



**Community Casualty Unit
Central Health Centre Cumbernauld
Standard Business Case**

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1. Title of project

Development of a Community Casualty Unit (CCU) within Central Health Centre in Cumbernauld.

2. Executive Summary

The development of the Cumbernauld CCU is one of the key elements required to support the delivery of the overall service strategy in NHS Lanarkshire for accessible, safe and effective unscheduled care.

The CCU will be designed to meet the needs of patients with a range of minor injuries and illnesses including:

- Minor Injuries such as minor fractures and dislocations, soft tissue injuries, lacerations, bites, abrasions, burns and scalds.
- Minor Illnesses such as stomach upsets, ear and throat infections, urinary tract infections, nausea and vomiting as well as provide services such as morning after pill.

From the detailed activity analysis that has been carried out it is anticipated that there will be around 8,000 patient episodes per annum. Based on the predominant times for attendance the service will operate seven days per week and will initially be open between 9am to 6pm.

The service will be a “See and Treat” service led by MINTS, or equivalent trained nurses, supported in the transitional period by sessional input from medical staff rotating from A&E departments.

The unit will provide X-Ray services linked to A&E via the PACS system.

The attached Standard Business Case (SBC) sets out in more detail:

- The case for change including the benefits to service users
- The service model including hours of opening and links to Out of Hours; GP Minor Injury Services and A&E
- Transitional management plans
- Car parking and travel plans
- Options appraisal
- Workforce requirements including training and development needs
- Management and Clinical Governance arrangements
- Capital and revenue consequences

It is proposed that the service will be delivered within a customised modular building linked to the existing Central Health Centre in Cumbernauld.

The costs are estimates based on the layout attached as appendix 1 and have been provided by an external consultant with recent experience in delivering projects using modular accommodation. However in accordance with the latest Scottish Executive Capital Investment Guidance, optimism bias has been calculated as set out in appendix 5 and has been set for this scheme at 5%. In summary the cost profile is as follows:

Development	Capital	Recurring Revenue	Non-recurring Revenue (2007/08)
Cumbernauld CCU	£1,233,045	£353,750	£79,375

3. Background

3.1 Strategic Objectives

A Picture of Health – a Framework for Health Service Improvement in Lanarkshire sets out how NHS Lanarkshire intends to improve health and health services over the next five years. The principles and objectives of A Picture of Health are aligned to those detailed in Delivering for Health (SEHD 2005). These include:

- Improved access to diagnostic and treatment services within local communities
- Stronger emphasis on preventive medicine and proactive care
- Better use of technology
- Improved waiting times for access to specialist services

Around two-thirds of people (118,000) currently attending Lanarkshire A&E departments are treated for minor injury or illness and could be appropriately and speedily treated closer to their own homes. In order to achieve this NHS Lanarkshire proposes to provide a new network of emergency services with bigger, better resourced consultant-led A&E units in each of the two emergency hospitals for major accidents and emergencies that require admission to hospital and also to introduce A&E “see and treat” minor injury and illness services in five locations. These being at the two emergency hospitals; the planned care hospital; and at expanded community units at Cumbernauld and Lanark each with X-Ray facilities and telemedicine links to specialists in the two emergency hospitals.

The first of these new developments will be the establishment of a Community Casualty Unit at Central Health Centre in Cumbernauld, with a target opening date of January 2008. This service will improve local access to a wider range of clinical care; enhance access to diagnostic services; assist in reducing waiting times within A&E departments; support the delivery of the 48 hour waiting time in primary care by reducing demand for GP appointments; lessen the need for patients to travel to a hospital setting and by linking with current Out of Hours services will strengthen primary care service delivery.

Furthermore this development provides opportunities for healthcare professionals e.g. nurses to extend their skills and develop new roles and new ways of working.

In addition to the provision of a Community Casualty Unit the accommodation freed up by the transfer of the radiology service provides an opportunity to further enhance local diagnostic, treatment and advice services within the Health Centre. This will build upon

the wide range of primary care based services already in place in Cumbernauld and will further help shift the balance of care from a hospital to a community setting.

3.2 Clinical needs

3.2.1 Outline Service Model for Community Casualty Service

There are a number of different service model options for a Community Casualty Service. However, the core critical elements are:

- Minor Injuries such as minor fractures and dislocations, soft tissue injuries, lacerations, bites, abrasions, burns and scalds.
- Minor Illnesses such as stomach upsets, ear and throat infections, urinary tract infections, morning after pill, nausea and vomiting.
- Nurses will provide appropriate medication for presenting conditions, which will include analgesia, non-steroidal anti-inflammatory, tetanus injections, antibiotics and antihistamines.
- Service for all appropriate minor injury and illness patients including children from 1 year upward and adults.
- The maximum waiting time is 4 hours with a target of 2 hours for all patients
- Plain X-Ray facility with PACS connection to the NHS Lanarkshire Radiology system.
- Telemedical links to main A&E Departments
- Nurse Led Minor Injury Service using MINTS (Minor Major Illness Injury Nurse Treatment Service) (or equivalent) trained nurses
- Core operating hours initially of 9.00am to 6.00pm x 7 days per week
- Circa 7,750 patients per annum
- Integration with Primary Care OOH's Service wherever possible
- The GP Minor Injury Service at Kilsyth will continue to provide a service.
- Some patients may require follow up for review and minor treatment and this service can be provided at the Community Casualty Unit.

