

# Falkirk Community Hospital & Primary Care Premises Joint Programme

Virtual Event

16 July 2021



**Janie McCusker**

**NHS Forth Valley Board - Chair**

# **Welcome and Introductions**

# Agenda

Time	Item	Lead
10:00	Welcome and introduction to Joint Programme	Janie McCusker, NHS FV Board Chair
10:10	Context & timeline to programme	Morag Farquhar, NHS FV Associate Director of Facilities & Infrastructure – Asset
10:15	<b>Falkirk Community Project</b> <ul style="list-style-type: none"> <li>• Scope &amp; purpose</li> <li>• Stakeholders – who, what involved</li> <li>• Workshop programme &amp; dates</li> <li>• Strategic outputs from work</li> </ul>	Patricia Cassidy, Falkirk HSCP Chief Officer & Janette Fraser, NHS FV Head of Planning
10:30	<b>Primary Care Project</b> <ul style="list-style-type: none"> <li>• Scope &amp; Purpose</li> <li>• Strategic outputs from work</li> <li>• Stakeholders – who, what involved</li> <li>• Workshop programme &amp; dates</li> </ul>	Dr Scott Williams, NHS FV Deputy Medical Director Primary Care & Kathy O'Neill, NHS FV General Manager Primary Care & Mental Health
10:55	Summary and Close	Cathie Cowan, NHS FV Chief Executive

# Purpose of Today's Event

- Engage with all key stakeholders
- Communicate and explain the project approach and timeline
- Share how and who we will work with in each project
- Clarify the required outcomes at each milestone



# Housekeeping & Questions

- Mute microphones
- Turn off video cameras
- Submit questions throughout the presentation to [integration@falkirk.gov.uk](mailto:integration@falkirk.gov.uk)
- We will endeavour to answer some questions at the end of the session, and respond to others by posting an FAQs page on the intranet

# Welcome & Introductions

## Programme Leads

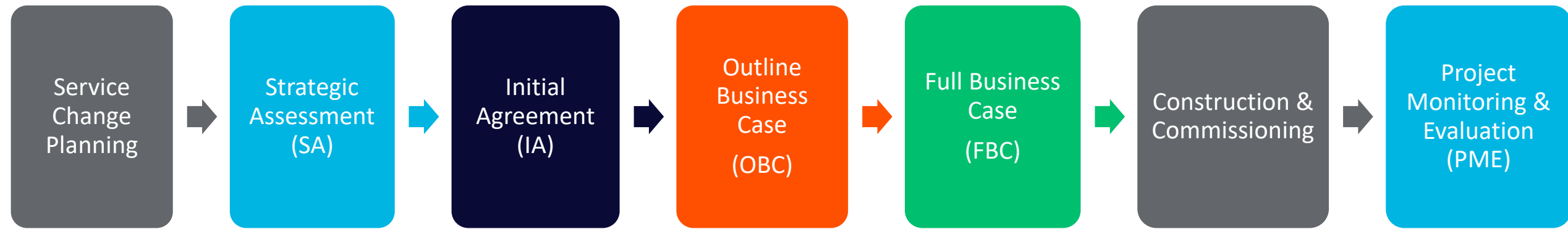
- **Falkirk Community Hospital:**
  - Patricia Cassidy, Falkirk HSCP Chief Officer
  - Janette Fraser, NHS Forth Valley Head of Planning
- **Primary Care Programme Initial Agreement**
  - Dr Scott Williams, NHS Forth Valley Deputy Medical Director, Primary Care
  - Kathy O'Neill, NHS Forth Valley General Manager Primary Care & Mental Health
- **Corporate PMO and Facilities & Infrastructure**
  - Morag Farquhar NHS Forth Valley Associate Director of Facilities & Infrastructure – Asset
  - Moira Straiton, NHS Forth Valley CPMO Portfolio Manager
  - Maggie McKinnon, NHS Forth Valley CPMO Project Officer

