

6 THE PREFERRED OPTION

6.1 INTRODUCTION

This Chapter of the OBC provides details of the preferred option that represents the best service configuration for delivering the NHS Plan and resolving current operational difficulties. This option is fully supported by all the NHS partners and the outcome of the public consultation exercise. The preferred option is also the most economic solution for implementing the NHS Plan.

6.2 DESCRIPTION OF THE PREFERRED OPTION

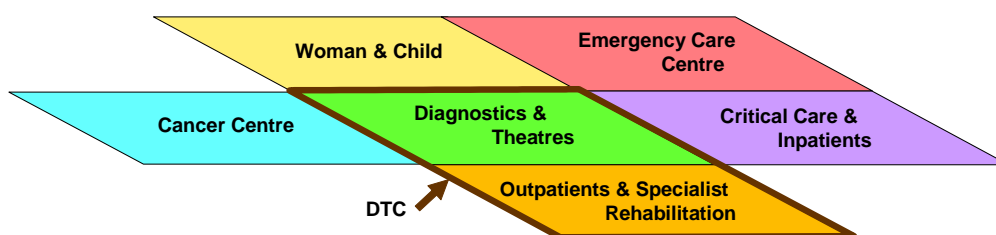
The preferred option combines an acute hospital development on the Edith Cavell Hospital site with an integrated care centre and children's centre located in the city on the site of the current Fenland Wing. Full details of the option including the phasing of the construction works are provided in Appendix 8. Drawings of the preferred option are provided in Appendix 22.

6.3 THE ACUTE HOSPITAL DEVELOPMENT ECH SITE

The acute hospital development is based on five key service components and their inter-relationships. These components are also reflected in the structure of the service planning process for the Health Investment Plan. See Figure 15. The five key components are;

- An Emergency Care Centre that brings together all emergency and trauma services and streamlines the assessment/treatment process. This facility is located in close proximity to critical care and emergency theatres.
- A Diagnostic and Treatment Centre (DTC) that provides one-stop elective outpatient and day case services. This facility incorporates several functions including, outpatient clinics, diagnostics, day theatres and specialist rehabilitation.
- A Woman and Child Unit that brings together all paediatric and obstetric services and is closely associated with other women's health services.
- Inpatient facilities grouped around common health needs with integral diagnostics and staff support.
- A Cancer Centre that brings together all cancer services including radiotherapy and palliative care services that require the direct support of specialist acute hospital services.

Figure 15 – The Key Components of the Acute Hospital and their General Relationships



To provide space for sufficient car parking and room for expansion in the longer-term an agreement has been reached with the Peterborough Town Sports Club to sublease part of their site. Agreement has also been reached with English Partnerships to gain vehicular and pedestrian access to the Sports Club site across a dividing roadway.

GENERAL LAYOUT OF THE ACUTE HOSPITAL

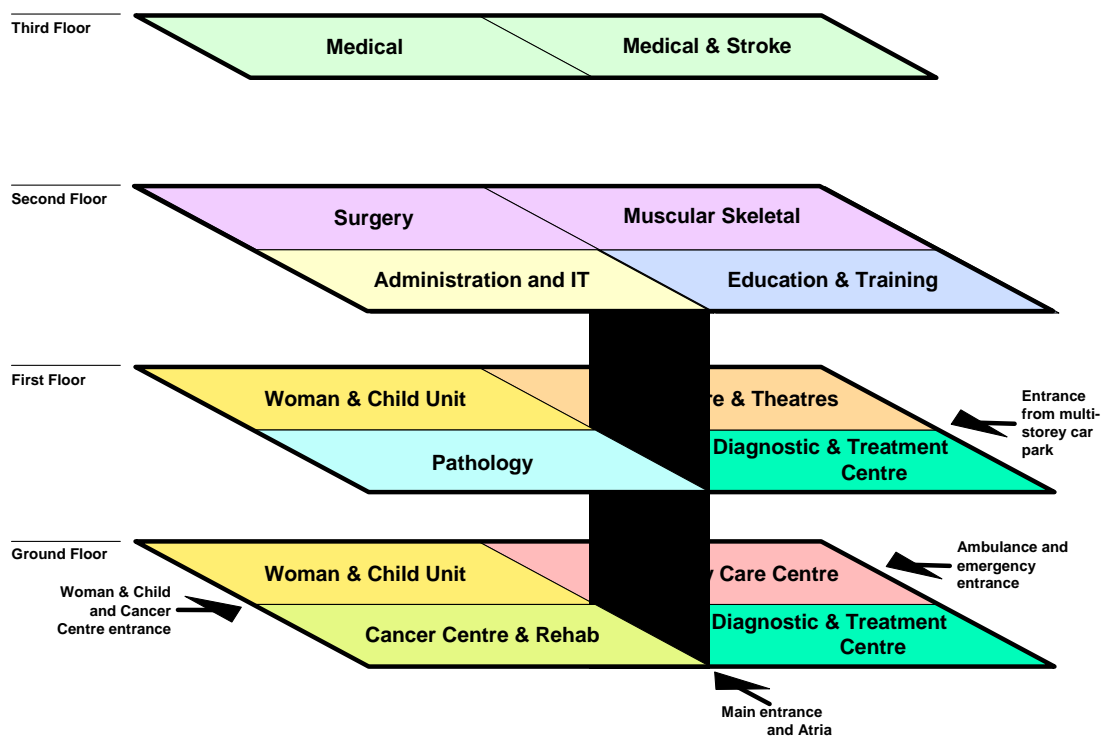
The project's architects have developed a building design that encompasses these key components, provides the required forecast capacity and gives flexibility for the future. The design makes use of the intrinsic strengths of the Edith Cavell site and the existing building while ensuring the development will not interrupt the day-to-day work of the hospital.

