delivery forum.
- 7.12.5 The project will also be supported by a series of sub groups / task teams as required and identified in the Guide to Framework Scotland published by Health Facilities Scotland. These task teams will include Design User Group; Commercial; IM&T; Equipment; Commissioning and Public Involvement.

7.12.6 The Board anticipate that the Initial Agreement will be considered by the Capital Investment Group 2012. Should approval be granted to move to OBC, then the indicative project timetable is as follows:

NHS GG&C Approval of IA	September 2012
CIG Approval of IA	October 2012
NHS GG&C Approval of OBC	March 2013
CIG Approval of OBC	April 2013
NHS Approval of FBC	September/October 2013
CIG Approval of FBC	November 2013
Construction Start	January 2014
Construction Complete	March 2015
Post Occupation Review	Mid 2016
Post Project Evaluation	+12 months from occupation

7.12.7 The Board has put in place arrangements for Programme Management and Project Management by appropriately skilled staff. The team is further resourced with capital Finance professionals with experience in previous revenue-financed public sector initiatives. Further, the Board have procured the services of Technical Advisors, Legal Advisors and Financial Advisors through SFT's Advisory Framework, all of whom will provide any additional support required by the team.

8. Conclusions and Recommendations

8.1 The paper offers a summary and rationale for the proposed new build Woodside Health Centre through the HUB process. It is requested that the Capital Investment Group consider this Initial Agreement and that approval be granted to move to the development of an Outline Business Case

Appendix 1: Design statement

The investment objectives of the project, as set out in Paragraph 4, are summarised as

- Enable speedy access to modernised and integrated services.
- Promote sustainable services and support anticipatory care.
- Improve the experience of access to, and level of engagement in, services – improving service reach and uptake.
- Support the ethos of team working & effective integration of services
- Improve and maintain retention and recruitment of staff
- Deliver a more energy efficient building
- Contribute to physical and social regeneration of Woodside area.

It is therefore necessary that the resultant development exhibits the following attributes to support the experience and behaviours necessary to meet these objectives:

1 Non-Negotiables for Service Users

Non-negotiable Performance specification	Benchmarks The criteria to be met and/or a view of what success might look like
Non-negotiable Performance specification	Benchmarks The criteria to be met and/or a view of what success might look like
<p>1.1 The facility, in its location and proximity to transport links, must improve accessibility particularly for populations experiencing health inequalities. In order to maintain a broad mix of users, it must not discourage use by those currently resident in other areas.</p>	<ul style="list-style-type: none"> • The entrance to the facility should be within 300/400 metres of bus stops serving the Maryhill corridor, Woodside and Cowcaddens areas. The bus routes near the facility should include the possibility of inter-connection with buses coming from Possilpark and Milton • Parking facilities for service users must be identifiable from the road, but located and designed such that misuse is discouraged: for e.g. arrangement at Barrhead Health Centre where the route to parking is adjacent to entrance, so clearly identifiable as relating to the centre, however the parking is away from the main street (concealing the extent of parking) and can be controlled. • The facility should be visible from a ‘commute route’ and within 20 minutes travel (by bus/car of the city centre so it can continue to serve student populations and people working in the city.

1.2 The layout of the development on the site must make the experience of arrival easy and welcoming, removing current physical and perceptual barriers to access.

- Between the street and the entrance to the building there should be a small public space providing cycle parking and level (or gently sloping) access. There should be no overhangs or other features that might encourage people to linger there. The impression of the facility from this space should inspire confidence and convey respect



- Drop-off facilities and accessible parking spaces must clearly visible from the road, close to the public entrance and be designed such that they discourage misuse without impacting the sense of welcome described above.
- Routes from parking to a public entrance can be longer than from the street, however they must be pleasant and safe (well lit and observed).
- The use of planting or other ‘improvements’ to the public realm should be considered as part of the initial ‘impression’ but these must enhance the building but not encourage inappropriate casual use/gathering place for anti-social groups in the area. (e.g. not grassed banks)

1.3 On entering the facility there must be a communal space from which it is:

- obvious where you need to go, and where to find help if needed
- easy to get there (considering all mobility needs)
- and easy to see what other services are provided at the centre, to encourage use.

