NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet

For: PUBLIC session ☒ **PRIVATE session** ☐

Date of Meeting: 25 July 2017

For: Decision ☒ **Discussion** ☐ **Noting** ☐

Agenda Item and title:	GOV/17/07/10 Strategic Outline Case (SOC) for Chippenham, Melksham and Trowbridge
Author:	Capita
Lead Director/GP from CCG:	Steve Perkins, Chief Financial Officer
Executive summary:	The SOC identifies a preferred way forward for the future provision of community and primary care estate in Chippenham, Melksham and Trowbridge to support the sustainable delivery of community, secondary and primary care services. The recommended preferred way forward put to the CCG Governing Body is for one community hospital (hub), one community spoke and three urgent treatment centres, alongside development of primary care estate to increase capacity. See content of SOC for definitions of each. The preferred way forward takes account of key national, regional and local drivers for change and was arrived at following stakeholder scoring sessions. The SOC is the first stage in the business planning process and therefore the size of accommodation and cost are for indicative purposes. Both will be further developed at the Outline and Full Business Case stages. The SOC gives an initial Schedule of Accommodation (SoA) identifying accommodation requirements of circa 12,000m². Initial cost estimates are; capital ~ £52m; total revenue ~ £4.4m which is £1.7m above the current revenue spend of £2.7m. In the main, the SOC does not make an assumption about the location for these facilities other than being in the Chippenham, Melksham,

	Trowbridge area. Locations will be identified through option appraisals at the Outline Business Case (OBC) stage of the business planning process. The one specification is that the SOC recommends that the community spoke, one of the urgent treatment centres and the Trowbridge primary care space shortfall is accommodated in the new Trowbridge health facility. This scheme is currently at the OBC development stage and progressing ahead of a Governing Body SOC decision due to time limited Estates and Technology Transformation Funding (ETTF).
Evidence in support of arguments:	Activity and demand modelling demonstrates that demand for services will increase in future. There is a shortage of primary care facilities to meet this demand. In some areas the community estate is in poor condition and is underutilised. The programme aligns with national and local strategies, including: • Wiltshire CCG vision • BSW STP • Five Year Forward View (2014) Next Steps on the NHS Five Year Forward View (2017) • GP Five Year Forward View (2016) • NHS Outcomes Framework 2016/17 Department of Health Critical Success Factors. Long list of options. Non-financial scoring of long list options. Financial scoring of short list options. Schedule of Accommodation using current activity projected to 2026 to take account of growth. Estimate of capital cost. Revenue comparison of costed options against current revenue expenditure.
Who has been involved/contributed:	Wiltshire CCG including, but not limited to, Estates, Finance, Commissioners for Primary Care, Acute Care, Urgent Care, Community Care and Comms NHS England Primary Care Practices from Chippenham, Melksham and Trowbridge Wiltshire Council Wiltshire Health and Care RUH GWH AWP Oxford Health Virgin Care NHS Property Services Medvivo

	South Western Ambulance Service Health Watch Wiltshire MP for Chippenham and Melksham MP for Trowbridge Councillors and Area Board Managers respective to areas identified in SOC Health and Well Being Groups for key SOC towns Capita
Cross Reference to Strategic Objectives:	Wiltshire CCG vision Wiltshire CCG commissioning strategy BSW STP Five Year Forward View (2014) Next Steps on the NHS Five Year Forward View (2017) GP Five Year Forward View (2016) NHS Outcomes Framework 2016/17 Better Births national maternity review New care model Urgent and Emergency Care Networks CQC
Engagement and Involvement:	Early in the process of taking forward the Strategic Healthcare Planning and Strategic Outline Case, area boards at Chippenham, Melksham and Trowbridge had presentations to explain the process. There has been engagement and involvement with all organisations identified in the "involved/contributed" section above. Healthwatch Wiltshire has attended planning meetings in the capacity of independent observer. The Wiltshire CCG Associate Director of Communications has also been active in putting across the perspective and voice of the patient/service user. If the SOC is approved a window of 2 months has been built in for public engagement on the preferred way forward at the next stage.
Communications Issues:	The Strategic Healthcare Planning and Strategic Outline Case is potentially controversial and is highly likely to attract media and political interest. It therefore requires thorough communication and engagement with stakeholders, the public and staff. Some high level engagement has already taken place with key external stakeholders and presentations have been made in public at the relevant Area Board meetings. A full and detailed communication and engagement plan is being developed and will be put in motion if the SOC is approved.
Financial Implications:	Additional recurrent revenue cost of the preferred way forward estimated at circa ~ £1.7m gross position above the current cost of £2.7m (subject to further review at OBC and FBC). This doesn't consider any potential

	relocation of services from secondary care, which will be considered at OBC, along with quality and other factors to determine the impact on ROI. Should the programme be successfully pursued this will be the first call on additional allocation funding received by the CCG in order to ensure that a robust and sustainable estate is established. If the financial standing of the CCG deteriorates these costs would need to be mitigated through additional QIPP schemes. Capital cost of the preferred way forward estimated at circa ~ £52m. A capital funding solution is still to be determined and would form part of the future work programme, which will also include a review of the potential opportunities for disposal receipts from the existing estate. Costs in the SOC are high level and should be seen as indicative only at this early stage in the development process.
Review arrangements:	If the SOC is approved by the July Governing Body it will not be subject to a further review unless deemed necessary following public engagement. The SOC sets out the strategic direction for a programme of projects that would follow approval. The programme and individual projects will be reviewed at appropriate decision points for each, such as Outline and Full Business Cases and if a project is outside of agreed tolerances and/or ad-hoc when considered appropriate.
Risk Management:	See sections 3.12 (page 52), 7.8 and 7.9 (page 92) and appendix 5 risk register of the SOC.
National Policy/ Legislation:	The following recent national policies and guidance have been used to inform the SOC: NHS England “Five Year Forward View” (Oct 2014) NHS England “Next Steps on the NHS Five Year Forward View” (March 2017) NHS England “GP Forward View” (April 2016) National Maternity Review “Better Births: Improving Outcomes of Maternity Services in England, A Five Year Forward View for Maternity Care” (Feb 2016) NHS Outcomes Framework 2016/2017 “Operational productivity and performance in English NHS acute hospitals: Unwarranted variations – An independent report for the Department of Health by Lord Carter of Coles” (Feb 2016).
Public Health Implications:	No specific issues

Equality & Diversity:	See equality impact assessment
Other External Assessment:	A draft version of the SOC has been shared with NHS England. The final version will be provided to NHS England if approved by the Governing Body. Clarity is to be sought on whether formal NHS England assessment of the SOC is needed prior to progressing the programme of works that would follow Governing Body approval.
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body are asked to approve: 1. The recommended preferred way forward for Chippenham, Melksham and Trowbridge of one community hospital (hub), one community spoke and three urgent treatment centres, alongside the development of primary care estate to increase capacity. 2. That the Trowbridge ETTF scheme should continue and accommodate the community spoke, one of the urgent treatment centres and the primary care space gap for Trowbridge. 3. Next steps as identified in appendix 5 of the SOC.

NHS
Wiltshire
Clinical Commissioning Group

Strategic Outline Case for Chippenham, Melksham and Trowbridge

July 2017

Contents

Schedule of figures and tables

Document control

Client	Wiltshire NHS Clinical Commissioning Group
Title	Strategic Outline Case for delivery of community and primary care services in Chippenham, Melksham and Trowbridge
Capita File ref	
Date	7 July 2017
Prepared by	Eithne Burt, Capita Ruth Evans, Capita
Authorised by	Brian Johnson
Authorised by	Simon Yeo
Authorised by	
Distribution	

Document history

Version	*Date*	*Brief Summary of Change*	*Author*
Draft 0.1	10/01/2017	First draft of SOC template and information required	Eithne Burt
Draft 0.2	30/01/2017	Inclusion of Strategic Case	Eithne Burt
Draft 0.3	16/02/2017	Inclusion of Management and Commercial Case	Eithne Burt
Draft 0.4	13/04/2017	First Draft of economic Case following non-financial stakeholder events	Eithne Burt
Draft 0.5	8/05/2017	Draft of finance section	Mike Stevens
Draft 0.6	11/05/2017	Draft of SOC v0.5 reviewed	Ruth Evans
Draft 0.7	12/05/2017	Draft of Economic Case	Ruth Evans
Draft 0.8	12/05/2017	Final draft of main document	Eithne Burt/ Ruth Evans
Final draft 1.0	15/05/2017	Updated following CCG comments	Eithne Burt
Final draft 1.1	16/05/2017	Proof read of SOC	Ruth Evans
Final draft 1.2	17/05/2017	Further amendments	Eithne Burt
Final draft 1.3	17/05/2017	Additional finance amendments to tables	Mike Stevens/ Eithne Burt
Final draft 1.4	18/05/2017	Amendments from S Perkins comments	Eithne Burt
Final Draft	18/05/2017	Final version issued to CCG for Governing body comments	Eithne Burt/ Ruth Evans
Final draft 1.5	30/05/2017	Version issued to stakeholders for final comments	Eithne Burt/Ruth Evans
Final draft 1.6	07/06/2017	Updates from Governing Body and stakeholders incorporated	Eithne Burt/Ruth Evans
Final draft 1.7	11/06/2017	Amendment to capital construction costs	Mike Stevens
Final draft 1.8	12/06/2017	Update stakeholder comments	Eithne Burt
Final draft 1.9/2.0	16/06/2017	Review of amendments	Ruth Evans
Final draft 3.0	27/06/2017	Final version issued to CCG for Governing body	Eithne Burt/Ruth Evans
Final draft 3.0-3.4	28/06/2017 – 05/07/2017	Amendments from S Yeo and S Perkins	Ruth Evans
Final report	07/07/2017	Review of amendments	Ruth Evans

1 Executive Summary

1.1 Introduction

This Strategic Outline Case (SOC) selects the preferred way forward for the re-provision of community and primary care services in Chippenham, Melksham and Trowbridge.

The SOC focuses on the strategic case for change and as such is a clinically led business case to support the need for investment.

Figures 1 and 2 provides a summary of the reason for a SOC and the process followed in developing this business case.

Figure 1 Strategic Outline Case illustration

NORTH WEST WILTSHIRE STRATEGIC OUTLINE CASE (SOC)

What is a SOC?

- The first stage of a formal business planning process
- High level
- Includes five cases:

STRATEGIC

Strategic fit and business case

ECONOMIC

The options being considered

COMMERCIAL

Way forward

FINANCIAL

Affordable within available funding

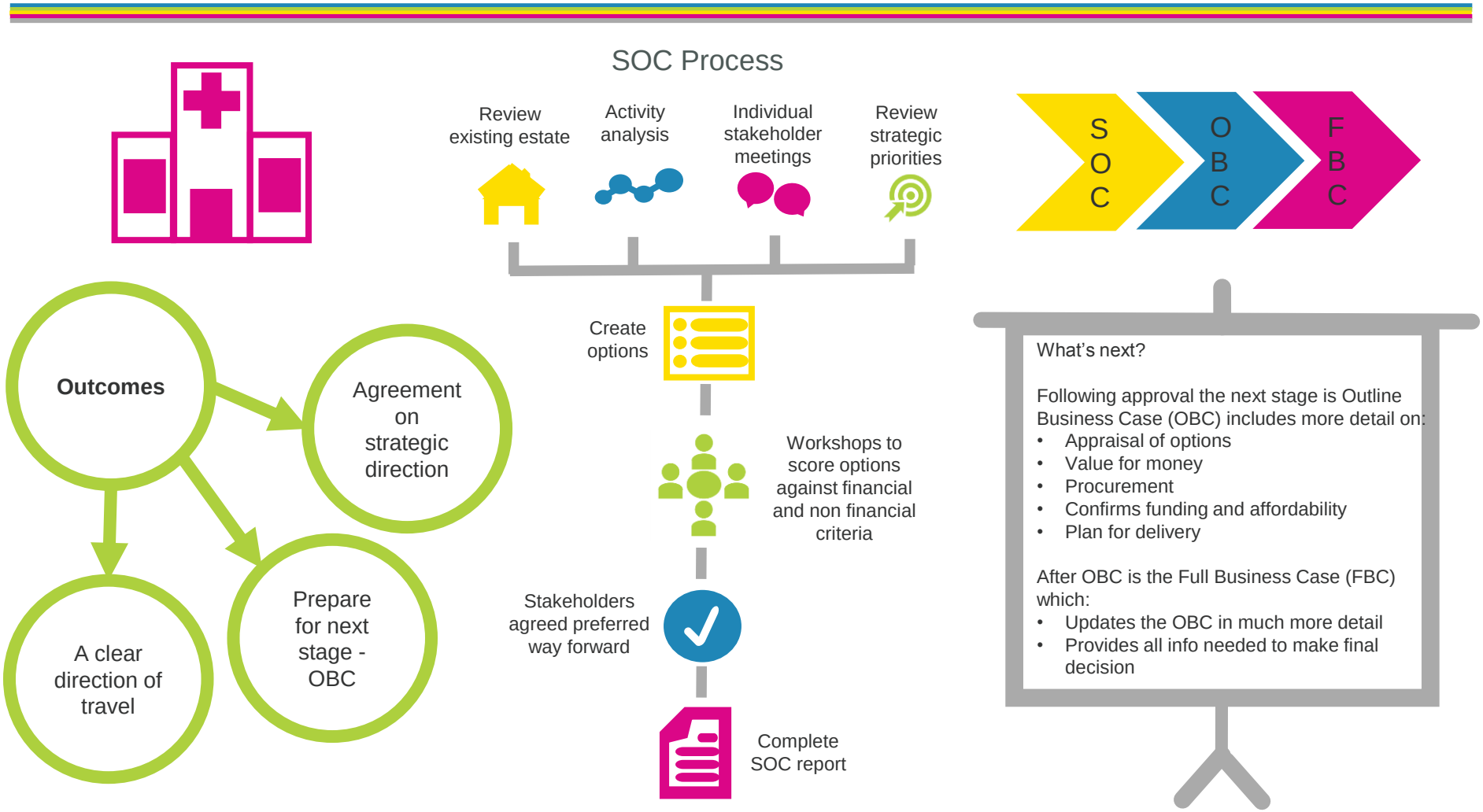
MANAGEMENT

Achievable and can be successfully delivered in line with best practice

The purpose of a SOC:

- ✓ Establishes the case for change
- ✓ Identifies a preferred way forward
- ✓ Give stakeholders an opportunity to influence the direction

Figure 2 Strategic Outline Case illustration



This executive summary provides high level detail on each of the five cases within this SOC; Strategic, Economic, Commercial, Financial, and Management.

1.2 Strategic Case

The towns of Chippenham, Melksham and Trowbridge are located in North West Wiltshire and each has its own community hospital. The hospitals offer a range of community services, including birthing suites and Minor Injuries Units (MIUs) at Chippenham and Trowbridge Hospitals and community Children and Adolescent Mental Health Service (CAMHs) at Melksham Hospital. Of the three, Chippenham is the only site with inpatient wards. The hospitals also offer some specialised services such as the Wiltshire Wheelchair Service and specialist community dental which are provided from individual sites.

The demand for services in this area of Wiltshire is increasing. In recent years there has been a change in the area's demographic profile (discussed later in more detail), in particular the increase in people over 65 years old. This, coupled with the growing population, means that unless there are changes to the way primary and community services are provided in this area of Wiltshire, services will not be able to meet the demands of the population.

There is already a shortfall in primary care estate (detailed in Appendix 1B), putting pressure on current services. Action is needed in order to provide adequate services for the growing population and to meet the needs of an increasingly complex patient group.

Wilshire CCG commissions health services across the county, some of which are delivered from poor quality community accommodation. Chippenham, Melksham and Trowbridge all have community hospital buildings that are in poor condition and no longer fit for the delivery of modern healthcare. These buildings are underutilised and the costs of maintenance does not provide value for money.

1.2.1 The Vision for North West Wiltshire

The redevelopment of the community hospitals in Chippenham, Melksham and Trowbridge presents an opportunity to integrate services, deliver care close to home, improve patient outcomes, and ensure services are sustainable.

The CCG is currently reviewing and updating its service delivery strategy and model of care for the provision of community based services across Wiltshire. The review will update and clarify the commissioning principles. This will then determine what services are to be provided from where. Those principles will apply to all community based services across the whole of Wiltshire. This Strategic Outline Case (SOC) selects the preferred way forward in terms of the estate required to support the provision of those services across the Chippenham, Melksham and Trowbridge conurbation only.

The SOC proposes that the CCG will support appropriately designed and equipped community facilities aligned with the local strategic approach to deliver healthcare by population and area (as outlined in Figure 3 below). This approach will provide:

A hospital hub to provide services that would traditionally be part of a community hospital, the key element of which would be an inpatient facility. The 24/7 inpatient facility differentiate the hub from other community facilities. Other services could include:

- Outpatients
- Diagnostics (type of diagnostics to be defined)
- An urgent treatment centre and GP same day access centre
- Maternity services
- Some office accommodation that is required to be co-located with clinical services

A spoke community site is intended to deliver community healthcare services on an outpatient basis, it may include:

- Outpatients
- Diagnostics (type of diagnostics to be defined)
- An urgent treatment centre and GP same day access centre
- Maternity services
- Some office accommodation that is required to be collocated with clinical services

Urgent treatment centre and GP same day access centres which is open 7 days per week, 12 hours per day, offering same day appointments with a GP or other healthcare professional who have access to diagnostics. It can be aligned with GP out of hours services, minor injury units and other community services or within a GP practice if appropriate.

Improved access to primary care refers to GP services for the purposes of this SOC. It does not assume a separate building is required, only the space to deliver primary care services. It does not define or exclude the delivery of services by other health service providers from this facility on a sessional basis.

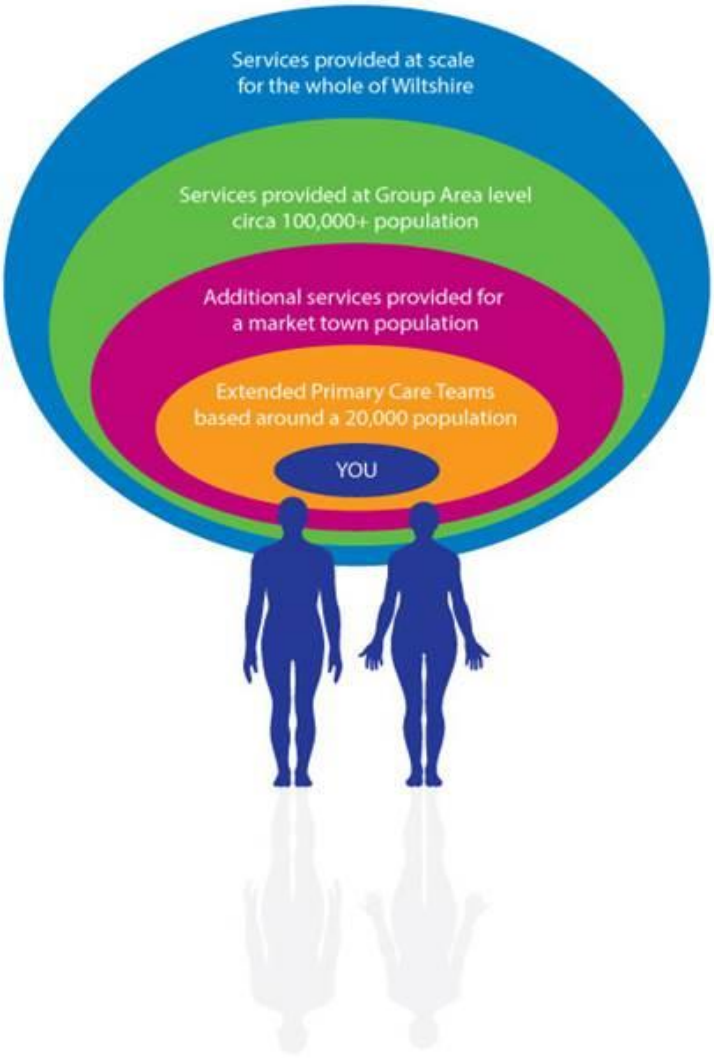
The reconfiguration of services will allow for the co-location of primary, community, acute secondary care and mental health services, with potential to include further services moving out of acute settings in future. Co-locating services and delivering care close to home would have a benefit for the population of North West Wiltshire by improving access and efficiency. These priorities align with key national and local strategies, including:

- *B&NES, Swindon and Wiltshire Sustainability and Transformation Partnership* (STP)
- *Five Year Forward View* (2014) and *Next Steps on the NHS Five Year Forward View* (2017)
- *GP Five Year Forward View* (2016)

- *NHS Outcomes Framework 2016/2017*

Figure 1, from the Wiltshire CCG Vision, outlines the vision for how services will be structured, based on area and size of population served and will be centred on the patient.

Figure 3 Healthcare services by population and area, from Wiltshire CCG Vision



The redevelopment of community hospitals will contribute to this vision by making sure services are provided based on the level of need within the population. This will help by improving access, allowing better co-ordination, and bringing care closer to home.

