

Board Meeting  
04.08.22  
Open Session  
Item 6.3



National Treatment Centre –  
Grampian: Site Option Appraisal  
Review, Process, Outcomes and  
Conclusions

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## 1. INTRODUCTION & BACKGROUND

The National Treatment Centre – Grampian (NTC-G), previously known as Elective Care Centre (and now re-branded as part of the national programme), is one of the original five National Treatment Centres across Scotland and is part of the 2016 National Clinical Strategy for Scotland (the framework for the development of health services across Scotland for the next 15 years). The bespoke NTC Grampian will deliver new and additional capacity for planned care services.

The Full Business Case (FBC) development for this project was paused during the Covid-19 pandemic as the overall costs for the development were shown to be above the approved funding. This was in part as a result of the recent learning from other high profile healthcare builds in Scotland in relation to technical safety features such as water, fire and ventilation.

As services re-mobilised in May 2021, a task and finish Core Review Group (CRG), led by Paul Bachoo as Executive Lead was established. The work of the CRG is to be completed by November 2021.

Whilst around two years have passed since the initial scoping, there is not considered to be any significant changes in benefits arising from investment that informed the business case and repeating the detailed work previously undertaken is not required. The conclusion that investing in physical developments that deliver key aspects of the business case remains valid. There is, however, an opportunity to review scope and the options for provision of the required physical estate. Clinical input will be essential to this process as the agreed option must be clinically safe and operationally practical to deliver.

Buchan + Associates have been involved as the Healthcare Planning advisor to this project since its initiation and they were asked to independently facilitate the site option appraisals for both the main National Treatment Centre location within Aberdeen and, the options for delivery of the MRI scanner within Moray. It is recognised that this is one part of the process which is followed by an economic/financial evaluation to confirm the preferred option.

## 2. Option Appraisal Process

Separate option appraisal workshops were held for the core (Aberdeen) and MRI (Moray) elements of the NTC-G locations. The common theme through each was the significant, and lead, involvement of clinicians in the process i.e. the process was informed by the views of stakeholders who have significant knowledge of the variables that will lead to the successful delivery of project benefits.

In advance of the first meeting of each workshop a new list of site and delivery alternatives was developed which identified the strengths and weaknesses of each. This was made available to all participants in a briefing pack in advance of the meetings and was reinforced by presentations from the clinical leads and estates colleagues at the meetings to enable views and questions to be aired and answered early in the process.

## 2.1. NTC-Core Service Locations Aberdeen City

In preparation for the scoring of the new short-list of options, a workshop was convened on the 18<sup>th</sup> August 2021 to review and confirm the project benefits and to rank and weight them in advance of scoring.

15 stakeholders were involved in workshop discussions in addition to the NTC clinical leads and Project Team non-scoring representatives.

At the workshop, the benefits were reviewed, ranked and weighted.

A summary of the outputs is identified in the following table:

BENEFIT CRITERIA	SCORING CONSIDERATIONS	Weighting
Promotes service redesign/flexibility and optimises planning (including improved use of technology)	How an option impacts on the potential for redesign and new ways of working; public perception about different options	10
Enhanced and efficient patient flows	Potential to optimise the patient journey and wayfinding; number of 'hand-offs'; efficiency of intra (within) and inter (between) - departmental adjacencies	11
Improved access to diagnostics and treatment	Potential to: incorporate service developments faster; deliver 1 stop services; improve high volume/low risk workload and create capacity for complex, low volume activity elsewhere in the system	15
Improved ability to deliver person centred care, promote supported self-management and implement realistic medicine	Ability to incorporate service change to support the integration of community services including primary care; Public Health impact potential	13
Promotes service and workforce sustainability	Ability to facilitate 'Immersive' training & capacity to improve training opportunities generally; potential to promote staff well being; enables new and flexible workforce roles and working practices	16
Ease of access to the building by public transport and availability of car parking	Frequency of bus timetables, access to car parking, impact on green agenda (e.g. car charging points), separation of public and staff car parking	6
Improved performance against agreed TOM metrics (e.g. BADS, DOSA, LOS, N2R, Day case rates) including target operational delivery date	Programme operational delivery date; impact on length of time to recover on waiting times (including Covid); whole system impact on performance	8
Enables flexibility and future proofing	Building specific benefits; compliance with Scottish Healthcare Planning Note (SHPN) space standards	12
Maximises the separation of elective and unscheduled patient activity	Ability to separate the buildings delivering elective and unscheduled care	9