# Welcome & Introductions

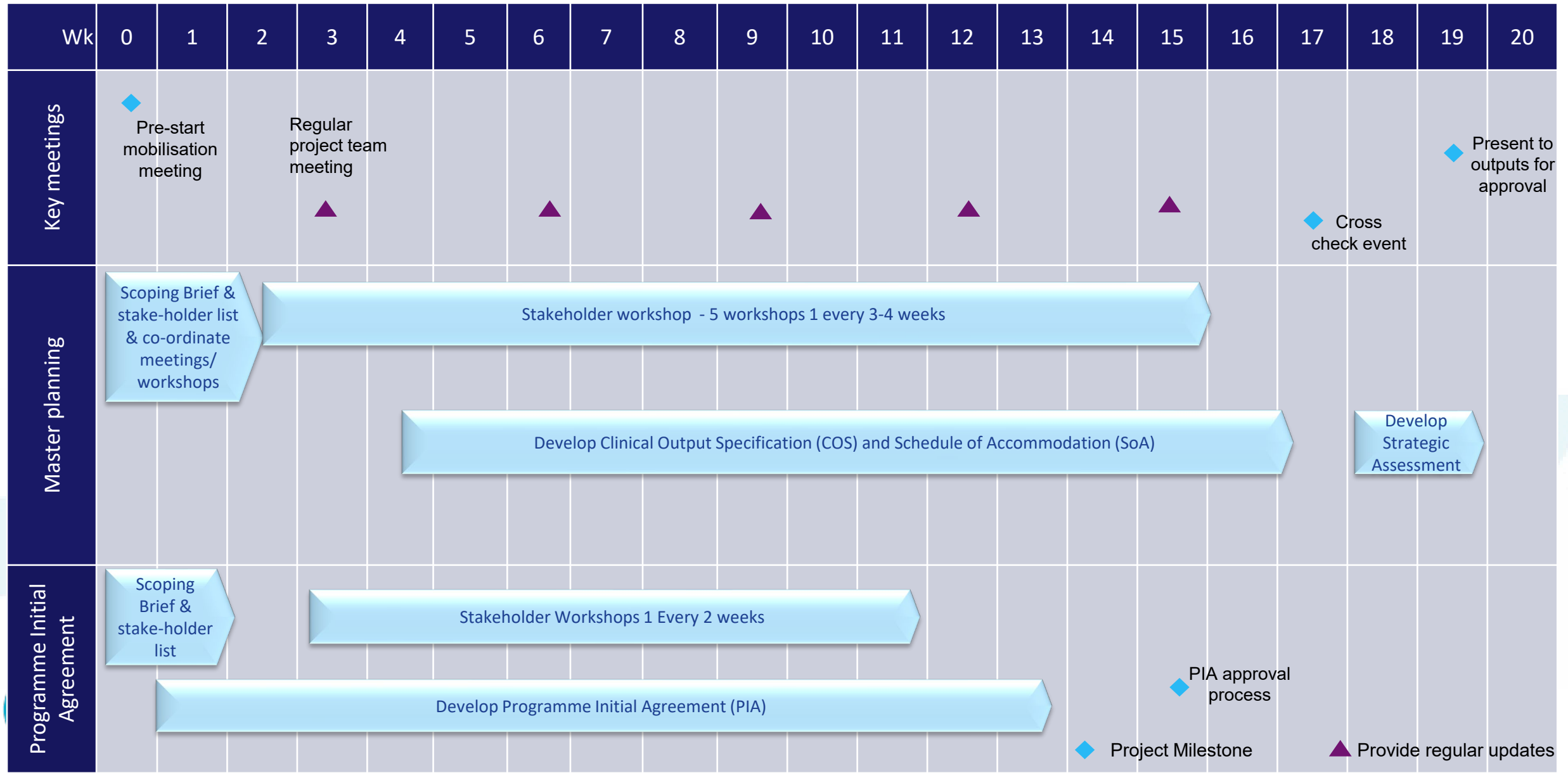
Our team are being supported by Buchan and Associates  
Healthcare Planners:

- Iain Buchan, Managing Director
- Karen Pirrie, Associate Director
- Gillian Bratt-McManus, Healthcare Planner

# Capital Investment Process



# Programme



# Falkirk Community Hospital Site

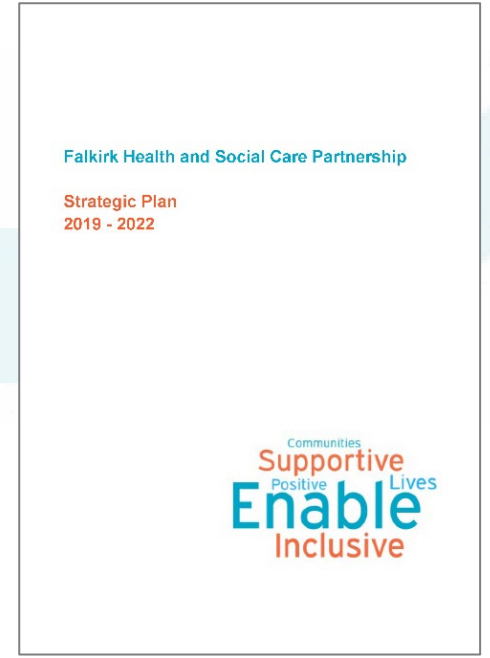
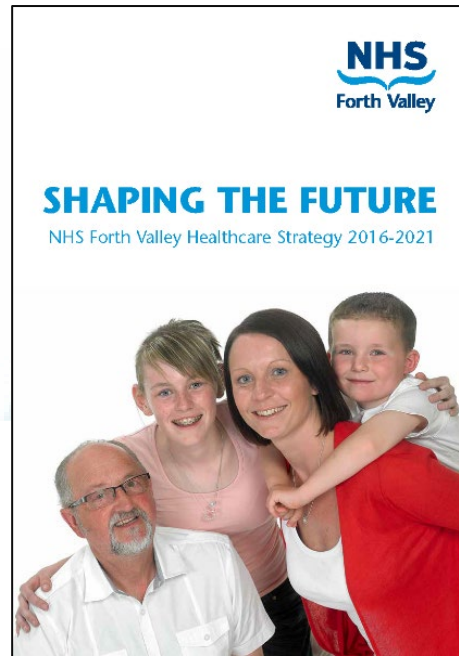
## Master-planning