This space must be designed to be more than a thoroughfare however; it must (either on its own or in combination with multi-use spaces –



<p>see also 1.6 and 2.3 below) be designed to support rest and social interaction, visiting activities, promotions and events. The space must provide a welcoming atmosphere, conveying respect and inspire confidence, and be readily and conspicuously observable by staff so that it feels safe.</p>	<ul style="list-style-type: none"> • The design of the arrival space must encourage people away from the entrance and on to either their appointment or other gathering spaces so that there is limited queuing near the entrance area even at peak times (see also 1.4). • Catering facilities, potentially linked to community or service initiatives, should be provided to support both planned and informal use of the communal space (and adjacent multi-use spaces). • Any light wells should be designed so that they could provide useable space (possibly useable outdoor space or in-door space that is light and airy)
<p>1.4 The facility must be designed to cope with the needs of regular visitors to the pharmacy.</p>	<ul style="list-style-type: none"> • The pharmacy must be readily accessible, with possibly both a ‘street’ entrance and an entrance from main health centre, with spaces planned within or adjacent to the counter to allow queuing at peak times (perhaps by incorporation of one of the multi-use spaces) away from the main circulation routes and communal space. • There should also be a direct link from the pharmacy to the communal space so service users do not have to go outside to access other services.
<p>1.5 The reception point(s) must be designed - across the range of services available - to support user’s personal preferences and needs for interaction, from confidential discussions to those who prefer electronic ‘check-in’ systems.</p>	<ul style="list-style-type: none"> • Similar types of interactions (such as booking appointments, or registering attendance for multiple services) should be possible without visiting multiple reception points. • The reception areas should be designed to convey trust and respect, not to highlight barriers and security measures through screens and signage. <div data-bbox="887 951 1861 1278" data-label="Image"> </div> <p>They must be located far enough from waiting areas that privacy can be maintained.</p> <ul style="list-style-type: none"> • GP practice accommodation to be integral to the centre but designed so that patients can

	easily identify their practice's accommodation within the centre.
<p>1.6 The design of waiting areas must support personal preferences and needs, and not stigmatise users of certain services. The arrangement of spaces must allow the separation of some service users where appropriate - such as for infection control or if someone is distressed - into a more discrete, but equally appropriate and pleasant, area.</p>	<ul style="list-style-type: none"> • Waiting areas should be designed with distinct areas (such as an area that's more family friendly, and a quieter area) to allow people to maintain personal space and privacy. • There must be spaces that are personal and comfortable enough to support activities such as breastfeeding (separate room should also be provided for this) and informal social support/conversations. • There should be positive distractions (daylight and interesting views) and links to information on services and initiatives, including use of WiFi and other IT systems.  <p>Waiting spaces should be arranged such that they (potentially in combination with multi-use rooms) can be used flexibly, while still allowing patients to be clear re which waiting area is the right one for the service/GP practice they are visiting</p>
<p>1.7 Consulting/interview/treatment spaces must provide a respectful, friendly and safe environment for confidential conversations and examinations.</p>	<ul style="list-style-type: none"> • Consulting rooms to be open, light and airy, with good visual and audio privacy to the outside – ideally without relying on closed blinds and windows. Obvious security measures (bars on windows) to be avoided. • There is no fixed view re on which level GP consulting rooms should be based (e.g. could be above ground level to provide greater privacy for patients and safety for GP staff.)

