

DRAFT



**The St Thomas's Community Partnership Full
Business Case
NHS STOCKPORT
EXECUTIVE SUMMARY**

June 2009

*It should be noted that this document is in draft format and is still a working document

Contents

Figures

Figure E1 – Location of St Thomas’ Development in Stockport	7
ES 1 - Proposed scheme content	8
Figure E2 – Models of care & capacity	9
Figure E2 – Detailed Benefits Criteria	10
Figure E3 – Weighted scores of short listed options	11
Figure E4 - Risk Ranking of the Short-listed Options	13
Figure E5 – Capital Costs of the Short-listed Options	14
Figure E6 - Capital Investment Cash flows Excluding VAT	15
Figure E7 - Results of the Economic Analysis	15
Figure E10: Capital Spend (Including VAT) Cash Flow	Error! Bookmark not defined.
Figure E11 - Revenue Resource Requirements and Funding Sources	Error! Bookmark not defined.
Figure E13- Project Timetable	17
Figure E9 - Methods to address health impacts	19

Appendices

Executive summary

Introduction

1. This Business Case sets out proposals for consideration by the Board of NHS Stockport and NHS North West for the provision of community health services resident in the Borough of Stockport. The case puts forward an innovative approach to the provision, running and funding of primary care services from a community hospital that address the key objectives of the Stockport Health Community and Economy, enhancing primary care services for the people of Stockport and beyond, the centre will also be a GP training facility and this has been accepted by the NWest Deanery office and full training services already established.
2. The scope of the business case covers provision of 5 GP practices and related services; Diagnostics & Outpatient/CAT's services supporting the Care Closer to Home agenda; Services to support Long Term Conditions pathways; Early Intervention service; Health Improvement, Healthy Living Centre & Business Development hub promoting innovation and learning through unprecedented links between local Health, Social Care & Education organisations.
3. This Outline Business Case has been prepared in accordance with the NHS Capital Investment Manual, 1994, HSG (94) 31 and HSG (95)15 and follows the 5 case model, identified as Strategic Case; Economic Case; Commercial Case; Financial Case and Management Case.

Strategic Context

4. A number of key national and local policy documents are related to this project
'High Quality Care for All - Next Stage Review'
5. Professor Lord Darzi's report on the NHS, 'High Quality Care for All – Next Stage Review' shapes the future strategic direction of the NHS, setting the context for the development of all the services within the scope of this Business Case. Key themes include:
 - High quality care for patients and the public
 - Quality at the heart of the NHS, defined as clinically effective, personal and safe
 - A drive for responsive, personalised and convenient services, lead locally by clinicians
 - Patient centred services
 - Working in partnership with staff to achieve these aims**NHS North West response to Darzi Report through Healthier Horizons**
6. The NHS North West responded to the Darzi report by developing a 10 year strategic plan setting out the vision for the future by assessing the needs of the local population through stakeholder events and Clinical Pathway Groups. The recommendations set out in the NHS North West's report *Healthier Horizons* focuses on four main themes – **Personalised Care** tailored to their needs and conditions; **Advanced care** with investment in techniques and technologies, **Care** co-ordinated across health and social care and ensuring this is delivered in the most appropriate and safe **environment**

7. The **Healthier Horizons** report recognises the key action is to identify the mechanisms to deliver change through PCT Strategic plans. PCTs will assess local needs, contract for high quality services and secure the necessary range of providers capable of meeting local requirements. PCTs in the North West will be full participants in the national 'World Class Commissioning' programme.
8. The NHS, as part of the World Class Commissioning agenda is in the process of separating provider and commissioner functions of PCT's to assist plurality of provision and a competitive market place in order to ensure quality services are delivered with value for money in response to guidance from the *Transforming Community Services* agenda.