The new hospital can be viewed as two buildings stacked one on the other. The lower two-storey building incorporates the existing hospital and provides all the assessment, diagnostic and treatment areas. The upper three-storey building comprises all the inpatient wards and the education and learning centre. A direct link from the main entrance to the upper three-storey building is formed by an atria that cuts through the centre of the lower building with vertical access via a series of large stairways that form a focal point with the atria.

A schematic of the main department locations within the proposed building is given in Figure 16. Key support and shared facilities such as radiology, etc., are located between the key components. In addition to the main entrance there are separate entrances for the Cancer Centre, Woman and Child unit, Emergency Care Centre and a first floor link from the multi storey car park direct to the day surgery unit.

Figure 16 – Schematic Layout of the ECH Development

Schematic Layout of the New Edith Cavell Hospital



DESIGN PHILOSOPHY

The design philosophy for the development is based on creating a building that carefully balances a building that is a statement of civic pride against the need to create a welcoming environment that instils a sense of comfort and support.

Overall the development proposal will:

- Provide a building that is of a scale and style appropriate to the service requirements and local environment and which will symbolise the importance of the service to the public.
- Promote recovery and rehabilitation of patients and account for the human dimension and needs of staff.
- Create a new front entrance, adjacent to the existing entrance, as the focal point of the hospital, immediately adjacent to the public car parks, bus stop and taxi rank.
- Create an atria that will guide visitors through the existing and new buildings direct to the main departmental areas.
- Provide direct access for emergency ambulances from the A47 slip road to the new emergency care centre.
- Locate the air ambulance helicopter pad within a safe distance of the emergency care centre.

- Provide separate access for patients attending the cancer centre, children’s services and maternity unit.
- Provide local diagnostic services within the inpatient areas.
- Include specific design details to minimise the effects of traffic noise from the A47.
- Enhance and expand the mature landscape areas.
- Integrate the hospital with the strategic footpath/cycle network.

The design proposals for the preferred option have also taken into account the importance of the look and feel of the building on public and staff. The aim has been to develop a facility that is of a scale and style appropriate to the service requirements and local environment and which will symbolise the importance of the service to the public. This information, together with the artist’s impression, see Figure 17, will provide potential developers with clear guidance on the requirements of the service.

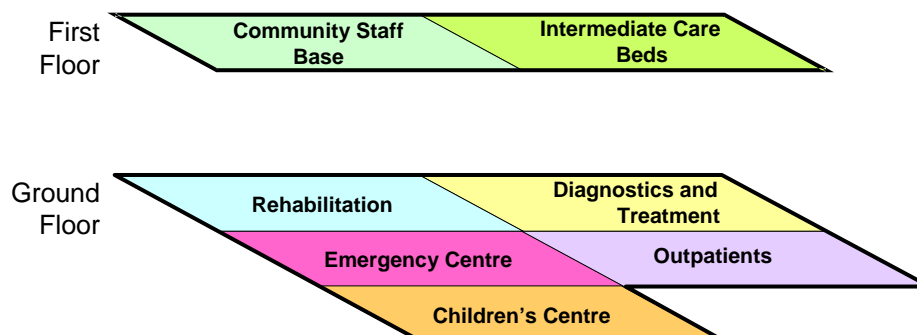
Figure 17 – An Artist’s Impression of the New Hospital Development



6.4 THE INTEGRATED CARE CENTRE DEVELOPMENT ON THE FENLAND WING SITE

The integrated care centre is based on five key service components plus the provision of a base for staffing working in the local community. These components are illustrated in Figure 18.

