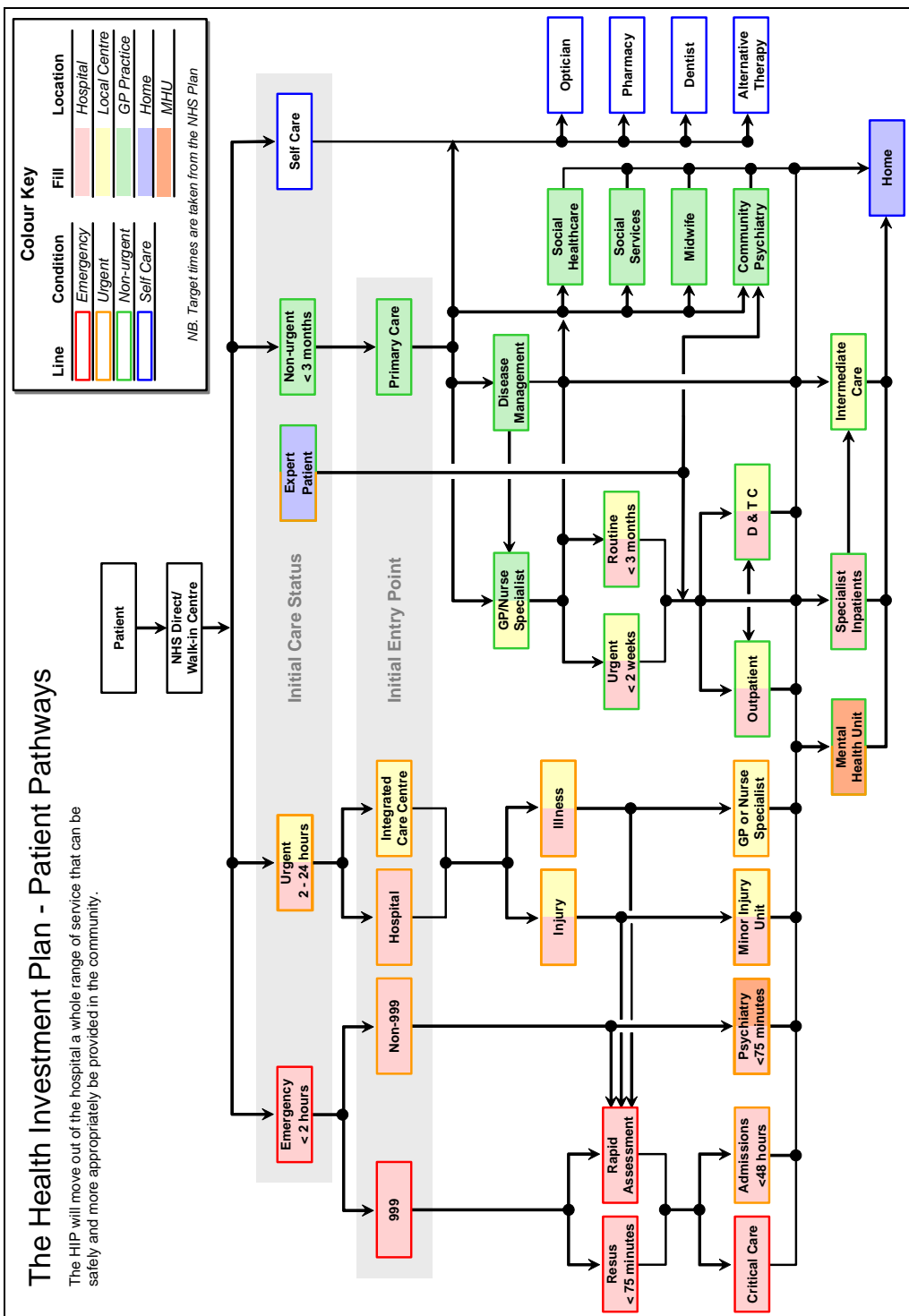


## **2 THE GPHIP PROJECT**

### **2.1 The background and objectives to the scheme**

- 2.1.1 The Greater Peterborough Health Investment Plan (GPHIP) is the local strategy for the modernisation of health services serving the population of Greater Peterborough and Southwest Lincolnshire. Based on the NHS Plan, the GPHIP will provide the local population with fast and convenient care delivered to a consistently high standard with services available when people require them and tailored to their individual needs.
- 2.1.2 The GPHIP has been collectively developed by the Peterborough Hospitals NHS Trust, Cambridgeshire and Peterborough Mental Health Partnership NHS Trust, East Cambridgeshire and Fenland PCT, Lincolnshire South West Teaching PCT and the Greater Peterborough Primary Care Partnership.
- 2.1.3 The Peterborough Hospitals NHS Trust, Cambridgeshire and Peterborough Mental Health Partnership NHS Trust and the Greater Peterborough Primary Care Partnership will be the signatories to the project agreement. More information on the signatories is provided in section 3 of this volume of the PITN.
- 2.1.4 The plan covers the whole health system from acute hospital services to intermediate and local primary care services. The only elements of the health system not included are routine GP services, dental services and primary care access targets. These are covered by the PCTs own local delivery plans and estate strategies.
- 2.1.5 A flow chart showing the entry routes and main patient pathways through the health system is shown in Figure 1.
- 2.1.6 The objectives of the GPHIP are to:
- Provide better access to services and increase choice for patients;
  - Improve the clinical quality of services;
  - Increase the capacity of the local health system by approximately 100 beds and the provision of additional operating theatres, outpatient clinics and diagnostic services;
  - Introduction of new healthcare services not currently available locally. This may include two linear accelerators, additional renal services and cardiac angiography;
  - Implement national strategic plans and policies, including the requirements and service standards contained in the NHS Plan, the Local Delivery Plans, National Cancer Plan and National Service Frameworks;
  - Implement local strategic plans for the development of primary, intermediate and acute care services including new community bases and increased capacity;
  - Improve the quality of life for people with mental health needs and learning disabilities by providing appropriate environments of care which reduce stigma, promote social inclusion and are conducive to good mental and physical health;
  - Providing a working environment which aids the recruitment and retention of staff, and affords staff every opportunity to use and develop their skills for the benefit of patients, providing opportunities for all disciplines to interact at formal and informal levels;