NHS Stockport - Strategy and Values

9. The PCT has undergone a robust needs assessment in view of the National and Regional strategic direction of the NHS to formulate the strategic direction of NHS Stockport for the following 5 years. The revised '*Strategic Plan 2008/9 – 2013/14*' was presented to the Board in September for approval.
10. An aging population with ever widening health inequalities within the Stockport Borough have amplified the need for services to be able to respond and be flexible to increasing demands to provide services.
11. The PCT have identified four key priority area's to facilitate delivery of the strategic aim:
 - **Preventing and responding to Chronic Disease in deprived areas:** Reducing premature death or hospital because of heart and circulatory disease, chest and lung disease, and alcohol related conditions.
 - **Preventing and reducing the impact of cancer:** improving screening, early diagnosis and treatment pathways for
 - **Improving Mental Health:** improve access and service for patients who suffer from depression, anxiety and low mental wellbeing.
 - **Improving Service Quality & Patient Experience:** More people needing care and treatment will be empowered to take control in their everyday lives through supported self care, and by services delivered more quickly, nearer to home, and at a time and place of their choosing.
12. The means of delivering the strategic aim are by a set of nine Service Improvement Programmes (IP's). These are sets of initiatives derived from the needs assessment and stakeholder events undertaken by the PCT. These cover a range of services and involve such aspects as extending GP operating hours, improving lifestyle support services such as smoking quitters, obesity; improving mental health well-being services; improving long term condition pathways and increasing capacity in cancer screening services.
13. A requisite of the Darzi review is to devolve decision making to frontline staff by utilising clinical and professional expertise. NHS Stockport have preceded this by introducing an innovative organisation structure. That devolves Practice Based Commissioning to Stockport Managed Care (SMC), an independent providence society with GP practices as members to commission care, improve health, manage resources and improve skills, services and quality in primary care, whilst developing a social enterprise organisation, Stockport Health Enterprise to provide building management; facilities provision; equipment supply; consultancy; diagnostic, therapeutic and regulatory services for the PCT asset base in accordance with industry best practice.

Equality Impact Assessment

14. As an integral part of developing the Equality & Diversity Strategy, NHS Stockport have established a process to assess the Equality Impact of the St Thomas' development alongside NHS Stockport's full review.
15. Due to the importance of ensuring the services are designed to incorporate the needs and requirements of all and to ensure the inequalities gap is closed NHS Stockport have further commissioned University of Central Lancashire (UCLAN) and Stockport MBC to undertake a full EIA review for the St Thomas' development.
16. The report focussed on identifying issues, how these issues are to be resolved and if not then the reasons why the issue will not be resolved.

Estates Strategy

17. Stockport health and social care partners recognise that the vision of modern NHS services described at both a national and a local level cannot be delivered without the capacity to provide modern health services in good facilities, by staff with the right skills and having access to appropriate technology.
18. The current estate across the local health economy is not of a good standard due to its age and backlog maintenance. Consequently it is not sufficiently flexible to facilitate the radical changes to models of care that are required.
19. In order to deliver the increasing demands of the local population alongside a challenging strategy to improve clinical pathways to deliver care closer to home, whilst taking into account the poor condition and lack of flexibility and capacity of the community's estate, NHS Stockport require considerable investment in primary care facilities.
20. An integral driver for this strategy is the Department of Health's vision for *Transforming Community Services*, relating to the provision of estate to the providers of Community Services to NHS Stockport as commissioners. The impact of TCS is being considered within a re-draft of the Estates Strategy. This development will act as an enabler for core components of TCS to be delivered.

Current Services

21. The PCT provides a range of clinical and health promotion services as well as commissioning primary care services from GP's, Dentists, Pharmacists and Optometrists.
 - 1.1.1 The St Thomas' Hospital site is currently un-occupied, however there are several services that will be re-locating to the newly developed Community Hospital as follows:
 - GP services
 - 5 GP practices and related services that will transfer to St Thomas's Hospital, including District Nursing, Health Visiting and Paediatric Services
 - Early Intervention Services currently operating from Kingsgate
 - The management and treatment of people closer to home, requiring assessment, diagnostics and treatment. These patients may require a period of time for treatment such as diagnostic results, IV Therapy or further assessment (AHP) etc up to 6 hours as a Primary Care attendee.