16 July 2021



# Strategic Context: Shaping the future

- NHS Forth Valley Health Care Strategy
- Falkirk IJB Strategic Plan
- Clackmannanshire and Stirling IJB Strategic Plan
- Recovery and Remobilisation plans



# Background, Scope & Context

Undertake a service master planning exercise to determine:

- Scope of services
- Size of service provision
- Potential use of current Falkirk Community Hospital site

Scope includes services to be provided from the Falkirk Community hospital site in future:

- All existing services delivered from the current site; and
- Services currently provided elsewhere in Forth Valley which could be provided from the health and social care campus
- Potential for Falkirk Council Intermediate Care facility

To deliver a new health and social care facility

Access Entrance to  
Westburn Medical Practice  
and  
Woodlands Resource Centre

Main Entrance

OPD Main Entrance



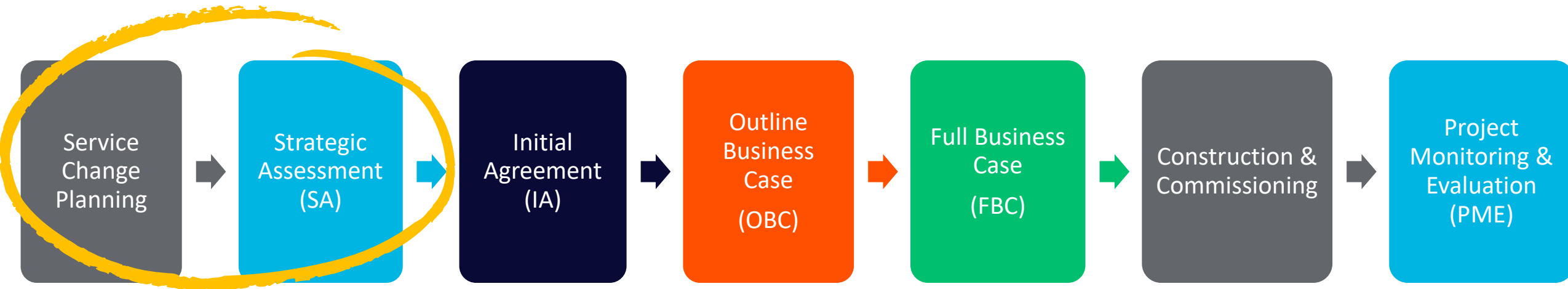
- | Number | Description                           |
|--------|---------------------------------------|
| 1.     | Inpatient Units 1 - 4                 |
| 2.     | Ophthalmology Day Unit, Pain Services |
| 3.     | Dental                                |
| 4.     | Inpatient Unit 5                      |
| 5.     | Out-Patient Building, RVS Cafe        |
| 6.     | Milan Suite                           |
| 7.     | CADS Consulting Rooms                 |
| 8.     | Social Work Services                  |
| 9.     | Clinical Psychology                   |

- | Number | Description  |
|--------|--|
| 10.    | ReACH  |
| 11.    | Former Ward 17<br>- Westburn Medical Practice<br>- Staff Bank Office |
| 12.    | Administration Building  |
| 13.    | Woodlands Resource Centre  |
| 14.    | Dunrowan   |
| 15.    | Boiler House   |
| 16.    | ASDU   |
| 17.    | Day Hospital, CMHT   |

- |    |  |
|----|--|
| ●  | Disabled Car Parking Areas               |
| ●  | Public Toilets                           |
| 1. | Ground floor off corridor - disabled     |
| 2. | On ramp from Main Entrance - disabled    |
| 3. | On main corridor - disabled and ambulant |
| 4. | Out Patients Department - first floor    |



# Capital Investment Process



- We are beginning work on service change planning
- This phase of work will culminate in the development of a Strategic Assessment

# Workstreams

## A: Bedded Care

- Falkirk Community Hospital- Wards 1-4
- Bo'ness Hospital - Wards 1 & 2
- Care Homes
- Housing
- Intermediate Care
- Hospital @ Home

## B - Ambulatory Care

- **B1: Forth Valley Services**  
Outpatients- Ophthalmology, Tissue Viability, AAA Screening
- **B2: Falkirk Locality Services**  
Outpatients- Psychology, Chronic Pain, MSK, Therapies, Audiology, Woodlands Resource Adult Mental Health, CAMHs, Sexual Health, Community Dental, Epilepsy Connections, Braveheart, Community Alcohol & Drug service
- **B3: Primary Care - Westburn practice** plus others if interested

## C. Support Services

- Decontamination (ASDU)
- Offices/admin
- Finance
- HR
- Community Hub
- RVS/Café
- Local authority - office, services
- Social work
- Transport
- Estates
- FM Hub