3.3 Proposed Outcomes

This development will increase the capacity of local services to provide assessment and treatment for the people of Cumbernauld area requiring unscheduled minor illness and injury services. In addition the Out of Hours service will benefit from the proposed integrated working with the community casualty service and use of new purpose built facilities. There will be direct benefits for patients, staff and the organisation. Specifically these will be:

- 8,000 patients per annum will receive safe, effective and timely treatment in their own locality
- Around 2,000 patients per annum will receive enhanced access to diagnostic services locally and through the PACS link will be able to access specialist clinical opinion
- By providing a more accessible service that is available over extended hours around 8,000 attendances per annum should no longer present at A&E or GP surgeries thus improving waiting times for whom these services are essential

- In keeping with the aspirations of the Kerr Report (SEHD 2005) this model will lessen dependence on medical staff by promoting the team approach and specifically providing opportunities for enhanced nursing roles
- The additional accommodation will also enable existing disruption to patient flows and waiting times within the health service to be improved.

4. Description of Service Concerned

4.1 Current service

Central Health Centre in Cumbernauld is a 1970's building on two floors within the heart of Cumbernauld. It provides accommodation for two GP practices plus accommodation for a range of other primary care services including the Consultant Out-Patient Wing, which supports a range of Secondary Care clinics. In addition the Child Health Wing supports Lanarkshire Autism Diagnostics Service and Speech and Language Therapy. There is both Community Dentistry and a private dental practice. The physiotherapy and X-Ray facilities are on the first floor. The GP Out of Hours service is currently based within Central Health Centre using one of the Practice clinic suites out of hours (evenings, weekends and public holidays). This has greatly improved patient access to appropriate medical support within a local environment.

The health centre is also used to support carers' who access a weekly Stress Management Group. In the evenings it is used to deliver Family Planning, Anxiety Management and Smoking Cessation services.

4.2 Proposed Service

4.2.1 Activity Profile

Data has been collected from three separate sources to quantify the potential number of patients that may attend the Community Casualty Unit at Cumbernauld:

- (a) Patients currently attending GP Minor Injury Service at Cumbernauld
- (b) Patients currently attending Monklands DGH with Cumbernauld postcodes
- (c) Patients currently attending Glasgow hospitals (Glasgow Royal Infirmary & Stobhill) with Cumbernauld postcodes

The 24-hour volumes for April 2005 to March 2006 are:

	TOTAL	%
GP Minor Injury	1,273	11
Monklands	5,947	56
Glasgow Hospitals	3,870	33
TOTAL	11,901	100

The average 24 hour daily profile for all patients is:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
No.	38	35	34	31	33	26	29
%	17%	15%	15%	14%	15%	11%	13%

On average, these patients present at the following time of day:

		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Between 9.00am to 6.00pm	63%	26	23	22	20	22	17	19
6.00pm to Midnight	28%	11	10	10	9	9	7	8
Midnight to 9.00am	9%	3	3	3	3	3	2	3

On this basis, there is insufficient activity to justify either an evening or overnight service and the core opening hours therefore will initially be 9am – 6pm each day as this will appropriately meet the anticipated needs of the population for this service.

This approach will result in the following activity levels:

	TOTAL	%
GP Minor Injury	1,273	16
Monklands	3,884	50
Glasgow Hospitals	2,593	34
TOTAL	7,750	

This patient attendance profile is also important in identifying the workforce requirements to meet this demand. On weekdays after 6pm patients can contact NHS 24 and be directed to attend either Cumbernauld GP Out of Hours service or Monklands Out of Hours service, or they may choose to attend Monklands A&E Department. At weekends after 6pm patients can contact NHS 24 and following triage may be directed to attend Monklands Out of Hours service or choose to attend Monklands A&E Department.

Some patients may require follow up for review and minor treatment and this service can be provided at the Community Casualty Unit. Protocols will be developed to manage any ongoing needs of patients including referral to appropriate services e.g. physiotherapy, mental health, wound dressing and falls.

Approximately 25% of patients presenting at Community Casualty will require an x-ray however the number will be fairly small on an hour-by-hour basis. On the basis of 7,750 attendances this equates to an additional 1,937 x-rays per annum. It is therefore proposed

that the radiology service will be limited to Monday to Friday 9am -5pm and Saturday and Sundays 10am-2pm. Patients attending out with these hours will be asked to return to the unit early next morning and given a priority appointment.

4.2.2 Staffing Profile

The staffing profile has been calculated in order to meet the demand identified in the activity profile above (4.2.1). All of the senior nursing staff involved will be MINTS or equivalent trained and will be able to manage the entire range of anticipated self-presentations.

Using the Royal College of Emergency Medicine guidelines, it is estimated that a single SHO (Senior House Officer) or MINTS (or equivalent) trained nurse can safely manage up to 3 patients per hour. In addition, in order to minimise the clinical risks associated with this type of service, two members of nursing staff are required to be on site at all times for both clinical supervision and health and safety reasons.