- Health Improvement service, including Health Trainers and Psychological Therapies currently operating from several GP Practices.
 - CATs
 - 828/OOH/Walk-in centre
 - PCT services (podiatry, physio health visitors etc)
22. Several of these services are restricted in their delivery by the lack of suitable facilities available and as such this is creating pressure on the ability of the services to meet the demand available.

Service Developments

23. The St Thomas' Community Hospital development is part of the strategic framework for the development of primary and community services and follows similar developments in Woodley, Heald Green and St Thomas's, classified as phase 1 of a series of future developments to modernise the estate of NHS Stockport in providing facilities for the future services of the NHS. The following is a breakdown of the progress to date with current developments
24. **Heald Green One Stop Centre:** new build purpose built premises for two training GP practices and also enable a full range of therapy and community nursing services. This occupies 20,000 square feet and was fully operation in May 2009.
25. **Woodley One Stop Centre:** the existing Health Centre site in Woodley has been re-developed to provide premises for five GP practices offering an extended range of services including outpatient facilities / clinics. The premises, occupying 30,000 square feet, went operational in April 2009.
26. There are several more developments due to be completed over phase two and three, however NHS Stockport are currently reviewing the timing of these developments against available financial resources.

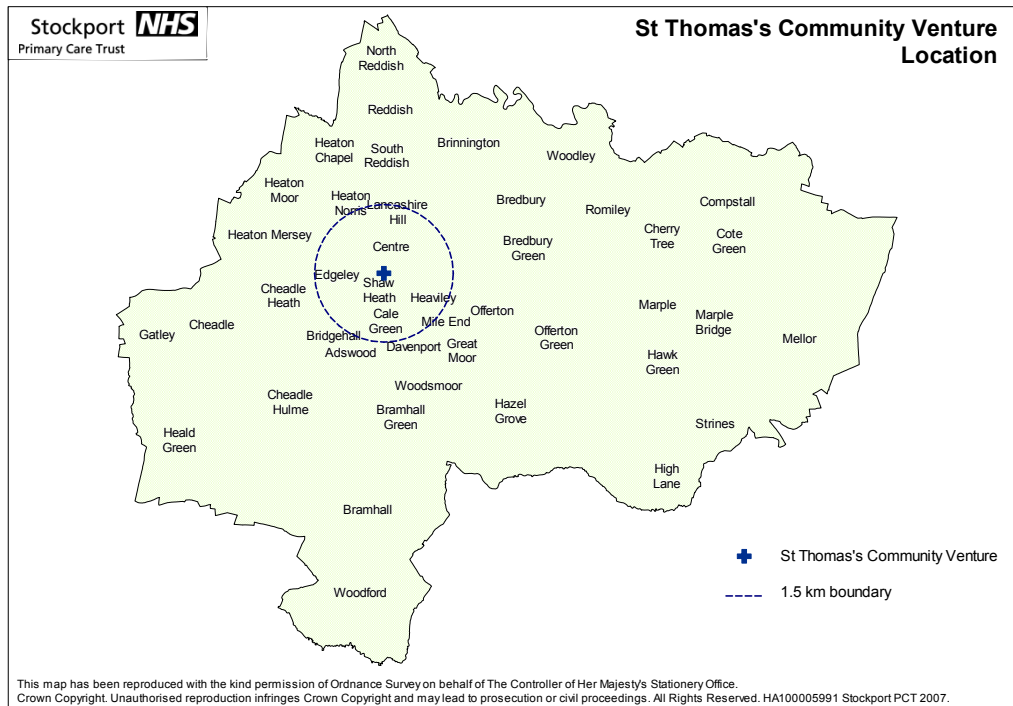
Case for change

27. The Strategic aims at both national and local level has a significant effect on the necessary change that needs to take place, both in terms of service configuration and estate. This includes adopting new ways of working that will allow patients to follow alternative pathways for their care and enable the adoption of new technologies; more efficient services provided by GPs through shared services and resources; provision of a wider range of services in primary care to address the current capacity issues at Stepping Hill Hospital; a more fit-for-purpose estate to provide the services in a therapeutic environment.