At this meeting, a description of the 5 options that were to be appraised, in addition to the reference design, were defined and are identified in the following table:

Designation	Brief Description/Name
Ref. Design	Daffodil Hill Site (New Build & Refurbishment)
2A	Summerfield House (New Build) - 3 Floors
2B	Summerfield House (New Build) - 2 Floors
4	ARI, Daffodil Hill Site (New Build) - 4 Floors; No physical link to Phase 1
5	ARI, Daffodil Hill Site (New Build & Refurb) - 3 Floors new build; Retain link to Phase 1
6	John Lewis Refurb - Clinical accommodation over 2 floors

A second workshop was convened on 1<sup>st</sup> September to score the short-list of the location options, the outputs of which are identified in the following table:

DESIGNATION		TOTAL SCORE	RANK
Ref. Design	Daffodil Hill Site (New Build & Refurbishment)	668.7	1
5	ARI, Daffodil Hill Site (New Build & Refurb) - 3 Floors new build; Retain link to Phase 1	652.3	2
2B	Summerfield House (New Build) - 2 Floors	651.0	3
4	ARI, Daffodil Hill Site (New Build) - 4 Floors; No physical link to Phase 1	649.5	4
2A	Summerfield House (New Build) - 3 Floors	646.0	5
6	John Lewis Refurb - Clinical accommodation over 2 floors	639.0	6

## 2.2. Dr Gray's Hospital MRI

In preparation for the scoring of the new short-list of options, a workshop was convened on the 9<sup>th</sup> of September 2021 to review and confirm the project benefits and to rank and weight them in advance of scoring.

10 stakeholders were involved in workshop discussions in addition to the NTC clinical leads and Project Team non-scoring representatives.

At the workshop, the benefits were reviewed, ranked and weighted.

A summary of the outputs is identified in the following table:

BENEFIT CRITERIA	SCORING CONSIDERATIONS	WEIGHTING
Promotes service redesign/flexibility and optimises planning (including improved use of technology). Creates a supportive patient environment	How an option impacts on the potential for redesign and new ways of working; public perception about different options	5
Enhanced and efficient patient flows	Potential to optimise the patient journey and wayfinding; efficiency of intra (within) and inter (between) - departmental adjacencies;	9
Improved access to diagnostics and treatment; supports the implementation of realistic medicine	Potential to: incorporate service developments faster; improve high volume/low risk workload and create capacity for complex, low volume activity elsewhere in the system	9
Delivery timescale	Speed of delivery of the option	2
Promotes service and workforce sustainability	Ability to: facilitate training and capacity to improve training opportunities generally; accommodate trainees; to promote staff well being; enable new and flexible workforce roles and working practices; improve recruitment & retention	18
Ease of access to the facility in general and egress in emergency situations	Access to car parking, impact on green agenda (e.g. car charging points), access to the MRI suite, egress in an emergency (car park or hospital)	17
Improved performance against agreed TOM metrics (e.g. LOS, throughput)	Ability to undertake complex cases and impact on inpatient LoS, optimises throughput per session	11
Enables flexibility and future proofing	Building specific benefits; compliance with Scottish Healthcare Planning Note (SHPN) space standards; facilitate equipment upgrades and replacement of the magnet	13
Ability to meet MRI technical and safety considerations	Proximity of road to MRI scanner, gauss lines - consequences of fringe field spilling into adjacent rooms. Ability to create high quality images. Safety considerations e.g. MHRA	16

At this meeting, a description of the 3 options that were to be appraised, in addition to the reference design, were defined and are identified in the following table:

Designation	Brief Description/Name
Scope A	New build adjacent and connecting to existing DGH Radiology Dept.
Scope B	Amended Floorplan (reduction in SOA), M&E value engineered changes, changes to build fabric
Scope C	Modular Solution
Scope D	Mobile Solution

A second workshop was convened on 21<sup>st</sup> September to score the short-list of the location/delivery options, the outputs of which are identified in the following table:

DESIGNATION		TOTAL SCORE	RANK
Scope A	New build adjacent and connecting to existing DGH Radiology Dept.	795.2	1
Scope B	Amended Floorplan (reduction in SOA), M&E value engineered changes, changes to build fabric	704.9	2
Scope C	Modular Solution	623.7	3
Scope D	Mobile Solution	360.7	4

### **3. Outputs & Conclusions**

The clinically lead review, which had very good involvement with clinicians, has confirmed from a qualitative perspective that the original Reference Design options remain to be the preferred way forward for the NTC-Grampian as determined by the clinical stakeholder scoring group.