# Key Stakeholders

## A: Bedded Care

- **Head of Integration** – Gail Woodcock
- **Consultant lead** - Claire Copeland
- **Falkirk Locality Manager**- Marlyn Gardner
- **Clinical Nurse Manager** - Irene Martin
- **Associate Director Nursing** - Ellen Hudson
- **Interim Chief Nurse, Falkirk Partnership** - Elaine Kettings
- **Service Manager** - Intermediate Care, Housing with Care - Nikki Harvey
- **Service Manager** – Housing - Natalie Moore-Young
- **Senior Service Manager Falkirk** - Suzanne Thomson
- **Scottish Care Representative**

## B - Ambulatory Care

- **SCN – Ophthalmology** - Jason Graham, Ops Mgr / Juliet Catlin SCN
- **Consultant Ophthalmologist** - Paul Flavahan
- **Head AHPs** -Jane Yarrow / Shiona Hogg / Hazel Webb
- **Mental Health Lead & Learning Disabilities** - Anne Cooke
- **Woodlands Resource Centre** - Julia Ferrari
- **AAA Screening** - Jen Gilchrist / Lynn McCallum
- **Sexual Health** - Alison Sturrock
- **Dental Department** - Lesley Yeaman
- **Westburn Medical Practice** -Dr Derek Dundas
- **Falkirk Locality Manager** - Marlyn Gardner
- **GP Lead Falkirk Locality** –Dr David Herron
- **General Manager Primary Care & Mental Health** - Kathy O'Neill
- **Falkirk Council Housing** - Kenny Gillespie
- **Reablement**- Nikki Harvey
- **MECs** - Pauline Waddell
- **Benefits advice** – George Paul
- **Vaccination / Health Visiting** - Jillian Taylor
- **CAMHS** - Jacquie Sproule
- **Clinical Lead Mental Health** - Dr Jim Crabb
- **Community Drug & Alcohol Service** – Ross Cheape
- **Women & Children's Services** – Gillian Morton
- **Diabetic Services** – Dr Nick Barwell
- **Representative from :**
  - Carers Centre
  - Third Sector
  - Falkirk & District Adult Mental Health (FDAMH)
  - Alzheimer's Scotland

## C. Support Services

- **Decontamination Manager** - Michelle Holburn
- **Head finance team** currently located at FCH - Simon Dryburgh
- **Head HR team** currently located at FCH - Elaine Bell
- **RVS rep** - Marianne Brown
- **Estates & FM Hub** - Andrew McGown
- **Transport** - Alan Brown
- **Linen & Domestic Services** - Brian Nolan
- **Social Work Rep** – Claire Chapman
- **Falkirk Council Rep & Strategic Property Review** - Douglas Duff

Patient Rep, Carers Rep, Strategic Planning Group and HIS Community Engagement Reps – to be confirmed

# Role of stakeholders in and between Workshops

- **Attend the workshops**
- **Be prepared**
  - come to the workshops **with** relevant information to help populate the sections of the Clinical Output Specification document being discussed
- **Feed in the views of others in your team**
  - help inform and drive the discussions during workshops
- **Liaise with other team members**
  - outside of the workshops to update them on progress, explain what has been discussed, elaborate on assumptions being made etc.
- **Help close any information gaps**
  - by consulting colleagues and updating the project team
- **Review the Clinical Output Specification document**
  - draft sections sent out, providing feedback and comments, highlight any changes you'd like to see.
- **Provide continuity**
  - the same individuals must see the project through all the workshops and beyond. A changing set of stakeholders will not understand fully how discussions have evolved, how decisions were reached and assumptions agreed.