St Thomas Locality - Population and Demographics

28. Previous analysis of the wider catchment population for St Thomas's (as a local health facility rather than just a GP location) showed that around 33,600 people in Stockport lived within 1.5 km (approximately a mile) of the centre, an area which covers large parts of Edgeley, Cale Green, Shaw Heath, Hillgate and Stockport town centre, the location is likely to be the nearest centre for 45% (135,000) of Stockport's population.
29. Brinnington and Central ward, close to the boundaries of the wards of Edgeley & Cheadle Heath and Davenport & Cale Green are wards that all rank within the most deprived quartile within Stockport and people in these areas experience significant health inequalities. Please refer to Figure E1 for the location of the St Thomas' development in relation to other Health Centres in Stockport.

Figure E1 – Location of St Thomas’ Development in Stockport



St Thomas Locality – Health Inequalities

- 30. Records of disease prevalence of the patients registered with the GPs in the St Thomas’ area, Dr Proctor, Dr Travenen, Dr Tinsley & Partner, Dr Gill & Partners and Dr Devine & Partners shows that in a number of conditions there are higher rates of prevalence within these patients in comparison to the Stockport average.
- 31. The main disease groups include hypertension (high blood pressure) and coronary heart disease, whilst cancer diagnosis is 3% higher in the St Thomas’ area compared to the Stockport average.

Estate case for change

- 32. The current buildings available for delivering health care are inadequate to meet the demands of the local population and threaten to halt the programme of modernisation that both the PCT have already embarked on. There is a mismatch between the needs of patients and the buildings available to meet them
- 33. All of the NHS Stockport buildings suffer from problems with statutory compliance, particularly DDA, poor environment and lack of space. The buildings do not support NHS Stockport policy objective of transferring care out of hospital and providing patient centred services. The buildings give the NHS Stockport a poor reputation and do not facilitate a positive patient experience. Rooms are small, corridors are not wide enough, office space is cramped and clinical space is used for office accommodation and meeting rooms. This reduces clinical capacity, causes staff anxiety in terms of finding adequate space to see

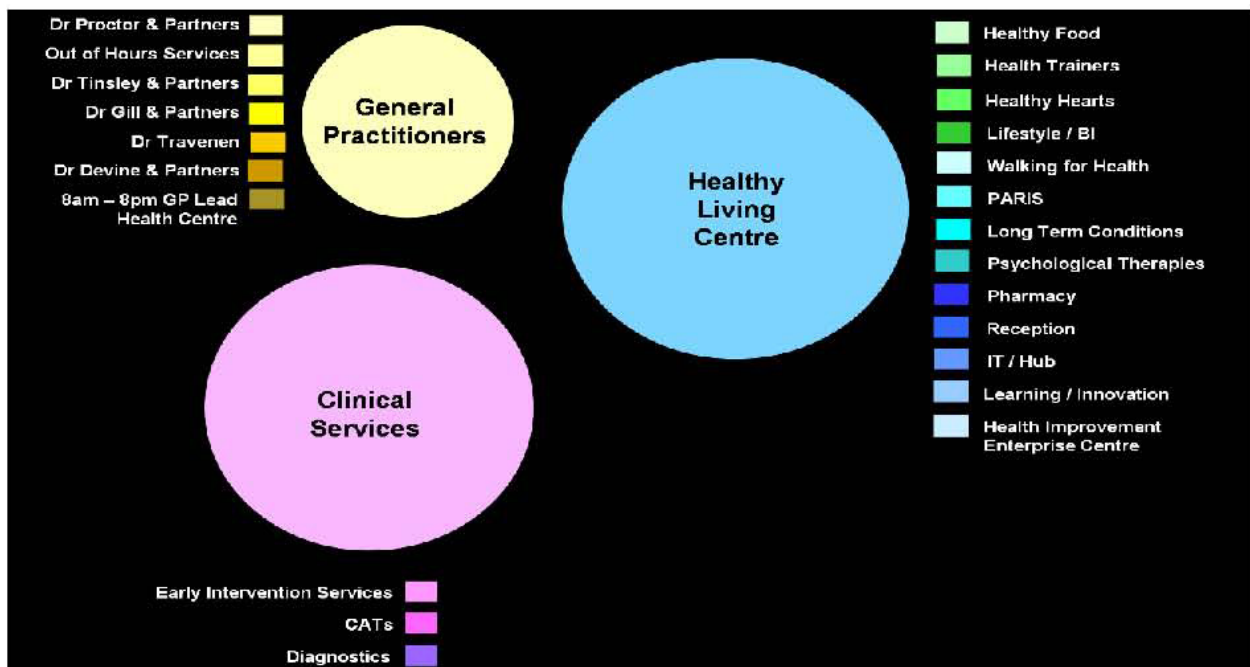
their clients and does not meet infection control guidelines. Few of the clinical spaces would meet latest specifications for clinical space as they are too small, do not contain hand basins or allow full confidentiality.

