

4 THE OBCs, PREFERRED OPTION AND THE PSCs

4.1 Introduction

4.1.1 Full details of the preferred options are provided in the two OBCs. These are available on a CD from the Project Office and will be in the virtual data library. Volume 3 of the PITN includes a commentary on the design for the two PSCs.

4.1.2 The OBCs have been developed in considerable detail, and provide much of the information Bidders will need to understand the strategic context for the development and its economics. The Trusts have been undertaking a detailed audit of the service and space requirements as part of the preparation of the PITN. The PSC will be updated to reflect any changes to the preferred option between now and FBC approval. The Trust will share as much of this information with the Bidders as is appropriate and compliant with central guidance.

4.2 Functional content

4.2.1 The functional content of the three facilities has been detailed in the clinical output specifications contained in Volume 2 of the PITN. The functional content of the facilities and the non-clinical service specifications have also been defined for the purpose of creating the public sector comparators (PSC) and to ensure they are fully compliant with the Trusts' requirements.

4.2.2 The accommodation schedules and space budgets for each of the facilities are provided in the virtual data room. The space budgets are compliant with the clinical output specifications. Bidders should note, the OBC designs predate the final audit of the clinical output specifications and therefore do not fully reflect the latest requirements of the Trusts.

4.3 Consumerism

4.3.1 The Trusts have adopted a pragmatic approach to the application of consumerism within the proposed developments. A template of the consumerism issues is included in volume 3 of the PITN. This identifies how the individual issues have been applied within the PSC designs. An overview of the key issues is provided in Table 7.

Table 7 – Application of Key Consumerism Issues

Issue	Mental Health Unit	Acute Hospital	Integrated Care Centre
Women only day rooms	Yes	Multi bed bays have individual day spaces	Multi bed bays have individual day spaces
Multi bed bays	None	Four beds only except for critical care areas.	Four beds only.
Single rooms	100%	Average 37.5%	50%
En-suite facilities	100%	All single rooms and four bed bays have en-suite facilities.	All single rooms and four bed bays have en-suite facilities.
Bed spaces	N/A	2.7 metres between bed centres in four bed bays.	2.7 metres between bed centres in four bed bays.
Patient Entertainment System	Under consideration	Included (Wansworth digital system will be installed at PDH and ECH during 2004).	Included.

4.4 Acute Hospital (ECH Redevelopment)

4.4.1 The functional content of the acute hospital is divided into six areas:

- Clinical Support; (CSSD, Pharmacy, Radiology, Theatres)
- Diagnostic and Treatment Centre; (Breast Unit, Cardiac Catheterisation Lab, Day Surgery Support, Gastro Investigations, Gynaecology Outpatients, Head and Neck services, Rehabilitation, Respiratory Laboratory, Sexual Health)

- Emergency Care Centre; (Acute Medical Admissions, Cardiac Investigations, Coronary Care, Emergency Centre)
- Inpatients; (Critical Care, General Medical Wards, General Surgery Wards, Haematology/Oncology Ward, Head and Neck Ward, Musculoskeletal Wards, Stroke Unit, Urology Ward, Inpatient Support)
- Non-Clinical; (Corporate, Facilities, Finance, IM&T, MDHU, Medical Records, Receipt and Dispatch, Staff Support, Training Centre)
- Woman and Child Services; (Maternity Unit, Paediatrics, neonatal, Women's Health)

Figure 7 – An Artist's Impression of the main Entrance of the Acute Hospital Development



- 4.4.2 Where possible a modular approach has been adopted towards the definition and sizing of functional spaces to ensure consistency of approach.
- 4.4.3 The ECH site and the PSC include the provision of a helicopter-landing pad for helicopters up to the size of the Sikorsky S 61 N/ Seaking. This will not be a registered landing site. The operators of the East Anglian Air Ambulance service, Sterling Helicopters of Norwich, have provided support to the project on determining the design of the landing area. The Trusts have also adopted the guidance issued by the British Helicopter Advisory Board and Civil Aviation Authority. Bidders are also expected to follow these guidelines.
- 4.4.4 Since the approval of the OBC, a number of minor changes have been made to the functional content of the acute hospital. These are reflected in the output specifications in volume 2.