The staff rota required to support this service will be:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
9.00am to 6.00pm	2	2	2	2	2	1*	1*
3.00pm to 6.00pm	Nil	Nil	Nil	Nil	Nil	1 CSW	1 CSW
6.00pm to 8.00am	Nil	Nil	Nil	Nil	Nil	Nil	Nil

** The second member of staff will come from the Out of Hours Service, which currently operates from 9am – 3pm (see 3.2(c) below)*

In order to support this rota, a total of 3.74 WTE Band 6 additional MINTS (or equivalent) trained nurses and 0.21 WTE Band 2 Clinical Support Workers are required. At present the Agenda for Change banding of the Out of Hours nurses has not been identified as Band 6. The expectation is that the banding allocated to the Out of Hours nurses will be similar to the banding for the minor injuries trained nurses in view of the fact that these nurses will be working independently and at a distance in an entirely nurse led service. Although the Agenda for Change process will need to confirm this, a working assumption that the nursing staff working in the community casualty unit will be Band 6 has been made.

Therefore, based on the above the resources for nurse staffing are:

3.74 WTE at Band 6 & 0.21 WTE at Band 2. There will be a requirement to provide a three-month training period for nursing, medical, radiology and other staff and this is detailed in section 7(b) of this case.

4.2.3 Nurse Prescribing.

Initially nurses working within the community casualty unit will be able to provide medicines using Patient Group Directions (PGD's). Nurses will provide appropriate medication for presenting conditions, which will include analgesia, non-steroidal anti-inflammatory, tetanus injections, antibiotics and antihistamines. Nurses will not provide patients with a prescription for medications but will supply medications on a "To Take Out" basis similar to the existing system in A&E departments.

However in order to ensure the most efficient and effective operation of the nurse led community casualty unit it will be necessary for the nurses to undertake the recognised training to become Independent Nurse Prescribers

Government policy on Independent Nurse prescribing is intended to improve the quality of service to patients without compromising patient safety, provide patients with more efficient access to medicines, make better use of nurses' and other health professionals skills and contribute to the introduction of more flexible team working across the NHS.

Changes to the National Health Service (Pharmaceutical Services)(Scotland) Amendment (No2) Regulations May 2006 enable nurses who train and qualify as 'nurse independent prescribers', to be able to prescribe any licensed medicine for any medical condition, including a limited range of Controlled Drugs for specific medical conditions. Nurse Independent Prescribers must only prescribe within their own level of experience and competence, acting in accordance with Clause 6 of the NMC (2002) Code of Professional Conduct.

The NMC (2006) have published Standards of Proficiency for nurse and midwifery prescribers, which contain the requirements for admission to the programmes leading to the nurse independent prescribing qualification. This includes written confirmation from the employer that the nurse will have access to a budget to meet the cost of their prescribing on completion of the course. This applies to nurses in all settings (community, primary care, acute, out of hours, unscheduled care).

The NMC has set out standards for the educational preparation of nurses for prescribing and will only approve programmes in Approved Education Institutions (AEI's), which meet these standards.

Eligibility to prescribe requires the successful completion of a NMC approved programme of preparation at no less than degree level. The programme comprises a minimum of 26 days of theoretical learning plus 12 days 'learning in practice'. A designated medical practitioner will provide the student with supervision, support and opportunities to develop competence in prescribing practice during the learning in practice element of the programme. Programmes will be no longer than one academic

year. Taught nurse prescribing courses are run twice a year (February and September) and are currently available at Glasgow Caledonian University, Paisley University and Queen Margaret University College.

There are also Distance Learning programmes which must have a minimum of 8 face-to-face taught days (excluding assessment) plus 10 days protected learning time. These courses are again offered twice a year (February and September) at Stirling University and Paisley University. Discussions are currently taking place regarding the potential to offer the Distance Learning Course from the Hamilton campus as of September 2007 following the merger of Bell College and Paisley University.

The Scottish Executive currently provides central funding (£1,000 per student) for nurse prescribing courses, which is managed by Local Health Boards on their behalf. However local Health Boards have to pay course fees to the Universities at point of registration on to the programme and can only claim back funding from the Scottish Executive retrospectively based on the candidate's successful completion of the course. Health Boards therefore have to carry the risk that they may not be able to reclaim all funding should a student fail to complete the programme. The funding covers course fees, travel expenses and a limited book allowance. There is no funding for backfill and Designated Medical Practitioners are expected to embrace this role without any additional financial incentives.

All nurse prescribers will be expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe and in the use of the relevant medicines. It is for each nurse independent prescriber to remain up-to-date with the knowledge and skills to prescribe competently and safely. NHSL should ensure that the practitioner has access to relevant education and training provision. NHSL may also consider providing mentoring opportunities and clinical supervision for these nurses. Support from other professional colleagues is invaluable to non-medical prescribers and it is worth considering the provision of a buddy/mentor after qualifying. This could be a doctor, nurse or pharmacist. Opportunities for experienced (nurse) prescribers to mentor nurses will increase over time as the number of nurse independent prescribers increases.