  - Meet the education, training and research needs required to support the new model of service and clinical roles by providing a modern, multi-disciplinary education and training centre, local staff resource and training facilities and facilitating the development of education and training networks through the flexible management of these new facilities;
  - Make effective use of resources by improving service effectiveness, efficiency, configuration and access; and
  - Eliminate the inefficiencies of split site working, additional cost of supporting duplicated services and problems of developing services in facilities that are of an inflexible design.

Figure 1 – Health System Patient Pathways



2.1.7 Up to outline business case (OBC) approval the Project was undertaken as two separate business cases, a mental health development and a combined acute hospital and integrated care centre development. For the full business case (FBC) and PFI procurement stage these have been combined into a single project.

- 2.1.8 The components of the project are;
- A new build mental health unit located on the Edith Cavell Hospital site and managed by the Cambridgeshire and Peterborough Mental Health Partnership NHS Trust.
  - An expanded and refurbished acute hospital on the Edith Cavell Hospital, site managed by Peterborough Hospitals NHS Trust.
  - A new build integrated care centre on the Peterborough District Hospital West site, managed by the Greater Peterborough Primary Care Partnership.

## **2.2 Summary of the project milestones reached so far**

- 2.2.1 The Strategic Outline Case (SOC) for the mental health development was approved by the Cambridgeshire Health Authority in July 1999.
- 2.2.2 The SOC for the acute hospital and integrated care centre development was approved by the Secretary of State for Health in February 2001.
- 2.2.3 The formal public consultation exercise on the GPHIP was undertaken between December 2001 and March 2002. The outcome of the consultation fully supported the plan to transfer all acute hospital services in Peterborough to the Edith Cavell Hospital site and was approved by the Cambridgeshire Health Authority in March 2002.
- 2.2.4 The OBCs for both elements of the Project were approved by the local PCTs and the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority in March 2003.
- 2.2.5 The outline planning application for the developments on the Edith Cavell Hospital site was approved by the Peterborough City Council on 9 July 2002, subject to a satisfactory Section 106 agreement.
- 2.2.6 The outline planning application for the integrated care centre on the PDH West site was approved by the Peterborough City Council on 16 September 2003.
- 2.2.7 The procurement is being conducted in accordance with EU directives and UK procurement law. The OJEC (ref 2003/S 186-168056) for the project was published on 19 September 2003.