# Programme of Workshops

## Prep Work

- Stakeholder Engagement

## Current State

- Workshop 1

## Trends

- Workshop 2

## Future

- Workshop 3

## Assets

- Workshop 4

## Sign Off

- Workshop 5

### Output:

Established baseline, foundation for modelling future

### Output:

Established baseline, current arrangements

### Output:

Trends, changes anticipated

### Output:

New model of care, future cap and demand assumptions

### Output:

Draft COS and SoA, description of model & accommodation requirements

### Output:


Signed off COS & SoA documents

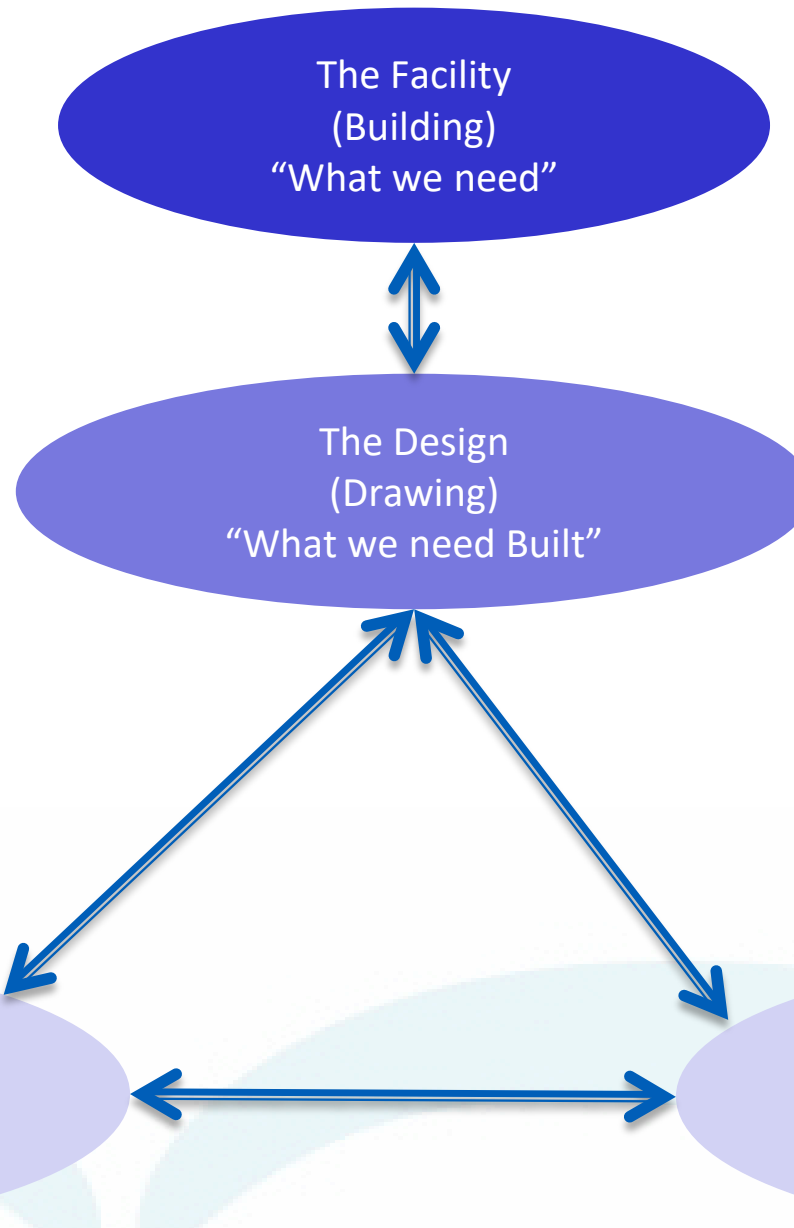
August to October 2021

# Workshop dates

- Workshops 1-5 will run from beginning of August until October 2021
- Strategic Assessment Workshop - November 2021

## Strategic outputs

	BUCHAN Healthcare Associates Ltd
NHS XXXXX Draft Output Specification Template	
<b>1 INTRODUCTION AND OUTLINE OF SERVICES</b>	
<b>1.1 Service Function</b>	
What does the service do? Who for? How is it delivered? Where? (1 short paragraph describing this)	
<b>1.2 Specialist Services</b>	
What is specialist about it? What do you do that others don't? what are the key differentiators from other inpatient activity and what do we need to know?	
<b>1.3 Current Service Model</b>	
1.3.1 Multi-Disciplinary Team Model Consultants? Nurses? MDT with social work? Therapies? Can you give us WTE numbers?	
1.3.2 Centralised Vs. Decentralised Delivery Acute site based, or partly in community?  Monklands only or centralised for Lanarkshire?	
1.3.3 Patient Pathway & Flow	
Please insert Block diagram – source of referral, do they come through receiving/main steps, discharge to home? (Purpose to determine where patients coming from and going to, what spaces they are moving through, what alternatives routes may be available)	
1.3.4 Impact of Service Model on Service Delivery This is about your ways of working, staff, processes guidelines, teamwork, interdepartmental relationships etc	
1.3.4.1 Positives What is good about current ways of working? (These are the aspects you would wish to retain in a new environment) Staff? Interrelationships? Mdt? Etc? (why are these things positive, what do they enable you to do?)	
1.3.4.2 Negatives (Examples)] • Vacancies in staffing complement • Demand greater than capacity  (Why are these negative? What do they prevent you from doing?)	
<b>1.4 Current Service Configuration</b>	
1.4.1 Service Locus (Home/Primary/Community/Acute) Where is activity undertaken / provided?	