In addition to the alignment with key national and local strategies, there are clear benefits of the redevelopments, not only for the sustainability of the local health economy but also to staff and patients. These include, but are not limited to, the following:

1. Improved quality of care by developing greater efficiencies in the patient pathway through improvements in clinical adjacencies, ensuring an improved patient experience
2. People will be treated and cared for in high-quality, fit-for-purpose buildings.
3. Alignment with, and incorporation of, best practice in clinical service delivery
4. Cost effective estates running costs as a result of a fit-for-purpose modern estate
5. Future-proofing services in order to meet the growth in demand and changing patient need

The investment objectives for this SOC align with the CCG strategic objectives and are described as follows:

Table 1 Investment objectives

No.	Title	Description
1.	**Improved clinical effectiveness**	• Aligns with CCG's operational plan and commissioning priorities. • Aligns with the GP Five Year Forward View and the development of urgent treatment centres • Aligns with Sustainability and Transformation Partnership (STP):
2	**Supports delivery of sustainable primary care services**	• Provides the required space for primary care services in the locality based on population growth. • Supports the 2017/18 plan for the development of urgent treatment centres • Reduces unscheduled hospital attendances
3	**Supports delivery of sustainable community services**	• Enables the delivery of community services close to patients' home. • Provides estate that is fit for purpose • Reduces unscheduled hospital attendances
4	**Improved patient experience**	• Enable patient to receive care close to home • Improves local community access to healthcare
5	**Makes best use of public estate**	• Ability to deliver services by population and area. • Supports sustainability of primary and community services in North West Wiltshire
6	**Quality**	• Enables clinical care to be delivered in estate that is fit for purpose • Supports the delivery of high quality, effective service delivery in the community
7	**Achievability**	• Provides a solution to estates priorities • Provides a solution that can be delivered within the STP programme timescales

1.2.2 Strategic Case Summary

For the above strategic priorities and benefits and by addressing the demographic challenges, there is a clear case for the redevelopment of community hospitals in Chippenham, Melksham and Trowbridge. The sites are not fit for purpose and do not support clinical transformation. The redevelopment will make a positive contribution to sustaining the transformation envisaged in the CCG Strategy and the STP well in to the future.

The SOC seeks approval for the preferred way forward to develop community and primary care estate that is fit for purpose and delivers sustainable healthcare in a way that reduces reliance on secondary care.

1.3 Economic Case

The Economic Case details the range of options which were considered as potential solutions. This section summarises the approach taken to identifying a preferred way forward to be reviewed further at OBC stage.

A meeting was held with key stakeholders from the CCG commissioning team in February 2017 to discuss the Critical Success Factors (CSFs) that would form the basis of the evaluation of the long list of options: The CSFs, developed by the Department of Health, are as follows:

- **CSF1 – Business needs** – how well the option satisfies the existing and future business needs of the organisation
- **CSF2- Strategic fit** – how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies
- **CSF3 – Benefits optimisation** - how well the option optimises the potential return on expenditure, business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation), and assists in improving overall VFM (economy, efficiency and effectiveness)
- **CSF4 – Potential achievability** – the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). This also includes the organisation's ability to engender acceptance by staff
- **CSF 5- Supply side capacity and capability** – the ability of the market place and potential suppliers to deliver the required services and deliverables
- **CSF6 –Potential affordability** – the organisation's ability to fund the required level of expenditure- namely, the capital and revenue consequences associated with the proposed investment.

These CSFs, alongside the investment objectives as shown in Table 1 and the benefit criteria (Table 13) were used to evaluate the long list of fourteen options in a 'non- financial' assessment by stakeholders during the scoring workshop.

Each of the benefits criteria fell into one of five categories which were weighted:

1. CCG Strategy Fit (25%)
2. Supports delivery of primary care services (20%)
3. Supports care closer to home (20%)
4. Quality (20%)
5. Achievability (15%)

Stakeholders considered 14 options (detailed in the Economic Case) as part of the long list, these ranged from 'Do Nothing' to options which considered different configurations of a hub, spokes and urgent treatment centres. All options except for 'Do nothing' included developing primary care to provide additional capacity. The full details of each option can be found in the main Economic Case section.

During the workshop to score the long list against 'non-financial' criteria it became clear that Option 11 came with the highest score. This remained the case when the weightings were equalised and reversed. Table 2 shows the rank for each option including when the weightings were equalised and reversed.

Table 2 Options and rankings

Option	Rank (based on weighted score)	Rank (weightings are equal)	Rank (weightings are reversed)
11	1	1	1
10	2	2	2
14	2	2	2
7	4	4	4
9	4	4	4
13	4	4	4
12	7	7	7
5	8	8	8
6	9	9	9
8	10	10	10
2	11	11	11
3	12	13	13
4	13	12	12
1	14	14	14

Following the 'non-financial' scoring of the long list of option by the stakeholders, a short list of eight options was taken forward to be costed (Table 3).

Table 3 Options for financial appraisal

Shortlisted Options	Non Financial Assessment		Total Capital Cost		Relative Value For Money	
	Weighted Score	Express as an index with option 12 as base of 100	Capital Cost (£000)	Express as an index with option 12 as base of 100	Relativity	Ranking
Option 7	3.02	104	51,755	104.54	0.996	6
Option 9	3.02	104	56,755	114.64	0.908	7
Option 10	3.85	133	56,326	113.77	1.167	2
Option 11	3.90	134	51,960	104.95	1.281	1
Option 12	2.90	100	49,509	100.00	1.000	5
Option 13	3.02	104	51,326	103.67	1.005	4
Option 14	3.85	133	56,960	115.05	1.154	3

The scoring for the finance section has taken the cheapest option in terms of capital cost (Option 12) as the baseline.

Based on the relative value for money, outlined in the right hand column in Table 3 Options 7 and 9, scored the lowest and are therefore ruled out as they offer less value for money against the cost of the schemes. Option 12, is the least preferred non-financial option and is ranked fifth for value for money so it has been excluded at this point. It was demonstrated that Option 13, ranked fourth, also delivers very little value for money.

This appraisal leaves three options for shortlisting as the preferred way forward: Options 10 (ranked second), 11 (ranked first) and 14 (ranked third). These options all offer a way forward that provides a three site solution. Options 10 and 14 are the most expensive in terms of capital costs and were therefore for this reason and the potential for inefficiencies in clinical delivery and estate.

The preferred way forward is therefore Option 11. It scored highest both in terms of value for money and the non-financial assessment. This option offers the most flexibility as it offers two sites for community services in line with services by population. It also provides three sites for urgent treatment centre services which was considered a high clinical priority.

Table 4 Summary of gross estates revenue costs (including capital charges)

*1**	*2,694,085*	*No*
7	*4,493,930*	*No*
9	*4,783.362*	*No*
10	*4.737,462*	*No*
11	*4,385,565*	*Yes*
12	*4,194,953*	*No*
13	*4,348,613*	*No*
14	*4,774,414*	*No*

**Option 1 represents 'Do nothing' and is included for comparison of cost. The costs used relate to the current costs of space currently utilised by services in the community hospital buildings in Chippenham, Melksham and Trowbridge. A breakdown of costs by hospital site can be found in Table 12*

1.4 Commercial Case

Procurement strategy

The Project Programme is intended to deliver the project in line with the 2021 strategic transformation plan timescales.

For the purposes of the SOC it is assumed that the schemes will be developed using what is commonly referred to as the "traditional procurement" approach. This is purely indicative at this stage for the purpose of making high level assumptions around cost and programme in other sections of this SOC.

The actual procurement route for the individual projects that follow this SOC will be subject to further analysis at Outline Business Case (OBC) stage. Traditional procurement involves the client directly appointing the full design and professional team who fully develop the design and procurement documents. The scheme or schemes would then be tendered using OJEU procurement rules, commissioning a contractor that fulfils the requirements of the tender specification

After the CCG started the Strategic Healthcare Planning and Strategic Outline Case, Trowbridge secured £3.8 million of Estates and Technology Transformation Funding (ETTF) (subject to due diligence) for the development of primary care services in the town.

The ETTF funding is time limited to March 2019 and due to the time limited nature of the funding the Trowbridge project is underway before the SOC can be completed.

The Trowbridge ETTF project is being developed to incorporate the activity currently undertaken at Trowbridge Hospital. The assumption is that all services (including maternity, subject to a RUH Foundation Trust approval) will be re-provided within the new development. There will also be an opportunity to incorporate more services in the future as required to meet the needs of the local population; this will be determined at a subsequent business planning stages. Further work is underway to assess what activity may move from acute secondary care as part of this project. Funding for the non ETTF funded elements of the scheme is to be determined. Once the new facility is operational it is the intention to close and dispose of the current Trowbridge hospital site.

The CCG Governing body are requested to decide the way forward for this project. Should the Trowbridge ETTF development proceed with the current remit it is an assumption that it would become the spoke site for a hub built at either Chippenham, Melksham.

1.5 Financial Case

The purpose of this section is to set out the forecast financial implications of the preferred options as set out in the Economic Case.

The capital costs were calculated based upon the overall space requirements for each option which was costed using the standard BCIS construction cost rate of £3,333 per m^2 for Community Hospital based development and £2,550 per m^2 for Primary Care based developments. This base construction cost figure has been supplemented to allow for a provision for fees (15%), equipment (20%), and VAT (20%). An estimate of the total estimated capital costs can be found in table 5 below.

Table 5 Capital costs

Capital Costs	Option 7 £'s	Option 9 £'s	Option 10 £'s	Option 11 £'s	Option 12 £'s	Option 13 £'s	Option 14 £'s
Construction costs @ £3333 or £2550 per m^2	32,550,369	35,695,054	35,425,216	32,679,501	31,137,988	32,280,531	35,824,186
Fees (@15%)	4,882,555	5,354,258	5,313,782	4,901,925	4,670,698	4,842,080	5,373,628
Equipment, IT and Furniture (@20%)	6,510,074	7,139,011	7,085,043	6,535,900	6,227,598	6,456,106	7,164,837
VAT (assume no VAT on fees)	7,812,088	8,566,813	8,502,052	7,843,080	7,473,117	7,747,327	8,597,805
Total cost	**51,755,086**	**56,755,136**	**56,326,094**	**51,960,406**	**49,509,401**	**51,326,044**	**56,960,456**

The revenue costs are calculated from the floor areas identified in Table 20 and are costed using the average costs for estates-related services for community trusts taken from ERIC data for 2015/16. This has been adjusted for inflation.[1]

Table 6 Revenue costs

Facilities Costs	Option 7 £'s	Option 9 £'s	Option 10 £'s	Option 11 £'s	Option 12 £'s	Option 13 £'s	Option 14 £'s
Hard FM services	366,427	399,351	392,509	359,794	343,654	359,584	392,718
Soft FM services	586,645	639,357	628,403	576,026	550,187	575,691	628,738
Maintenance	289,710	207,391	203,838	186,848	178,467	186,739	203,947
Total FM costs	**1,242,782**	**1,246,099**	**1,224,750**	**1,122,668**	**1,072,308**	**1,122,015**	**1,225,403**
Financing Costs	**Option 7 £'s**	**Option 9 £'s**	**Option 10 £'s**	**Option 11 £'s**	**Option 12 £'s**	**Option 13 £'s**	**Option 14 £'s**
Depreciation	1,150,113	1,261,225	1,251,691	1,154,676	1,100,209	1,140,579	1,265,788
Rate of Return	1,811,428	1,986,430	1,971,413	1,818,614	1,732,829	1,796,412	1,993,616
Total Financing Costs	**2,961,541**	**3,247,655**	**3,223,104**	**2,973,290**	**2,833,038**	**2,936,990**	**3,259,404**
Total Revenue Costs	**4,204,323**	**4,493,754**	**4,447,854**	**4,095,958**	**3,905,346**	**4,059,005**	**4,484,807**
Community Admin Rented Property Costs	**289,608**	**289,608**	**289,608**	**289,608**	**289,608**	**289,608**	**289,608**
Total Revenue Costs (incl Community Admin)	**4,493,930**	**4,783,362**	**4,737,462**	**4,385,565**	**4,194,953**	**4,348,613**	**4,774,414**
				Shortlist	Shortlist		Shortlist

[1] Actual costs might be different due to changes in market rents and as properties now come under NHS Property Service management

The FM costs identified above can be compared to the existing FM revenue costs incurred by the three community hospitals.

Table 7 Current FM revenue costs[2]

Community Hospital	£000's
Chippenham	1,583,409
Melksham	607,265
Trowbridge	503,410
Total	**2,694,085**

This comparison demonstrates an indicative increase in revenue costs of £1,691,480 for Option 11 to £2,080,329 for Option 14 (the most expensive option shortlisted). This additional cost is in respect of delivering the requirements of the Strategic Healthcare review and primary care modelling for space requirements.

With the exception of Options 7 and 9 there is no material difference between the options in terms of revenue, therefore these cannot be judged to have a material impact on choosing between the five lowest cost options.

Compared to the CCG's overall revenue allocation of £667m and expected annual growth over the next few years of £14m p.a.[3], this level of investment to develop community hospital provision is relatively small and is affordable. The investment will provide an infrastructure to support future sustainability of services.

This programme does not as yet take into account savings to be achieved either from the re-use and/or disposal of existing accommodation nor from savings to be achieved from the implementation of an out of hospital model of care. These savings will be identified as part of the development of the Outline Business Case following finalisation of agreed models of care and service location.

Sensitivity

The key sensitivities are to ensure capital costs remain affordable. Partial funding has already been approved for primary care services in Trowbridge through ETTF (subject to due diligence) which will be considered in the wider context of this SOC.

Other sensitivities are potential changes in activity, however assumptions have been made that current activity will grow in line with demographic and growth forecasts to 2026 in line with local STP calculations (6.6%) for current services. No activity shift from secondary care

[2] Actual costs might be different due to changes in market rents and as properties now come under NHS Property Service management

[3] NHS England Revenue Allocation Paper

to community has been assumed in this SOC. More detailed work will be undertaken which will be used to inform the OBC stage.

Value for Money

Value for money tests have been applied using a tried and tested methodology:

- Utilising the non- financial assessment scores to represent the benefits derived from each option
- Utilising the total capital cost to represent costs
- Expressing both of these as an index with a base of 100 assigned to the lowest cost option
- Calculating the relative benefit over cost for each option can then be done
- Ranking options in accordance with relative benefits

Option 11 comes out as the clear leader based on the fact that for an additional 4.95% capital investment (compared with the lowest cost option, Option 12) it achieves 34% greater benefits offering value for money when compared against the relative value for money in Option 12, the lowest cost option.

Table 8 Value for Money

Shortlisted Options	Non Financial Assessment		Total Capital Cost		Relative Value For Money	
	Weighted Score	Express as an index with option 12 as base of 100	Capital Cost (£000)	Express as an index with option 12 as base of 100	Relativity	Ranking
Option 7	3.02	104	51,755	104.54	0.996	6
Option 9	3.02	104	56,755	114.64	0.908	7
Option 10	3.85	133	56,326	113.77	1.167	2
Option 11	3.90	134	51,960	104.95	1.281	1
Option 12	2.90	100	49,509	100.00	1.000	5
Option 13	3.02	104	51,326	103.67	1.005	4
Option 14	3.85	133	56,960	115.05	1.154	3

Affordability

Affordability has been assessed by using the net additional revenue costs (including the costs of servicing capital expenditure). This takes into account that any services transferring from existing space will release space for alternative use or disposal, thus producing savings that can be utilised to offset the gross revenue costs. These savings have been costed using average FM running costs for community trusts from ERIC returns.[4] At this stage we do not know specifically which estate will be vacated. This will be further developed at Outline Business Case stage as service delivery models and specific locations become known. Therefore any revenue costs included only relate to either new services or additional space requirements.

There will be additional NHS resources required to deliver the projects to ensure robust progression to OBC. Following approval at SOC the additional resources will be scoped and will include, (but may not be limited to), project director, project manager, departmental

[4] Actual costs might be different due to changes in market rents and as properties now come under NHS Property Service management

leads, facilities management, infection control, fire safety, commissioning and CCG communications

1.6 Management Case

Delivering schemes that are aligned to the strategic drivers is an integral part of the Wiltshire CCG strategic plan to deliver care close to home in estate that is fit for purpose. The first stage of this has been a strategic healthcare planning (SHP) review of the current primary care and community facilities and activity and delivery analysis. This has resulted in the development of this strategic outline case (SOC), which, if approved, will be followed by a programme of projects to take forward individual projects across Chippenham, Melksham and Trowbridge.

The SHP and SOC for Chippenham, Melksham and Trowbridge have been managed by Wiltshire CCG. The project is intended to drive forward and deliver the outcomes and benefits of the strategic healthcare planning for Chippenham, Melksham and Trowbridge from a preferred way forward to implementation of models of care. Fundamental to this work is the development of estate to support service delivery that is fit for purpose and meets future activity requirements.

In order to ensure accountability, a reporting structure for each project work stream within the programme will be implemented at OBC stage, this is detailed in the main body of the SOC.

The Trowbridge Primary Care Expansion workstream, links to the work currently taking place to expand and improve access to GP services in Trowbridge where work is underway with the use of ETTF funding.

The delivering future services workstream covers primary, community care and secondary care services across Chippenham, Melksham and Trowbridge. This work will include review of proposed activity changes, confirmation of service requirements, e.g. for specialist dental services and maternity, opportunities for integration between services and potential to move further activity out of the acute setting.

The design of the hub, spoke and Urgent Care Treatment Centres (UCTCs) builds on the schedules of accommodation to ensure that any new buildings and spaces offer best use of space, taking into consideration adjacencies, patient flows, access, and capacity planning.

1.7 Recommendation

The CCG Governing body is asked to:

- Approve this Strategic Outline Case for Chippenham, Melksham and Trowbridge recommending the preferred way forward; for one community hub, one community spoke and three urgent treatment centres, alongside development of primary care to increase capacity. The preferred way forward will provide three community venues. The detail of what is delivered from each area will be explored further in more detail at the outline business case.
- Approve the projects identified in the preferred way forward to proceed to Project Initiation Document (PID) stage.
- Make a decision on the way forward for Trowbridge primary care development in light of the preferred way forward within this SOC.
- Approval to proceed with the follow up actions summarised in Appendix 5 and implement work streams for Chippenham, Melksham and Trowbridge. Where appropriate, individual project work streams will include wider North West Wiltshire when developing the Outline Business Case.

Signed: .....

Senior Responsible Officer

Date: .....

Senior Responsible Officer
Wiltshire CCG

2 The Strategic Case

2.1 Introduction

This Strategic Outline Case (SOC) is intended to establish the need for investment in the North West Wiltshire estate to support the sustainable delivery of community and primary care services. The SOC appraises the main options for the delivery of these objectives.

It will include developing capacity within primary care in line with demographic growth for the areas. It is intended to demonstrate how the need for investment aligns with the CCG strategy to develop a community based out of hospital model and support the sustainable delivery of community and primary care services.

2.2 Purpose of the Strategic Outline Case

Wiltshire CCG commissioned a strategic healthcare planning (SHP) review of the current primary care and community facilities including an analysis of activity and demand. This review has resulted in the development of the SOC, which sets out the case for redevelopment of the community hospital sites in Chippenham, Melksham and Trowbridge. It is intended to support the transformation of services which are delivered from these community hospital sites and the surrounding primary care facilities.

The purpose of the Strategic Outline Case (SOC) is to:

- Establish the case for change, the need for the investment; and,
- Provide a recommended or “preferred” way forward for primary care and community services in North West Wiltshire.

The SOC will provide the initial approval to proceed with the project. It should be noted at this stage the SOC presents a preferred way forward and not a preferred option. It indicates a direction of travel, following the initial assessment of the long list of options and enables the CCG to undertake wider analysis, consultation and stakeholder engagement.

The SOC provides:

- An early opportunity for the CCG and key stakeholders to consider the strategic healthcare priorities and influence the strategic direction for primary and community service delivery;
- A basis for decision making by reaching agreement on a preferred way forward.

The SOC has been produced in accordance with the principles of the Five Case Model, recommended by HM Treasury for the preparation of business cases. This SOC and the subsequent business case process combine to fulfil the five case model, which is defined as follows:

- **Strategic Case**; this describes the strategic context and the case for change, together with the supporting investment objectives for the project
- **Economic Case**: this demonstrates that the organisation has selected a preferred way forward, which best meets the existing and future needs of the service and is likely to optimise value for money (VFM)
- **Clinical Quality Case**: this describes the compliance of the proposed investment to the Clinical Quality Review Framework (to be covered at OBC stage)
- **Commercial Case**: this describes the planned procurement methodology
- **Financial Case**: this assesses the funding arrangements and affordability and the impact on the Trust's balance sheet
- **Management Case**: this demonstrates that the project is achievable and can be delivered successfully in accordance with accepted best practice.

This document represents the first step in any proposal that involves major capital investment. It aims to set the strategic need, the context of the case for change, and to elicit the support of all associated stakeholders.

It is for subsequent business case stages to revisit the outcome of this SOC in more detail and to identify a preferred option which demonstrably optimises value for money. Such documents will also define the likely deal; demonstrate its affordability; and detail the supporting procurement strategy, together with management arrangements for the successful rollout of the schemes.

The following is the proposed route for SOC document review, challenge and approval.

Table 9 Proposed programme for document review

Circulate draft sections of the SOC	8-10th May
Revisions and iterations	10th -12th May
Final draft to CCG for comments	12th May
Approval by CCG project lead	17th May
Draft SOC submitted to CCG governing body for comments	23rd May 2017
SOC update following comments from governing body	June 2017
SOC submitted for approval by CCG Governing body	July 2017

3 Strategic Context

The purpose of this section is to explain how the scope of the proposed project fits within the existing business strategies of Wiltshire Clinical Commissioning Group (CCG) and the local demographic context.

The strategic context provides a compelling case for change, based on the current information available regarding the evolving service delivery strategy and models of care for community services across Wiltshire. The SOC provides high level information in terms of the existing and known future operational needs of the CCG and future demand on services. This ensures that the proposed way forward with regard to estate will enable changes to be implemented over time to transform the way community and primary care services are delivered.