2 Non-Negotiables for Staff

Non-negotiable Performance specification	Benchmarks The criteria to be met and/or a view of what success might look like
<p>2.1 Staff (including visiting staff) must be able to come and go in safety, during daylight and darkness. The arrangement of drop-off and parking must facilitate moving and handling of equipment and notes.</p>	<ul style="list-style-type: none"> • Staff routes (to and from a discrete entrance) and parking spaces must be well lit and observed; including passive observation from the building supplemented by other systems as necessary. • Drop-off space to be provided adjacent to secure staff entrance for equipment and material deliveries and collections.
<p>2.2 Deliveries and servicing must be able to be managed unobtrusively.</p>	<ul style="list-style-type: none"> • Delivery and waste disposal areas (both storage areas and vehicle loading/unloading) to be located where they cannot be seen from the main public entrance and main public areas
<p>2.3 The layout of the facility must aid communication between services and disciplines (both resident and visiting) overcoming the compartmentalisation of the current facility.</p>	<ul style="list-style-type: none"> • The staff routes around the facility should make it as easy to go and talk to a colleague in another area as it is to arrange a meeting or make a call. It should be possible to go from one service/discipline to another without going through main public circulation spaces. • Like activities (such as desk based working) should be provided for in the same area (rather than split by discipline). WiFi and IT systems should support flexibility of team location and some staff choice in working location, allowing them to carry out some work (for tasks like admin) in either more social spaces, or quieter spaces, depending on the task.

	<div data-bbox="893 197 1402 496" data-label="Image"> </div> <div data-bbox="1458 197 1962 496" data-label="Image"> </div> <ul data-bbox="848 502 2042 790" style="list-style-type: none"> • Support spaces, such as meeting rooms, should be located with other multi-use spaces so that they are available to all services, for joint staff activities (including welfare and special events) and for public use. They must include storage space to allow flexibility in use. However, some private areas are needed close to desk-based working areas for taking sensitive phone calls and for staff line-management conversations that would not be appropriate in open office. • Staff rest facilities should be provided together to encourage familiarisation and informal/social interaction.
<p data-bbox="188 799 792 938">2.4 Staff working and rest areas must demonstrate the value placed on staff and support their personal needs in terms of respite and relaxation.</p>	<ul data-bbox="848 799 1984 981" style="list-style-type: none"> • All occupied spaces should have good daylight. • Staff rest areas must be situated away from public areas and be comfortable (a restful lounge) and have good facilities for preparing food. There should be an external area nearby where staff can have a breath of fresh air away from public areas. <div data-bbox="887 1024 1417 1310" data-label="Image"> </div> <div data-bbox="1447 1019 1966 1310" data-label="Image"> </div> <ul data-bbox="848 1353 2002 1383" style="list-style-type: none"> • Ideally the facility would be located near to places where a healthy lunch – and a good

	<p>cup of coffee - can be bought.</p> <ul style="list-style-type: none"> • Shared spaces such as meeting rooms, treatment rooms, staff rest room, to be located centrally so that it's equally easy to access from all team areas, and the resources do not feel the territory of any one team. • GP practice accommodation to be integral to the centre but designed so that patients can easily identify their practice's accommodation within the centre.
2.5 The building should be flexible	<ul style="list-style-type: none"> • The building should allow different services to share areas, and allow opening of some parts of the building outwith core hours (while other areas can remain secure) • The internal layout should allow changes to meet future changes in demand/s services without major alteration. • The design should make the most (dependant on site) of any opportunities to allow for future expansion
2.6 The building should be sustainable	<ul style="list-style-type: none"> • NHS Greater Glasgow & Clyde & NW Sector of Glasgow City CHP aim to achieve a BREEAM 'Excellent' Rating for this project through design assessment & guidance. This will be detailed at OBC stage onwards.