4.2.4 Recruitment & Training

In view of the immediate challenge of having insufficient Independent Nurse Prescribers it is proposed that in the first year part of the recruitment process will be to target nursing staff that have both a MINTS and Independent Nurse Prescriber qualifications.

It is proposed that in order to maximize the number of staff to support this service, staff will rotate in to the unit from a variety of sources rather than having a small number of full time staff that are predominantly assigned to this service alone.

Training for staff working within the unit will be carried out via the MINTS training programme. Staffs that have completed minor injury training via other programmes will have competencies matched to those utilised within MINTS. All staff working within the

unit will be part of the larger establishment at Monklands and together with all staff working in the Level 2 unit at Monklands and the community casualty unit staff at Lanark will be required to undertake formalised supervised clinical practice for a mandatory training period via rotation through the A&E departments within Lanarkshire in order to maintain and update skills. Clinical supervision will be provided by medical staff within the Emergency & Medical Services Division of NHS Lanarkshire via telemedicine links. Staff working within the unit will be competent at Level 4 MINTS.

Additional training will be required for the application of plasters and this will be developed within Lanarkshire and facilitated as an addition to the MINTS programme within 2007/8.

Staff working within Monklands A&E, Out of Hours Service and Cumbernauld Treatment Room Service will be targeted for training on the April 2007 cohort of the MINTS programme.

The unit will be predominantly staffed by registered nurse practitioners supplemented by a small cohort of clinical support workers as appropriate. The recruitment process for all of the staff required to support this new service will need to take account of training and orientation requirements and it is therefore proposed to have staff in post by October 2007. Advertising for posts should commence May 2007, allowing backfill of staff to be recruited from the August cohort of students coming through the school of nursing. This would ensure minimum impact on current service delivery and allow adequate period of induction and training.

4.2.5 Paediatrics

Paediatric attendances will be an aspect of the demand profile for this service. The MINTS training programme includes the assessment and management of simple soft tissue injuries in children. This community casualty service will assess and treat or refer on as appropriate children aged 1 year and over however, children under the age of 12 months will be advised to attend an A& E department for assessment and treatment in view of the level of expertise which is required to safely manage this age group. The communication plan will include this aspect of the service to ensure that the population who are likely to access this service are fully informed of the scope and function of the community casualty unit.

4.2.6 Working Alone Policies

In order to avoid individual members of staff working alone there will be very close joint working with the staff within the Out of Hours service that will be physically relocated within the new modular building. This is in line with NHS Lanarkshire Human Resource policies to ensure that a safe and healthy working environment is maintained.

At weekends when both primary care Out of Hours service and the Community Casualty Unit are open there will be joint working between the relevant staff to support each other in meeting the demands for their services. This reduces the number of additional nursing staff required to support the Community Casualty service.

4.2.7 Radiography

At present, the radiology service is staffed with one Radiographer (Monday to Friday 9.00am to 5.00pm) plus one x-ray helper (Monday to Friday 8.30am to 12noon). Approximately 6000 examinations are undertaken each year for patients attending the practices based at Cumbernauld Clinic.

Using the activity levels above the additional number of x-rays required is estimated at:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
9.00am to 5.00pm	9	8	8	7	8	-	-
10.00am to 2pm	-	-	-	-	-	3	3

The combined demand from both the GP practice and the Community Casualty is still relatively small and there is clearly the need for just a single x-ray machine to serve both purposes. The current x-ray machine is situated on the middle of the first floor and this will need to be re-sited into the new Community Casualty/Primary Care OOH's facility.

This proposal will allow the existing Radiography staffing to be augmented during core hours, in order to maximise cost efficiency. The professional advice from the Superintendent Radiographer at Monklands Hospital has confirmed that the current workload for the GP practices is close to the maximum level for its current staffing and any additional activity must be accompanied by additional staffing resource. Using the activity above it is proposed to add an additional radiography resource of 1.4 WTE Band 5 Radiographer working as detailed below:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
9.00am to 5.00pm	1	1	1	1	1	-	-
10.00pm to 2pm	-	-	-	-	-	1	1

Out with the opening times for radiology clinical protocols will be developed to assess whether the patient should be immediately referred to the A&E Department at Monklands Hospital or whether they should return the following day to be seen at a priority appointment.

4.2.8 Administration & Clerical Staff

Administration and clerical support will be required for this new service. The support required would be 1.2 WTE at band 3. The remit of this post will include reception, radiology, supplies, stores, and audit and governance issues. These members of staff will be rotated from the Emergency & Medical Services Division.

The A&E information system (EDIS) system will be fully implemented in order to manage and monitor clinical activity within the unit. This will require continual input from all staff working within the unit as appropriate.

4.2.9 Portering/Domestic Staff

There are additional costs associated with the provision of support service development to the new unit such as cleaning, portering, refuse/waste disposal and utility costs e.g. rates, water, heating, lighting and power.