3.1 Organisation Overview

CCGs were created following the Health and Social Care Act in 2012, replacing Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

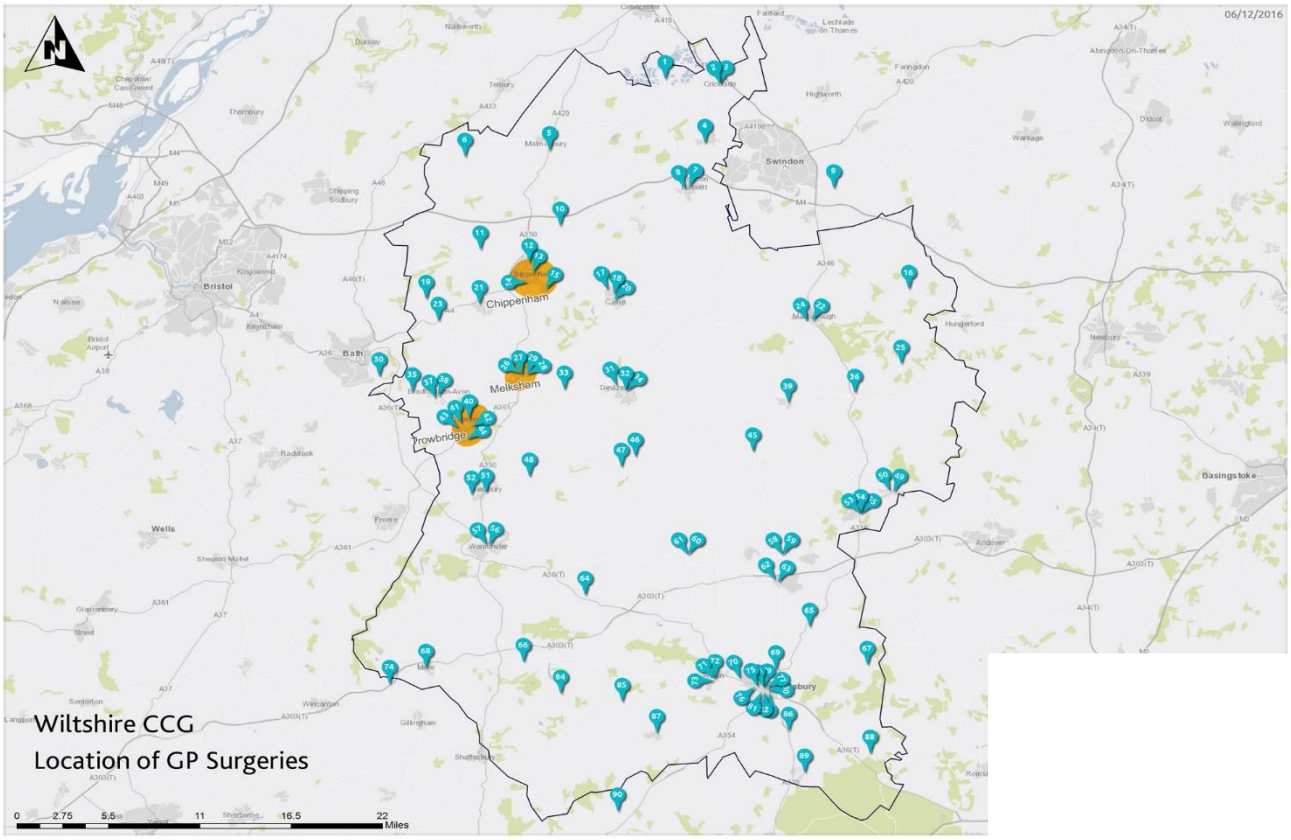
Wiltshire is a Clinical Commissioning Group co-terminus with Wiltshire County Council, consisting of 3 'locality' groups which reflect the demography and geography of the county. The CCG operates with a health budget in 2017/18 of £667m.

Wiltshire residents access healthcare from a range of providers, including:

- 54 GP practices in Wiltshire, 11 of which support the local population of Chippenham, Melksham and Trowbridge.
- Three acute hospitals, Royal United Hospital NHS FT, Great Western Hospital NHS FT, and Salisbury NHS FT
- One adult services community provider, Wiltshire Health and Care
- One adult mental health provider, Avon and Wiltshire Mental Health Partnership NHS Trust
- One child and adolescent mental health provider, Oxford Health NHS FT
- One out of hours (OOH) provider operating across the CCG area, Medvivo
- Children's community services, Virgin Health

Figure 2 below shows the location of GP practices in Wiltshire, highlighting the towns of Chippenham, Melksham and Trowbridge. The map shows that in these towns there are a number of GPs concentrated in these areas, however there are a number of GPs in the surrounding towns of Devizes, Calne and Bradford-on-Avon, as well as GP surgeries in much more rural locations.

Figure 3 Wiltshire map and location of GP Practices



3.2 Demographics and Epidemiology

Wiltshire Council is one of the largest unitary authorities in England. The authority's area covers approximately 1,257 square miles and has a population of approximately 486,100[5], people.

Wiltshire has been one of the fastest growing populations in the country. Since 2001, the level of population growth has been above the national average. The 2011 census anticipates that Wiltshire has a population that is projected to rise to 510,300 by 2026 a growth of 18.1%. Only 10% of the population growth is anticipated to be people under 65. Current population forecasts an overall population growth in Wiltshire of 6.6% in 10 years. Trowbridge, in particular, is anticipated to see a population growth of 27%, higher than the county average.

The 2016 joint strategic assessment estimates that between 2014 and 2023 the number of people living in Wiltshire aged over 65 will increase by a 25% and the over 85 population is predicted to grow the fastest, by one third.[6]

The Wiltshire population is older than the England average, in Wiltshire there are 0.8% more people aged over 75 years than the national average. This gap is expected to widen because the population of people aged over 65 is growing at a faster than average England rate; between 2016 and 2026 there will be a 27.3% increase in the number of those aged 65 and

[5] Wiltshire council ONS data 2015 (provided by council)

[6] Wiltshire Joint Strategic Assessment, 2016, http://wiltshirejsa.org.uk/key-issues/older-people/

over, compared to the England average of 26.6%. People over 65 years old will account for 22.5% of the total Wiltshire population in 2025/2026 (compared to 18.9% at present).[7]

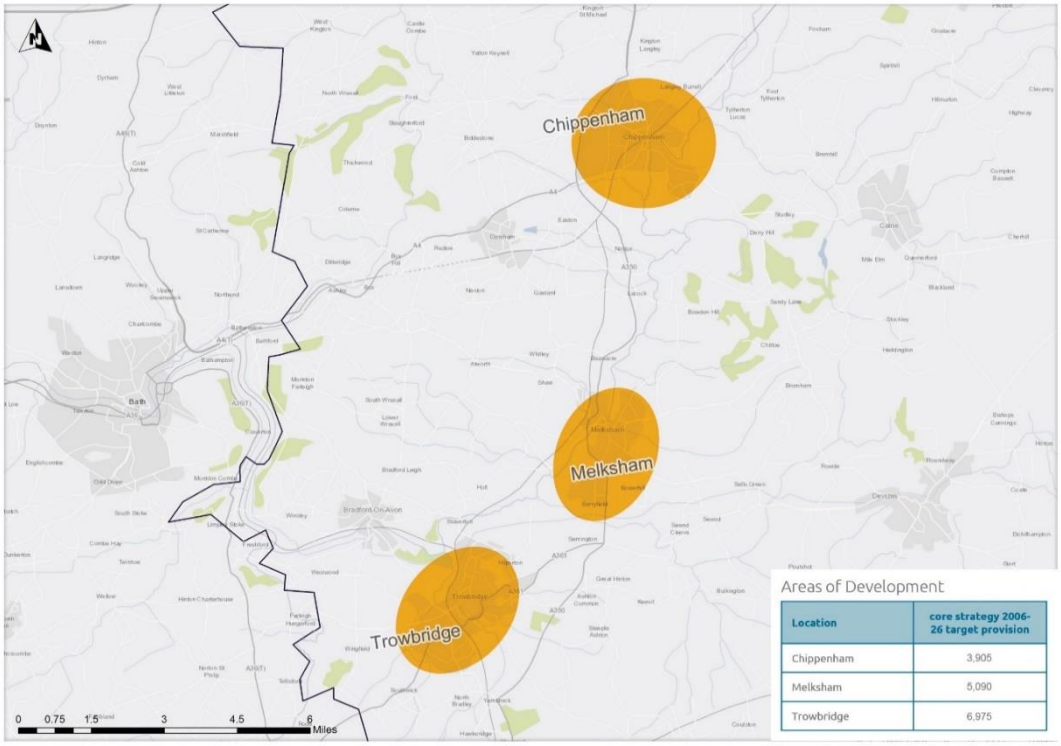
Table 10 Projected population growth 2016-2026

Area	Population 2016	2026 Population excluding housing	Population increase between 2016-2026	Number of houses planned 2016-2026	Population growth due to new housing 2016-2026	Total population 2026	% increase between 2016-2026
Chippenham	45,875	46,787	912	5,425	10,308	57,095	24%
Melksham	29,500	31,538	2,038	961	1,826	33,364	13%
Trowbridge	44,071	48,442	4,371	4,034	7,665	56,107	27%

In addition to the anticipated demographic growth there are also a number of housing developments planned around the Chippenham, Melksham and Trowbridge area which will further increase the population. As part of the strategic healthcare planning process identified proposed housing developments have been included (as known in December 2016).

[7] http://www.intelligencenetwork.org.uk/population-and-census/

Figure 4 Wiltshire map known housing development numbers by area



According to the Wiltshire JSA for Health and Wellbeing, although Wiltshire will have an aging population, many retired people will live well and will continue to contribute to their communities for many years.[8] However, for some there may be barriers which prevent them from accessing services, whether these are through poor finances, health or lack of transport. With increasing numbers of pensioners living alone and in deteriorating health, there will be enormous pressure on public sector resources to care for older people in the future.

3.3 National Strategic Context

When commissioning healthcare services for the Wiltshire population the CCG considers the national strategic priorities and their implications for local healthcare and health outcomes. There are a number of national policies and initiatives which are driving changes to both models of care and delivery of healthcare and these will directly influence the redevelopment of the community hospitals in Chippenham, Melksham and Trowbridge.

8 http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjr3LfgvPLUAhWGBsAKHbFoCjwQFggqMAA&url=http%3A%2F%2Fwww.intelligencenetwork.org.uk%2FEasysiteWeb%2Fgetresource.axd%3FAssetID%3D52828%26servicetype%3DAttachment&usg=AFQjCNGM5ha47XRjGDB2l9hohqdMfVcY-A

Sustainability and Transformation Partnerships (STPs)

In December 2015 the NHS shared planning guidance outlining a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England are producing a multi-year STP, showing how local services will evolve and become sustainable over the next five years. The aim is to deliver the vision set out in the Five Year Forward View of better health, better patient care and improved efficiency. The plans are based on local populations and their needs within local health and care systems.

In January 2016 44 STP 'footprints' were formed across the country. Each STP is made up of local health and care organisations and has a leader from one of these organisations. The organisations within these geographic footprints, both commissioners and providers, will work together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes in the longer-term.

Wiltshire sits within a geographical footprint that includes Bath and North East Somerset and Swindon. The local STP describes how health organisations, local authorities and other key stakeholders will work together over the next five years to deliver a shared vision to improve service quality, improve the health and wellbeing of populations across BaNES, Wiltshire and Swindon, and deliver financial stability.

Five Year Forward View October 2014

The 'Five Year Forward View' (FYFV) is NHS England's vision for the future of NHS services based around new models of care. The document sets out a clear direction for the NHS, identifying the need for ongoing change and what services should look like. It discusses the development of new partnerships across health, social care and local communities in order to deliver these new models of care. The Five Year Forward View stresses the need to integrate health and social care through the Sustainability and Transformation Partnerships (STPs).

The FYFV states that only through a system-wide set of changes will the NHS be sure of being able to deliver the right care, in the right place, with optimal value. This means improving and investing in preventative, primary and community based care.

The changes reflect a need for some services to concentrate care services in one area, with a strong relationship between the volume of patients with specialist requirements and the quality of care. This is derived from higher levels of clinician experience, access to specialised facilities and equipment, and a standardisation of care practices. This will provide opportunity for specialised networks and greater integrated care across communities.

'Next steps on the NHS Five Year Forward View', published in March 2017, reviews progress made to date since the publication of the Five Year Forward View in October 2014 and the changes taking place across five key areas: cancer care, mental health services, GP services, care for older people, improving efficiency, and tackling waste. There are a number of key improvements planned over the next two years, however, priorities which are relevant to this work include:

- Improved access to GP services
- Boosting the number of GPs
- Expanding multidisciplinary primary care
- Modernising primary care premises
- Encouraging integration between organisations to get people out of hospital
- Enhancing NHS 111
- Introducing standardised new urgent treatment centres
- Improving access to mental health services

GP Five Year Forward View April 2016

The 'NHS General Practice Five Year Forward View' (GP Forward View) is significant in that it defines the critical role that primary care must play in the service integration and transformation that will deliver improved outcomes for patients and a sustainable future for primary care.

In particular the GP Forward View highlights:

- The need for investment in primary care infrastructure
- New rules on premises costs to enable NHS England to fund up to 100% of the costs for premises developments, up from a previous cap on NHS England funding of 66%. This will enable practices to work differently without loss of income for delivery of healthcare services.
- Expansion of the workforce capacity in primary care including mental health nurses.
- Increasing face to face time with patients, diverting unnecessary work away from the practice.
- New funding routes for transitional funding support for practices seeing significant rises in facilities management costs in the next 18 months, in leases held with NHS Property Services and Community Health Partnerships.
- Supporting increased use of technology. As part of the transformation programme the use of technology is identified as an area of growth to support more efficient delivery of care. This will include:
    - IT investment to support the take up of online consultation systems in every practice
    - Adopting an intelligent approach to introducing extended access through flexibilities in delivery of the Government's access commitment

    - Enabling integration with out of hours provision, the ability for extended access to boost overall capacity and reduce demand in normal working hours
- Supporting new models of care which require significant changes to the way healthcare is delivered. These will include:
    - Supporting new models of care in vanguard sites, to spread innovative solutions,
    - The development of a voluntary MCP contract for larger GP groups and community health services

In recognition of the need for investment in primary care infrastructure a one-off Estates and Technology Transformation Fund (ETTF) package of non-recurrent investments was made available in 2016/17. Wiltshire has been successful in receiving a funding allocation for a number of projects, one of which is to develop primary care capacity in Trowbridge. This funding was approved following the commencement of the SOC and the implications for those healthcare services have been considered as part of this SOC development.

In addition the GP Forward View recommends reducing the frequency of CQC inspection for good and outstanding practices. This allows practices working well to continue to deliver high quality care whilst continuing to protect patients and drive up quality in other areas.

New Care Model Urgent and Emergency Care Networks

Care in emergency settings is one of the key indicators for measuring NHS performance as a whole. Despite recent improvements in quality and access to emergency services, pressure on services remains; there needs to be a step-change in care to ensure emergency services are able to meet the growing demand for services.

Urgent and emergency care includes a range of services (of which A&E is just one part) with the NHS responding to more than 100 million urgent calls or visits every year.

Over the next five years, the NHS will improve and simplify urgent and emergency services by reorganising and simplifying the system. This will mean:

- Helping patients get the right care, at the right time, in the right place, making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacies, as well as the 379 urgent treatment centres throughout the country. This will partly be achieved by evening and weekend access to GPs or nurses working from community bases equipped to provide a much greater range of tests and treatments
- There will be a more flexible way of making decisions, treating patients; and far greater use of pharmacists.
- Developing networks of linked hospitals that ensure patients with the most serious needs get to specialist emergency centres, drawing on the success of major trauma centres, which have saved 30% more lives of the worst injured.
- A strengthened clinical triage and advice service that links the system together and helps patients navigate it successfully.

Maternity Services

'The Better Births National Maternity Review' (Feb 2016), identified that for women with low risk pregnancies, (second or subsequent), babies born at midwife-led units or at home did as well as babies born in obstetric units, with fewer interventions the chances of transfers in such cases are low.

Four out of five women live within a 30 minute drive of both an obstetric unit and a midwife-led unit, but research by the Women's Institute and the National Childbirth Trust suggests that while only a quarter of women want to give birth in a hospital obstetrics unit, over 85% actually do so.

To ensure maternity services develop in a safe, responsive and efficient manner a number of changes are being made in both the commissioning and provision of services. In addition to increasing the number of midwives, the NHS will:

- Commission a review of future models for maternity units, to make recommendations on how best to sustain and develop maternity units across the NHS.
- Ensure that tariff-based NHS funding supports the choices women make, rather than constraining them.
- As a result, make it easier for groups of midwives to set up their own NHS-funded midwifery services.

Care Quality Commission

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish their findings, including performance ratings. CQC standards apply to hospitals, community and GP services as well as social care services including both public and private organisations.

There are five key questions the Care Quality Commission (CQC)[9] asks about all care services:

[9] http://www.cqc.org.uk/content/five-key-questions-we-ask

In addition, the CQC have implemented an intelligent monitoring approach to give inspectors a clear picture of the areas of care that need to be followed up.

In 2014 the CQC started inspecting general practice services. When planning and designing changes to primary care and community services and estate in North West Wiltshire, services will need to ensure these changes maintain or improve compliance with CQC standards. This is particularly important for primary care where guidance from the CQC suggests they will reduce visits to practices that are assessed as good or outstanding, thus allowing the service to focus on delivery of safe, high quality services.

NHS Outcomes Framework 2016-2017

The Outcomes Framework for the NHS in England 2016/17[10] sets out the business and planning arrangements for the NHS, as well as outcomes and corresponding indicators that NHS England is required to achieve in relation to improvements in health outcomes. The Framework outlines five key domains which are:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

The indicators assigned to each domain provide clear, comparative information to support CCGs, and Health and Wellbeing Boards identify local priorities and demonstrate progress on improving outcomes, as well as delivering public transparency about local health services

3.4 Local Strategic Context

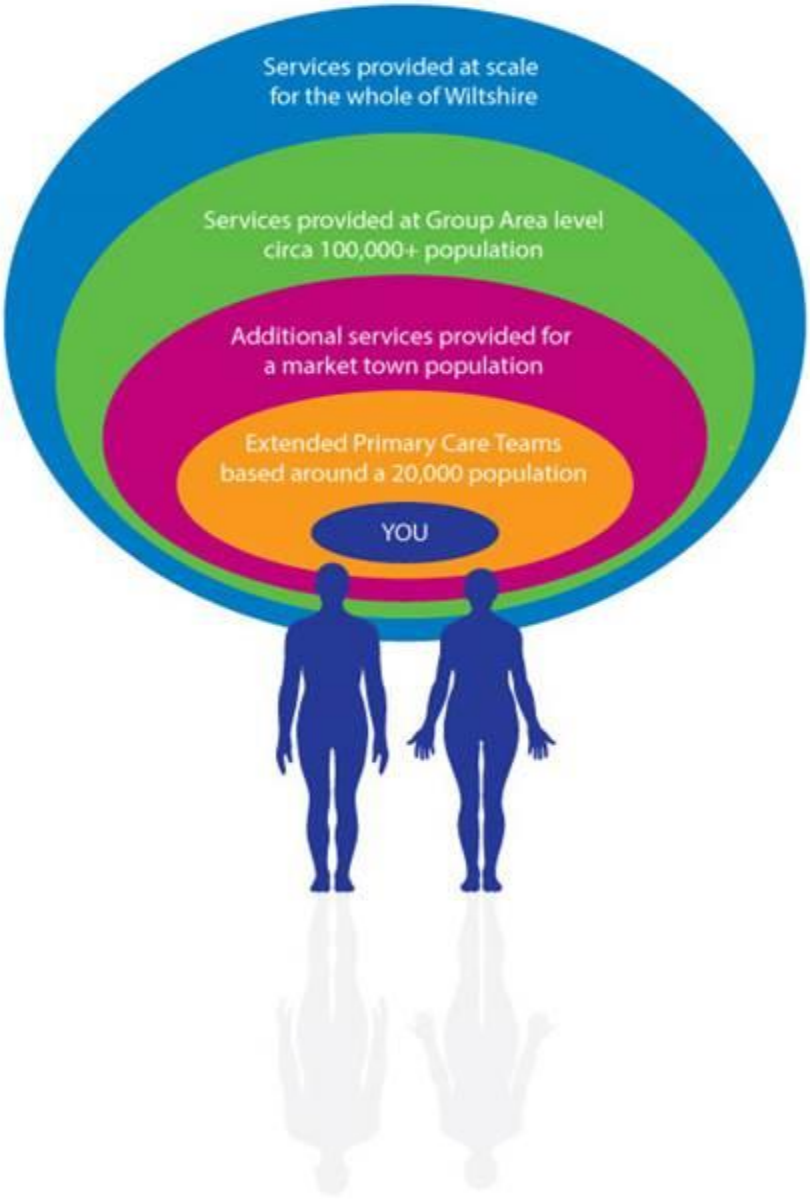
Commissioning Strategies

The Wiltshire CCG strategy is founded on the principle of developing a community-based out of hospital model for patient care. This recognises the need to reduce reliance on acute facilities which will need to downsize over time to remain sustainable. This approach will require a review of current healthcare services to ensure estates development can support the changes in clinical activity across a wide geographical area. Reducing A&E attendances is a priority within the urgent care pathway. In order to support this reduction the approach includes the potential development of small local urgent treatment facilities with capability in line with the GP Forward View. This initiative will require changes to the way in which GPs organise their work and the facilities required to support a sustainable solution.

The diagram below sets out Wiltshire CCG's vision for how services will be structured on the needs of patients for different services depending on population size.

[10] Department of Health (2016, April). The Outcomes Framework 2016 to 2017

Figure 5 Healthcare services by population and area



The Wiltshire CCG strategy will require:

- Care delivered close to home in line with healthcare services by population and area. It is assumed care within the home is part of this approach.
- An increased use of community estate, including community hospitals for intermediate care provision.
- Development of modern, fit for purpose primary care

The SOC development included a number of stakeholder workshops. Stakeholders identified examples of local services that could be impacted by the project and applied them to the principles of service delivery by population and area, depending on the size of population they serve, described in Figure 3. This helped the stakeholders to understand the number and size of services required to meet the needs of the population in North West Wiltshire.