## **2.3 Support for the project**

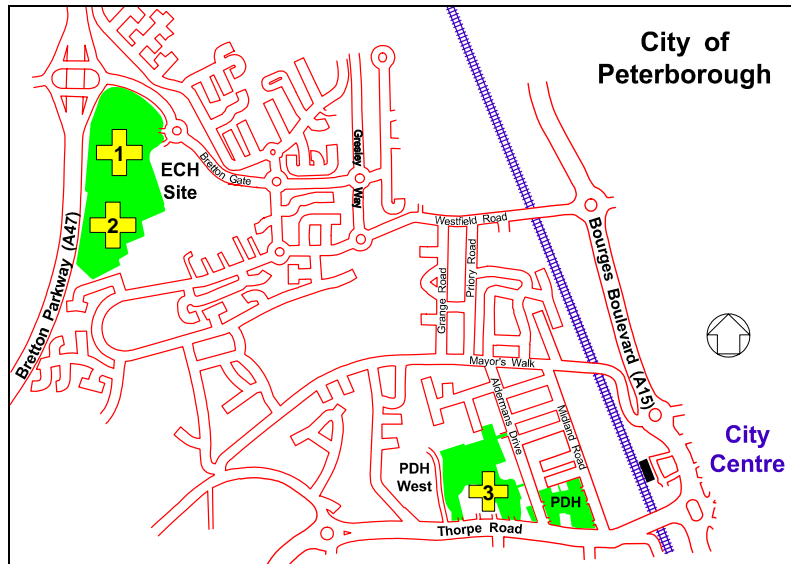
- 2.3.1 The GPHIP has been developed in close consultation with local health professionals, patients, carers and the public. The plans and the business cases have been approved by the local health commissioners, the PCTs, the Trusts' Boards and the Strategic Health Authority.
- 2.3.2 The Peterborough City Council also supports the GPHIP and has been involved in the development of the service plans and how they relate to developments in social care.

## **2.4 Key elements of the project**

- 2.4.1 There are three elements to the project (see Figure 2), an acute hospital development (1), a mental health unit (2) and an integrated care centre (3).
- 2.4.2 The acute hospital development on the Edith Cavell Hospital site involves the expansion of an existing 297 bed elective hospital from approximately 27,500sqm to 84,000sqm (gross). The completed development will include:
- A woman and child unit that combines paediatric, obstetric, gynaecology and women's urology services.
  - A diagnostic and treatment centre combining outpatient clinics, diagnostics and day surgery services to create a one-stop-shop.
  - An emergency care centre providing direct access to resuscitation facilities, specialty based rapid assessment areas and separate minor injury units for adults and children.
  - A cancer unit providing outpatient and inpatient oncology and haematology services, including radiotherapy.

- A multidisciplinary learning centre with clinical skills laboratory, library and a wide range of educational resources.
- Two inpatient nursing units with local diagnostics, rehabilitation and support facilities.
- 762 inpatient beds and 22 operating theatres.

Figure 2 – The Location of the Three Developments



- 2.4.3 The mental health unit on the Edith Cavell Hospital site is an entirely new build development of approximately 8,000 sqm (gross) comprising five linked buildings. These provide:
- 44 inpatient beds for adult acute mental health.
  - 6 bed psychiatric intensive care unit.
  - 42 inpatient beds for older person’s mental health.
  - 10 inpatient beds for persons with a learning disability
  - Shared support facilities, including ECT, physiotherapy, patient and staff dining room, the chair in psychiatry and staff support.
- 2.4.4 The integrated care centre on the PDH West site will replace an existing healthcare building. The new building of approximately 8,500sqm (gross), will provide a range of sub acute and intermediate care services including:
- 40 inpatient beds for acute dynamic rehabilitation.
  - Outpatient clinics.
  - General rehabilitation.
  - Basic diagnostics.
  - Minor injuries unit.
  - Minor treatments.
  - Child development services.
  - Child and adolescence mental health.