4.2.10 Organisational Development Issues

Agreement has been reached between the Executive Directors of the relevant Operating Divisions that the Emergency and Medical Services Division as part of the Acute Operating Division will be responsible for the organisational development and management of the Community Casualty Unit at Cumbernauld. The Lead Nurse for Emergency Care and A& E at Monklands Hospital will have line management responsibilities for this unit and will be responsible for all aspects of the service including:

- Line management arrangements of the Community Casualty staff to ensure organization of the rota, short notice absence, sickness and all other leave.
- Joint working with the OOH's staff and the Treatment Room nursing staff.
- The training programme requirements to establish and maintain competencies to support the Community Casualty service.
- Clinical governance arrangements, e.g. incident reporting, outcomes, audit and evaluation.
- Flexible working in terms of roles and responsibilities of all disciplines involved to ensure delivery of service, e.g. to manage any peaks of demand.

This approach will ensure that the Community Casualty Service is fully integrated into the wider NHS Lanarkshire service provision and operates as part of a single system service.

4.2.11 Clinical Governance

A formal quality assurance framework will be incorporated into the operational policy, which will reflect standards of clinical practice and will address aspects of clinical governance including:

- Reviewing and modifying operational issues in light of experience
- Auditing of patient experience and outcomes from new service model
- Development of clinical and referral pathways
- Procedures for reporting of clinical incidents, e.g. missed fractures
- Induction training and ongoing competency monitoring
- Monitoring and review of activity will take place on a daily basis via the EDIS system
- Trends will be mapped against the forecast demand. This will be reviewed as the service develops via a monitoring group set up post implementation.

As part of the communication plan (see section 5 below) it will be essential to extensively communicate the scope and nature of the community casualty service to the local population so that potential inappropriate self presenters are minimised and to ensure that such patients are correctly signposted to the appropriate service.

4.2.12 Accommodation

At present, the Primary Care OOH's Service is based within one of the GP practices on the Ground Floor. The X-Ray Suite is in the middle of the first floor. An on-site multi-disciplinary team visit has reviewed the current arrangements and a unanimous view has emerged.

- (a) Short Term Option – given the current configuration, there is no practical way of creating a Community Casualty Unit using the current accommodation.
- (b) Medium Term Option – given the need to provide a single X-Ray Unit within a combined Community Casualty and Primary Care OOH's Unit, an expansion to the Cumbernauld Clinic building is required.

At the South East corner of the Centre, there is an area currently used for approximately 18 car parking spaces. A modular building of approximately 443m² could be adjoined to the Dental Suite in the main building in order to provide the following accommodation:

- 2 Treatment/Consultant rooms for Community Casualty Service
- 2 Treatment/Consultant rooms for Primary Care OOH's Service
- Plain x-ray facility with ceiling suspended OPT unit and PACS links to Radiology Departments in main acute hospitals
- Waiting Room and Reception area
- EDIS clinic system in all rooms
- Small segregated paediatric waiting area within main waiting area
- Baby changing facility
- Staff base (admin/rest room)
- Disabled access (ramp)
- Store Room/controlled drugs cupboards/drugs fridge
- Office viewing area for Radiology

A draft floor plan is being developed to configure this (appendix 1). Every effort will be made to match the modular building with the adjacent health centre building in terms of fabric, style, construction and overall appearance whilst maintaining the integrity of the functionality of the new building. The design team has produced some provisional drawings (appendix 2 & 3). In addition the work and resources required to ensure that the existing x-ray accommodation is vacated and left fit for use has been included in the project plan and the associated costs are included in section 10 of this case. The transfer of the x-ray facility and the potential transfer of treatment room services from existing Health Centre accommodation will provide an excellent opportunity to further enhance local service provision such as ECG and phlebotomy services.

4.2.13 Use of vacated space following transfer of X-ray department.

The re-location of the x-ray suite will provide the opportunity to enhance capacity to support established clinical services, which are competing for suitable accommodation within Central Health Centre.

There are significant pressures on existing clinical space available resulting in delayed access for patients to services such as Treatment Rooms.

It is estimated that 40% of Treatment room activity involves venepuncture which is not an effective use of skilled staff and could be provided by a dedicated Phlebotomy Service.

Establishing this service within the vacated space would serve patients from both GP practices within the Health Centre and would deliver the following benefits:

- Improved access and reduced waiting times for patients requiring diagnostic blood tests
- Relocation of the Treatment Room (TR) service into shared accommodation to be used by OOH's service. This would maximise the use of CCU at all times.
- Influence patient flow into CCU as some patients already familiar and confident with TR services.
- Skills shared between TR services and CCU staff through close working environment
- Improved efficiency and better utilisation of skill mix appointing dedicated Phlebotomists

As these patients are already attending the health centre, it is not anticipated that this would create any additional demand on car parking space. Indeed as this would speed up patient flows as they move from GP Consultation to Treatment Room services it should lessen the number of patients in the facility at any one time.

4.2.14 Car Parking and Travel Plan

It is acknowledged that car parking is already an existing problem at Central Health Centre and is likely to worsen due to a number of planned changes within Cumbernauld Town Centre. The project group has paid particular attention to the impact this proposal will have on the overall car parking situation and has developed a number of measures that will minimize any adverse impact.

