



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 MARCH 2018

REPORT ON: TRANSFORMATION OF LOCHEE HEALTH CENTRE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB16-2018

1.0 PURPOSE OF REPORT

This report outlines to Dundee Integration Joint Board proposals to transform the Lochee Health Centre and seek the support of the IJB to proceed to the next phase of the programme.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of this report and supports the development of Lochee Health Centre as described in the report and associated floor plan at Appendix 1;
- 2.2 Requests to NHS Tayside that it releases the provision made within its Capital Plan for primary care developments of £250k plus VAT to enable the required structural changes to be made.
- 2.3 Instructs the Chief Officer to take forward the necessary arrangements to deliver the programme of work.

3.0 FINANCIAL IMPLICATIONS

The capital cost of the project, including associated fees and VAT is estimated to cost around £250k plus VAT. This includes furniture, equipment, IT infrastructure and devices.

4.0 MAIN TEXT

Background

- 4.1.1 The existing Lochee Health Centre is a two-story, traditional 1970's building of predominantly brick construction. It was designed specifically as two separate facilities; one a GP Practice and the other a health centre, co-located but with no real prospect of sharing or integration. It has two entrances and exits, multiple waiting areas and physical barriers in the form of locked security doors separating its two main accommodation wings.
- 4.1.2 Over the years the building has been subject to minor refurbishment to meet the needs of the various services using it. None of the refurbishments attempted to improve access, utilisation or space sharing across the two parts of the building and this remains a major limiting factor.
- 4.1.3 In a recent review conducted by the Transformation Programme Property Team with support from Primary Care Services and Dundee Health and Social Care Partnership (H&SCP) it was determined that there is a lack of appropriate clinical accommodation in one wing of the building and generally poor use of the available clinical accommodation in the other. This is caused mainly by a limited ability to share clinical and support spaces, which further limits the resident services' ability to deliver modern multi-disciplinary models of care. It has also resulted in significant duplication of public areas including reception and waiting. The signage and way-finding were also found to be poor and confusing, and the flow of patients and staff into and

around the building was restrictive and generally inefficient. A number of clinical consultation rooms are being used as offices and storage is generally poorly distributed and underutilised.

4.1.4 The health centre is owned by NHS Tayside and is currently a base for the following services:

- Lochee Medical Practice (in 2017 changed from independent contractor to salaried GP model)
- Community Health Inequalities Team
- Source of Support Social Prescribing
- Community Paediatric Optometry
- Community Podiatry
- Speech and Language Therapy
- Substance Misuse Services
- Community Nursing (adults and children)
- Community Dietetics
- Anti-coagulation Service
- Community Midwifery
- It's Good to Talk/ Listening Service.

4.1.5 A short life working group was established to assess the feasibility of incorporating the Local Care Centre principles in the existing facility. The group was tasked to:

- identify the current usage of the building
- capture the future requirements of each of the building users
- incorporate the service redesign output from the Dundee H&SCP
- incorporate the new Primary Care multi-disciplinary team model of care
- identify options to maximise the availability of clinical/consultation spaces
- identify options to remove the existing duplication, waste and restrictions
- incorporate open plan, shared administrative areas
- incorporate training, meeting and staff development areas
- align patient and staff access, way-finding and flow with current best practice.

4.1.6 The group has now completed this work and has developed outline proposals which meet the objectives set out above and which will deliver a multi-disciplinary hub for provision of services within one of the localities with the greatest health needs in the city.

4.1.7 The programme of work, assuming a two phase workplan, indicates that the refurbishment should be completed in approximately 14 weeks and therefore will be within the 2018/19 financial year.

4.2 Engagement

4.2.1 Staff briefing sessions have taken place at Lochee Health Centre with all staff groups having input into the proposed developments. This has allowed the identification and planned resolution of issues raised.

4.2.2 Communication with the patient group and local community groups in Lochee has proved challenging for the Practice. They have been unable, after a number of attempts, to form a working Patient Participation Group (PPG).

4.2.3 A wide range of stakeholders have been involved in the development of the wider proposals. They include:

- Primary Care
- Strategic Planning Group
- Social Work
- Allied Health Professionals (AHP)
- Community Nursing
- NHS Transformation Team
- NHS and Dundee City Council Property Teams

- A range of primary care groups including General Practice Advisory Committee, and the Dundee Cluster lead/GP sub meeting, NHS Tayside GP sub Committee, and NHS Tayside Health Board Funds local third sector organisations such as Gowrie Care

4.3 Strategic Links

- 4.3.1 This project supports the strategic aims of person centred, community based care in keeping with the 20:20 Vision. The objective is also to ensure that this is delivered as safely and efficiently as possible in line with NHS Tayside Clinical Services Strategy and the Primary Care Strategy.
- 4.3.2 The Dundee Health and Social Care Strategic and Commissioning Plan 2016-2021 sets out a number of key strategic shifts that are required to support need to address health inequalities, demographic changes and fiscal constraints. In particular this sets out the ambition to deliver services in localities in a way which reduces health inequalities, supports prevention and delivers services that are designed in coproduction with individuals, their families and their communities. The aspiration is that services will be delivered by multidisciplinary teams based in a number of community facilities across the city.
- 4.3.3 There have been challenges in identifying suitable accommodation to meet the strategic aims and this project therefore represents an initial step towards this. The intent is that the asset delivered from this project will support the implementation and roll-out of locality working across Dundee and the creation of a Lochee community service base. The Lochee area is one such area that has particular challenges in terms of multiple levels of deprivation, high levels of premature mortality and significant percentage of the population experiencing poor health outcomes.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Delay to the project completion and an increase in cost if a two phased approach cannot be agreed for the project.
Risk Category	Finance and Operational
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Project Team to work with services to identify suitable alternative locations for service delivery during the construction period.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Approval recommendation	Given the importance and potential benefits of this development the risk should be accepted.