34. The case for change from an estate perspective is therefore clear. NHS Stockport cannot continue operating its primary care services from the current buildings and solutions are necessary involving new developments to address these issues.

Models of Care and Capacity Planning

35. This initiative is firmly focused on delivering innovative solutions which address the population needs of the future for the St Thomas' locality but also providing services for the wider community.
36. NHS Stockport have forged links with local social care and education organisations to develop innovative models of care to deliver the NHS and wider health and social care strategies to benefit the local population taking into account services that will deliver NHS agenda for care closer to home as well as addressing preventative and social inclusion models for the wider economic benefit of the area.
37. The scope of services planned to be delivered at St Thomas' is defined in Figure ES 1:

ES 1 - Proposed scheme content



38. The following table provides a summary of each of these services:

Figure E2 – Models of care & capacity

Service	Summary	Demand
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Diagnostic & Treatment Centre	CAT's, Diagnostic to support referrals from a range of professionals and prevent hospital admissions	Diagnostic activity of 52,000 Outpatient activity – mixture of activity to be re-provided outside of an Acute Trust and already being delivered in the community is 21,500 1st appointments and 5,300 follow ups
Early Intervention Service	7am – 11pm service utilize a multidisciplinary, multi practice, technologically advanced process to manage the most vulnerable members of society and reduce hospital admissions	Ambulatory Care activity of 3,858
GP lead Health Centre	Targeting the most deprived and disadvantaged members of the registered community as well as services for unregistered patients such as walk-in	List size up to 3,000 patients Projected Walk-In capacity of up to 13,000 attendances per year
Out of Hours Service	Providing a range of OOH service support	Projected telephone, home care and consultations - 215,000 per annum
Primary Care Unit	5 GP practices providing GMS plus a wider range of enhanced services and extended opening hours	Projected increase of list sizes to 2013 of 1.6%
Healthy Living Centre	Providing health improvement services targeting prevention rather than treatment services	Variety of services
Healthy Community	Education and Innovation Centre -providing a spectrum of services ranging across well being, work and placement, links with local education and sporting organisations as well as technical innovation such as tele care support	Variety of services
Extended Pharmacy services	Pharmacy providing general pharmaceutical services to support one stop health care plus a range of enhanced services such as healthy lifestyle clinics, smoking cessation, sexual health and substance misuse	

Project Objectives

39. The project objectives were ultimately derived from the strategic objectives for the PCT, in the light of national and local plans and policies for these services and are cascaded into estates objectives. Figure E2 highlights the detailed benefits criteria.