3 Non-Negotiables for Visitors

Non-negotiable Performance specification	Benchmarks The criteria to be met and/or a view of what success might look like
<p>3.1 The facility must support the communication of health promotion and information on services for those visiting to support them in their role as carers, or in maintaining their own wellbeing.</p>	<p>There should be adequate space to provide information points / have displays that can change regularly</p> <p>There should be space that can be used on a bookable basis by local organisations which provide community health services (e.g. carers services, money advice, smoking cessation) to promote their services/ run small group sessions</p>

4 Alignment of Investment with Policy

Non-negotiable Performance specification	Benchmarks The criteria to be met and/or a view of what success might look like
<p>4.1 The development (both building and external spaces), through its location and appearance, must contribute to physical and social regeneration of Woodside area</p>	<p>The building will be part of the regeneration of Woodside and will be a facility the local population is proud to have in its community.</p> <div data-bbox="824 799 1850 1070" data-label="Image"> </div> <p>These images, of two Glasgow Health Facilities are examples of buildings that the local communities that they serve, appreciate and enjoy.</p> <p>We will also provide a RADAR room for the use of severely disabled members of the community.</p>
<p>The development should be sustainable and contribute to meeting national carbon reduction</p>	<p>NHS Greater Glasgow & Clyde & NW Sector of Glasgow City CHP aim to achieve a BREEAM 'Excellent' Rating for this project through design assessment & guidance. This will</p>

targets	be detailed at OBC stage onwards.
Building for the future	The design should make the most of any opportunities to build in flexibility

The above Non-Negotiable performance specifications, and their benchmarks, were developed and agreed by the following stakeholders:

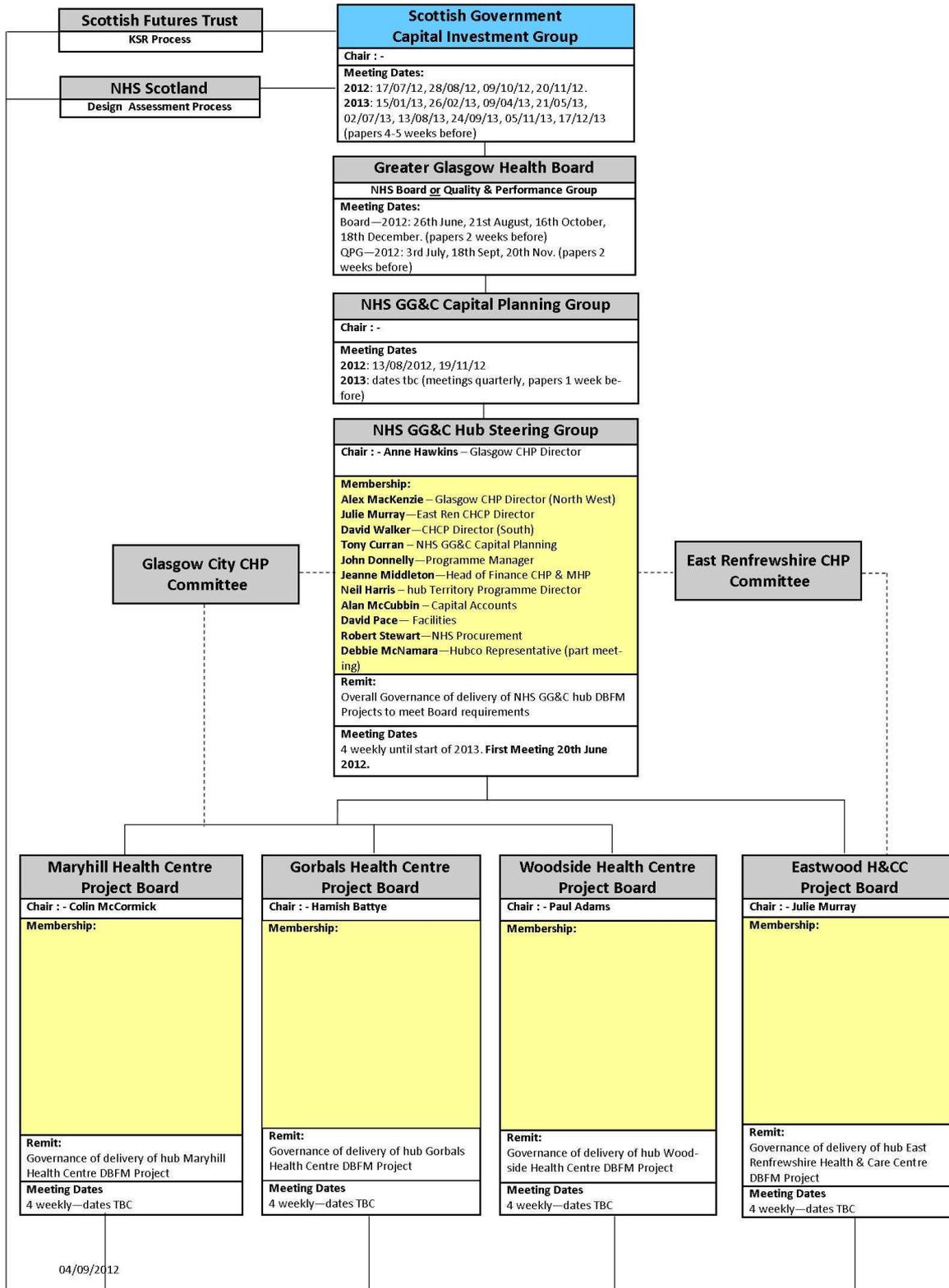
5 GPs, 3 GP Practice Managers, 1 General Dental Practitioner and their Business Manager, 1 representative of pharmacy, 1 representative from the Public Partnership Forum, representatives from CHP primary care services, planning , district nursing, children's services, older people's services, addictions, primary care mental health and sexual health services, NHS GG&C Capital Planning team and a representative from Hubco.