Figure 18 – Schematic Layout of the Integrated Care Centre



The individual components are:

- 40 intermediate care beds, principally for rehabilitation, but also providing step-up and step-down from the acute hub.

- An emergency centre providing minor injuries and walk-in service.
- Diagnostic and treatment service covering, GP x-ray referrals, outpatient clinics and minor treatments.
- General outpatient rehabilitation services.
- A children's centre that includes the child development unit, child and adolescent psychiatry, child health records and ten respite care beds for children with complex needs.

The Trust consider the development of the Integrated Care Centre is an opportunity to create a statement building that symbolises the modernisation of local health services and provides an exciting modern image. The Trusts' architects have translated this brief into a building of circular design that is a significant departure from the expected. The proposal, see Figure 19, will give prospective bidders a clear understanding of the visionary design the Trusts' are seeking.

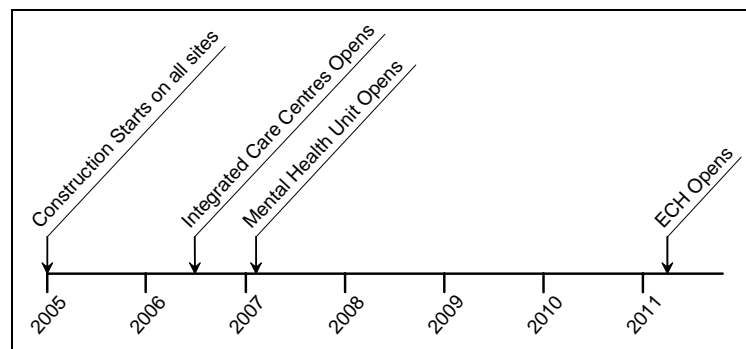
Figure 19 – An Artist's Impression of the Integrated Care Centre



6.5 PHASING AND CAPACITY PLANS

Figure 20 shows the timing for the opening of the two elements of the preferred option and the mental health unit development that will be included in the PFI procurement project and the Full Business Case.

Figure 20 – Project Time-line



The Integrated Care Centre is an entirely new service. When it opens in mid 2006 it will provide additional system capacity of 40 inpatient beds, five outpatient clinic suites, a basic x-ray room and an ultrasound suite. The children's centre associated with the Integrated Care Centre will accommodate transferred services. The majority of the vacated buildings will become residual estate. Approximately 1,000 sqm of space will be vacated in the Memorial Wing; however this would not only be suited to minor clinical use or office accommodation.

The mental health unit is a replacement facility bringing together several services that are located across the city. When the unit opens two wards and a day centre will be vacated in the Edith Cavell Hospital that can be used, subject to refurbishment, to either increase inpatient elective capacity by up to 72 beds and outpatient capacity by 5 clinic suites. Alternatively part or all of the vacated space could be used as decant space during phases 3 and 4 of the ECH development. The other facilities vacated by the opening of the mental health unit will become residual estate and allow the disposal of the Gloucester Centre site.

During the period up to mid 2006 the current access and capacity plans identify a number of developments to meet the required short-term growth in capacity. These include:

- The transfer of all hospital based diabetic services to a community location.
- The new day surgery unit currently under construction at the Edith Cavell Hospital.
- An expanded walk-in centre service.
- Additional clinic space for breast services.

The PCTs are also reviewing a number of service areas with the aim of increasing capacity without the need for capital investment in facilities or partnering with other organisations such as Social Services.

6.6 BENEFITS

Key factors responsible for its superiority (and why other options are inferior).

- Fully meets all strategic development plans.
- Fully meets NHS Plan standards.
- Highest non-financial benefit score against all criteria.
- Highest benefit to cost ratio.
- Greatest level of flexibility and scope for future changes.
- Fully supported by all NHS partners.
- Most suited for PFI.

