

3 PROJECT SCOPE AND OBJECTIVES

3.1 INTRODUCTION

This Chapter of the OBC details the scope of services covered by the health system and the objectives of the project. The GPHIP covers the nominal catchment area served by the Peterborough Hospitals NHS Trust, including the primary and intermediate care services provided by the main PCTs that also fall within this catchment area.

3.2 PROJECT OBJECTIVES

The overall objective of the Health Investment Plan is the modernisation of the local health system based on providing high quality and effective care appropriate to the patient's need and as close to their home as is practical. They are drawn from the service development plans defined in the GPHIP and approved by the local PCTs and Health Authority. The specific objectives are:

3.2.1 TO PROVIDE BETTER ACCESS TO SERVICES AND INCREASE CHOICE.

The specific goals are:

- Development of Intermediate care services and facilities.
- Development of the Diagnostic & Treatment Centre (DTC).
- Increase in bed capacity, number of operating theatres, diagnostic services.

3.2.2 TO IMPROVE THE CLINICAL QUALITY OF SERVICES.

The specific goals are:

- To achieve optimal clinical relationships and adjacencies between services and departments.
- To provide facilities appropriate for the type of service and care being provided.
- To provide equipment appropriate for the type of service and care being provided.

3.2.3 TO INCREASE THE CAPACITY OF THE HEALTH SYSTEM AND INTRODUCE NEW SERVICES NOT CURRENTLY AVAILABLE IN THE AREA.

The specific goals are:

- To provide 100 more beds.
- To increase operating capacity by 20%.
- To increase outpatient capacity by 25%.
- To provide within the design of the building scope for the provision of 3 Linear Accelerators.

3.2.4 TO IMPLEMENT NATIONAL STRATEGIC PLANS AND POLICIES, INCLUDING THE REQUIREMENTS AND SERVICE STANDARDS CONTAINED IN THE NHS PLAN.

The specific goals are:

- To meet the new departmental space allowances.
- To provide gender separation and single sex wards.
- To increase the provision of single rooms and limit multi-bed bays to four beds.

3.2.5 TO IMPLEMENT LOCAL STRATEGIC PLANS FOR THE DEVELOPMENT OF PRIMARY, INTERMEDIATE AND ACUTE CARE SERVICES.

The specific goals are:

- To introduce GP, Nurse and Therapy specialists.
- To set-up intermediate care services and community bases.

- To relocate all general acute services within Peterborough onto a single site.

3.2.6 TO MEET THE EDUCATION, LEARNING AND RESEARCH NEEDS REQUIRED TO SUPPORT THE NEW MODEL OF SERVICE AND CLINICAL ROLES.

The specific goals are:

- To create a multi-disciplinary education and learning centre.
- To provide departmental staff resource and development facilities.
- To give network access to educational and learning resources to all staff.

3.2.7 TO MAKE EFFECTIVE USE OF RESOURCES.

The specific goals are:

- To increase staff utilisation, retention and recruitment.
- To increase equipment resources and reduce the average age of equipment.
- To create effective, efficient and inclusive relationships between departments and activities.
- To develop new ways of working for the optimal deployment of the workforce and delivery of patient centred care.

The specific goals for each objective have been agreed by the Project Board and the Clinical Core Group responsible for ensuring the project meets national and local priorities and standards. The goals have also been tested to ensure they are:

- Specific
- Measurable
- Achievable
- Realistic
- Time Based

This will ensure they can be used during the next stage in the business case process, the Full Business Case, for the non-financial benefits analysis, benefits realisation plan and post project evaluation.

3.3 SERVICE GAINS AND BENEFITS

The benefit criteria and service gains used to assess the proposed service developments contained in the GPHIP are listed in Table 33.

Table 33 – Benefit Criteria

Criteria	Elements
Clinical quality and safety	<ul style="list-style-type: none"> • Quality of clinical care. • Quality of nursing care. • Quality of support services. • Ability to manage services. • Availability of medical cover for emergencies. • Availability of 24-hour anaesthetic cover. • Availability of acute specialities, ITU, CCU and psychiatric staff. • Ease of patient movement between wards and departments. • Availability of specialist services and facilities. • Provision of dedicated children's facilities. • Provision of non-discriminatory facilities. • Rapid access to patient's records. • Secure control of site and building access.