Figure 6 examples of services by population and area

BaNES, Swindon and Wiltshire Sustainability and Transformation Partnership

The STP for BaNES, Swindon and Wiltshire is intended to support the development of sustainable service delivery and address local pressures:

The STP outlines the following ambitions:

- 87% of people attending A&E being will be seen within 4 hours (2015/16 *RUH, GWH & SFT combined).* By the end of 2018 the target will be that 95% of attendances in all NHS Trusts will be within the target (in line with FYFV next steps).[11] Before September 2017 over 90% of emergency patients will need to be treated, admitted or transferred within 4 hours (up from 87% currently being delivered locally).[12]
- Patients should be able to access consultant-led treatment within 18 weeks of referral. The STP area achieved this for 90.8% of patients *(RUH, GWH & SFT combined)*
- If there is no change to how services are delivered, it is anticipated the gap between available income and cost of services will rise to £337m per year by 2020/21

A key theme throughout the local STP is an increased focus on preventing ill health and promoting peoples' independence through the provision of more joined up services in or closer to peoples' homes. The emerging priorities outlined in the plan include:

- More focus on prevention of ill health and earlier intervention
- Transforming Primary Care
- Making best use of technology and our public estate
- A modern workforce
- Improved collaboration across our hospital trusts

This SOC supports the above priorities and CCG commissioning strategies through the work being carried out in Chippenham, Melksham and Trowbridge.

[11] NHS England, Next Steps for the Five Year Forward View, 2017, https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

[12] Ibid.

3.5 Organisational Strategies

Service providers commissioned by the CCG have organisational strategies to direct the approach they use to deliver services. It is important that these strategies can be delivered or developed in line with the preferred way forward for the SOC to ensure deliverability.

3.5.1 Primary care

Primary care services are commissioned by Wiltshire CCG (delegated from NHS England) and are key to any development within the community.

The GP Forward View provides a clear direction of travel for primary care services in Wiltshire. The strategic direction includes the proposed development of the same day GP access model. This will include improved access to primary care, 7 days a week, 12 hours a day with a GP on site to offer same day appointments and supported by access to diagnostics. To do this will require:

- Primary care estate that is fit for purpose
- Adequate facilities to enable delivery of primary care services that will meet the increasing local population (responding to planned housing developments)

3.5.2 Community Service

Adult community services are commissioned from Wiltshire Health and Care. The organisation has a five year transformation programme centred around:

- Healthy independent lives
- A service for primary care which supports primary care in managing the needs of the local population.
- Higher intensity care; offering comprehensive community step up care, whether in a patient's own home, in a community inpatient bed or assessment facility.
- Leading the way; using evidence-based technology to support patient care and collaboration with other healthcare professionals. Implementation of the use of mobile devices planned for 2017 which will reduce the need for clinical staff to start shifts from a central base.
- **Children's community services** have been commissioned from Virgin Health since April 2016. The organisation has a strategic plan to move all community teams from hospital environments into community based rented commercial accommodation that is fit for purpose.
- This will continue to provide three hubs across North West Wiltshire with higher level clinical contacts seen within the hubs supported by four satellite centres within the community (and children's centres and GP practices where required).
- Given the potential timescales for development of any community facilities in North West Wiltshire, the CCG Governing body may wish to review the longer term strategic direction for delivery of children's services in relation to accommodation.

Children and Adolescent Community Mental Health service (CAMHs) is provided by Oxford Health. It is currently co-located with unrelated services and has expressed a desire to be located with other children's services. The service has a single main staff base which is currently located in Melksham, however, there is no strategic rationale for this location.

Oxford Health's strategic priorities include:

- Retaining a specialist base in North West Wiltshire.
- Retain interdependence between administrative and clinical through co-location to ensure clinical safety is retained.
- Building formal partnerships with third parties and voluntary sector will increase the need for group therapy space.
- Exploring the potential to include 12 inpatient beds within a community hospital environment.

Key estates requirements include:

- Access to buildings where the service could work with other children's services
- Fit for purpose estate
- Access to facilities seven days per week
- Access to bookable meeting rooms and training space
- Access to group therapy space
- Access to a medical assessment room as part of the therapy suite for outpatient services. Adjacency will need to be a key consideration as part of any changes to estates facilities.
- Access to a medical assessment room 24/7 (this could be part of the staff base or part of a different community service facility)

The preference for CAMH's services is to be co-located with other relevant services. The key priority is that the service is in an easily accessible location for families to travel to, and have sufficient access to small and large therapy rooms (that do not contain medical equipment),

Community Maternity Services is delivered as part of a maternity service by The Royal United Hospital NHS Foundation Trust.

Maternity services estimate that 20% of births in Wiltshire take place in the community.

This equates to a total of 487 births in Chippenham and Trowbridge (2015/16).

To provide community maternity services in line with the national maternity review: "Better Births," services will need to increase pre and postnatal surveillance, resulting in additional patient contacts/appointments.

The key strategic priorities for maternity services in Wiltshire include:

- Continuing to provide safe maternity-led delivery services in the community
- Providing pre and post-natal care close to home.

The Royal United Hospital NHS Foundation Trust is currently seeking women's views on maternity services in Wiltshire (and its other localities) to inform future service delivery. This information may be used to inform how community services could be delivered in the future to meet the needs of women in North West Wiltshire.

Adult Community Adult Mental Health services are delivered from a number of locations across Chippenham, Melksham and Trowbridge with access to Trust estate more widely within Wiltshire. The current model includes renting space in appropriate locations such as GP practices and health centres and the strategic approach is to continue to provide services within the community and work in partnership with primary care, community and voluntary sector services. There are no anticipated significant changes planned at the time of the SOC. This will require review during the OBC to ensure community space continues to be accessible and where possible opportunities are realised to integrate mental health services with other primary, community and voluntary sector services.

3.5.3 Diagnostics

Diagnostic services are delivered by the RUH Foundation Trust within all three community hospitals. The strategic priorities include:

- Increasing access to diagnostics in the community to reduce waiting times, continuing to provide diagnostics closer to home, and meeting future growth
- Community access to MRI
- Continued local access to mobile breast screening

3.5.4 Out of Hours GP services

The Out of Hours Service provides access to primary care services at night, weekends and bank holidays when GP surgeries are closed. The service in Wiltshire, currently provided by Medvivo, carries out the majority of its activity over the phone or via home visits. This is supported by a small number of clinic rooms in health facilities in Chippenham, Trowbridge and Melksham where clinicians currently see some patients. It is anticipated that going forward there will be a requirement for consultation and examination of clinical rooms in the Chippenham and Trowbridge areas. Access to these rooms could be located in either the hub, spoke or a GP practice. More work will be required on the most appropriate locations during the OBC process.

3.5.5 South West Ambulance Service

South Western ambulance service currently lease a shared room in Chippenham hospital as a standby point (also called social dispatch points). The ambulance service is proposing to refurbish existing station building in Chippenham. Once this is complete there will not be a requirement for a standby point in Chippenham Hospital as a second venue.

Requirement for standby points have been assessed through modelling of resources process across Wiltshire. The outcome of which has identified the need to include a standby point in Melksham to include access to staff and IT facilities.

There are no plans to change any of the current facilities in the Trowbridge area. Strategic plans include investing in an existing site adjacent to the fire station. There are no standpoint points in Trowbridge and no evidence of a requirement for one in the immediate future.

3.5.6 Specialist Dental Services

NHS England commission the following services based at Chippenham Hospital site as part of a wider Wiltshire service. Services delivered in Chippenham include:

- Dental access service. This service ensures that everyone has access to a dentist by offering urgent care, predominantly to people who are not registered with a dentist.
- Special care dental surgery offers a service to individuals who cannot access a high street dentist due to their complexity of need (e.g. physical access, learning disabilities or house bound).

There are no strategic plans to change the delivery model of the service at this time and it is anticipated to continue from the Chippenham site.

3.5.7 Dependencies for future work

Setting the strategic direction for community services requires alignment of a number of changes that may impact on the future Outline Business Case development:

- Approval of ETTF funding and the timescales for delivery of the Trowbridge primary care project is not aligned with the SOC. Implications for CCG decision making to ensure the use of time limited funding will be essential to maximise the benefit to the wider local community.
- Commissioner desire to develop urgent treatment centres and GP same day access centres
- An assumption at this stage that children's community services will not be delivered from community hospital sites in advance of any proposed changes. In addition the SOC recommends a review of the opportunities for co-location of all children's service (in line with the Virgin Health Strategic Estates Plan)
- NHS England review of dental service requirements currently delivered from Chippenham
- Patient views on community maternity services at Royal United Hospital NHS Foundation Trust

3.6 The Case for Change

The ultimate aim of the work in North West Wiltshire is to provide sustainable, fit for purpose, community estate that supports the CCG's strategic direction to provide care close to home and reduce reliance on secondary care services.

Wiltshire CCG currently commissions services that are delivered from poor quality community accommodation. Chippenham, Melksham and Trowbridge all have community hospital buildings that have been adapted over time and are no longer fit for the delivery of modern healthcare. As a result, a number of the buildings are underutilised and the costs to maintain such buildings does not provide value for money.

To do this the CCG will need to address the estates issues to improve the condition and functional suitability of the estate, in line with new models of care.

The health and care partners within the STP footprint need to work together more effectively as a system to deliver efficient estate solutions that are in line with the future model of care. This includes the sharing of property and the sale of land as a way of boosting local economies and promoting development.

In line with delivering care close to home, additional primary care services will be required to serve an ageing population as well as the numbers of people moving into the local housing developments who will require health services. As part of the strategic healthcare planning Capita estimates a 4,000 m^2 GIA requirement by 2026 (detailed in Appendix 1B) across Chippenham, Melksham and Trowbridge in order to manage the demands of the increasing population over the next ten years. Therefore, action is needed in order ensure primary care is sustainable during this period of growth.

3.7 Investment objectives

The investment objectives for this SOC align with the CCG strategic objectives and are described as follows:

Table 11 investment objectives

No.	Title	Description
1.	**Improved clinical effectiveness**	• Aligns with CCG's Operational Plan and commissioning priorities. • Aligns with the GP Five Year Forward View and the development of urgent treatment centres • Aligns with Sustainability and Transformation Partnership (STP):

2	**Supports delivery of sustainable primary care services**	• Provides the required space for primary care services in the locality based on population growth. • Supports the 2017/18 plan for the development of urgent treatment centres • Reduces unscheduled hospital attendances and admissions
3	**Supports delivery of sustainable community services**	• Enables the delivery of community services close to patients' home. • Provides estate that is fit for purpose • Reduces unscheduled hospital attendances and admissions
4	**Improved patient experience**	• Enable patients to receive care close to home • Improves local community access to healthcare
5	**Makes best use of public estate**	• Ability to deliver services by population and area. • Supports sustainability of primary and community services in North West Wiltshire
6	**Quality**	• Enables clinical care to be delivered in estate that fit for purpose • Supports the delivery of high quality, effective service delivery in the community
7	**Achievability**	• Provides a solution to estates priorities • Provides a solution that can be delivered within the STP programme timescales

3.8 Existing Arrangements North West Wiltshire Community Services

3.8.1 Community Hospitals

Community hospitals are defined as “non-specialised hospitals serving a local areas”. North West Wiltshire currently has three community hospital sites of varying sizes delivering a range of services including inpatients, outpatients, diagnostics and mental health as well as some specialist services as well as office accommodation for community teams. Although Melksham and Trowbridge are described as community hospitals as they do not have inpatient facilities they are more akin to health centres.

Chippenham Community Hospital

Chippenham Community Hospital sits on a site of 6.22 hectares. This hospital offers both inpatient and outpatient community services as well as maternity and specialist dental services. The following services are delivered in Chippenham:

- 37 community inpatient beds (Wiltshire Health and Care)
- Continence service (Wiltshire Health and Care)
- Community psychiatric service (AWP)
- Diabetes (Wiltshire Health and Care)
- Health Visiting (Virgin Care)
- Maternity birthing suite and outpatients (RUH)
- Minor Injuries Unit (Wiltshire Health and Care)
- Out of hours GP (Medvivo)
- Outpatients (acute and community services)
- Community Physiotherapy(Wiltshire Health and Care)
- Podiatry (Wiltshire Health and Care)
- X-ray (Royal United Hospital)
- Dental (Great Western Hospital)

Melksham Community Hospital

Melksham Community Hospital sits on a site of 3.53 hectares. It provides outpatient services including some specialised Wiltshire-wide services. The following services are delivered from Melksham:

- Children and Adolescent Mental Health (Oxford Health)
- Diabetes (Wiltshire Health and Care)
- Dietetics (Wiltshire Health and Care)
- Neurology specialists (Wiltshire Health and Care)

- Orthotics (Great Western Hospital)
- Pulmonary rehabilitation (Wiltshire Health and Care)
- Podiatry (Wiltshire Health and Care)
- Adult speech and Language therapy (Wiltshire Health and Care)
- Paediatric speech and Language therapy (Virgin Health)
- Tissue Viability (Wiltshire Health and Care)
- Wiltshire Orthopaedic Network (Wiltshire Health and Care)
- X-ray(Royal United Hospital)
- Wiltshire Wheelchair Service (Wiltshire Health and Care

Trowbridge Community Hospital

Trowbridge community hospital sits on a site of 1.42 hectares. It provides predominately outpatient services but includes a birthing unit. The following services are delivered from Trowbridge:

- Continence service (Wiltshire Health and Care)
- Community psychiatric service (Aon and Wiltshire Mental Health Partnership)
- Diabetes (Wiltshire Health and Care)
- Health Visiting (Virgin Care)
- Maternity birthing suite and outpatients (Royal United Hospital)
- Minor Injuries Unit (Wiltshire Health and Care)
- Out of hours GP(Medvivo)
- Outpatients (Acute and community services)
- Community Physiotherapy(Wiltshire Health and Care)
- Podiatry (Wiltshire Health and Care)
- Speech and Language Therapy (children's and adults)
- Ultrasound, shared with maternity. (Royal United Hospital)
- X-ray (Royal United Hospital)

3.8.2 Community activity

The activity for the community services, provided by the services, is summarised in Appendix 1a and has been used as a baseline to provide high level space requirements for the services to inform the business planning process.

During the activity modelling it was noted that there were some anomalies with the activity data and the space requirements. Room requirements have been rounded up to the full room numbers therefore where a data anomalies do not identify a significant change in room requirements alterations to the schedule have not been included.

CAMH's activity modelling does not reflect the multidisciplinary approach with three or four rooms used at the simultaneously for specific clinics. E.g. eating disorder and family therapy. For this reason the higher room allocation has been included at this stage and will be assessed during OBC when more detailed activity analysis will be undertaken.

3.8.3 Existing Costs

The table below shows the current baseline FM revenue costs for each of the three community hospitals subject to this business case (excluding capital charges).[13]

The figures relate only to estate related costs for each community hospital buildings and only in respect of the space utilised for the delivery of community and primary care (St Damien's) services.

Space currently utilised by Virgin Care has been excluded on the basis that Virgin Health are planning to move these services to be delivered from their own purpose designed accommodation separately. Should this not occur, available options will be reviewed.

As these costs relate to the current provision of services they exclude any primary care related space which is planned to be delivered through this business case but does include space currently utilised for the delivery of MIU services.

Table 12 existing revenue costs

Community Hospital	£000's
Chippenham	1,583,409
Melksham	607,265
Trowbridge	503,410
Total	**2,694,085**

Unscheduled care and GP out of hours service

North West Wiltshire currently has two Minor Injury Units at Trowbridge and Chippenham that see both minor injury and illness of adults and children.

The GP Out Of Hour's service currently uses community hospital accommodation at Melksham and primary care facilities in other towns from 6.30pm-08.00am weekdays and 24hours weekends and bank holidays. The service has said that going forward it will require access to consulting rooms which could be accommodated in either community or primary care facilities in either Chippenham, Melksham or Trowbridge.

Both the Minor Injuries Units and GP Out Of Hour's services have been included in service planning moving forward. More detail will be required once the delivery model is agreed in line with the wider CCG urgent care agenda.

[13] Actual costs might be different due to changes in market rents and as properties now come under NHS Property Service management

Primary Care

Primary care services are commissioned by Wiltshire CCG (delegated from NHS England). In the Chippenham, Melksham and Trowbridge area there are currently 11 GP practices.

Work with primary care is ongoing and will continue in the coming years. Recent changes highlight the following issues and should be addressed as part of future delivery models include:

- GPs are carrying out more complex consultations with older and sicker patients
- GP telephone consultations rates have doubled over the last 4 years
- 1 in 4 appointments could be carried out by another health professional rather than a GP (NHSE)

In addition, there are implications for the workforce within general practice. The 2015 BMA survey identified that:

- 34% of GP's are considering retiring in next 5 years
- 17% of GP's are considering part-time working
- 21% of trainees are considering working abroad
- 2 out of 3 sessional GPs do not want partnership

Whilst this is not local data, they reflect not only the current pressures within primary care but also the long-term risks to service delivery if there are no changes. The STP Summary for BaNES, Swindon and Wiltshire also highlights recruitment shortages and those nearing retirement as particular issues facing GP workforce sustainability.[14]

Specialised Dental Services

Most of the specialist dental services at Chippenham community hospital are provided from a standalone purpose-built facility on the site, however there is also a single dental surgery within the main hospital building.

NHS England are currently reviewing dental services within Wiltshire as a whole and any changes to provision in Chippenham will need to form part of this wider piece of work. For the purpose of the Strategic Healthcare Planning Review it has been assumed that all activity will continue within the dental building only and will not be replaced within any other community development planned for Chippenham, Melksham or Trowbridge although this is subject to further review at OBC.

The current building has potential options for expansion should this be deemed necessary once the wider review is complete.

[14] Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership Summary, Draft (November 2016)

3.9 Business needs

The strategic direction for Wiltshire CCG is to deliver care close to home and to reduce reliance on secondary care services in future. The current service providers express concern with the lack of space to expand their services. In addition, the local population is anticipated to grow by 22.9% from 2016 to 2026 which will increase the demand for local healthcare services across Chippenham, Melksham and Trowbridge.

Community hospital sites have been adapted over time to deliver community services, resulting in an estate that is no longer clinically fit for purpose and is therefore underutilised in some areas. It is crucial to consider the requirement for beds as part of the wider community contract across Wiltshire. There are currently 37 inpatient community beds based on the Chippenham Hospital site. Following guidance from the CCG at the strategic healthcare planning stage, it has been assumed that there will be no change to the total number of community beds. Should the future strategic direction for community inpatient beds change across the county this may need to be reviewed and should be revisited at OBC prior to taking forward any new facility with inpatient beds.

A number of community teams are also based on the hospital sites and require use of office space. It is important that the team bases are located within their working locality to maximise efficient use of staff. However, there is no clinical need for these teams to be based on hospital sites and could alternatively be located in appropriate office accommodation. This is likely to be more cost-effective and avoid taking up valuable clinical space. Further consideration should be given to the services that would benefit from co-location (e.g. all services for children)

3.10 Potential Business Scope

The scope of the strategic healthcare planning element of the project has been to consider the requirements for primary care, those services currently based in the three community hospitals and services which could be potentially accommodated within these locations. It is recognised that as part of the CCG's strategic plans and the STP there will be changes to services over time to meet the changing healthcare needs of the local population. Any proposed schedules of accommodation are high level and intended to offer flexibility for service delivery at this stage.

The potential business scope has been considered as a progression from:

- Do nothing
- An intermediate scope that offers a mixed estate and service delivery solution to support service delivery
- A maximum scope that addresses the range of strategic priorities for community services and additional capacity for primary care with new urgent treatment centres in each geographical area (Chippenham, Melksham and Trowbridge)

The options within these ranges are considered within the economic case.

In addition to the work already underway, partial capital funding (subject to due diligence) has been approved through the ETTF to support further primary care development in Trowbridge.