In summary:

- There have been preliminary discussions with North Lanarkshire Council and the Property and Support Services department to jointly address this issue.
- The vast majority of activity within the new building is activity, which already takes place at Central Health Centre e.g. x ray, Out of Hours, and those minor injuries (1,273 patients per annum) that currently attend the GP Minor Injury Service and will therefore have a neutral impact on parking.
- It is calculated that the additional number of new patients attending will be circa 6,477 per annum, which equates to an average of 18 patients per day and 2 patients per hour.

- The majority of patients presenting will be seen, treated and discharged within one hour.
- Using an audit sample it is estimated that approximately 75% of patients currently attending Central Health Centre use their car to get there and 25% come through other means. Whilst this percentage may not be replicated for patients attending the new community casualty it is anticipated that not all patients presenting will travel there by car.
- It is therefore estimated that as a result of this development there will be a maximum of an additional two visitors cars per hour and possibly up to 2 cars belonging to the Minor Injury Nurses that will require to use the car parking facilities.
- The existing car park arrangement contains 121 spaces and 5 disabled spaces, the plans for the provision of the new building and revised car parking arrangements shows an increase to 128 spaces and 7 disabled spaces a net increase of 9 spaces, this will assist in overcoming difficulties associated with the existing car park capacity by providing additional spaces for use by current and new health centre staff and attendees.

Notwithstanding the above it is clearly recognized that car parking is an important issue that needs to be addressed and it is proposed to establish a Travel Plan for the whole of the health center, which will address this. The Travel Plan will be developed in accordance with national policy and will be undertaken in conjunction with the Planning and Transport/Roads Department of North Lanarkshire Council and will include areas such as encouraging car sharing where possible, cycle provision close to the main health centre entrance and availability and advertising of information regarding public transport times, routes, frequency and cost.

4.2.15 Equipment

Radiology

The current x-ray equipment is 13 years old and is beyond its cost effective life cycle. The technical advice is that the current machine would not survive the decommissioning, transfer and recommissioning to another location. A new general x-ray unit with an OPT unit and CR workstation is required at approximately £150K + VAT. Current maintenance cost of £6k per annum will be increased by a further £6k per annum resulting in an annual maintenance agreement cost of £12k. This may reduce depending on the contract negotiations as part of the purchase.

Telemedicine Equipment

Telemedicine equipment and software will be required to allow the community casualty unit to be linked to the A& E units and two Community Casualty Units within NHS Lanarkshire. The Head of Information Management and Technology (IM&T) has confirmed that the procurement of the core system for the 3 main Accident & Emergency Departments will be taken forward under separate funding arrangements. This case should include the cost of both telemedicine units required for the Cumbernauld Community Casualty Unit and the new Lanark Community Casualty Unit in order to

maximize purchasing efficiency. It is anticipated that this will cost £38k + VAT per unit i.e. a total of £76k + VAT however this may reduce depending on the success of the procurement exercise. An annual charge of £8k for the line and maintenance etc. has also been included in this case. Contingency planning for managing the risk associated telemedicine/ PACS system failure will be incorporated as part of the risk management strategy for the project.

New imaging equipment will be PACS and therefore will be linked to radiology departments across all three acute hospital sites and it has been confirmed by the Head of IM&T that the cost of PACS equipment will be covered by a separate funding arrangement.

Other Equipment

The majority of other equipment needed is of a minor nature (drug fridge, patient examination couches, dressing trolleys, PC's, minor clinical equipment etc) and will cost approximately £25k + VAT.

5. Communication Strategy

The communication strategy is a very important element of the risk management strategy for this project to ensure that there is absolute clarity on the range of services provided within the new Community Casualty Unit. This will be developed as part of the project plan to ensure that all parties are informed, advised and communicated with at appropriate times throughout the project. This strategy will target patients, carers, the local Central Health Centre community and the wider community of Cumbernauld as well as healthcare professionals in primary and acute areas and the Scottish Ambulance Service. Communication mechanisms used will include forums such as Local Area Partnership, local newspapers, Lanarkshire Council Magazine health column, and awareness raising events.

As part of the communication plan it will be essential to extensively communicate the scope and nature of the community casualty service to the local population so that potential inappropriate self- presenters are minimised and to ensure that such patients are correctly signposted to the appropriate service.

6. Risk Assessment & Management

As part of the project plan a risk assessment will be carried out and a risk log maintained to monitor and manage risks throughout the project. The following risks have already been identified:

- Timescale – in order to meet the challenging timescale of a Jan 2008 opening, approval has already been given to appoint a design team to develop the proposal.
- Staffing – the number of staff working within the Community Casualty Unit at any one time is small and this presents problems with regard to immediately available cover for short notice leave e.g. sickness. This risk will be addressed by the robust management of the staffing rota from the wider staff base from Monklands A&E Department.