Out-Patients - 6 consulting/examination rooms		Area	Total	Comments
	No	m <sup>2</sup>	Area m <sup>2</sup>	
<b>Entrance facilities</b>				
Enquiry/information desk/1 staff	1	4.0	4.0	
<b>Sub Total</b>			<b>4.0</b>	
<b>Clinic suite facilities</b>				
Reception/2 staff	1	10.0	10.0	
Waiting area/30 persons including 3 wheelchair users	1	49.5	49.5	Clinic waiting
Consulting & examination room/both sides couch access	8	18.5	96.0	
Physical measurement bay	1	3.5	3.5	
Interview & counselling room/5 persons	1	9.0	9.0	Relatives & patients
WC & handwash/semi ambulant	2	2.5	5.0	
WC & handwash/operatives, semi ambulant	1	2.5	2.5	
WC & handwash/operatives, accessible, wheelchair	1	4.5	4.5	
<b>Sub Total</b>			<b>183.0</b>	
<b>Venepuncture facilities</b>				
Venepuncture room/1 place	1	8.0	8.0	
<b>Sub Total</b>			<b>8.0</b>	
<b>Treatment facilities</b>				
Waiting area/5 persons	1	9.0	9.0	
Treatment room with preparation area	1	10.5	10.5	
Clean utility	1	14.0	14.0	
Decontamination tent	1	12.0	12.0	
<b>Sub Total</b>			<b>51.5</b>	
<b>Staff support facilities</b>				
Break room with beverage & snack preparation bay/5 staff	1	11.0	11.0	
Office/1 staff	1	10.5	10.5	OPD manager
Office/1 staff	1	10.5	10.5	Nurse manager
Office/1 staff	1	10.5	10.5	Appliance clerk
Staff changing room with cubicle & handwash/5 places	1	8.5	8.5	Male staff
Staff changing room with cubicle & handwash/5 places	1	8.5	8.5	Female staff
Showers/ambulant (non-patient)	2	2.5	5.0	
WC & wash/ambulant	2	2.0	4.0	
<b>Sub Total</b>			<b>68.5</b>	
<b>Support facilities</b>				
Parking bay/access/exit trolley	1	1.0	1.0	
Store/general, sterile supplies & linen	1	9.0	9.0	
Store/equipment	1	12.0	12.0	
Store/clinical wastes	1	0.0	0.0	
Store/calculatory	1	3.0	3.0	
Store/surgical appliances	1	3.0	3.0	
Cleaners (housekeeping) room	1	7.0	7.0	
Wash/dry room	1	0.0	0.0	
Smoking area/cupboard	1	2.0	2.0	
<b>Sub Total</b>			<b>49.0</b>	
<b>Total Net</b>				
Planning	5%		18.2	
Sub total			382.2	
Engineering	3%		11.5	
Construction	33%		126.1	
<b>Total</b>			<b>519.8</b>	

# How will you be kept up to date?

- As milestones are completed, key documents will be made available on our public websites and intranet
- Update reports will be issued regularly to NHS Forth Valley Board & both Falkirk and Clackmannanshire & Stirling Integration Joint Boards

# Questions?

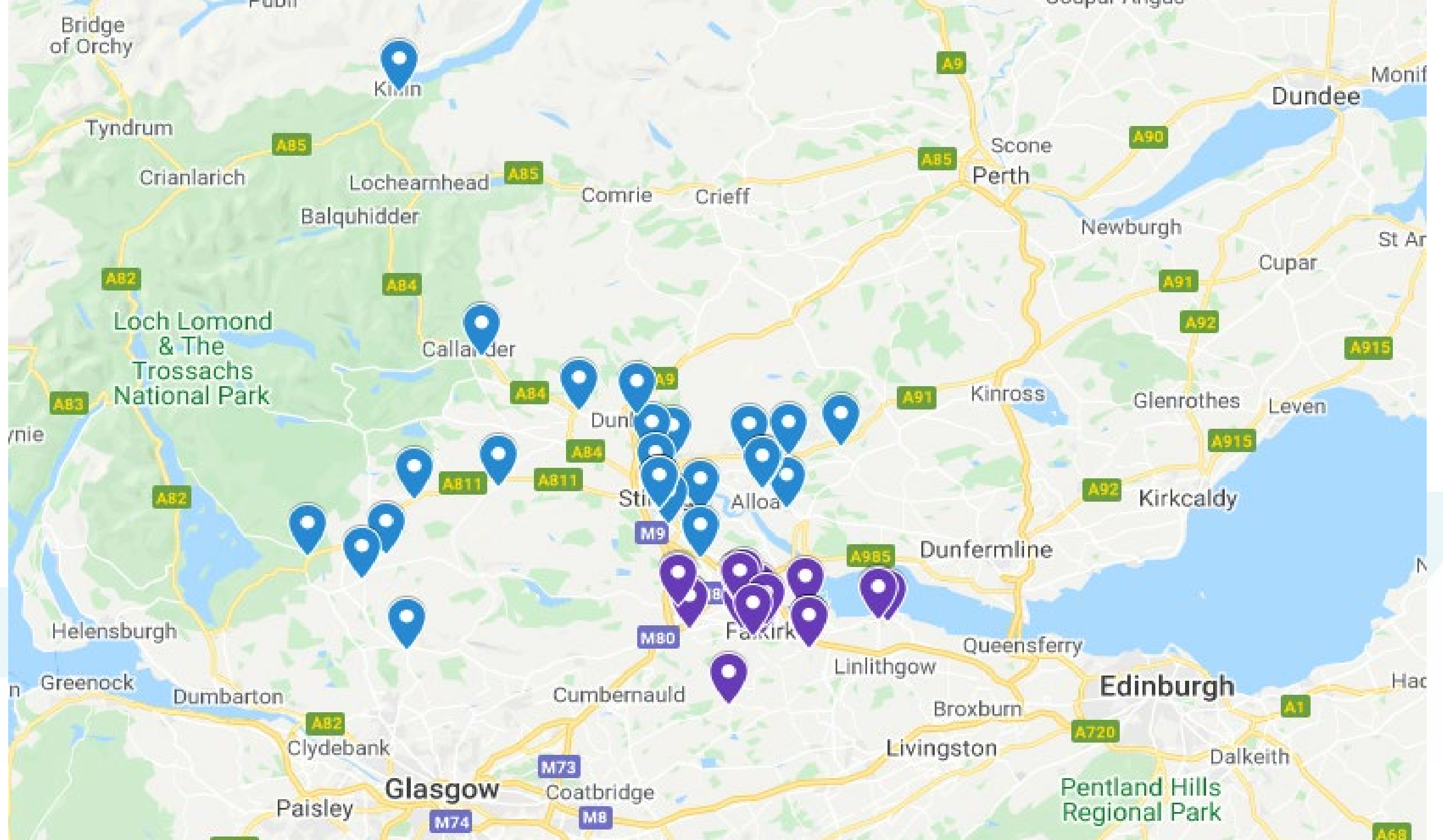
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# Primary Care Programme Initial Agreement