3.11 Main Benefits Criteria

The SOC examines the benefits criteria associated with each option. Investment into the project will deliver the following high-level strategic and operational benefits. Benefits are expressed as follows:

- CRB cash releasing benefits (e.g. avoided costs)
- Non-CRB non-cash releasing benefits (e.g. staff time saved)
- QB quantifiable benefits (e.g. achievement of targets)
- Non-QB non quantifiable or qualitative benefits (e.g. improvements in staff morale)

The investment objective appropriate to each benefit is highlighted below:

Table 13 Benefits criteria vs investment objectives

Benefit Criteria	Benefits	Investment Objective
Strategic Fit: aligns with primary care five year forward view	QB Non -QB Non-CRB	Supports delivery of sustainable primary care
Strategic fit lines with CCG operational plan	QB Non-CRB	Clinical effectiveness
Strategic fit lines with Sustainability and Transformation Partnership (STP)	CRB QB	Supports delivery of sustainable primary care and community services
Can accommodate the required space for primary care services in the locality based on population growth	CRB QB Non-QB	Supports delivery of sustainable primary care services
Supports the plan for 2017/18 to develop primary urgent care of treatment centres	Non-CRB QB	Supports delivery of sustainable primary care services Reduces unscheduled hospital attendances and admissions
Provides fit for purpose capacity for outpatient consultations and treatment	Non –QB CRB Non -CRB	Supports delivery of sustainable community services Reduces unscheduled hospital attendances and admissions
Improves access to diagnostics	QB CRB	Improved clinical effectiveness
Effective use of estate based on activity requirements	Non –CRB QB	Improved clinical effectiveness makes best use of public estate
Maintains or improves local community access to healthcare	Non-CRB Non-QB	Supports delivery of sustainable community services Improve patient experience

Benefit Criteria	Benefits	Investment Objective
Reduces unscheduled hospital attendances and admissions	QB Non CRB	Improve patient experience improved clinical effectiveness Reduces reliance on secondary care
Provides fit for purpose compliant clinical environment necessary for the delivery of high quality services	Non-CRB Non-QB	Improve patient experience makes best use of public estate
Can be delivered within the timescales aligned with STP programme	CRB Non- CRB Non- QB	Improved clinical effectiveness makes best use of public estate
Offers a solution that is acceptable to key stakeholders and the public	Non-CRB Non-QB	Makes best use of public estate improve patient experience
Provides a solution to estates priorities	CRB QB NON-QB	Supports delivery of sustainable primary and community services makes best use of estate

3.12 Risks

Risks to the strategic healthcare planning have been assessed using the five case model proforma, as shown below. As part of the development of an OBC the CCG will develop and implement a Risk Management Strategy and Plan to ensure risks are managed comprehensively and in an integrated manner. It will continue to use the stakeholder groups established during the SOC process to:

- Support the design and development activities
- Identify risks
- Develop mitigation plans

The CCG will oversee risks and all high scoring risks will be included in the CCG Risk Register Appendix 4:

Table 14 main risks and counter measures

Main Risk	Counter Measure
1. Business Risks • Access to capital • Affordability • Delay	The CCG has initial funding approval through Estates, Technology and Transformation Funding (ETTF). This relates to primary care development only in Trowbridge. Affordability will be managed through innovative design and where necessary value engineering whilst maintaining scope. Development of a communication strategy to support early public and stakeholder engagement. Early Council and Planning engagement linking with STP and one public estate. The CCG is working with NHS Property Services and third party developers for funding options

Main Risk	Counter Measure
2. Design & Development Risks • Specification • Timescale • Change Management • Project Management	On approval of strategic outline case a project board will be set up by the CCG to deliver individual work streams identified. Timescales will be aligned with local Strategic Transformational Plan timescales.
3. Implementation Risks • Local sensitivities and opposition to preferred way forward. • Cost risks	The preferred way forward will require a number of work streams to address issues identified with changing service delivery models. This will include heat maps for current services, travel distances, access and car parking. A communications strategy will be developed and a detailed engagement exercise will take place to ensure that all stakeholders have had the opportunity to discuss the proposed changes. The SOC has based its assessment on all new build and does not include any release of estate. This methodology provides an opportunity to reduce costs during the outline business case as part of a more detailed financial analysis.
4. Operational Risks	The CCG and providers will identify and manage all risks associated with its current service delivery affected by proposed changes. It will work with its project partner to assess and mitigate any risks associated with the construction and commissioning. Operational Policies will be updated in line with agreed service and commissioning changes.

3.13 Constraints

The main constraints affecting the strategic healthcare planning review are:

- Accuracy of community activity data due to systems and service changes over recent years.
- Changes to the measurement model for primary care from a calculation of projected cost to inform space to a space allocation based on list size and increased Health Building Note (HBN) space guidance for individual rooms.
- Community hospital sites must be considered as part of the whole community delivery model.
- Timescales for Trowbridge do not currently fit with delivery of the Strategic Outline Case for Chippenham, Melksham and Trowbridge.
- Timescales for NHS England and providers do not align with strategic healthcare planning process, leaving uncertainty for some elements of service delivery
- Service continuity must be maintained at all times

- Current activity is not a clear indication of future service delivery requirements
- Phasing will need to be considered to facilitate infrastructure change
- Travel times, transport links and access will need to be considered for any service change particularly for public transport.

3.14 Dependencies

The main dependencies affecting the project are:

- Approval of ETTF funding and the timescales for delivery of the Trowbridge project are not aligned with the SOC. Implications for CCG decision making to ensure the use of time limited funding will be essential to maximise the benefit to the wider local community.
- Commissioner desire to develop urgent treatment centres
- Assumptions that children's community services will not be delivered from community hospital sites in advance of any proposed changes. In addition, the SOC recommends a review of the opportunities for co-location of all children's services (in line with Virgin Health strategic estates plan)
- NHS England's review of dental service requirements which are currently delivered from Chippenham
- That a source of capital funding can be identified and the project is demonstrated to be affordable within an affordable financial envelope.

4 Economic Case

The project has been carried out in accordance with Departmental Capital Investment Manuals and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector). This section of the SOC documents the range and development of options that have been considered in response to the potential scope identified in the Strategic Case. It also outlines the rationale for identifying a preferred way forward for further review at OBC stage.

The level of detail will be developed further as part of the detailed design process undertaken during the OBC and FBC. It is fully expected that this work will clarify the requirement and develop the most appropriate solution.

4.1 Definition of community facilities outlined in the options list:

Key to the development of the long list was a consistent use of terminology in relation to healthcare facilities and what is included. The stakeholders agreed the following definitions were appropriate in describing the primary/community healthcare facilities:

Hospital Hub - refers to a facility that provides services that would traditionally be part of a community hospital, the key element of which would be the inpatient beds. It is the inpatient beds that differentiates the hub from other community facilities as it will provide services 24/7. In addition the community hub may include:

- Outpatients
- Diagnostics (type of diagnostics to be defined)
- Urgent treatment centre and GP same day access centre
- Some office accommodation that is required to be collocated with clinical services

Spoke community sites - refers to a healthcare facility which could be open 24/7 and will have outpatient services: it may also include:

- Diagnostics (type of diagnostics to be defined)
- An urgent treatment centre and GP same day access centre
- Some office accommodation that is required to be collocated with clinical services

Urgent treatment centre and GP same day access centres which open seven days a week, 12 hours per day, offering same day appointments with a GP or other healthcare professional who have access to diagnostics. It can be aligned with GP Out Of Hours services, minor injury units and other community services. The centres could be located within a GP practice if appropriate.

Primary care refers to GP services for the purposes of this SOC. It does not assume a separate building is required, only the space to deliver primary care services. It does not define or exclude the delivery of services by other health service providers from this facility on a sessional basis.

Commercial buildings - may be used for administrative space. This offers the opportunity to use rental buildings for clinical team bases, they may have limited clinical facilities (where appropriate).

4.2 Critical Success Factors

Any options taken forward to OBC and FBC stage must meet the strategic direction of Wiltshire CCG and it is therefore essential that options developed at SOC stage meet the Critical Success Factors (CSFs).

A Meeting was held with key stakeholders from the CCG commissioning team in February 2017 to discuss the critical success factors that would form the basis of the evaluation of the long list of options. The CSFs, developed by the Department of Health, are as follows:

- **CSF1 – Business needs** – how well the option satisfies the existing and future business needs of the organisation
- **CSF2- Strategic fit** – how well the option provides holistic fit and synergy with other key elements of National, Regional and Local strategies
- **CSF3 – Benefits optimisation** - how well the option optimises the potential return on expenditure – business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation) – and assists in improving overall VFM (economy , efficiency and effectiveness)
- **CSF4 – Potential achievability** – the organisations ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also the organisation's ability to engender acceptance by staff
- **CSF 5- Supply side capacity and capability** – the ability of the market place and potential suppliers to deliver the required services and deliverables
- **CSF6 –Potential affordability** – the organisation's ability to fund the required level; of expenditure- namely, the capital and revenue consequences associated with the proposed investment.

4.3 The Weighted Benefit Criteria and Scoring Methodology

The CSFs, alongside the investment objectives and benefit criteria in section 3.11 were used to evaluate the long list of fourteen options in a 'non -financial' assessment by stakeholders during a scoring workshop in April 2017.

During the workshop stakeholders agreed to give each sub-section a weighting. It was thought that the CCG strategic fit section should be weighted most highly as it was important that the options aligned with local strategic plans in order to secure CCG approval.

There were a number of elements within the primary care sub-section that required individual consideration and for this reason they were weighted as equally important and a score applied to each element.

The subsection on achievability also had a number of elements that required individual consideration. However this section as a whole was weighted the least highly as it was thought that not enough information was available in order to make an informed decision about the achievability of the project at this stage.

Stakeholders identified that much more work would be required to understand achievability at OBC and FBC level should the SOC be approved.

Table 15 weighted scores

1	CCG Strategy Fit	Weighting
1.1	Aligned with Primary Care Five Year Forward View	
1.2	Aligns with CCG Operational Plan	25%
1.3	Alignment with Sustainability and Transformation Partnership (STP)	
2	**Supports Delivery of Primary care services**	
2.1	Can accommodate the required space for Primary care services in the locality based on population growth.	6.67%
2.2	Supports the plan for 2017/18 to develop primary urgent care (same day) centres.	6.67%
2.3	Is a sustainable option that supports delivery of primary care services	6.67%
3	**Supports care closer home**	
3.1	Improved capacity for OPD consultations and treatment	
3.2	Improved access to diagnostics	20%
3.3	Effective use of estate based on activity requirements	

3.4 3.5	Improves local community access to healthcare Reduces unscheduled hospital attendance	
4	**Quality**	
4.1	Provides fit for purpose compliant clinical environment necessary for the delivery of high quality services	20%
5	**Achievability**	
5.1	Can be delivered within the timescales aligned with STP programme	5%
5.2	offers a solution that is acceptable to key stakeholders and the public	5%
5.3	Provides a solution to estates priorities	5%
	Total	**100%**

Note: It was agreed by stakeholders that staff experience should be excluded at this point as not enough information was available to score, however, staff experience will be included at the next stage.

Each sub-section was given a score ranging from 0-4 where 0 is the lowest and 4 is the highest. The scoring methodology was proposed by Wiltshire CCG and agreed by the stakeholders during the workshop. This methodology was chosen in order to create distinctions between the scores for each option. It was thought that a scoring methodology of 0-10 would result in some options receiving a very similar (or the same) score.

Table 16 explanation of scoring

score	Evaluation	Description
0	Deficient	Does not meet the criteria in any way
1	Limited	Meets the criteria to a small extent but with many area not met.
2	Acceptable	Meets the criteria to a tolerable level, however with some areas not addressed.
3	Good	Meets most of the criteria with some areas outstanding
4	Excellent	Meets the criteria completely

4.4 Long List of Options

The long list of options has been developed as a result of a series of stakeholder engagement sessions across primary care, community and secondary care services. The initial list was reviewed at an options appraisal meeting on 5thApril 2017 and refined for the options appraisal scoring workshop on 27thApril 2017. For the purposes of this project the long list of options has been split into three categories of 'do nothing', 'do minimum' and 'do more'.

The following steps were taken in the development of the long list of options:

- Review of national and local strategic priorities
- Review projected population growth in Chippenham, Melksham and Trowbridge for 10 years from 2016-2026.
- Carry out stakeholder engagement to identify clinical priorities for service delivery moving forward.
- Outline review of current primary care and community infrastructure and services including:
  - Review of current primary care infrastructure
  - Review of current community services estate requirements
  - Review of Chippenham, Melksham and Trowbridge community hospital use and infrastructure.
  - It was noted that the design and space allocated would need to have the necessary capacity to meet the projected 10 year growth.
- Capacity modelling – determining the volume of service to be delivered in the future and their space requirements for primary care and community services (these can be found in Appendix 1)
- Review schedules of accommodation – an experienced healthcare planner has developed an indicative understanding of the overall footprint required to realise the outputs of the demand and capacity modelling. This has been produced in parallel with that denoted in the relevant NHS Health Building Note (HBN) guidance documents and cross referenced to Wiltshire CCG strategic plans and has been submitted to the CCG.

The choices for options has been driven by the strategic objectives for the CCG to deliver care close to home. This has been considered in line with optimising service delivery in the local community as set out in figure 4 (examples of services by population and area).

The initial long list of options were identified as:

Table 17 Long list of options

List of Options	Description
1	Do nothing: Provision of general maintenance to current buildings
2	Do Minimum: Develop primary care to provide additional space as per capacity plan No changes to community Hospital sites apart from general maintenance
3	Develop primary care to provide additional space as per capacity plan Provide improved community clinical environments and functionality through refurbishment of current community estate
4	One community hospital hub for inpatient beds, outpatients and diagnostic services. No urgent treatment centre Develop primary care to provide additional space as per capacity plan
5	One community hospital hub for inpatient beds, outpatients and diagnostic services. A single urgent treatment centre Develop primary care to provide additional space as per capacity plan
6	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in one community spoke site No urgent treatment centre Develop primary care to provide additional space as per capacity plan
7	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in one community spoke site A single urgent treatment centre Develop primary care to provide additional space as per capacity plan

List of Options	Description
8	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in two community spoke sites No urgent treatment centre Develop primary care to provide additional space as per capacity plan
9	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites A single urgent treatment centre Develop primary care to provide additional space as per capacity plan
10	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites Two urgent treatment centres. Develop primary care to provide additional space as per capacity plan
11	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at one community spoke site. Three urgent treatment centres. Develop primary care to provide additional space as per capacity plan.
12	One community hospital hub for inpatient beds, outpatients and diagnostic services. Three urgent treatment centres. Develop primary care to provide additional space as per capacity plan.
13	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at one community spoke site. Two urgent treatment centres. Develop primary care to provide additional space as per capacity plan.
14	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites. Three urgent treatment centres Develop primary care to provide additional space as per capacity plan.

4.5 Non-financial options appraisal

For the purpose of the non- financial options appraisal it has been assumed that all services will be delivered from new buildings from option four onwards. (The first three options clearly set out the remit of any proposed development).

The non-financial scoring identified a number of issues that would need to be addressed during the OBC stage to ensure the preferred way forward can be developed into a robust deliverable preferred option.

Consideration at OBC stage will need to be given to:

- The services that need to be provided from each location and areas they serve
- Travel times and access for services delivered from an alternative location
- An assessment of the most appropriate location for Wiltshire-wide services currently delivered from North West Wiltshire (a heat map)

During the options appraisal the raw scores were given a weighting according based on their importance to meet strategic direction, operational delivery, quality and achievability. The raw scores are set out in Appendix 2.

On completion of the scoring and application of weighting a summary of the scores and their ranking was identified. By applying the scores and weightings above it became clear that Option 11 had the highest score. In order to ensure that there was a definite outcome the weightings across all of the benefits criteria were equalised. This had the same result except the rankings of Options three and four were switched. Another exercise was carried out to reverse the weightings, this had the same result and the only change again was switching Options three and four. The table below shows the options with their scores for each method.

Table 18 summary of scores and ranking

Option	Rank (based on weighted score)	Rank (weightings are equal)	Rank (weightings are reversed)
11	1	1	1
10	2	2	2
14	2	2	2
7	4	4	4
9	4	4	4
13	4	4	4
12	7	7	7
5	8	8	8
6	9	9	9
8	10	10	10
2	11	11	11
3	12	13	13
4	13	12	12
1	14	14	14

Following the 'non- financial' scoring of the long list of options by the stakeholders, a short list of eight options was taken forward for to be costed.

4.6 The long list: inclusions and discounted options

Following initial assessment of the long list of options with their weighted scores it was agreed by the CCG to shortlist seven options and discount six (excluding do nothing). The reasons this are summarised below.

Table 19 Discounted options from long list

	Option	Outcome
1	Do nothing: Provision of general maintenance to current buildings	**Discounted –** *As ETTF funding has been approved for development of Primary Care in Trowbridge do nothing is no longer an options.*
2	Do Minimum: Develop primary care to provide additional space as per capacity plan. No changes to community Hospital sites apart from general maintenance	**Discounted –** *This option would not support the strategic priorities for Wiltshire CCG*
3	Develop primary care to provide additional space as per capacity plan. Provide improved community clinical environments and functionality through refurbishment of current community estate	**Discounted** – *This was discounted on the basis that it does not strategically fit*
4	One community hospital hub for inpatient beds, outpatients and diagnostic services. No urgent treatment centre Develop primary care to provide additional space as per capacity plan	**Discounted** – *This option was discounted on the basis of that the development of a single site for the whole of North West Wiltshire does not fit with the care close to home strategic model set out by the CCG*
5	One community hospital hub for inpatient beds, outpatients and diagnostic services. A single urgent treatment centre Develop primary care to provide additional space as per capacity plan	**Discounted** – *This option was discounted on the basis of that the development of a single site for the whole of North West Wiltshire does not fit with the care close to home strategic model set out by the CCG*

	Option	Outcome
6	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in one community spoke site No urgent treatment centre Develop primary care to provide additional space as per capacity plan	**Discounted** – *This option does not strategically fit with the GP five year forward view and the outcomes framework plans for the development of urgent treatment centres*
7	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in one community spoke site A single urgent treatment centre Develop primary care to provide additional space as per capacity plan	**Shortlisted** – *This option does provide flexibility for delivery of community services but it has limited opportunity to develop of urgent treatment centres*
8	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in two community spoke sites No urgent treatment centre Develop primary care to provide additional space as per capacity plan	**Discounted** – *This option does provide flexibility for delivery of community services but does not fit strategically with the GP five year forward view and the outcomes framework plans for the development of urgent treatment centres*
9	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites A single urgent treatment centre Develop primary care to provide additional space as per capacity plan	**Shortlisted** *This options provides flexibility across 3 sites within North West Wiltshire but is limited with regards to the development of urgent treatment centres*

	Option	Outcome
10	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at one community spoke site. Two urgent treatment centres. Develop primary care to provide additional space as per capacity plan.	**Shortlisted –** *This options provides flexibility across 3 sites within North West Wiltshire with the potential for the development of two urgent treatment centres.*
11	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at one community spoke site. Three urgent treatment centres. Develop primary care to provide additional space as per capacity plan.	**Shortlisted** *This options provides flexibility across 3 sites within North West Wiltshire and the maximum development of urgent treatment centres with one in each locality*
12	One community hospital hub for inpatient beds, outpatients and diagnostic services. Three urgent treatment centres. Develop primary care to provide additional space as per capacity plan.	**Shortlisted** *This options provides limited flexibility for community services with only one community site. It does offer the opportunity for maximum development of urgent treatment centres, with one in each locality*
13	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at one community spoke site. Two urgent treatment centres. Develop primary care to provide additional space as per capacity plan.	**Shortlisted** *This options provides flexibility across 3 sites within North West Wiltshire but is limited with regards to the development of urgent treatment centres, with one in each locality*

	Option	Outcome
14	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites. Three urgent treatment centres Develop primary care to provide additional space as per capacity plan.	**Shortlisted** *This options provides flexibility across 3 sites within North West Wiltshire but may not support delivery of services in line with strategic approach based on population. It does offer the opportunity for maximum development of urgent treatment centres, with one in each locality*

The 'short listed' options identified in Table 15 above have been carried forward into the shortlist for further financial appraisal to demonstrate value for money (VFM). All the options that were discounted as impracticable have been excluded at this stage.

Table 20 Space requirements for seven shortlisted options

		Community hospital hub (including maternity)	Spoke (with maternity	Spoke (without maternity)	UTC/MIU	Reprovision of St Damians	Remaining primary care gap space requirements	Total New Build	Rented space for community admin
Option 7	One community hospital hub for inpatient	4226	2086	-	1062	344	2782	10500	1820
Option 9	One community hospital hub for inpatient	4226	1864	1165	1062	344	2782	11443	1820
Option 10	One community hospital hub for inpatient	4226	1864	1165	1356	344	2292	11247	1820
Option 11	One community hospital hub for inpatient	4226	2086	-	1846	344	1808	10310	1820
Option 12	One community hospital hub	5106	744	-	1846	344	1808	9848	1820
Option 13	One community hospital hub for inpatient	4226	2086	-	1356	344	2282	10304	1820
Option 14	One community hospital hub for inpatient	4226	1864	1165	1846	344	1808	11253	1820

Space currently utilised by Virgin Care has been excluded on the basis that Virgin are planning to move these services to be delivered from their own purpose designed accommodation separately.

As these costs relate to the current provision of services they exclude any primary care related space which is planned to be delivered through this business case but does include space currently utilised for the delivery of MIU services

During the options appraisal process comments were sought from stakeholders regarding the advantages and disadvantages of each option. A summary of this is included for those options that were considered for financial options appraisal.