Criteria	Elements
Flexibility of accommodation	<ul style="list-style-type: none"> • Change in the capacity of services. • Introduction of new services. • Introduction of new technology. • Re-model accommodation.
Environmental quality	<ul style="list-style-type: none"> • Ward environment. • OPD environment. • Staff working environment. • Visitor and patient facilities. • Outlook of wards. • Heating and ventilation. • Privacy. • Personal security. • Minimal disruption during the construction phase.
Accessibility	<ul style="list-style-type: none"> • Access via public transport. • Access via private transport. • Cycle access and parking. • Pedestrian access. • Access for emergency services. • Access and parking for disabled persons. • Car parking. • Logic and convenience of building access and internal circulation.

3.3.1 CAPACITY

The increase in system capacity will be achieved through a number of developments, including:

- An increase in the number of inpatient and intermediate care beds including the provision of 'virtual' intermediate care beds through contracts with the private sector.
- A reduction in bed occupancy rates from over 90% to the National Bed Inquiry^{vii} target of 82%.
- Increase capacity by the adoption of the one-stop-shop principle for ambulatory care services within the Diagnostic and Treatment Centre (DTC) and generally streamlining the care process and removing duplication where possible.
- Separating elective and emergency care processes.
- Increasing theatre and day case capacity.

3.3.2 PRIVACY AND DIGNITY

The patient care areas will be designed and organised to ensure privacy is maintained and there is gender separation, particularly on the inpatient wards. This will be achieved by:

- Increasing the number of single rooms from an average of 17% to 37%.
- Limiting the size of multi bed bays to 4 beds.
- Locating the majority of inpatient beds in contiguous units, increasing flexibility.
- Providing all single rooms and bays with en-suite facilities.
- Developing a dedicated women's and children's centre that includes a women's health ward for gynaecology, breast services and women's urology services.

3.3.3 LESS TRAVEL TO ACCESS SERVICES

The distance patients will have to travel, on average, for a single episode of care will be reduced by:

- The introduction of the one-stop-shop principle for the majority of ambulatory care (DTC).

- The provision of a minor injuries unit near to the city centre linked to local diagnostics, testing and minor treatment suite.
- Increasing the number of outreach clinics.
- Increasing the number and range of GP, nurse and therapy specialists, who will provide services within the primary care setting.
- Introducing telemedicine allowing direct consultations between staff working in primary care and the hospital.

3.3.4 FASTER ACCESS AND TREATMENT

The speed of access to services will be increased through the implementation of the local access and capacity plans. These plans are supported by the GPHIP through:

- The development of the DTC with its one-stop-shop principles.
- The separation of elective workload from emergency admissions.
- Streaming of emergency patients direct into the appropriate rapid assessment area, where staff with the appropriate skills will be able to immediately commence the assessment and diagnostic procedures.
- The direct referral to inpatient beds and operating lists from GPs using appropriate protocols.
- The development of 'Expert' patients who have a chronic disease and who will be able to self refer to an appropriate specialist during an acute phase of their illness.

3.3.5 GREATER CHOICE

Patients will have greater choice as to when their care is provided through the more extensive use of the direct booking of appointments. For services and care that does not need to be provided within a hospital, there will also be greater choice over its location.

Where only low tech diagnostics and minor treatments are required these will also be available through the integrated care centre. Other less complex services and GP, nurse and therapy specialists will be accessible through local primary care centres and GP practices.

3.3.6 IMPROVED PATIENT ENVIRONMENT

The design, layout and look of the environment within which patients receive their care and staff work will be based on a number of key principals:

- The facilities must meet the functional and operational requirements of the GPHIP.
- The environment should promote recovery and rehabilitation.
- The buildings should enhance the local landscape and town setting.
- The approach to the site should give a clear indication of the building entrance and its relationship to the car parks, bus route, foot paths and cycle-ways.
- The entrance and if appropriate the atria should be spaces in there own right and provide direct access to support facilities such as information points, shop and other patient and visitor related facilities.
- Circulation routes within the building should be logical, clearly identified with coherent and succinct signage.
- The major departments within the facility should be clearly delineated and have a recognisable identity.