7.0 CONSULTATIONS

As indicated in section 4.2.3, a range of people have been involved in developing the plans and consulted on the developments proposed. The practice team have offered a range of opportunities for their patients to contribute to this process, with limited success, other than discussion at individual level. The Clinical Director, Head of Service - Health and Community Care, Chief Finance Officer, Associate Director Primary Care, Locality Manager Lochee, and the Clerk were consulted in the preparation of this report. Proposals have also been consulted with the Integrated Strategic Planning Group.

8.0 BACKGROUND PAPERS

None.

9.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

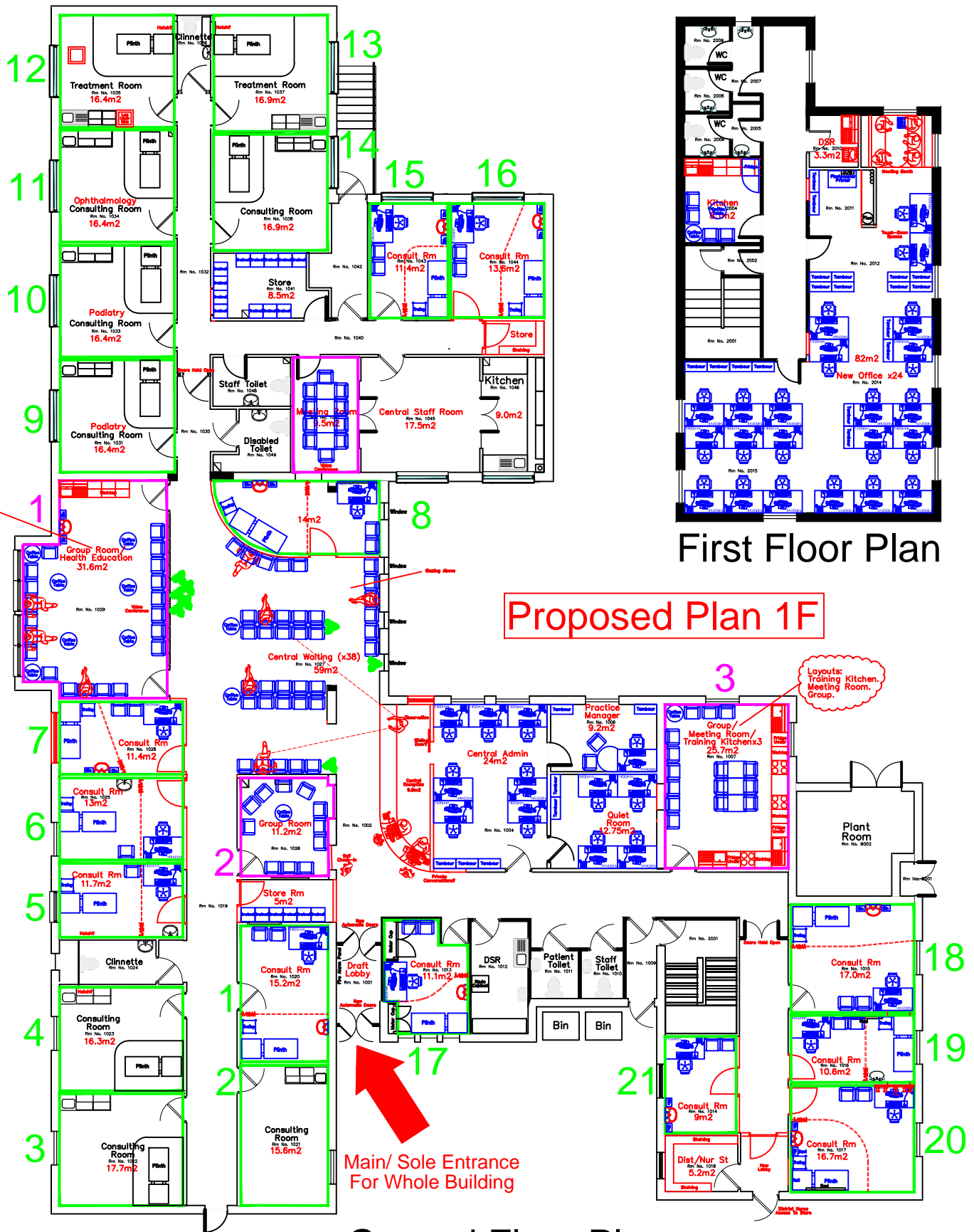
David W Lynch
Chief Officer

DATE: 8 March 2018

Michelle Watts
Associate Medical Director
Primary Care
NHS Tayside

Shona Hyman
Senior Manager
Service Development & Primary Care
Health & Social Care Partnership

Arnot Tippet
Project Manager
NHS Tayside



Ground Floor Plan
Lochee Local Care Centre