Table 21 Summary of advantages and disadvantages of shortlisted options for financial appraisal

Option 1 – Do Nothing **Provision of general maintenance to current buildings**	**Advantages** ▸ No additional cost in terms of capital for new estates infrastructure
	Disadvantages ▸ Clinical risk ▸ Failure to achieve targets ▸ Risk of backlog maintenance being unaffordable or providing poor value for money ▸ Does not meet required clinical or specification standards ▸ Inability to grow in line with predicted population growth and meet future demand ▸ Poor utilisation of current facilities due to poor quality accommodation ▸ Reputational risk
	Conclusion ▸ This option limits the ability of any changes to models of care
Option 7 **Community hospital hub, one community spoke site. A single urgent treatment centre**	**Advantages** ▸ Overall cost remains comparable with others on a capital cost basis ▸ Provides an initial site for primary care urgent treatment ▸ Maintains current level of community service venues within the locality
	Disadvantages ▸ Activity modelling would suggest that three community sites would not provide the most effective delivery model for community services ▸ Does not align with strategic direction for delivery of services by population ▸ May result in continued inefficiencies in use of community estate ▸ Provides limited development of primary care urgent treatment centres

	Conclusion ▸ This could retain three localities but may result in a three site solution. A single urgent treatment centre was seen to be insufficient.
Option 9 **One community hospital hub, two community spoke sites. A single urgent treatment centre**	**Advantages** ▸ Provides a primary care urgent treatment ▸ Maintains current level of community service venues within the locality
	Disadvantages ▸ Activity modelling would suggest that three community sites would not provide the most effective delivery model for community services ▸ Does not align with strategic direction for delivery of services by population ▸ May result in continued inefficiencies in use of community estate ▸ Provides limited development of primary care urgent treatment centres ▸ Is a more expensive option in relation to capital costs
	Conclusion ▸ This does retain three localities but may limit the options for the proposed estate solution to support changes in delivery models. A single urgent treatment centre was seen to be insufficient.
Option 10 **One community hospital hub, one community spoke site. Two urgent treatment centres**	**Advantages** ▸ Provides a primary care urgent treatment centres in two localities. ▸ Maintains the option to have three community localities will have differing levels of service (to be defined)
	Disadvantages ▸ May provide inconsistent approach to primary care same day access across the three towns. ▸ Capacity to support numerous programmes of work ▸ Public perception of changes to local services ▸ Is a more expensive option in relation to capital costs

	Conclusion ▸ This would provide access to community services across three localities and could be an option. Further work would be required to adapt the primary care model. This would be necessary to ensure access is consistent and has the required impact to reduce unscheduled appointments in secondary care.
Option 11 **One community hospital hub, one community spoke site. Three urgent treatment centres**	**Advantages** ▸ Ability to grow in line with predicted population growth and meet future demand ▸ Fit for purpose estate that meets required clinical or specification standards ▸ Ability to change models of care to achieve targets with flexibility of two community sites ▸ Fits with strategic approach to deliver care by population and area ▸ Provides the maximum opportunity to develop primary care urgent treatment centres. ▸ Overall cost remains comparable with others on a capital cost basis.
	Disadvantages ▸ Public perception of changes to local services ▸ Capacity to support numerous programmes of work running concurrently
	Conclusion ▸ This option was considered the most clinically appropriate and aligned with the strategic direction for the CCG commissioners, and primary care and community providers. It enables consolidation of some services to offer improved efficiencies whilst maintaining a strong community presence.
Option 12 **One community hospital hub and three urgent treatment centres.**	**Advantages** ▸ Ability to grow in line with predicted population growth and meet future demand ▸ Fit for purpose estate that meet required clinical or specification standards ▸ Ability to change models of care to achieve targets

	▸ Overall cost remains comparable with others on a capital cost basis
	Disadvantages ▸ Public perception of changes to local services ▸ May limit the ability to care efficiently close to home ▸ Capacity to support numerous programmes of work running concurrently
	Conclusion ▸ This option was considered to be the least publically acceptable option due to the significant changes to access to local community services. Concerns were raised with regard to travel times and access subject to the site location for the community hub.
Option 13 **One community hospital hub, one community spoke site. Two urgent treatment centres.**	**Advantages** ▸ Ability to grow in line with predicted population growth and meet future demand ▸ Fit for purpose estate that meet required clinical or specification standards ▸ Ability to change models of care to achieve targets ▸ Overall cost remains comparable with others on a capital cost basis
	Disadvantages ▸ Public perception of changes to local services ▸ Capacity to support numerous programmes of work running concurrently
	Conclusion ▸ This does potentially retain three localities. It may alternatively result in only two locations for community and primary care services which would not be considered acceptable to the public.
Option 14 **One community hospital hub, two community spoke site. Three urgent treatment centres**	**Advantages** ▸ Ability to grow in line with predicted population growth and meet future demand ▸ Fit for purpose estate that meet required clinical or specification standards
	Disadvantages ▸ Is the most expensive option in relation to capital costs

	▸ Capacity to support numerous programmes of work running concurrently
	Conclusion ▸ The activity modelling does not support the requirement for three community sites and three urgent treatment centres to make efficient use of staff and the estate. This could result in under occupancy of facilities.

4.7 Options Appraisal: Financial

The financial stakeholder workshop aimed to look at cost and value for money. On review of the financial analysis available at that time it was concluded that the information would not provide a robust assessment. It was agreed that further financial analysis would provide a more robust assessment to compare with the non-financial scores and identify the preferred way forward.

Table 22 Options for financial appraisal

Shortlisted Options	Non Financial Assessment		Total Capital Cost		Relative Value For Money	
	Weighted Score	Express as an index with option 12 as base of 100	Capital Cost (£000)	Express as an index with option 12 as base of 100	Relativity	Ranking
Option 7	3.02	104	51,755	104.54	0.996	6
Option 9	3.02	104	56,755	114.64	0.908	7
Option 10	3.85	133	56,326	113.77	1.167	2
Option 11	3.90	134	51,960	104.95	1.281	1
Option 12	2.90	100	49,509	100.00	1.000	5
Option 13	3.02	104	51,326	103.67	1.005	4
Option 14	3.85	133	56,960	115.05	1.154	3

The scoring for the finance section has taken the cheapest option in terms of capital spend (Option 12) as the baseline. If everything else was equal the preferred way forward at this stage would be the cheapest. However, as they are not equal, assessment of benefits and value for money have been used to assess all of the options.

Using this methodology, Options 7 and 9 are ruled out as they offer less value for money against the cost of the schemes. Option 12 is the least preferred non-financial option and also is ranked number five on VFM, therefore it has been excluded at this point of assessment. Option 13 delivers no real terms benefit at all.

This leaves three options for shortlisting as the preferred way forward; Options 10, 11 and 14. These options all offer a way forward that provides a three site solution. Options 10 and 14 are the most expensive and are excluded in terms of finance and the potential for inefficiencies in clinical delivery and estate.

The preferred way forward is therefore Option 11. It scored highest on value for money and in the non-financial assessment. This option offers the most flexibility, it gives two sites for

outpatients and community services in line with services by population. It also provides three sites for urgent treatment centre services which was considered a high clinical priority.

Table 23 Summary of revenue costs for shortlisted options

List of Options	Description	Net additional revenue cost	Preferred way forward
1	Do Nothing	0	No
7	One community hospital hub for inpatient beds, outpatients and diagnostic services Outpatients and diagnostics at one community spoke site A single urgent treatment centre Develop primary care to provide additional space as per capacity plan	1,989,761	No
9	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites A single urgent treatment centre Develop primary care to provide additional space as per capacity plan	1,989,761	No
10	One community hospital hub for inpatient beds, outpatients and diagnostic services Outpatients and diagnostics at one community spoke site Three urgent treatment centres Develop primary care to provide additional space as per capacity plan	1,943,861	No
11	One community hospital hub for inpatient beds, outpatients and diagnostic services Outpatients and diagnostics at one community spoke site. Three urgent treatment centres Develop primary care to provide additional space as per capacity plan.	1,980,814	Yes

List of Options	Description	Net additional revenue cost	Preferred way forward
12	One community hospital hub for inpatient beds, outpatients and diagnostic services Three urgent treatment centres Develop primary care to provide additional space as per capacity plan	1,980,814	No
13	One community hospital hub for inpatient beds, outpatients and diagnostic services Outpatients and diagnostics at one community spoke site Two urgent treatment centres Develop primary care to provide additional space as per capacity plan	1,943,861	No
14	One community hospital hub for inpatient beds, outpatients and diagnostic services Outpatients and diagnostics at two community spoke sites Three urgent treatment centres Develop primary care to provide additional space as per capacity plan	1,980,814	No

Preferred way forward

On the basis of this analysis, the recommended preferred way forward for further appraisal within the Outline Business Case is *Option 11*; one community hospital hub for inpatient beds, outpatients and diagnostic services, outpatients and diagnostics at one community spoke site, and three urgent treatment centres. In addition, develop primary care to provide additional space as per capacity plan.

Recommendations for follow up actions

During the options appraisal process a number of follow up actions were identified if the SOC was approved, to support the development of a robust OBC. These recommended actions will need to be applied to the programme of work streams implemented to develop the preferred option at the next stage of the business planning process.

Follow up actions include:

- Further consultation with Avon and Wiltshire Partnership to assess the opportunities for service integration.
- A clear understanding of the role of urgent treatment centres and Minor Injury Units within the localities.
- Further assessment of the plans to shift elective activity from secondary care to primary care and community in Chippenham, Melksham and Trowbridge and the wider area of North West Wiltshire.
- An assessment of the travel distances for patients with regards to any changes to proposed services in the community.
- Clarity from NHS England regarding the commissioning intentions for dental services within North West Wiltshire. At this stage it is assumed the current purpose built facility in Chippenham will continue to be used, no allowance has been made at this stage for additional capacity.
- Clarity on any proposed changes to the delivery model for community maternity services from RUH following collation of women's views on services in Wiltshire. This will be used to inform detailed design of future facilities.
- A review of Wiltshire wide services currently provided in North West Wiltshire, including a heat map to understand the best location for these services in the future.
- A review of the opportunities for co-location of children's services in light of the Virgin Health estates strategy proposal.
- A review of opportunities to support delivery of inpatient beds for children's mental health within North West Wiltshire.
- The requirement for a finance and activity workstream to ensure full financial modelling and implications for organisations is assessed to provide the more detailed level of information required at OBC.

5 Commercial Case

5.1 Introduction

This section of the SOC describes the proposed procurement strategy for the preferred way forward outlined within the Economic Case.

5.2 Procurement Strategy

The Project Programme is intended to deliver the project in line with the 2021 strategic transformation plan timescales.

For the purposes of the Strategic Outline Case it is assumed that the schemes will be developed using what is commonly referred to as the “traditional procurement” approach. This is purely indicative at this stage for the purpose of making high level assumptions around cost and programme in other sections of this SOC. The procurement route for the individual projects that follow this SOC will be subject to further analysis at Outline Business Case (OBC) stage. Traditional procurement involves the client directly appointing the full design and professional team who fully develop the design and procurement documents. The scheme or schemes would then be tendered using OJEU procurement rules, commissioning a contractor that fulfils the requirements of the tender specification.

After the CCG started the Strategic Healthcare Planning and Strategic Outline Case, Trowbridge secured £3.8 million of Estates and Technology Transformation Funding (ETTF) (subject to due diligence) for the development of primary care services in the town. The ETTF funding is time-limited to March 2019 and, due to the time limited nature of the funding, the Trowbridge project is underway without knowing the outcome of the SOC. Architects have been appointed as healthcare development advisors for the Trowbridge ETTF scheme and the project is currently awaiting Project Initiation Document approval by NHS England.

In addition, it is assumed the Trowbridge scheme will incorporate the activity currently undertaken at Trowbridge Hospital and that all services (including the maternity birthing suite, but subject to a RUH and CCG review) will be re-provided within the new development. Further work is underway to assess what activity may move from acute secondary care services as part of this project. Funding for the non ETTF funded parts of the scheme is to be determined. Once the new facility is operational it is the intention to close and dispose of the current Trowbridge hospital site.

Unless the CCG Governing Body advises otherwise, it is assumed at this stage that Trowbridge will become the spoke site for North West Wiltshire.

Required services;

Subject to approval of this SOC the implementation of workstreams and subsequent business case development will require additional resources to enable specialist work to be undertaken to develop the options and design required to assess the feasibility and cost as part of the OBC stage.

- This will require but not limited to land surveyor, project management, cost advisor, healthcare planner, mechanical, electrical, civil and structural engineering, planning and legal.

5.3 Key factors affecting outcome

The CCG have engaged with Wiltshire Council throughout the Strategic Outline Case process through the One Public Estate forum and other direct meetings as a precursor to the individual projects that will follow the SOC if approved by the CCG Governing Body.

Any new build or major refurbishment projects that follow an approved SOC will require further work with Wiltshire Council planners. Planning permission will be dealt with at OBC and FBC stage

No decision has been made as to the location of services at this stage in the process. As part of the strategic healthcare review all current sites have been assessed for the capacity to provide new buildings to accommodate the potential space requirements for community services.

The availability of commercial accommodation and the average rental cost has been assessed at this stage to support financial analysis and based on the work undertaken by Virgin Health in Chippenham.

This approach is intended to support assessment of feasibility and deliverability of the projects and not intended to pre-empt any decision on the preferred way forward.

There will be a number of other factors that will require consideration as part of a wider strategic approach that will impact on services in Chippenham, Melksham and Trowbridge including:

- Inpatient bed number review
- OBCs for individual projects to include surrounding area such as Bradford-on-Avon, Corsham, Calne etc.
- Strategic plans to move activity from secondary care into the community
- The requirement to undertake similar SHP and SOC exercises for other areas of Wiltshire
- The requirement for a county-wide Strategic Outline Programme (SOP) for Wiltshire

Risk Transfer

Risk apportionment between client and developer will be subject to the procurement route agreed by the CCG. *A full risk analysis will be completed at OBC and FBC stages of the business planning process.*

The table below outlines in broad terms the potential allocation of risk.

Table 24 Risk transfer

	Public	Private	Shared
1. Design risk		✓	
2. Construction and development risk		✓	
3. Transition and implementation risk			✓
4. Availability and performance risk			✓
5. Operating risk	✓		
6. Variability of revenue risks	✓		
7. Termination risks	✓		
8. Technology and obsolescence risks			✓
9. Control risks	✓		
10. Residual value risks	✓		
11. Financing risks	✓		
12. Legislative risks	✓		
13. Other project risks	✓	✓	✓

6. Financial Case

6.1 Introduction

The purpose of this section is to set out the forecast financial implications of the preferred options as set out in the Economic Case. The full financial pack can be found in Appendix 3.

The long listed options have undergone a detailed non-financial appraisal and scoring as far as practicably possible for this stage in business case proceedings. This has assessed each option in terms of the delivery of clinical benefits. The top seven options have undergone financial assessment to ensure that these options will be affordable to the CCG and demonstrate value for money.

6.2 Capital Costs

The capital costs were calculated based upon the overall space requirements for each option which was costed using the standard BCIS construction cost rate of £3,333 per m^2 for Community Hospital based development and £2,550 per m^2 for Primary Care based development. This base construction cost figure has been supplemented to allow for a provision for fees (15%), equipment (20%) and VAT (20%). An estimate of the total estimated capital costs can be found in Table 25 below.

Other key assumptions used in the calculation of capital costs were:

- All buildings have been costed as new build based on space requirements calculated from appropriate Health Building Notes with the exception of community team bases where clinical services do not need to be delivered. This administrative space can be provided from commercial unit which is a more cost effective option than high cost health facilities. The assumption is commercial units will be rented.
- All building requirements were sized and costed as individual units with no allowance for economies of scale. This was achieved by building multiple units on the same site as no decision has yet been made as to the optimal configuration.
- A standard construction cost of £3,333 per m^2 for Community Hospital based development and £2,550 per m^2 for Primary Care based development has been used throughout
- No allowance has been made for land disposal pending a decision on the optimum sites to develop.

Table 25 Capital costs

Capital Costs	Option 7 £'s	Option 9 £'s	Option 10 £'s	Option 11 £'s	Option 12 £'s	Option 13 £'s	Option 14 £'s
Construction costs @ £3333 or £2550 per m^2	32,550,369	35,695,054	35,425,216	32,679,501	31,137,988	32,280,531	35,824,186
Fees (@15%)	4,882,555	5,354,258	5,313,782	4,901,925	4,670,698	4,842,080	5,373,628
Equipment, IT and Furniture (@20%)	6,510,074	7,139,011	7,085,043	6,535,900	6,227,598	6,456,106	7,164,837
VAT (assume no VAT on fees)	7,812,088	8,566,813	8,502,052	7,843,080	7,473,117	7,747,327	8,597,805
Total cost	**51,755,086**	**56,755,136**	**56,326,094**	**51,960,406**	**49,509,401**	**51,326,044**	**56,960,456**

6.3 Revenue impact of capital

The revenue costs are calculated from the floor areas identified in Table 20. These are costed using the average costs for estates related services for community trusts taken from ERIC date for 2015/16 adjusted for inflation.

Other key assumptions used in the calculation of revenue costs are:

- Only estates related costs and capital financing costs are included i.e. hard FM, soft FM, maintenance, depreciation and rate of return.
- Additional revenue costs have been included in respect of community administration office accommodation where it is assumed that these building will be rented commercial buildings. Rental costs are based on the actual current rents, for example suitable local buildings. Other costs for maintenance are based on standard BCIS data for office type accommodation and business rates are based on current community hospital rates per m^2.

Table 26 Revenue costs

Facilities Costs	Option 7 £'s	Option 9 £'s	Option 10 £'s	Option 11 £'s	Option 12 £'s	Option 13 £'s	Option 14 £'s
Hard FM services	366,427	399,351	392,509	359,794	343,654	359,584	392,718
Soft FM services	586,645	639,357	628,403	576,026	550,187	575,691	628,738
Maintenance	289,710	207,391	203,838	186,848	178,467	186,739	203,947
Total FM costs	**1,242,782**	**1,246,099**	**1,224,750**	**1,122,668**	**1,072,308**	**1,122,015**	**1,225,403**

Financing Costs	Option 7 £'s	Option 9 £'s	Option 10 £'s	Option 11 £'s	Option 12 £'s	Option 13 £'s	Option 14 £'s
Depreciation	1,150,113	1,261,225	1,251,691	1,154,676	1,100,209	1,140,579	1,265,788
Rate of Return	1,811,428	1,986,430	1,971,413	1,818,614	1,732,829	1,796,412	1,993,616
Total Financing Costs	**2,961,541**	**3,247,655**	**3,223,104**	**2,973,290**	**2,833,038**	**2,936,990**	**3,259,404**
Total Revenue Costs	**4,204,323**	**4,493,754**	**4,447,854**	**4,095,958**	**3,905,346**	**4,059,005**	**4,484,807**
Community Admin Rented Property Costs	**289,608**	**289,608**	**289,608**	**289,608**	**289,608**	**289,608**	**289,608**
Total Revenue Costs (incl Community Admin)	**4,493,930**	**4,783,362**	**4,737,462**	**4,385,565**	**4,194,953**	**4,348,613**	**4,774,414**

6.4 Workforce Planning

For the purpose of the financial analysis at this stage it has been assumed that there will be no workforce changes as a direct result of the proposed changes to infrastructure. Any future changes will be subject to separate business case approval through individual organisations responsible for delivery of services.

Workforce has therefore been excluded from the financial analysis at this stage.

6.5 Sensitivity

The key sensitivities are to ensure capital costs remain affordable. Partial funding has already been approved for primary care services in Trowbridge through ETTF (subject to due diligence) which will be considered in the wider context of this SOC.

Another sensitivity is potential changes in activity. However assumptions have been made that current activity will grow in line with demographic and growth forecasts to 2026 for current services offering flexibility to service delivery moving forward. No activity shift from secondary care to community has been assumed in this SOC. More detailed work will be undertaken at OBC stage.

6.6 Value for Money

Value for money tests have been applied using a well tried and tested methodology by:

- Utilising the non-financial assessment scores to represent the benefits derived from each option
- Utilising the total capital cost to represent costs
- Expressing both of these as an index with a base of 100 assigned to the lowest cost option
- Following this the relative benefit over cost can then be calculated for each option
- Ranking the options in accordance with relative benefits

Following these steps Option 11 comes out as the clear leader based on the fact that for an additional 4.95% capital investment (compared with the lowest cost option) it derives 34% greater benefits, offering value for money.

Table 27 Value for money

Shortlisted Options	Non Financial Assessment		Total Capital Cost		Relative Value For Money	
	Weighted Score	Express as an index with option 12 as base of 100	Capital Cost (£000)	Express as an index with option 12 as base of 100	Relativity	Ranking
Option 7	3.02	104	51,755	104.54	0.996	6
Option 9	3.02	104	56,755	114.64	0.908	7
Option 10	3.85	133	56,326	113.77	1.167	2
Option 11	3.90	134	51,960	104.95	1.281	1
Option 12	2.90	100	49,509	100.00	1.000	5
Option 13	3.02	104	51,326	103.67	1.005	4
Option 14	3.85	133	56,960	115.05	1.154	3

6.7 Affordability

Affordability has been assessed by using the net additional revenue costs (including the costs of servicing capital expenditure) taking into account that any services transferring from existing space will release space for alternative use or disposal, thus producing savings that can be utilised to offset the gross revenue costs identified in section 6.4 above. These savings have been calculated at this stage based on the average Community Trust FM costs taken from ERIC returns as it is not possible at this stage to say exactly which accommodation will be vacated. For this reason these additional revenue costs will be different to those included in the narrative alongside Table 7 which are calculated using actual current costs. These savings will be developed further at the Outline Business Case stage as specific service models and locations become known.

Therefore, any revenue costs included within Figure 5 above that relates to services transferring from existing sites on the same scale has been discounted, leaving only revenue costs relating to either new services or additional space requirements.

With the exception of Options 7 and 9 there is no material difference between the options in terms of revenue and therefore these cannot really be judged to have a material impact on choosing between the five lowest cost options.

In absolute terms when considering affordability, if one compares this sum to the CCGs overall revenue allocation of £667m and expected annual growth over the next few years of £14m pa then this level of investment to develop community hospital provision is relatively small and thus affordable.

Table 28 Affordability

Baseline	Net Revenue Costs			
Do Nothing Option - Baseline		Current Revenue Costs		
		2,694,085		
Shortlisted Options	Community Service Costs	Primary Care Costs	Net Additional Revenue Costs	Ranking
Option 7	989,918	999,844	1,989,761	6=
Option 9	989,918	999,844	1,989,761	6=
Option 10	1,111,055	832,806	1,943,861	1=
Option 11	1,313,001	667,813	1,980,814	3=
Option 12	1,313,001	667,813	1,980,814	3=
Option 13	1,111,055	832,806	1,943,861	1=
Option 14	1,313,001	667,813	1,980,814	3=

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The revenue costs that this stage in the business planning process do not include any potential savings relating to changes in activity, for example a reduction in A&E attendances or non-elective admissions to hospital.

There will be additional NHS resources required to deliver the projects to ensure robust progression to OBC. Following approval of this SOC the additional resources will be scoped and will need to include, (but may not be limited to), project director, project manager, departmental leads, facilities management, infection control, fire safety, CCG commissioning and communications

[15] Actual costs might be different due to changes in market rents and as properties now come under NHS Property Service management

6.8 Summary

In summary, when bringing together the three assessment elements of non-financial, value for money and affordability there is one clear way forward for further consideration, i.e. Option 11.

Table 29 Shortlisted options and net additional revenue costs

Shortlisted Options	Non Financial Assessment		Value For Money		Net Revenue Cost	
	Weighted Score	Weighted Ranking	Relativity	Ranking	Net Additional Revenue Costs	Ranking
Option 7	3.02	4=	0.996	6	1,989,761	6=
Option 9	3.02	4=	0.908	7	1,989,761	6=
Option 10	3.85	2=	1.167	2	1,943,861	1=
Option 11	3.90	1	1.281	1	1,980,814	3=
Option 12	2.90	7	1.000	5	1,980,814	3=
Option 13	3.02	4=	1.005	4	1,943,861	1=
Option 14	3.85	2=	1.154	3	1,980,814	3=

7 Management Case

Delivering schemes that are aligned to the strategic drivers is an integral part of the Wiltshire CCG strategic plan to deliver care close to home in estate that is fit for purpose. The first stage of this has been a strategic healthcare planning (SHP) review of the current primary care and community facilities, activity, and delivery. This has resulted in the development of this Strategic Outline Case (SOC), which, if approved, will be followed by a programme of project workstreams to take forward individual schemes across North West Wiltshire.