- Nurse Recruitment and Training – whilst the MINTS training programme is now firmly established and will be providing a continual stream of MINTS Minor and Major Nurse Practitioners, particularly in the first year there is a risk that there may be some recruitment difficulties to the community casualty unit and this will require a particular skill, qualification and experience person specification to be undertaken.
- Nurse Prescribing - initially nurses working within the community casualty unit will be able to provide medicines using Patient Group Directions (PGD's) however in order to ensure the most efficient and effective operation of the nurse led community casualty unit it will be necessary for the nurses to undertake the recognised training to become Independent Nurse Prescribers. This may impact on the recruitment and selection process for staff.
- Clinical Governance – as this is a new nurse led minor injury service it is important to ensure that all relevant clinical governance standards are fully met. This will be addressed by using the clinical governance arrangements of the Acute Division of NHS Lanarkshire.
- Ensure appropriate patients attend the Community Casualty Unit rather than attending elsewhere and conversely to ensure inappropriate patients do not attend who are more appropriately seen elsewhere. This risk will be addressed in the Communication Plan.
- Given the importance of telemedicine and PACS an appropriate contingency plan will be developed to manage the service in the event of loss of these services due to technical reasons.
- Car parking on site – this remains a high risk and will be addressed by the development of a Travel Plan for Central Health Centre through liaison with North Lanarkshire Council Planning and Transport/Roads Department.
- Closing times – protocols will be developed to ensure that there is an appropriate cut off for the commencement of treatment for new patients attending the Community Casualty Unit in the period immediately prior to the unit closing i.e. 5.30pm – 6.00pm.
- Radiography staffing at weekends – the half day working at weekends for radiology staff may prove difficult and this will be addressed via the HR strategy.

7. First Year Transitional Arrangements

In view of the risks identified above which are heightened in the first year of operation it is proposed that there will be a transitional period whereby a number of special measures will be taken to ensure that the service is established successfully. This will ensure that an optimum service is provided for patients in terms of patient safety and clinical outcomes. The nurse recruitment process will specifically target existing staff members with MINTS (or equivalent) training together with a qualification as an Independent Nurse Prescriber who may be seconded out to establish the service in the first instance. This will provide additional time for other Nurse Practitioners to be developed for these roles. The transitional arrangements will also include rotation of medical staff from NHS Lanarkshire A&E departments for one or two sessions per week in the first year to

provide support and expertise to the nurses working in the community casualty unit. In addition the Community Casualty Unit at Central Health Centre will be operational approximately two years prior to the planned changes in the A&E service provision at Monklands Hospital, this time window will allow this new community casualty service to be fully implemented, evaluated and audited prior to any changes at Monklands Hospital.

8. List of options

8.1 Service Model

An assessment of demand for community casualty services based on the current activity for minor injury and illness services in Monklands, Glasgow Royal and Stobhill Hospitals from patients with a Cumbernauld postcode, was used to inform the option appraisal exercise as detailed below:

8.1.1 Option 1: Status Quo

This option was not approved as A Picture of Health has already given a commitment to develop community casualty units within the Cumbernauld and Lanark area.

8.1.2 Option 2: Community Casualty Unit with 24-hour opening hours.

This option has not been recommended, as the demand for the service in the evening and overnight is insufficient to justify the resources required.

8.1.3 Option 3: Community Casualty Unit with 9am – 10pm opening hours.

This option has not been recommended, as the demand for the service in the evening is insufficient to justify the resources required.

8.1.4 Option 4: Community Casualty Unit with 9am – 6pm opening hours.

This is the recommended option as this provides the optimum solution by matching supply and demand in the most cost effective way.

8.2 Physical Configuration

Analysis of the use of the existing accommodation within Central Health Centre was used to explore potential options for the development of a Community Casualty Unit within or adjacent to the current health centre building.

8.2.1 PPP Option

In accordance with the Scottish Executive guidance a high level assessment of suitability for PPP procurement has been undertaken. This route has been excluded as a viable option due to:

- The low capital value of the project
- The project is a modular extension to an existing building
- That no soft FM forms part of the scheme

- The timescales within which this project has to be delivered. A Picture of Health Proposals were approved subject to the delivery of the community casualty units as per the Ministerial approval letter.

8.2.2 Option 1: Use of existing infrastructure.

The existing x ray unit within Central Health Centre is situated in the middle of the first floor of the building. The use of this area for patients attending the community casualty service would require patients to access the main entrance to the Health Centre building and make their own way upstairs or via the lift to the first floor without supervision. This presented insurmountable difficulties with regard to access and security issues for the health centre accommodation particularly at weekends. For these reasons this option has not been recommended.

8.2.3 Option 2: New Modular Build Connected to Existing Health Centre

In order to provide a single area which provided the co location of radiology, community casualty service and Out of Hours service a purpose built modular building connected to the health centre, to allow a means of access between the two, was subjected to detailed discussion and emerged as the only viable option. This therefore has been recommended.

9. Preferred Option

9.1.1 Service Model

Option 4: Community Casualty Unit with 9am – 6pm opening hours.

This is the recommended option as this provides the optimum solution by matching supply and demand in the most cost effective way.

9.2.1 Physical Configuration

Option 2: New Modular Build Connected to Existing Health Centre

In order to provide a single area which provided the co location of radiology, community casualty service and Out of Hours service a purpose built modular building connected to the health centre, to allow a means of access between the two, was subjected to detailed discussion and emerged as the only viable option. This therefore has been recommended.