4.5 Mental Health Unit

- 4.5.1 The mental health unit is divided into five areas:
- Adult acute inpatients.
 - Psychiatric intensive care unit.
 - Older people's mental health inpatients.
 - Learning disabilities unit.
 - Shared support facilities, including staff facilities and offices.
- 4.5.2 These areas are interlinked to form a single facility with clearly defined areas designed to meet the needs of the patient.

4.5.3 Since the approval of the OBC it has been decided to locate the older peoples outpatient service and community base in a community setting. The impact is a reduction in the area of the development from approximately 8,450 sqm to 8,000 sqm.

4.6 Integrated Care Centre

4.6.1 The integrated care centre brings together a number of intermediate care, non specialist acute, community and child and adolescent mental health services. The main components of the facility are:

- 40 acute dynamic rehabilitation inpatient beds.
- Minor injuries unit, including out-of-hours medical emergency service.
- General outpatients.
- General diagnostics.
- General rehabilitation.
- Child development unit.
- Child and adolescent mental health.
- Inpatient respite care for children with learning disabilities and complex medical needs.

Figure 8 – An artist’s Impression of the Integrated Care Centre



4.6.2 The Trust has adopted a very innovative approach to the design of the Integrated Care Centre and considers the development an opportunity to construct a statement building next to one of the major routes into the Peterborough City Centre.

4.6.3 Since the completion of the OBC there have been a number of minor changes to the services provided in the Integrated Care Centre. These are reflected in the output specifications in volume 2.

4.7 Capital costs

4.7.1 The capital costs of the PSCs have been calculated in accordance with NHS Estates guidance ‘How to Cost a Hospital’, 2001 and are based at MIPS 345 VoP for the acute and integrated care centre and MIPS 360 FP for the mental health unit. Full details of the capital costs (the OB forms), including the breakdown of the development phases are provided in the virtual data room.

4.7.2 Acute Hospital (ECH Redevelopment)

4.7.2.1 The basic breakdown of the capital costs, including vat, for the acute hospital is provided in Table 8. Phase one covers the site infrastructure, energy centre, receipt and dispatch facility and temporary office accommodation. Phase two covers the bulk of the new build and phase three the remaining new build and refurbishment of the existing building.

Table 8 – Acute Hospital Capital Costs (inc VAT)

Phase	One (£,000)	Two (£,000)	Three (£,000)	Total (£,000)
Department Cost	2,542	52,418	27,562	82,522
On-Costs	19,758	30,860	20,665	71,284

Fees	2,847	10,631	6,157	19,635
Non-Works Costs	160	5,722	2,870	8,751
IM&T	-	-	-	8,049
Equipment	-	-	-	30,726
Planning Contingency	3,227	12,689	7,293	28,056
Total	28,534	112,320	64,547	249,022

Note some figures may not appear to total correctly due to rounding.

4.7.3 Integrated Care Centre

4.7.3.1 The basic capital cost of the Integrated Care Centre is provided in Table 9. The development is constructed in a single phase and the cost includes the demolition of the existing Fenland Wing building.

Table 9 – Integrated Care Centre Capital Cost (inc VAT)

Single Phase	Total (£,000)
Department Cost	8,883
On-Costs	5,138
Fees	1,790
Non-Works Costs	166
Equipment/IM&T	1,630
Planning Contingency	2,241
Total	19,848

4.7.4 Mental Health Unit

4.7.4.1 The basic capital cost of the Mental Health Unit is provided in Table 10. The development is constructed in a single phase. The cost assumes a stand alone facility. However there is scope to integrate some elements of the development with the acute hospital such as the use of a common energy centre.