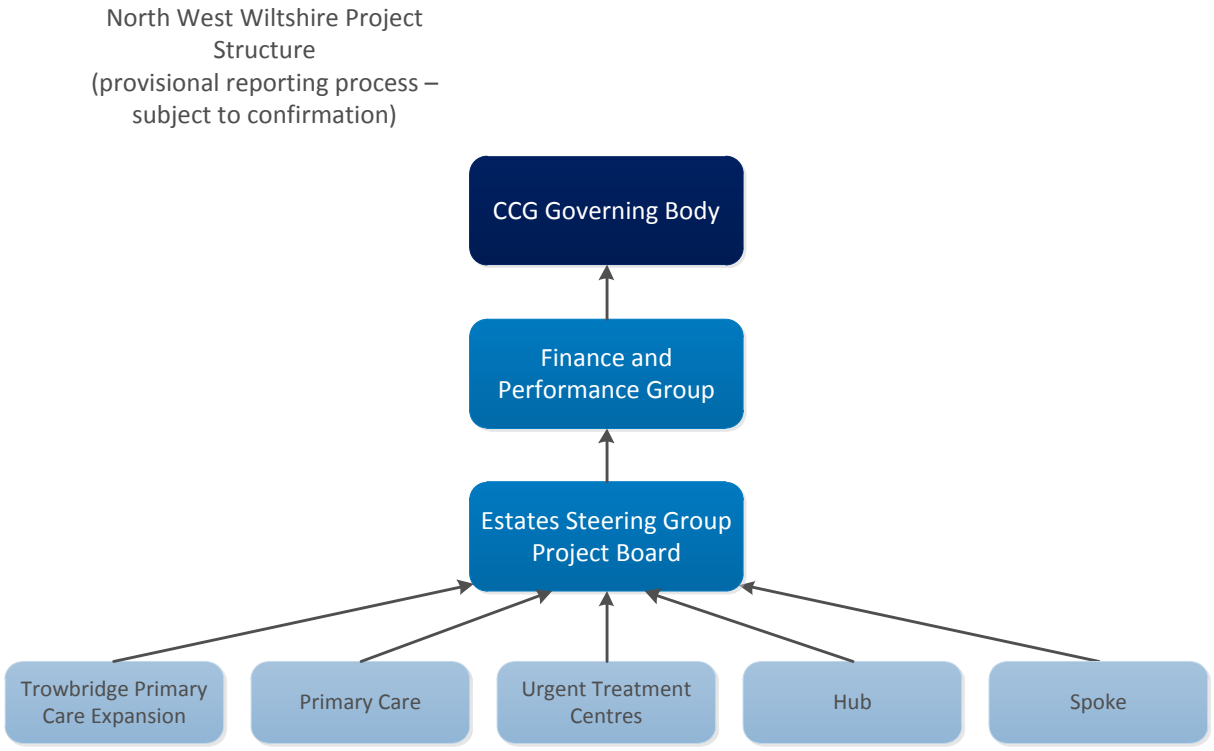
7.1 Programme Management Arrangements

The SHP and SOC project has been managed by Wiltshire CCG. The project is intended to drive forward and deliver the outcomes and benefits of the strategic healthcare planning for North West Wiltshire from a preferred way forward to implementation of models of care. Fundamental to this work is the development of estate to support service delivery that is fit for purpose and meets future activity requirements.

Project team members and key stakeholders will provide resource and specific commitment to support the project manager to deliver the outline deliverables.

The proposed reporting structure (Figure 4) is intended to ensure accountability for a number of projects within the programme. This structure will be reviewed and updated once the SOC has been approved and individual projects identified as work streams to deliver the overall project from SOC to Outline Business Case:

Figure 7 Proposed reporting structure for programme at Wiltshire CCG



7.2 Role & Responsibilities

The Project Board will ultimately be responsible for assurance that the programme of project work streams remain on course to deliver the end product or output in line with the Strategic Outline Business Case. Throughout the life of the project, the Project Board will be responsible for ensuring key elements of the project occur including:

- Sign off the workstream Project Initiation Document
- Ensuring adequate resources are deployed into the project to enable delivery; inclusive of the appointment of a Project Manager and advisors as appropriate
- Receive reports from the Project Manager and monitor progress/authorise slippage
- Review risks, issues and exceptions and determine appropriate course of action based on recommendations from the Project Manager
- Exercise functional and financial authority to support the project
- Sign off project stages/closure

7.3 CCG Membership of the Project

In order to ensure successful delivery of changes to strategic healthcare in North West Wiltshire the CCG identified the need for a robust and transparent strategic healthcare planning process that engaged with a wide range of healthcare professionals, provider representatives and commissioners (stakeholders included in this process are summarised in section 7.7).

7.4 Project Responsibilities

This project has used the Prince 2 Project Methodology with a project team consisting of a Senior Responsible Office, a Project Manager and specialist resources to deliver the strategic healthcare planning and Strategic Outline Case. Utilising a number of key stakeholders to inform the project throughout.

- Senior responsible Officer – Steve Perkins, Chief Financial Officer (Wilts CCG)
- Programme Manager- Simon Yeo, Estates Advisor (Wilts CCG)
- Healthcare Planning – Matt Williams-Gray and Eithne Burt (Capita)
- Activity modelling- Ruth Evans (Capita)
- Finance Modelling- Mike Stevens (Integre Consulting)

7.4.1 Senior Responsible Officer

The Senior Responsible Officer (SRO) has overall responsibility for the project from inception to completion. The role commenced with the appointment of the programme manager and professional advisors (as defined above).

The SRO is a Director within Wiltshire CCG and his role is to:

- Appoint a Project Manager to manage the project
- Ensure adequate resources are made available to the project and agreed future project work streams.
- Facilitate and resolve difficult issues
- Provide overall internal and external leadership

7.4.2 Programme Manager

The Programme Manager is responsible for overseeing the project within the Estates Steering Group work programme. This will be achieved through a clear management programme and regular reports to the Estates Steering Group. The Programme Manager's key areas of responsibility are:

- To manage the CCG's interests in the project, providing decisions and direction on their behalf.
- To appoint staff, consultants and contractors who will undertake work at each stage of the project.
- Act as a point of contact for all external organisations
- To take the lead role with the project team and external advisors
- Provide progress reports to the CCG
- Manage the project budget

7.4.3 Communications

At this stage in the project engagement has been with CCG and NHS England commissioning, clinical and organisational stakeholders. Healthwatch Wiltshire have been part of the stakeholder process to ensure a public perspective is considered throughout.

The Associate Director of Communications for the CCG will be responsible for managing stakeholder engagement moving forward. This will ensures staff, patients and the public have an opportunity to engage in consultation processes and options developments.

Key areas of responsibility for the Associate Director of Communications are:

- Development of the communications strategy
- Communications support across the number of work streams identified within the SOC to take the project forward

7.5 Programme Milestones

The key milestones for the delivery of the SOC are as follows:

Table 30 Key project milestones

Initial stakeholder engagement Workshop	3rd October 2016
Activity Data collection	October 2016- January 2017
Strategic Healthcare Planning	October 2016- March 2017
Primary care workshop	17th November 2016
Activity Data modelling	November 2016- March 2017
Options appraisal long list development	23rd February- 6th March
Clinical stakeholder engagement workshop	7th March 2017
CCG stakeholder non-financial options appraisal	16th March 2017
CCG stakeholder non-financial options appraisal	5th April 2017
CCG stakeholder financial options appraisal	27th April 2017
Draft Strategic Outline Case to CCG	4-11th May 2017
Final draft Strategic Outline Case to CCG	12th May 2017
Final Draft to Governing body for comments	23rd May 2017
Update following comments from CCG Governing body	June 2017
Final Strategic Outline Case to Governing body for approval	July 2017

Subject to CCG approval of the SOC a detailed work programme will be developed to ensure monitoring and delivery of identified project work steams moving forward.

7.6 Stakeholder Engagement

A programme of stakeholder engagement was carried out from October 2016 to April 2017. The purpose of the meetings was to ascertain the current activity, individual provider strategic priorities and primary care requirements. This information was used to determine key assumptions for space utilisation now and in the future in order to determine an indicative accommodation schedule and costs with the following stakeholders:

- NHS Wiltshire CCG
- GPs Chippenham, Melksham and Trowbridge
- Wiltshire Health and Care
- Great Western Hospital NHS FT
- Oxford Health
- Virgin Health
- Healthwatch
- Wiltshire County Council
- NHS England
- Royal United Hospital NHS FT
- Avon and Wiltshire Mental Health Trust
- NHS Property Services (NHSPS)

Service user engagement has been limited to Healthwatch during the Strategic Healthcare Planning review and development of the SOC. The Associate Director of Communications has also been involved throughout the process to date and has raised the service user voice within the strategic discussions. One of the key actions during OBC stage will be the development of a strategy to ensure user involvement and public engagement is undertaken in an open and transparent way as part of the wider communications strategy.

Table 31 Schedule of stakeholder meetings

Initial stakeholder engagement Workshop	3rd October 2016
Activity data collection with stakeholders	October 2016- January 2017
Strategic Healthcare Planning with stakeholders	October 2016- March 2017
Primary care workshop	17th November 2016
Clinical stakeholder engagement workshop emerging options	7th March 2017
CCG stakeholder non-financial options appraisal	16th March 2017
CCG stakeholder non-financial options appraisal	5th April 2017
CCG stakeholder financial options appraisal	27th April 2017

Use of special advisors

The CCG has appointed 'Capita Health as its lead to deliver the SHP and the SOC. Subject to approval of the SOC the programme of work will require a number of professionals to deliver the technical detail of the development, such as:

- Healthcare Planners
- Architects & Design
- Financial & Economic Modelling

7.7 Gateway review arrangements

NHS England operates a two stage assurance process for service reconfiguration and certain capital expenditure and transactions.

Approval of the SOC by the CCG Governing Body will provide evidence if CCG concludes there is a sufficient robust case for change. At this stage in the process a strategic sense check is recommended with NHS England Regional team prior to commencement of OBC. This approach is in line with 'NHS England Planning, Assessing and Delivering Service Change for Patients' (Nov 2015).

7.8 Programme Quality & Assurance Management

The programme of project workstreams that will follow an approved SOC will be managed using PRINCE 2 methodology for Project Management, (the agreed NHS method of delivery for capital projects). As part of the methodology, the project team are to ensure that there is regular reporting (as yet to be determined) covering governance arrangements for each project work stream in the programme regarding progress, risk, issues, and financial reporting. In addition, the project manager will ensure that projects are delivered in line with Managing Successful Projects Office of Government Commerce (OGC) Guidance.

8 Conclusion

The Strategic Outline Case has demonstrated that the strategic direction for community and primary care that is in line with local and national strategic priorities. Engagement with key stakeholders has enabled high level activity and space requirements to be financially assessed and has identified a number of actions that will be required to deliver the next stage of the business planning process.

The Governing body are asked to approve this Strategic Outline Case for Chippenham, Melksham and Trowbridge recommending the preferred way forward; for one community hub, one community spoke and three urgent treatment centres, alongside development of primary care to increase capacity. The preferred way forward will provide three community venues. The detail of what is delivered from each area will be explored further in more detail at the outline business case.

Approval of the SOC will commence the next stages of the work programme, initially with the follow up actions summarised in Appendix 5. Followed by the implementation of work streams for Chippenham, Melksham and Trowbridge. Where appropriate, individual project work streams will include wider North West Wiltshire when developing the Outline Business Case.

Appendices

Appendix 1 Community and Primary Care Capacity Modelling

Appendix 1A Community Activity Modelling

Melksham, Trowbridge and Chippenham Community Services: Activity and Capacity Modelling Approach

Data included

The following data was provided and included within the modelling:

Oxford Health NHS Foundation Trust

- Number of individual patients seen at Melksham Community Hospital in 2012/13, 2013/14, 2014/15
- 15/16 data not supplied due to implementation of new health record system

NHS Wiltshire CCG

Data including:

- MIU attendances for 2015/16 and 2016/17 to Q4 at Chippenham and Trowbridge Community Hospitals, stratified by GP practice
- Outpatient attendances at Chippenham, Melksham and Trowbridge Community Hospitals, stratified by GP practice

Royal United Hospitals NHS Foundation Trust

- Inpatient report for Chippenham and Trowbridge Community Hospitals in 2014/15 and 2015/16
- Outpatient report for Chippenham, Trowbridge and Melksham Community Hospitals in 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16
- Radiology activity for Chippenham, Trowbridge and Melksham Community Hospitals in 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16
- Maternity appointments for Chippenham and Trowbridge Community Hospitals from January to December 2016; stratified by clinic, home visit and ward attender

Medvivo

- Out of hours activity involving face-to-face PCC appointments for 2013/14, 2014/15, 2015/16 and 2016/17 to September – *Note this is not broken down by site so queries have been raised regarding whether this is covering the whole of Wiltshire*

Wiltshire Health and Care

- Adult community contract activity for 2015/16
- MIU attendances at Chippenham and Trowbridge Community Hospital for 2015/16

Great Western Hospital NHS Foundation Trust

- Outpatient appointments per annum at Chippenham, Trowbridge and Melksham Community Hospitals for 2012/13, 2013/14, 2014/15, 2015/16, 2016/17
- Data stratified by first and follow-up appointments

Projecting Growth

Due to the variation in activity data supplied by each provider for each specialty in terms of the number of years of data given, a standardised approach has been used for projecting growth. This approach was to apply the 6.6% STP projected growth for the following 10 years on to the latest available year of baseline data in order to calculate projected activity figures for each specialty in 2025/26.

The following caveats should be noted:

- Providers of some datasets advised that due to the transfer of data systems over previous years, there may be some inaccuracies within the data reporting
- Where several previous years of activity data has been provided and a comparison between using actual growth or STP figures as a basis for projection could be done, this highlights some differences in projected admissions/attendances depending on the specialty or type of activity e.g. inpatient admissions
- It is noted that the STP figure of 6.6% projected growth in population over the next 10 years is the average across Wiltshire, however there are pockets of more significant growth geographically and also within the 65+ years age group which would impact on the growth rate for particularly specialties such as those linked to chronic disease
- It is not known whether the activity figure for Medvivo is for the whole of Wiltshire – awaiting data which has been broken down by site and can be apportioned accordingly

Assumptions

Outpatients

- 50 weeks per year
- 52.5 hours per week
- Utilisation 80%
- 90% of appointments require C/E room, 10% of appointments require Treatment room
- Appointment length 17 minutes unless rehab, tissue viability, fracture clinic, T&O, geriatric, pulmonary rehab and procedures
- Dental activity has been excluded

Inpatient

- 52 weeks per year
- 24 hours per day, 7 days per week
- Utilisation 80%

Radiology

- 50 weeks per year
- 52.5 hours per week
- Utilisation 80%
- Appointment length 30 mins

Mental Health

- 50 weeks per year
- 52.5 hours per week
- Utilisation 80%
- 100% of appointments require C/E room
- Appointment length according to data provided (between 1 hour and 1.5 hours depending on new of follow up appointment)
- Group appointments not included as no data available

Medvivo Out of Hours

- 52 weeks per year
- 83.5 hours per week
- Utilisation 80%
- 100% of appointments require C/E room
- Appointment length 15 mins

Maternity

- 5% of appointments complex with average length 30 mins
- 95% of appointments complex with average length of 17 mins (pre and post-natal)
- One group session of 60 mins per week per site
- Utilisation 80%
- 100% of clinic appointments require consultation room
- LOS modelled according to data provided (0.6 days at Trowbridge for RUH and 1.5 at Chippenham for RUH)

MIU

- Average appointment length of 17 mins
- Operational hours of 7am-11pm, 7 days per week
- Utilisation 80%

Projected activity figures by provider, site and speciality

Projection of activity based on STP growth of 6.6% over the following 10 years results in the following numbers of appointment/admissions in 2025/26.

Outpatients

Site	Provider	Specialty	Baseline 2015/16	Total appointments / admissions 2025/26 (STP)	Total rooms required (consultation plus treatment)
All	Medvivo	Out of hours appointments	36686	39107	2.81
Chippenham	GWH (Great Western Hospital)	Geriatric Medicine	25	27	0.01
Chippenham	GWH	Orthotics 1st	308	328	0.08
Chippenham	GWH	Orthotics FU	689	734	0.17
Chippenham	GWH	Physiotherapy 1st	3187	3397	0.81
Chippenham	GWH	Physiotherapy FU	9497	10124	2.41
Chippenham	GWH	Rheumatology 1st	57	61	0.01
Chippenham	GWH	Rheumatology FU	80	85	0.02
Chippenham	GWH	Trauma & Orthopaedics 1st	654	697	0.17
Chippenham	GWH	Trauma & Orthopaedics FU	490	522	0.12
Chippenham	RUH (Royal United Hospital)	Anaesthetics	2	2	0.00
Chippenham	RUH	Audiology	207	221	0.03
Chippenham	RUH	Cardiology	84	90	0.01
Chippenham	RUH	Dermatology	745	794	0.11
Chippenham	RUH	Endocrinology	440	469	0.06
Chippenham	RUH	ENT	935	997	0.13
Chippenham	RUH	General Surgery	209	223	0.03
Chippenham	RUH	Geriatric Medicine	313	334	0.08
Chippenham	RUH	Maternity Clinic Complex	783	836	0.22
Chippenham	RUH	Maternity Clinic Group	50	50	0.03
Chippenham	RUH	Maternity Clinic Standard	14895	15878	2.33
Chippenham	RUH	Neurology	150	160	0.02
Chippenham	RUH	Ophthalmology	861	918	0.12
Chippenham	RUH	Optometry	44	47	0.01
Chippenham	RUH	Orthoptics	365	389	0.05
Chippenham	RUH	Respiratory Medicine	91	97	0.01
Chippenham	RUH	Trauma & Orthopaedics	73	78	0.02
Chippenham	RUH	Urology	278	296	0.04
Chippenham	RUH	Women & Children	914	975	0.13

Site	Provider	Specialty	Baseline 2015/16	Total appointments / admissions 2025/26 (STP)	Total rooms required (consultation plus treatment)
Chippenham	Wiltshire Health and Care	Continence Service	153	164	0.02
Chippenham	Wiltshire Health and Care	Diabetes	1354	1444	0.19
Chippenham	Wiltshire Health and Care	Dietetics	571	609	0.08
Chippenham	Wiltshire Health and Care	Fracture Clinic	1045	1114	0.27
Chippenham	Wiltshire Health and Care	Neurology Specialists	89	95	0.01
Chippenham	Wiltshire Health and Care	Orthotics	995	1061	0.25
Chippenham	Wiltshire Health and Care	Outpatient Physiotherapy	14610	15575	3.71
Chippenham	Wiltshire Health and Care	Podiatry	2555	2724	0.65
Chippenham	Wiltshire Health and Care	Pulmonary Rehabilitation	668	713	0.17
Chippenham	Wiltshire Health and Care	Speech & Language	450	480	0.11
Chippenham	Wiltshire Health and Care	Tissue Viability	7	8	0.00
Melksham	GWH	Occupational Therapy 1st	3	3	0.00
Melksham	GWH	Occupational Therapy FU	9	10	0.00
Melksham	GWH	Orthotics 1st	14	15	0.00
Melksham	GWH	Orthotics FU	33	35	0.01
Melksham	GWH	Physiotherapy 1st	1689	1800	0.43
Melksham	GWH	Physiotherapy FU	3628	3867	0.92
Melksham	Oxford Health	CAMHs - New	978	1043	0.68
Melksham	Oxford Health	CAMHs - Follow Up	6161	6568	3.44
Melksham	RUH	Audiology	387	413	0.06
Melksham	RUH	Ophthalmology	1	1	0.00
Melksham	RUH	General Surgery	74	79	0.01
Melksham	RUH	Trauma & Orthopaedics	66	70	0.02
Melksham	RUH	Urology	3	3	0.00
Melksham	RUH	Women & Children	273	291	0.04
Melksham	Wiltshire Health and Care	Diabetes	343	366	0.05
Melksham	Wiltshire Health and Care	Dietetics	259	277	0.04
Melksham	Wiltshire Health and Care	Neurology Specialists	69	74	0.01
Melksham	Wiltshire Health and Care	Orthotics	47	51	0.01
Melksham	Wiltshire Health and Care	Podiatry	2307	2460	0.59
Melksham	Wiltshire Health and Care	Pulmonary Rehabilitation	180	192	0.05
Melksham	Wiltshire Health and Care	Wheelchair Service	1858	1981	0.26
Melksham	Wiltshire Health and Care	Speech & Language	221	236	0.06
Melksham	Wiltshire Health and Care	Tissue Viability	3	4	0.00
Melksham	Wiltshire Health and Care	Outpatient Physiotherapy	5551	5918	1.41

Site	Provider	Specialty	Baseline 2015/16	Total appointments / admissions 2025/26 (STP)	Total rooms required (consultation plus treatment)
Melksham	Wiltshire Health and Care	Wiltshire Orthopaedic Network	337	360	0.09
Trowbridge	GWH	Orthotics 1st	142	151	0.04
Trowbridge	GWH	Orthotics FU	351	374	0.09
Trowbridge	GWH	Physiotherapy 1st	2792	2976	0.71
Trowbridge	GWH	Physiotherapy FU	6423	6847	1.63
Trowbridge	GWH	Trauma & Orthopaedics 1st	32	34	0.01
Trowbridge	GWH	Trauma & Orthopaedics FU	1	1	0.00
Trowbridge	RUH	Audiology	1	1	0.00
Trowbridge	RUH	Dermatology	490	522	0.07
Trowbridge	RUH	Endocrinology	253	270	0.04
Trowbridge	RUH	ENT	359	383	0.05
Trowbridge	RUH	General Surgery	35	37	0.00
Trowbridge	RUH	Maternity Clinic Complex	713	760	0.20
Trowbridge	RUH	Maternity Clinic Group	50	50	0.03
Trowbridge	RUH	Maternity Clinic Standard	13554	14448	2.12
Trowbridge	RUH	Neurology	54	58	0.01
Trowbridge	RUH	Ophthalmology	870	927	0.12
Trowbridge	RUH	Optometry	48	51	0.01
Trowbridge	RUH	Orthoptics	315	336	0.04
Trowbridge	RUH	Respiratory Medicine	88	94	0.01
Trowbridge	RUH	Trauma & Orthopaedics	43	46	0.01
Trowbridge	RUH	Urology	604	644	0.09
Trowbridge	RUH	Women & Children	325	346	0.05
Trowbridge	Wiltshire Health and Care	Continence Service	433	462	0.06
Trowbridge	Wiltshire Health and Care	Diabetes	902	962	0.13
Trowbridge	Wiltshire Health and Care	Dietetics	509	543	0.07
Trowbridge	Wiltshire Health and Care	Neurology Specialists	286	305	0.04
Trowbridge	Wiltshire Health and Care	Orthotics	493	526	0.13
Trowbridge	Wiltshire Health and Care	Outpatient Physiotherapy	8840	9423	2.24
Trowbridge	Wiltshire Health and Care	Podiatry	2559	2728	0.65
Trowbridge	Wiltshire Health and Care	Pulmonary Rehabilitation	473	504	0.12
Trowbridge	Wiltshire Health and Care	Speech & Language	136	145	0.03
Trowbridge	Wiltshire Health and Care	Tissue Viability	84	90	0.02
Trowbridge	Wiltshire Health and Care	Wiltshire Orthopaedic Network	890	949	0.23

MIU

Site	Provider	Specialty	Baseline attendances 2015/16	Total attendances 2025/26 (STP)	Total rooms required (STP Data)
Chippenham	Wiltshire Health and Care	MIU	24711	26342	2
Trowbridge	Wiltshire Health and Care	MIU	22566	24056	1

Inpatients - Maternity

This includes birthing suite, women's inpatient beds (pre/postnatal beds or gynae) and maternity ambulatory care.