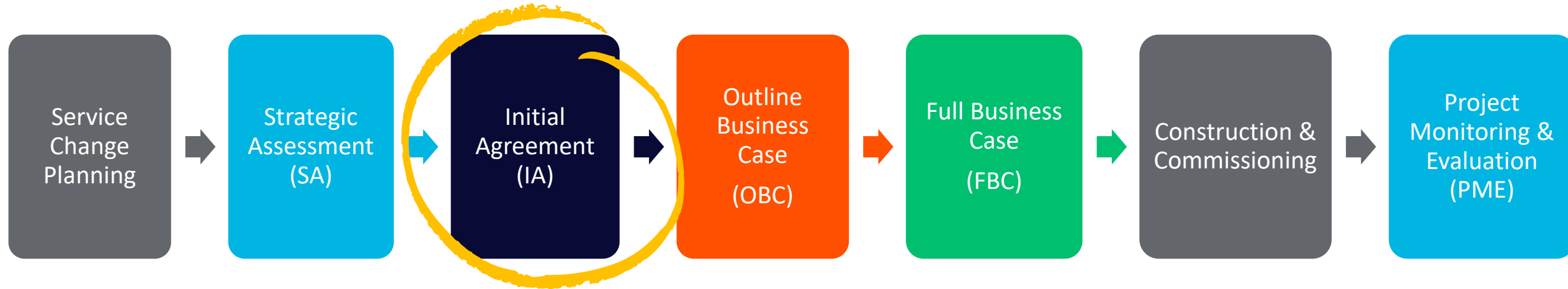
## Virtual Event

16 July 2021





# Capital Investment Process



- A review of primary care services was undertaken in 2018
- A strategic assessment was submitted in 2019
- The approach to develop a Programme-level Initial Agreement (PIA) encompassing a number of investment projects across Primary Care in NHS Forth Valley was approved
- We are now working to develop the PIA

# Strategic Assessment was submitted to Scottish Government and approved in 2019

PROJECT:		What are the Current Arrangements: All NHS Forth Valley primary care and community service across two partnerships. 54 GP practices within 42 buildings. Over 1,000 staff based within the premises plus a number of visiting community based services		
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being considered	
	Identify Links	Identify Links	Prioritisation Score	
Requirement to support new models of care in line with national strategies. In particular new GMS contract; wider integration and an expanded range of services within a community setting		Ensure equity of access and positive experience to primary health and care services improving the service capacity and reducing restricted lists	Person Centred	4
Existing facilities unable to provide space required to implement Primary Care Implementation Plan		Increase multi-disciplinary primary care workforce to appropriate level for practice population to enable timely access for patients, focussing on prevention, independence and self-care	Safe	5
Practices are unable to provide GMS services to any new population as a result of additional housing and projected demographic needs		Deliver the requirements within the new GMS contract. To ensure sustainability of general practice and provide high quality care in the community	Effective Quality of Care	5
Practices are operating from premises which are functionally unsuitable and inflexible for sustainable high quality primary care services and unable to easily respond to change		Improve the quality and physical condition of the healthcare estate (SAFR), improving performance against 6 facet	Health of Population	4
Need to develop space for flexibility, shared services, enabling "Hub" services which support multiple practices encompassing latest digital technologies.		Improves design quality in support of increased quality of care and value for money (QOI)	Value & Sustainability	5
		Supports attainment of service targets, Strategic Plans. E.g. early cancer detection antenatal access, early years vaccination. Health & Wellbeing Outcomes		
		Increased efficiency of workforce, enable integrated working through creation of "Hub" facilities and co-location of services in cognisance of the principles of "Place" and locality planning	TOTAL SCORE	23
			<b>Service Scope / Size</b> Provision of sustainable GMS across all practices. Explore opportunity to co-locate wider health and care services utilising the latest technologies	
			<b>Service Arrangement</b> Increased room capacity and flexibility of space ; improved use of existing facilities. Provision of a range of space to meet needs. Use of digital technologies. Efficient use of space and technology.	
			<b>Service Providers</b> Health & Social Care partnerships, GP contractors, NHS Forth Valley, Local authorities, 3rd sector, wider public sector	
			<b>Impact on Assets</b> Major investment in 8 premises – redevelopment of 3; 5 new build	
			<b>Value &amp; Procurement</b> Hub Framework Design & Build £30m Explore leased space from other public sector	