10. Capital costs

10.1 Timescales

In order to achieve an opening of the Community Casualty Unit in January 2008 planning approval and authority to proceed with OJEU advert and the appointing of QS was given by the Corporate Management Team in Jan 07. The Head of Property and Support Services is currently progressing the OJU advert and the appointing of a QS and it is anticipated that the design, build and commissioning programme will take 44 weeks from approval in Jan 07 and thereby should be completed within the agreed timescale (appendix 4). In summary:

(a) OJEU advert and planning approval	14 weeks
(b) Appoint QS, prepare tender and appoint contractors	7 weeks
(c) Construction of Modular Units and Erection on site	19 weeks
(d) Commissioning of unit and installation of new x-ray equipment	<u>4 weeks</u>
	<u>44 weeks</u>

A more detailed critical path is being developed as part of the action plan.

10.2 Capital Cost (Year One)

Following discussions with appropriate professional staff and technical advice from the Property and Support Services Department the design and layout of the Community Casualty Unit has been determined by the possible internal configuration of the space identified as being required to deliver the essential services of a community casualty unit. The minimum requirement for the unit is approximately 443m² and the anticipated costs are circa £780K + VAT and optimism bias at 5%.

The very draft provisional capital cost of the project could be in the region of:

	Item £	+Vat £	Total £
Modular Building (including strip out and refurb costs for existing x-ray)	824,250	144,245	968,495
X-Ray Equipment	150,000	26,250	176,250
Telemedicine Equipment	76,000	12,300	88,300
Total inc optimism bias	1,050,250	182,795	1,233,045

Every attempt has been made to minimise the additional costs associated with this project. The capital costs are estimates from the Property and Support Services Department but the final costs will, of course, only be known once the tenders are in. However, there is some confidence that these estimates should be sufficient to cover the various capital and other one-off elements.

11. Revenue impact

Annual Revenue Costs (including vat where appropriate)

	Total per annum £
Nurse Staffing Band 6 @ 3.74 WTE Band 2 @ 0.21WTE	138,376 3,967
Radiographer Staffing (1.4WTE Senior II / Band 5)	37,000
A&C Staff (1.2 WTE Band 3)	23,000
Portering	3,000
Domestic	7,457
Supplies/other costs	12,000
Maintenance Agreement x ray	7,050
Maintenance Agreement Telemedicine	8,000
Utility costs	5,000
Rates	7,000
Capital Charge (on modular building & x-ray and telemedicine equipment)	101,900
Total	353,750

11.1 Non-recurring Revenue costs in Year 1 (2007/8)

Given the dynamic stand - alone nature of the service it will be vital that staff is well equipped from day one to implement this service. As part of the risk management strategy it is recognised that staff training prior to the commissioning of the unit should be carried out. In view of this non recurring training costs in year one of £50,000 have been included to allow initial set up training in the three months prior to commissioning of the unit, for nursing, medical, radiology and other staff in operational policies, and new technologies e.g. telemedicine.

The breakdown of non-recurring staff costs is as detailed below:

Nursing	£35,000
Medical	£5,000
Radiology	£5,000
Other staff	<u>£5,000</u>
	<u>£50,000</u>

There will also be small pieces of equipment including clinical equipment such as dressing trolleys, examination couches etc. required to set up the facility at a cost of **£25,000** + vat.

The total non recurring revenue costs will therefore be **£79,375**.

11.2 Cost Summary

The total costs for the project are:

Development	Capital	Recurring Revenue	Non recurring revenue (2007/8)
CCU	1,233,045	353,750	79,375

11.2.1 Cost avoidance

With regard to the revenue costs, the co-location of the Community Casualty Service with the OOH's service has already avoided the need for a second member of staff to simply avoid single working. This has obviated the need for significant additional cost which would have been incurred had this not been achieved.

11.2.2 Cost Saving

It has not been possible to reduce the level of nursing staff within the A&E Department at Monklands as the actual reduction in A&E attendances at Monklands is relatively small compared to the Department's overall workload.

- Estimated activity for Cumbernauld comprises 7,750 patients currently seen at Monklands, Glasgow Royal Infirmary and Stobhill and the GP Minor Injury Service at Cumbernauld.
- The Monklands element comprises 3,884 attendances per annum which equates to 6% of the total Monklands A&E activity of 60,000.
- This equates to 6 patients over the period from 9.00am to 6.00pm and it is not possible to reduce the current staffing to take advantage of this.
- The consumable costs associated with the 3,884 attendees at Monklands Hospital A&E Department have been factored in however and will be transferred over to the Community Casualty budget when operational.

However Monklands A& E department, as with all other services, will undergo service redesign as part of the A Picture of Health programme and any opportunities realign activity and resources will continue to be explored.

CONFIRMATION OF COSTS:

SIGNATURE

DATE

SPONSOR

.....

PROPERTY AND SUPPORT SERVICES

.....

FINANCE REPRESENTATIVE

.....

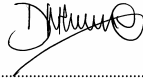
CLINICAL REPRESENTATIVE

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APPROVAL TO SUBMIT FOR CONSIDERATION:

DATE:

PROJECT LEAD:



21/3/07