6.7 HIGH COST ELEMENTS OF THE OPTION

There are no elements of the preferred option that have a greater cost in comparison to the cost of providing the equivalent level or quality of facility under any of the other options.

6.8 SENSITIVITY

The option is sensitive to changes to the input values used to forecast the cost of the option. The greatest risks are associated with changes in activity levels. A 5% increase would result in an increase in the cost base of £1,011m. However this impact is the same for all three options. The highest option specific test is a change in works costs. A 5% change would increase the annual cost of the option by £584,000 or 1.8%.

6.9 STATUTORY CONSULTATION

The Health Investment Plan has been the subject of a formal statutory public consultation exercise and continuous informal consultation with health professionals, NHS staff, patients, carers and the public. The formal and informal consultations have been conducted during the development of the plan to ensure the views of the public and health professionals can be incorporated into the service plans.

The statutory consultation took place from 13 December 2001 to 12 March 2002 and a report presented to the Cambridgeshire Health Authority on 28th March 2002. The report concluded:

- There was considerable support for the Health Investment Plan and the proposals to modernise local health services.
- The public supported the development of intermediate care services and the provision of local care centres.
- The public understood the benefits of developing the new acute hospital on the ECH site.

The public did raise concerns over the accessibility of the ECH site by public transport. However there was an acceptance that the planned 'health hopper' service between the new hospital and the city centre would alleviate this problem.

The outcome of the public consultation exercise and the report were supported by the North West Anglia Community Health Council and approved by the Health Authority. A synopsis of the report and the public consultation document are provided in Appendix 13.

6.10 SUPPORT FOR THE PREFERRED OPTION

The GPHIP and this OBC have been developed in collaboration with the four main PCTs responsible for services in the health system. This has ensured all the development proposals are commensurate with local and national strategies and the assumptions and decisions are fully supported by the health care organisations that will fund the cost of the developments. Appendix 16 contains the letters of support from the PCTs issued following approval of the OBC at their respective board meetings.

6.11 PLANNING APPROVAL

A planning application for the development on the ECH site was approved by the Local Authority on 11 March 2003. All the developments covered by the section 106 agreement, improvements to the access roads and interchange between the A47 and the road that links to the site, Bretton Gate, have received full planning consent.

The development of the buildings, site infrastructure and car parking has received outline consent with reserved matters. These include:

- Landscaping.
- Archaeological survey.
- Support for public transport between the site and the city centre.
- Mitigation of the noise pollution from the A47.
- External appearance, colour and finishes.
- Siting of buildings.
- Provision of fire hydrants.

There are two residual interests in title deeds for the ECH site, English Partnerships and the Peterborough City Council. Approval must be obtained from these organisations for any major developments on the site. Informal discussions with both organisations have indicated such approvals will be given.

A private right of way runs across the ECH site granted by the Peterborough Development Corporation in 1981 for the benefit of the public. A small section of this right of way would need to be diverted to allow the development to take place.

The outline planning application for the Integrated Care Centre development was discussed with the Senior and Area Planning Officers on 5 March 2003. No difficulties were raised on the proposal as the site is currently occupied by the Trust and was previously used for a health care facility of similar size. Consent is expected to be received in mid to late April 2003

6.12 SUITABILITY FOR PFI

The Trust held initial exploratory discussions with twelve potential developers and consortia. All have expressed interest in the project citing a number of factors that makes the scheme attractive. Further gathering of market intelligence during the development of the OBC has shown a continued level of interest with a small number of consortia expressing a commitment to bid for the project. The Trust understands this market strength has been reaffirmed through informal contacts with potential consortia by the PFU.

The Trust has no doubt that an OJEC notice will generate a good response from the market and provide the opportunity for a very competitive procurement process.

The characteristics of the ECH option and the project, identified by the private sector, that they consider makes it attractive to potential PFI partners are:

- It is a mainly new build project with few of the risks associated with the redesign, refurbishment and long-term maintenance of older buildings and building services.
- The ECH development is located on a semi-greenfield site that has no intrinsic problems relating to contaminated land, unsuitable ground conditions or planning restrictions.
- There are no access restrictions to the ECH site.
- The new facility will be self-contained and self-supporting.
- There are significant opportunities for innovative design.

- The package will include a range of non-clinical support services, which together with the hard FM services provide opportunities to add value to the contract.
- The Trust is committed to the PFI process, has considerable PFI experience and will work actively with the private sector to ensure a successful outcome to the procurement process.