## 2.5 The public sector comparator designs

- 2.5.1 The designs for the public sector comparators have been reviewed by a wide range of health professionals. They have also undergone a NHS Estates design review, which involved CABE and the Prince’s Foundation. They are universally considered to represent an excellent solution

in terms of functional content, clinical relationships, accessibility arrangements and operational requirements.

- 2.5.2 However, the designs do not address many important issues outside clinical functionality and contain a number of shortcomings that are discussed in volume three of the PITN. The designs for the two facilities on the ECH site have been developed in isolation and leave considerable scope for a more holistic approach to site usage and planning.

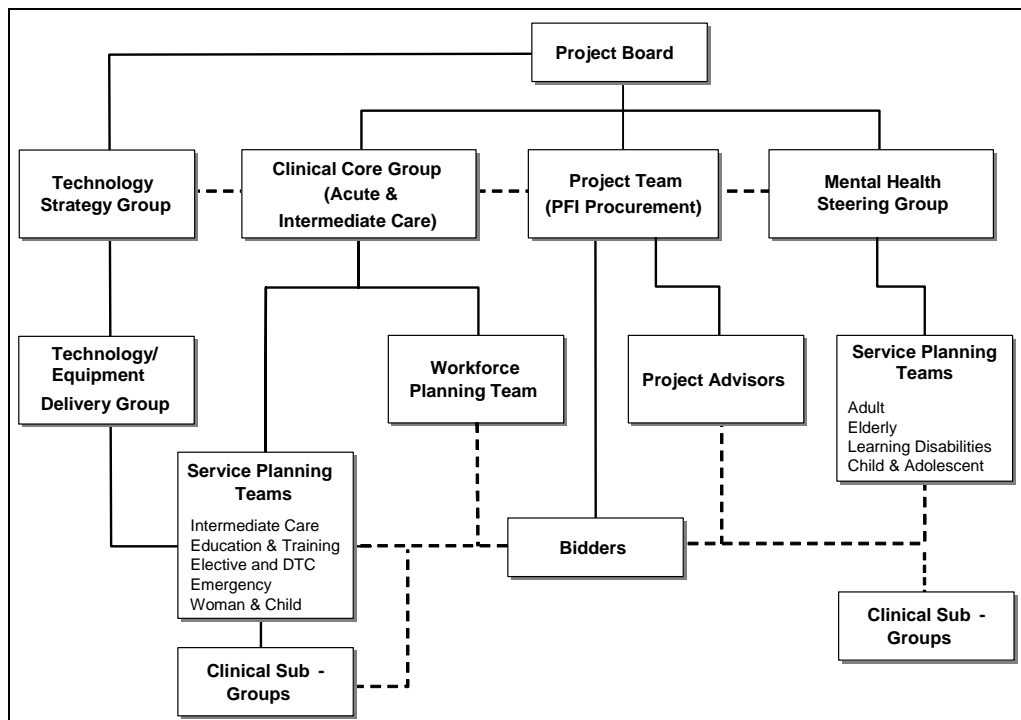
**2.6 Programme management of the GPHIP**

- 2.6.1 The GPHIP encompasses a range of programmes and developments, some of which do not form part of this PFI procurement project. These include the Stamford Hospital redevelopment, the East Cambridgeshire and Fenland intermediate care project and the relocation of a number of outpatient and day care services to locations outside the acute hospital.
- 2.6.2 The programme management of the wider scope of the GPHIP is undertaken by the same core group of staff as this procurement but supported by separate project managers. The whole of the programme is overseen by a Modernisation Board that draws its membership from the local stakeholders.
- 2.6.3 This arrangement ensures that local service developments take place within the framework of the GPHIP and are commensurate with the strategic aims of the GPHIP and the Local Delivery Plans.