Generally the design will reflect the NHS consumerism agenda and the revised departmental space standards. Specifically the facilities will provide:

- Substantially more single rooms all with en-suite facilities.
- A patient information centre linked to the patient advice and liaison service (PALS)
- An interview/quiet room on every ward.
- All patient WCs, showers and bathrooms suitable for use by persons with a disability.

3.3.7 EDUCATION AND LEARNING

A key factor in the successful implementation of the GPHIP is the development of the workforce. This will not only involve more staff but new roles designed to meet the new services and models of care. To support this development the GPHIP included the provision of an education and learning centre that will provide:

- A multi professional focused environment.
- Easy access to training information and resources from the work place.
- The use of technology to network to primary care sites.

3.4 THE CASE FOR CHANGE

The existing health estate is a significant obstruction to the implementation of the GPHIP and therefore the delivery of the service benefits to be gained. The operational difficulties caused by the current estate configuration and condition and the implications for the estate of the GPHIP have been covered in Chapter 2, Section 2.8, and Section 2.9. Many of the issues identified in these sections also reflect the case for change.

In particular:

- The additional capacity required to meet the NHS Plan waiting time's targets, forecast activity growth and NBI performance targets cannot be realised without building additional capacity and remodelling the estate to meet the new systems of working.
- The PDH building lacks the flexibility to be adapted so that the inpatient wards can fully meet gender separation requirements and provide an improved patient environment.
- Reducing the distance patient's travel to access services cannot be achieved without investment in community facilities and services.
- The development of one-stop services to provide faster access to diagnostic and treatment services can only be partly achieved within the existing estate configuration. Relocating services and expanding capacity is a prerequisite to fully achieving the DTC philosophy.
- Providing patients with greater choice will require investment in out-of-hospital services and facilities.
- The workforce development agenda that underpins the GPHIP can only be implemented with a significant growth in the education and learning resources and facilities and the integration of the existing services.

3.5 CONSTRAINTS

There are a number of constraints that have had to be taken into account during the service planning and design development stages of the options. These are:

- The local access and capacity targets and three year delivery plans. These require a number of interim developments to take place to ensure there is sufficient capacity to meet the NHS Plan targets for the maximum outpatient and inpatient waiting times.
- The provision of space and flexibility within the design for the probable development of local Linear Accelerator services during 2010 and 2011.
- The restrictions placed on the development at outline planning stage, including the building height, general size and impact on local traffic levels.
- Continuance of the services in those locations where developments are to take place.
- Management of growth monies to ensure revenue is available to meet the step change in cost base as new facilities and services come online.
- Management of non-reoccurring monies to fund the cost of commissioning and transferring services to the new facilities.

3.6 SCOPE OF CLINICAL SERVICES

This OBC covers the provision of all hospital-based healthcare services in Greater Peterborough, and includes services provided away from the hospital site in an integrated care centre and in primary and community care settings.

Table 34 identifies the services covered by the GPHIP and the locations from where they are currently provided. These services represent the scope of the health system described in this OBC.

Table 34 – Services Covered by this OBC and their Current Location

Service	Hospital	Community Hospital	GP/Health Centre
Chronic disease management	✓	✓	✓
Acute outpatients	✓	✓	
Ante-natal classes	✓	✓	✓
Diagnostics - high tech	✓		
Diagnostics - low tech	✓	✓	
Minor injuries	✓	✓	✓
Minor surgery	✓	✓	✓
Emergency services	✓		
Elective and day surgery	✓	✓	
Gynaecology, Obstetrics and Paediatrics	✓		

The OBC does not include routine GP services, dental services and primary care access targets. These are covered by the PCTs own local delivery plans and estate strategies. The cost of these PCT only developments have been accounted for in the assessment of the finances that will be required to fund the GPHIP.

Mental Health Development Project

At this stage, the development of a mental health facility has been excluded from the planning process. This facility is being considered as part of the development control plan for the Edith Cavell Hospital Site. A separate OBC for this development (which it is proposed will comprise of 50 adult acute mental health beds, 40 old age psychiatry beds, 10 dual diagnosis beds and a mental health day unit for older people) is being prepared and it is planned that the two OBC documents, if approved be combined to create an integrated Final Business Case.