Figure E2 – Detailed Benefits Criteria

Benefits Criteria	Definition
Accessibility	<ul style="list-style-type: none"> ▪ Equity of sites and community coverage ▪ Enables improved service range to be delivered ▪ Physical access to sites and premises optimal
Capacity	<ul style="list-style-type: none"> ▪ Enables PCT deliver capacity required for Tier 2 ▪ Enables PCT deliver capacity required for GP expansion ▪ Offers new capacity for extended PCHT
Functionality	<ul style="list-style-type: none"> ▪ Buildings are functionally fit for purpose ▪ Future proof in terms of flexible clinical space
Efficiency	<ul style="list-style-type: none"> ▪ Appropriate balance in terms of sites and service delivery points ▪ Optimises opportunities for joint working between health teams and interagency ▪ Makes best use of available assets
Whole system optimisation	<ul style="list-style-type: none"> • Enables joint delivery between health and social services • Optimises benefits to LHE from Assets available
Ease of implementation	<ul style="list-style-type: none"> • Enables phasing and balance of investments over a period to 2010 • Minimises management time • Minimises risk of none delivery

40. There are various constraints agreed for the project such Capital funding has been made available to support the project to ensure the delivery given the reduction in the value of the Cherry Tree estate, however this is limited and will be required to be paid back once the PCT has sold the asset. The options must be affordable and offer value for money to the local health economy taking into account wider opportunity costs and benefits. Options should be future proof and meet the demands of the service model and potential future expansion
41. NHS Stockport has adopted the (HaCIRIC) benefits realisation approach to assessing the outcomes of the development

Options development

42. From the long-list of options a short-list for further appraisal within this Business Case was compiled as follows:

Option 1: Do Minimum

43. In this option the PCT would be required to bring the estate up to minimum estate condition B, where it is functionally fit for purpose. There would not be any Community Hospital developments in this option, or CATs provision. The big impact here would be that this option would seriously constrain the ability of the PCT to deliver on the 30% planned shift

in activity from secondary to primary care plus provide suitable premises for GP lead health centre

Option 2: GP+ model

- 44. An agreed number of GP practices would move to existing sites such as St Thomas's Hospital. There would be no CATs services under this option. Therefore, as for Do Minimum, the PCT could not deliver the 30% planned shift in activity from secondary to primary care. This options was short listed as it is viable if other CATs services could not be developed in line with the service strategy due to affordability, manpower or clinical governance issues

Option 3: New Model utilising NHS Sites in Stockport

- 45. This option utilises the St Thomas's Site for development of the new hospital including all the envisaged services

Non-financial benefits appraisal

- 46. Representatives attended an initial workshop to define the options, benefits and weighting of the benefits, whereas a second workshop was used to score the options and present sensitivity analysis against these options. At the workshops, staff discussed and agreed a score for each option which was then multiplied by the weighting for each element of the benefit criteria (see Figure E3) to give a weighted score. The result of the scoring exercise is shown below:

Figure E3 – Weighted scores of short listed options

Scores by option							
Criteria	Weight	1. Do Minimum		2. GP +		3. St Thomas's fully developed	
		Raw	Weighte	Raw	Weighted	Raw	Weighted
Accessibility	15	3	45	4	60	9	135
Capacity	25	2	50	4	100	9	225
Functionality	20	1	20	4	80	9	180
Efficiency	20	2	40	4	80	8	160

Scores by option							
Criteria	Weight	1. Do Minimum		2. GP +		3. St Thomas's fully developed	
		Raw	Weighte	Raw	Weighted	Raw	Weighted
Whole system operation	10	0	0	2	20	8	80
Ease of implementation	10	6	60	8	80	8	80
Total		14	215	30	420	51	860
RANK FOR WEIGHTED SCORES		3		2		1	

Sensitivity Analysis

47. An analysis of switching values was conducted (a method by how much the option would need to change to be equal to the next best option). Option 3 scored higher in all benefits apart from Ease of Implementation where it was the joint best option. The overall switching values for option 2 to match option 3 would be a 205% increase whilst Option 1 to match Option 3 would be a 400% increase.
48. The Project Team discussed the results and concluded that the ranking of the options was robust and that the preferred option from a non financial perspective was option 3 to develop a Community Hospital on the St Thomas' site.