There was recognition of the need:

- to support new models of care & enable the implementation of the Primary Care Improvement Plan
- to develop the right kinds of facilities in the right places
- to develop a Programme-level Initial Agreement as a next step

# Strategic Output - Programme Initial Agreement

## The 5 Case Model

<b>The Strategic Case</b>	<ul style="list-style-type: none"><li>• strategic fit, clear investment objectives &amp; compelling case for change</li></ul>
<b>The Economic Case</b>	<ul style="list-style-type: none"><li>• proposals provide the optimal value for money</li></ul>
<b>The Commercial Case</b>	<ul style="list-style-type: none"><li>• attractiveness to the market and procurement arrangements</li></ul>
<b>The Financial Case</b>	<ul style="list-style-type: none"><li>• proposed solution is affordable in the context of available resources</li></ul>
<b>The Management Case</b>	<ul style="list-style-type: none"><li>• deliverability and plans for delivery</li></ul>

# Proposed structure / membership

## Project Team

Dr Scott Williams / Kathy O'Neill (joint chair)  
Morag Farquhar – Associate Director of Facilities & Infrastructure  
Lesley Middlemiss – PCIP Programme Manager  
Elaine Kettings – Interim Chief Nurse  
Tbc - Locality Manager Rep each partnership  
Dr James King - Clacks & Stirling Lead GP  
Dr David Herron – Falkirk Lead GP  
Dr Teresa Cannavina – GP Sub-committee  
GP trainee (link via Karine Newlands)  
Laura Byrne - Pharmacy  
Kevin Edwards – e-health  
Steven Kirkwood – Finance  
Elsbeth Campbell - Communications  
Janette Fraser - Head of Planning  
Moira Straiton & Maggie Mackinnon - CPMO

## Wider Stakeholder group

All GP Locality leads  
Locality Managers for each Partnership  
Claire Chapman (Falkirk)  
Bob Barr (Stirling & Clackmannanshire)  
Mental Health  
Practice Manager(s)  
HR  
Vaccinations /Health Visiting - Jillian Taylor  
HSCP -  
Chief Officers - Patricia Cassidy, Anne Margaret Black  
Chief Finance Officers - Jillian Thomson, Ewan Murray  
GP Trainees  
GP Sub-committee  
Patient Rep - tbc  
Carer Rep - tbc  
Strategic Planning Group - tbc  
HIS Community Engagement - tbc

# Role of the stakeholders in and between workshops

- **Review**
  - draft material prior to workshops
- **Attend the workshops**
- **Feed in the views of others in your team**
  - to help inform and drive the discussions during workshops
- **Liaise with other team members**
  - outside of the workshops to update them on progress, explain what has been discussed, elaborate on assumptions being made etc.
- **Help close any information gaps**
  - by consulting colleagues and updating the project team
- **Review the draft Programme Initial Agreement document**
  - draft sections sent out, providing feedback and comments, highlight any changes you'd like to see.
- **Provide continuity**
  - the same individuals must see the project through all the workshops and beyond. A changing set of stakeholders will not understand fully how discussions have evolved, how decisions were reached and assumptions agreed.

# Workshop sequence

## Workshop 1: Summary of Need for Change

- What is the need for change?
- What affect is it having or likely to have on the organisation?
- Why action now?



## Workshop 2: Investment Objectives, Benefits & Risks

- Investment Objectives - what has to be achieved to deliver the necessary change?
- What benefits will be gained - assessment, measurement & prioritisation
- What risks could undermine these benefits - identify, assess, control & monitor
- Dependencies & Constraints



## Workshop 3a: Developing Long List Service Options

- Do Nothing option
- Service options
  - Urgent /unplanned care
  - PCIP services
  - Hub/spoke services



## Workshop 3b: Assessing Long List Options

- SWOT analysis
- Does the option meet each investment objectives



## Workshop 4: Design Quality Objectives

- AEDET
- Design Statement

July 2021

September  
2021

# How will you be kept up to date?

- As milestones are completed, key documents will be made available on our public website and intranet
- Update reports will be issued regularly to NHS Forth Valley Board & both IJBs
- We are developing a stakeholder questionnaire to capture your input
- Use already established communication pathways with clinical stakeholders

# Questions?

- Please email: [integration@falkirk.gov.uk](mailto:integration@falkirk.gov.uk)
- If we can't answer them today, we will post a FAQs response on the intranet

**Cathie Cowan**

**Chief Executive, NHS Forth Valley**

**Summary and Close**