**2.7 Project management arrangements for the PFI procurement**

- 2.7.1 The project management arrangements for the procurement phase are described in Appendix B of the Memorandum of Information (MoI). Details are also provided in chapter 9 of the acute hospital OBC. The structure and principal lines of communications are illustrated in Figure 3. The only change to these arrangements is the replacement of AYH by Davis Langdon and Everest for the provision of FM services advice. Full details of the project management structure and the roles of the individual project groups are provided in the Project Execution Plan.

Figure 3 – Project Structure



- 2.7.2 The Trusts have provided a meeting room at the Edith Cavell Hospital dedicated to the project. This room also houses the data library. All project meetings will take place in the meeting room, unless arranged otherwise.
- 2.7.3 This Project Execution Plan (PEP) is the principal means by which the Project is planned, monitored and managed. The document is owned, maintained and utilised by the Project Team members to ensure the successful day-to-day operational management and control of the project and the quality of the outputs. An up-to-date copy of the PEP will be kept in the data library and the virtual data room.
- 2.7.4 The PEP:
- Defines the project and the brief;
  - Defines the roles and responsibilities of those charged with completing the project;
  - Sets out the financial and resource allocations and control mechanisms;
  - Identifies the risks relating to the project and the management methods;
  - Defines the programme management and issues control arrangements;
  - Sets-out the approvals process;
  - Defines the administrative systems and procedures;
  - Identifies health and safety issues;
  - Defines the quality plan; and
  - Sets out the controls assurance processes.

## **2.8 Bidder support**

- 2.8.1 During the procurement process members of the Project Team and the Project's advisors will form four Bidder Support Groups (BSG) each dealing with a specific element of the procurement:
- Design and construction;
  - FM;
  - Equipment; and
  - Legal and financial
- 2.8.2 More detailed information on the BGSs and the Bidder Trust interface is provided in section 8.

## **2.9 On-line project and document management system**

- 2.9.1 The Trusts have appointed Causeway Technology to provide an online project and document management system. The system will be administered by the Trusts but all users will have access to a personal workspace that cannot be accessed by the system administrators.
- 2.9.2 All project documentation, electronic communications with bidders and management of the procurement process will be undertaken using the online system.
- 2.9.3 Bidders will be required to sign a Licence for the use of the system and provide the system coordinators with details of their staff that will require access to the system. The Trust will provide full training for the Bidder's system leaders.
- 2.9.4 The Causeway system will be used by the Project Team during the PITN stage and populated with data. Bidders will commence using the system from the FITN stage.

## **2.10 Design champions**

- 2.10.1 Each Trust has appointed a Design Champion that will encourage the pursuit of design quality so that the new and refurbished facilities are modern, patient focused and add to the communities they serve. The Design Champions will ensure:
- The design development process encourages the achievement of high design quality;

- A full assessment is made of the current environment for patients, staff and visitors;
- The 'Achieving Excellence Design Evaluation Toolkit' (AEDET) is used;
- The Trusts have the right skill mix to deliver high design quality;
- A design vision is established; and
- The scheme includes the full involvement of the local community and the support of clinical and other staff.

## **2.11 An overview of the timetable**

- 2.11.1 The procurement phase from publication of the OJEC notice on 19 September 2003 to financial close on 30 November 2005 is planned to take under 27 months and will follow latest Department of Health guidance. All three construction elements of the project are expected to commence soon after financial close. The Trusts envisage the Integrated Care Centre being operational by early 2007, the Mental Health Unit operational by early 2008 and the new hospital development operational by 2012.
- 2.11.2 The transfer of services would take place in two stages. Responsibility for the maintenance of both the Edith Cavell and Peterborough District Hospitals would commence as soon as possible after financial close. The transfer of responsibility for the provision of the remaining FM services at both sites, that are included in the contract, would take place sometime after financial close and probably within six months. For the purposes of bidding, Candidates should assume that hard FM would transfer immediately after financial close. Soft FM staff would transfer as soon as possible post financial close.