Table 10 – Mental Health Unit Capital Cost (inc VAT)

Single Phase	Total (£,000)
Department Cost	11,170
On-Costs	6,677
Fees	2,278
Non-Works Costs	259
Equipment/IM&T	691
Planning Contingency	2,685
Total	23,760

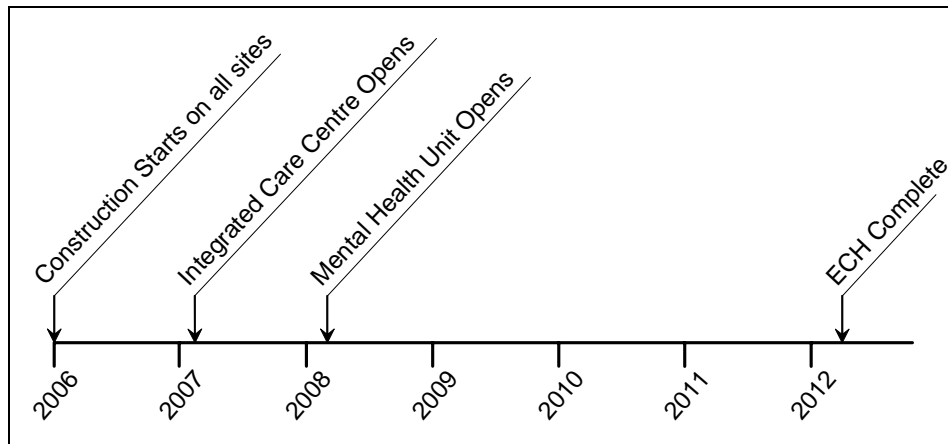
4.8 Phasing

4.8.1 The OBCs assumed all three developments commenced at the same time. Based on the current programme the Integrated Care Centre would open in early 2007, the Mental Health Unit in early 2008 and the acute hospital completed in 2012, see Figure 9.

4.8.2 The acute hospital development is spread over four phases with phases one and two taking place at the same time. Full details of the phases of the development are provided in the appendix to the OBC. The estimated durations of each phase are:

- Phase one and two – 66 weeks
- Phase three – 125 weeks
- Phase four – 106 weeks

Figure 9 – The Timeline for the Project



4.9 Enabling projects

4.9.1 The Peterborough Hospitals Trust and Bretton Town Sports Club are discussing a proposal for the Trust to lease part of the sports club's site (outlined in yellow in Figure 10). The sports club currently lease the sports club site from Milton Estates, who have indicated that they agree in principle to the land swap and the basis of their reimbursement.

Figure 10 – Possible land Acquisition from Peterborough Town Sports Club Sites



4.9.2 The Trust would compensate the Sports Club by funding the relocation of the all-weather pitch, the tennis courts and the clubhouse further to the south of the site, and relocating the cricket club to a new location in the city. Depending on a number of factors, including the timing of the Sports Club project, the Trusts may request the funding be included in the PFI project. This will be clarified at the FITN stage.

4.9.3 The proposal would obviate the need to construct a five-storey car park on the ECH site and place the bulk of the parking in a more flexible location. The Trust will continue to pursue this

proposal during the procurement process. The final decision will be made based on the economics of the land transaction.

- 4.9.4 Bidders should assume for the purposes of their bid development the negotiations with the Sports Club would be successful.
- 4.9.5 Bidders should note that the discussions that have taken place with Milton Estates are only based on the land being used for car parking and held on a head-lease. Any alternative proposals would need to be discussed with Milton Estates. The Trusts will explore the option of acquiring the freehold for the site with the landowners. Bidders are not to approach the Sports Club or landowners regarding these or any other matters relating to the Sports Club site.
- 4.9.6 A planning application for the Sports Club project will be submitted by the Trusts following its approval by the Club membership. Informal discussions with the local planning authority have not identified any issues that could not be resolved as part of the planning conditions for the development.
- 4.9.7 The proposed site is separated from the ECH site by an access road to the Westwood Farm Industrial Estate (Marked in red in Figure 10). The road is owned by English Partnerships, who have informally agreed to grant the Trust right of way over the road in exchange for the roadway being upgraded to meet the standards required for HGV traffic and potential adoption by the Local Authority.
- 4.9.8 The Trusts are willing to consider any enabling projects that may be required to support the preferred bidder's proposals.

4.10 Site plans

- 4.10.1 A plan of the ECH site, showing the two development zones is provided in Figure 11 and the Fenland Wing site in Figure 12.

Figure 11 – The ECH Site Development Zones



Figure 12 – Fenland Wing, Site of the Integrated Care Centre