5 Self Assessment Process

Decision Point	Authority of Decision	Additional Skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information needed to allow evaluation.
Site Selection	Decision by Health Board with advice from Project Board	Comment to be sought from National Design Assessment Process (NDAP) to inform Boards Consideration	Risk / benefit analysis considering capacity of the sites to deliver a development that meets the criteria above.	Site feasibility studies (including sketch design to RIBA Stage B) for alternate sites or completed masterplan (for site with the potential for multiple projects) Cost Estimates (both construction & running costs) based on feasibility
Completion of brief to go to market	Decision by Health Board with advice from Project Board	Peer review by colleague with no previous connection to project	Is the above design statement included in the brief? Can the developed brief be fulfilled without fulfilling the above requirements?	
Selection of Delivery / Design Team	Decision of HUBco Operations & Supply Chain Director with input from NHSGGC PM.	HUBCo , Participant (NHSGGC) & Territory Programme Manager	The potential to deliver 'quality' of the end product in terms of the above criteria shall be greater than the aspects of the quality of service in terms of delivery. Compliance with service standards (such as PII levels etc) shall be criteria for a compliant bid & not part of the quality assessment	Sketch 'design approach' submitted with bid (the stage & detail of these to be appropriate to procurement route chosen) Representatives will visit 2 completed buildings by Architects in shortlisted team, to view facility & talk to clients
Selection of early design concept from options developed	Decision by Health Board with advice from Project Board	Comment to be sought from NDAP	Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	Sketch proposals developed to RIBA Stage C coloured to distinguish the main use types (bedrooms, day space, circulation treatment, staff facilities, usable external space). Rough Model
Approval of Design Proposals to be submitted to Planning Authority	Decision by Health Board with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	
Approval of Detailed Design proposals to allow construction	Decision by Health Board with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	
Post Occupancy Evaluations	Consideration by Health Board – lesson fed to SGHD		Assessment of completed development by representatives of the stakeholder groups involved in establishing the above against goals they set.	

Appendix 2 – NHS GG&C – hub DBFM Projects – Project Governance Structure

NHS GG&C—hub DBFM Projects—Project Governance Structure v1.7a



Appendix 3 - Jointly agreed Programme with West Hubco