Site	Provider	Baseline admissions 2015/16	Total admissions 2025/26 (STP)	Total beds required (STP Data)
Chippenham	Birthing Suite	220	235	0.81
Trowbridge	Birthing Suite	330	352	1.21
Chippenham	Maternity Ambulatory Care	3903	4161	2.00
Trowbridge	Maternity Ambulatory Care	4571	4873	2.34
Chippenham	RUH - Women's inpatient beds	647	690	2.37
Trowbridge	RUH - Women's inpatient beds	618	659	2.26

Note: Maternity Ambulatory Care operational hours set at the same as outpatient operational hours (i.e. not 24 hours like other inpatient services).

Inpatients – Community Beds

Site	Provider	Baseline admissions 2015/16	Total admissions 2025/26 (STP)	Total beds required (STP Data)
Chippenham	Wiltshire Health and Care - Cedar Ward	391	417	45.09
Chippenham	Wiltshire Health and Care - Mulberry Ward	198	211	27.04

Diagnostics

Site	Provider	Specialty	Baseline attendances 2015/16	Total attendances 2025/26 (STP)	Total rooms required (STP Data)
Chippenham	RUH	Obstetrics	558	595	0.14
Chippenham	RUH	Radiology	8884	9470	2.25
Chippenham	RUH	Ultrasound	2273	2423	0.58
Melksham	RUH	Radiology	4404	4695	1.12
Trowbridge	RUH	Obstetrics	598	637	0.15
Trowbridge	RUH	Radiology	6523	6954	1.66
Trowbridge	RUH	Ultrasound	1424	1518	0.36

Appendix 1B Primary Care Activity Modelling

Melksham, Trowbridge and Chippenham Primary Care Modelling

				Infrastructure Requirements 2026 inc housing (based on NHSE PID Estimator)						Comparison with current infrastructure						
	Practice	List size 2016	Projected population 2026 (inc housing)	C/E Rooms	Treatment Rooms	Clinical Space m2	Public Space m2	NIA m2	GIA m2	Current GIA	Current C&E rooms	Current treatment rooms	Difference (current minus projected) in GIA m2	Capita estimates of GIA Requirements 2026 inc housing (based on NHSE S106 Calculator)	Difference between NHSE PID Estimator and NHSE S106 calculation of GIA	Difference between current infrastructure and NHSE S106 calculation of GIA
Chippenham	Hathaway Medical Practice	15582	20,973	7	5	192	448	640	992	1386	10	9	394	1292	-300	94
	Rowden Surgery	15815	21,287	7	5	208	485	693	1075	915	13	11	-160	1333	-258	-418
	The Lodge Surgery	8167	10,993	4	3	96	224	320	496	321	7	2	-175	875	-379	-554
	Jubilee Field Surgery	4467	6,012	2	1	64	149	213	331	214	3	3	-117	584	-253	-370
	TOTAL	**44031**	**59,265**	**20**	**14**	**560**	**1306**	**1866**	**2894**	**2836**	**33**	**25**	**-58**	**4084**	**-1190**	**-1248**
Melksham	Giffords Primary Care Centre	13647	16,360	6	4	160	373	533	827	893	8	13	66	1125	-298	-232
	Spa Medical Centre	11222	13,453	5	3	128	299	427	661	600			-61	1000	-339	-400
	St Damian's Surgery (Bradford-on-Avon and Melksham Health Partnership)	3282	3,935	1	1	32	75	107	165	193	2	4	28	333	-168	-140
	TOTAL	**28151**	**33,748**	**12**	**8**	**320**	**747**	**1067**	**1653**	**1686**	**10**	**17**	**33**	**2458**	**-805**	**-772**
Trowbridge	Widbrook Medical Practice	5358	6,480	2	2	64	149	213	331	475	4	22	-144	584	-253	-109
	The Lovemead Group Practice	17345	20,976	7	5	192	448	640	992	650			342	1292	-300	-642
	Adcroft Surgery	14270	17,258	6	4	160	373	533	827	713	10	13	114	1167	-340	-454
	Bradford Road Surgery	10755	13,007	4	3	128	299	427	661	371			290	958	-297	-587
	TOTAL	**47728**	**57,720**	**19**	**14**	**544**	**1269**	**1813**	**2811**	**2209**	**14**	**35**	**-602**	**4001**	**-1190**	**-1792**

Appendix 2 Non Financial Options Scoring April 2017

Scoring information

Weighting of evaluation criteria

Criteria	Title	Weighted score
1	Strategic Fit • Aligns with five year forward view • Aligns with CCG operational plan • Aligns with sustainability and transformation plan	25%
2	Can accommodate the required space for Primary care services in the locality based on population growth.	6.66%
3	Supports the plan for 2017/18 to develop primary urgent care (same day) centres	6.66%
4	Is a sustainable option that supports delivery of primary care services	6.66%
5	Supports care closer to home	20%
6	Quality of the patient environment and patient experience	20%
7	Can be delivered within the timescales aligned with STP programme (approximately 2021)	5%
8	Offers a solution that is acceptable to key stakeholders and the public	5%
9	Provides a solution to estates priorities	5%
Total		100%

Score	Evaluation	Description
0	Deficient	Does not meet the criteria in any way.
1	Limited	Meets the criteria to a small extent but with many areas not met.
2	Acceptable	Meets the criteria to a tolerable level, however with some areas not addressed.
3	Good	Meets most of the criteria with some areas outstanding.
4	Excellent	Meets the criteria completely.

Long List of options

List of Options	Description
1	Do nothing: Provision of general maintenance to current buildings
2	Do Minimum: Develop primary care to provide additional space as per capacity plan No changes to community Hospital sites apart from general maintenance
3	Develop primary care to provide additional space as per capacity plan Provide improved community clinical environments and functionality through refurbishment of current community estate
4	One community hospital hub for inpatient beds, outpatients and diagnostic services. No urgent treatment centre Develop primary care to provide additional space as per capacity plan
5	One community hospital hub for inpatient beds, outpatients and diagnostic services. A single urgent treatment centre Develop primary care to provide additional space as per capacity plan
6	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in one community spoke site No urgent treatment centre Develop primary care to provide additional space as per capacity plan
7	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in one community spoke site A single urgent treatment centre Develop primary care to provide additional space as per capacity plan

List of Options	Description
8	One community hospital hub for inpatient beds, outpatients and diagnostic services. Some outpatients and diagnostics in two community spoke sites No urgent treatment centre Develop primary care to provide additional space as per capacity plan
9	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites A single urgent treatment centre Develop primary care to provide additional space as per capacity plan
10	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites Two urgent treatment centres. Develop primary care to provide additional space as per capacity plan
11	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at one community spoke site. Three urgent treatment centres. Develop primary care to provide additional space as per capacity plan.
12	One community hospital hub for inpatient beds, outpatients and diagnostic services. Three urgent treatment centres. Develop primary care to provide additional space as per capacity plan.
13	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at one community spoke site. Two urgent treatment centres. Develop primary care to provide additional space as per capacity plan.
14	One community hospital hub for inpatient beds, outpatients and diagnostic services. Outpatients and diagnostics at two community spoke sites. Three urgent treatment centres Develop primary care to provide additional space as per capacity plan.

Summary of Long List Scoring

The maximum score that can be achieved is 34

Rank is allocated based on weighted score

Options	Description	score	Weighted score	rank
1	Do nothing:	11	1.35	14
2	Do Minimum:	17	2.07	11
3	Develop primary care to provide additional space, refurbish current community estate	16	2.02	12
4	One community hospital hub No urgent treatment centre Develop primary care	18	1.97	13
5	One community hospital hub A single urgent treatment centre Develop primary care	25	2.75	8
6	One community hospital hub one community spoke site No urgent treatment centre Develop primary care	20	2.23	9
7	One community hospital hub one community spoke site A single urgent treatment centre Develop primary care	27	3.02	4
8	One community hospital hub two community spoke sites No urgent treatment centre Develop primary care	19	2.18	10
9	One community hospital hub two community spoke sites A single urgent treatment centre Develop primary care	27	3.02	4
10	One community hospital hub two community spoke sites Two urgent treatment centres. Develop primary care	33	3.85	2
11	One community hospital hub one community spoke site Three urgent treatment centres	34	3.9	1

	Develop primary care			
12	One community hospital hub Three urgent treatment centres Develop primary care	27	2.90	7
13	One community hospital hub one community spoke site Two urgent treatment centres. Develop primary care	27	3.02	4
14	One community hospital hub two community spoke sites Three urgent treatment centres Develop primary care	33	3.85	2

Appendix 3 Full Financial Pack (issued separately to CCG finance)

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Appendix 4 Risk Register

Chippenham, Melksham and Trowbridge Risk Log							
Ref No.	**Description**	**Type of Risk**	**Risk Based Methodology**				**Comments/Action to mitigate**
			Likelihood	**Consequence**	**Risk Score**	**Risk Rating**	
1	ETTF funding is time limited and relates to primary care development only Section 106 funding is not approved to support development schemes Lack of clarity around alignment with STP strategic estates capital planning	Business	3	3	9	Med	The CCG has funding approval through Estates, Technology and Transformation Funding (ETTF). Early engagement with council to assess the potential to access section 106 funding as part of housing developments within the local area Organisations within STP agree control totals and access to associated capital.
2	Revenue costs create a cost pressure against agreed CCG control totals.	Business	4	4	16	High	detailed review of activity and space requirements with assessment of changes in activity delivery.
3	Capital cost for new build exceeds capital available	Business	3	4	12	Med	Potential to release assets to finance developments to be fuly explored Affordability will be managed through innovative design and where necessary value engineering whilst maintaining scope. The SOC has based its assessment on all new build and does not include any release of estate. This methodology provides an opportunity to reduce costs during the outline business case as part of a more detailed financial analysis
4	Time delay moving forward to approval of OBC ETTF funding may impact on ETTF funding for Trowbridge	Business	3	3	9	Med	Project workstream underway to manage Trowbridge development within agreed timescales for ETTF with flexibility to adjust space subject to outcome of SOC. Early Wiltshire Council and Planning engagement linking with STP and one public estate
5	Rick of judicial review on the process	All	2	4	8	Med	Robust process assurance and governance Development of a communication strategy to support early public and stakeholder engagement in line with agreed objectives
6	The specification does not adequately deliver estate that supports the changing models of care.	Business	2	4	8	MED	On approval of strategic outline case a project board will be set up by the CCG to deliver individual work streams identified which will include clinical models of care and design. Timescales will be aligned with local Strategic Transformational Plan timescales. Robust clinical leadership
7	The financial benefits will not be realised within the required time frames.	Business	3	3	9	Med	Clear project plan and robust governance and assurance processes in place to deliver agreed workstreams. Continued engagement with key stakeholders and identified clinical leads
8	Lack of capacity to support and deliver the required leadership and change management	All	2	3	6	LOW	Identify resources required and engage in early dialog to address gaps
9	Lack of clinical ownership of proposed changes	Clinical	2	3	6	low	Clinical ownership of the agreed changes to models of care and operational policies
10	Local sensitivities, public resistance / opposition to preferred way forward	All	4	4	16	High	CCG Associate Director of Communication and will lead the communication strategy following approval of the SOC. Robust ongoing communication with public and key stakeholders. The preferred way forward will require a number of work streams to address issues identified with changing service delivery models. This will include heat maps for current services, travel distances, access and car parking.
11	Disruption to delivery of safe and effective services during transition	Clinical	2	4	8	Med	The CCG and providers will identify and manage all risks associated with its current service delivery affected by proposed changes
12	Risk of cost pressure to service providers	Business	3	3	9	Med	providers will work with CCG and project team to identify and mitigate cost pressures as a result of service change

			Consequence				
			Trivial	**Minor**	**Moderate**	**Major**	**Catastrophic**
			1	2	3	4	5
Likelihood	**Rare**	1	1	2	3	4	5
	Unlikely	2	2	4	6	8	10
	Possible	3	3	6	9	12	15
	Likely	4	4	8	12	16	20
	Certain	5	5	10	15	20	25

Risk Rating	**Score**
Low Risk	**1-7**
Medium Risk	**8-12**
High Risk	**15-20**
Extreme Risk/Stop	**25**

Appendix 5 Actions Log

The actions identified as a result of the Strategic Healthcare review and SOC to inform the next stage of business case development are summarised as follow:

Criteria	Action	Lead
1	Review the longer term strategic direction for delivery of children's services in relation to accommodation for all children's services. A review of the opportunities for co-location of children's services in light of the Virgin Health estates strategy.	CCG CCG/ children's services stakeholders
2	Review of hospital inpatient bed numbers in line with Wiltshire County-wide requirements prior to detailed design of inpatient facilities.	CCG
3	Undertake a Strategic Outline Programme (SOP) for the whole of Wiltshire to establish programmes for the areas not covered by the SOC and to develop an understanding of phasing and resources to deliver the Wiltshire wide estates objectives.	CCG
4	Clarity from NHS England regarding the commissioning intentions for dental services within North West Wiltshire.	NHSE
5	Detailed analysis of the activity data and confirmation of requirements as part of OBC.	CCG/providers
6	Further consultation with Avon and Wiltshire Partnership to assess the opportunities for service integration.	CCG/AWP
7	A clearly defined and approved approach for the development of urgent treatment centres and Minor Injury Services within the localities based on the strategic direction.	CCG/ Service stakeholders
8	Further assessment of the plans to shift elective activity from secondary care to primary and community care in Chippenham, Melksham and Trowbridge and the wider area of North West Wiltshire.	CCG/ Secondary care
9	An assessment of additional services that could be provided from community venues in line with STP and commissioning intentions.	CCG/Service Stakeholders
10	An assessment of the services that need to be provided from each location and the areas they are intended to serve.	CCG project team
11	Assessment of the travel distances for patients with regards to any changes to proposed services in the community.	CCG project team

12	A review of the services historically provided from the current community hospital venues to define the most appropriate location within the options review.	CCG project team
13	An assessment of the most appropriate location for Wiltshire-wide services currently located within North West Wiltshire (including a heat map of population they serve)	CCG
14	Clarity on any proposed changes to the delivery model for community maternity services based on latest guidance and collation of women's views on community services following RUH and MSLC reviews.	CCG/ Maternity Services
15	A review of opportunities to support delivery of inpatient beds for children's mental health within North West Wiltshire.	CCG/ NHSE
16	The requirement for a finance and activity workstream to ensure full financial modelling and implications for organisations is assessed to provide the more detailed level of information required at OBC.	CCG/ all providers
17	Assessment of the most appropriate locations for out of hours services based on the options being developed, in conjunction with new integrated urgent care model. This will be developed further during the OBC process.	CCG/ Medvivo
18	A detailed review of the administration requirements for each clinical location.	CCG project team/ Service stakeholders
19	Detailed assessment of community teams' administration based with localities and how office accommodation can be provided in the most clinical and cost effective way.	Community providers/ CCG project team
20	Undertake a strategic sense check with NHS England regional team prior to commencement of OBC.	CCG
21	Review of governance arrangements to ensure appropriate governance and reporting structures are in place to deliver the projects that will follow the SOC and other CCG estates objectives.	CCG
22	Develop a resource plan to deliver the programme from SOC to OBC.	CCG

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NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: Strategic Outline Case (SOC) for Chippenham, Melksham and Trowbridge

For the record	
Name of person leading this EIA: Simon Yeo	Date completed: 29/06/2017
Names of people involved in consideration of impact: Simon Yeo and Steve Perkins	
Name of director signing EIA: Steve Perkins	Date signed: 29/06/2017

What is the proposal? What outcomes/benefits are you hoping to achieve?

The SOC identifies a preferred way forward for the future provision of community and primary care estate in Chippenham, Melksham and Trowbridge to support the sustainable delivery of community, secondary and primary care services.

The proposal is for one community hospital (hub), one community spoke and three urgent treatment centres, alongside development of primary care estate to increase capacity. See content of SOC for definitions of each.

The preferred way forward takes account of key national, regional and local drivers for change and was arrived at following stakeholder scoring sessions.

The SOC is the first stage in the business planning process and therefore in the main the SOC does not make assumption about the location for these facilities other than being in the Chippenham, Melksham, Trowbridge area. Locations will be identified through option appraisals at the Outline Business Case (OBC) stage of the business planning process.

The one exception is that the SOC recommends that the community spoke, one of the urgent treatment centres and the Trowbridge primary care space shortfall is accommodated in the new Trowbridge health facility. This scheme is currently at the OBC development stage and progressing ahead of a Governing Body SOC decision due to time limited Estates and Technology Transformation Funding (ETTF). The Trowbridge development will be subject to its own EIA and will be undertaken as part of the Outline Business Case (OBC) for the scheme.

The ultimate objective is to have accommodation that is appropriate for the delivery of community, secondary and primary care services. Being the first stage in the Business planning process the objective of the SOC is to set the direction of travel for achieving this objective.

Who's it for?

The people of Chippenham, Melksham, Trowbridge and the surrounding area. There may also be services that extend beyond this area, which will be determined at the next stage of the business planning process.

How will this proposal meet the equality duties?

Chippenham, Melksham and Trowbridge have a shortage of primary care accommodation and poor quality community hospital buildings that are no longer appropriate for the delivery of national, regional and local priorities.

The preferred way forward identified in the SOC sets out a vision that will dramatically improve this situation, with accommodation that will enable the delivery of best practice in health services from accommodation that meets current standards.

What are the barriers to meeting this potential?

The main barrier is subsequent business planning stages not gaining approval. The SOC is the first stage in the process with subsequent stages of OBC and Full Business Case (FBC) to gain approval prior to the construction and/or redevelopment of facilities to deliver the vision in the SOC.

Some of the reasons why subsequent business planning stages may not gain approval include:

Business risk

- Access to capital
- Affordability
- Delay

Design and development risk

- Specification
- Timescale
- Change management
- Project management

Implementation risk

- Local sensitivities and opposition to preferred way forward
- Cost risk

Operational risks

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

See section 3.4, 3.5 and appendix 1A of the SOC for services and in turn the best indication at this stage of who will use the facilities.

How can you involve your customers in developing the proposal?

There will be public engagement on the SOC if approved by Wiltshire CCG Governing Body.

Once projects are at the briefing stage the Design Quality Impact (DQI) process will be followed with the following groups invited: patient representatives; carers; associated voluntary organisations; local healthwatch representative; health and wellbeing board representative.

There will be public engagement and/or consultation as appropriate at the subsequent business

planning stages.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

With the SOC being the first stage in the business planning process the data is incomplete, which is normal for this stage. A more complete picture will be developed as the projects that follow an approved SOC move through the OBC and FBC stages.

3 Impact Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

Unable to determine at the SOC stage. Will be able to assess at OBC and FBC.

What can be done to change this impact?

If an impact is identified at subsequent stages an assessment will be made on what changes can be made.

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

Unable to determine at the SOC stage. Will be able to assess at OBC and FBC.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

Yes, and will be carried out as planned during the subsequent post SOC development stages.

4 So what? Link to business planning process

What changes have you made in the course of this EIA?

No changes

What will you do now and what will be included in future planning?

Appropriate engagement and consultation throughout the business planning process and development process along with further EIAs at OBC and FBC.

When will this be reviewed?

Outline Business Case stage for each project that will follow an approved SOC.

How will success be measured?

The locations for developments and the buildings deliver the objectives of the CCG model of care. The developments that would follow an approved SOC are compliant with current standards for healthcare developments.