Risk Assessment

49. This section provides the outcome of the risk assessment of the 2 short-listed options for the provision of primary care services.
50. The risks were divided into the following risk areas:
 - Design
 - Construction and development
 - Commercial
 - Operating
 - Project
 - Stakeholder

51. A qualitative risk assessment has been undertaken by the project team and the results are provided in Figure E4.

Figure E4 - Risk Ranking of the Short-listed Options

Option	Overall Risk Score	Ranking
Option 1: Do Minimum	307	2
Option 2: GP Option	300	1
Option 3: ST Thomas's fully developed model	422	3

Scoring Rationale

52. The results of the risk assessment show that the GP+ option provides the lowest level of risk. This because of the reduced scope of the development over the New Model option where development risks and those associated with service usage / model of care changes were assessed as higher. The Do Minimum option was the lowest risk option for design / development risks but was a high risk in terms of strategic risks and acceptability to stakeholders.
53. Although option 2 is assessed as the lowest risk option, the PCT has developed an effective risk management plan that will mitigate and minimise the likelihood of the risks occurring.

Risk Management

54. Risk management plans have been prepared to mitigate key risks that have been identified in the risk assessment for option 3, the New Model with Tier 2 option.
55. NHS Stockport have adapted their risk management scoring methodologies and mitigations to focus on the risks that have the most impact on the development.

Design & Construction Risk

56. NHS Stockport have developed a more specific Risk Register for the design and construction phase of the development. This highlights risks relating to such aspects of the development as implementation of the design, land purchases, service failure, value and usage, performance features of the infrastructure.
57. This risk register has been expanded in discussions with the PSCP, Interserve, where they have produced a joint risk register and identified robust risk management methods to mitigate the risks as a process of agreeing the GMP.

Financial Appraisal – This section is in working progress

58. This section presents the capital cost implications, of the three short-listed options as provided by the Quantity Surveyors, Rex Proctor & Partners. An analysis of revenue implications relating to building and service costs is being included within the economic appraisal and affordability section.

- 59. An affordability analysis was undertaken separately for the preferred option.
- 60. Capital costs for the short listed option are presented in Figure E5,

Figure E5 – Capital Costs of the Short-listed Options

	Option 1 £000	Option 2 £000
Works Cost		
Location Adjustment		
Non Works Costs		
Fees		
Equipment		
Contingency & Optimism Bias		
VAT		
Total Cost @ MIPS FP 530		
Inflation		
VAT		
Total Cost @ MIPS FP 536		

Source: OB1 forms

Economic Appraisal – This section is in working progress

- 61. An economic appraisal will be undertaken to assess the relative value for money of each of the short listed options by analysing the net present value of the investment.
- 62. A discounted cash flow for each of the options will be undertaken over 40 years (plus initial construction) using a discount rate of 3.5% for years 0 to 30 and 3.0% for the remaining years in line with the requirements of HM Treasury.
- 63. Capital cash-flows for the short listed options are presented in Figure E6.

Figure E6 - Capital Investment Cash flows Excluding VAT

	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	Total £000
Option 1						
Option 2						
Option 3						

64. The costs of the proposed investment have been assessed and aggregated to reflect:
- The total expected property and service-related, capital and revenue costs.
 - The opportunity costs.
 - The cost implications for all public sector parties that arise as a consequence of the investment.
65. For the purposes of this analysis, it has been assumed that the scheme is financed from NHS funds and then written off over the economic life of the facilities.
66. Figure E7 summarises the results of the economic appraisal for the short-listed options.

Figure E7 - Results of the Economic Analysis

	Option 1 £000	Option 2 £000	Option 3 £000
Asset Useful Life			
REVENUE RESOURCE			
Building			
Service			
Total Revenue Resource Requirement			
Average Annual Revenue Resource Requirement			
Rank			

CASH FLOW			
Net Present Cost (NPC)*			
Equivalent Annual Cost (EAC)*			
Rank			
Benefit Points			
EAC per benefit point			
Rank			

Source Generic Economic Model (GEM)

67. The economic analysis shows that ...

Wider Economic Benefits

68. The current economic downturn will have an impact on the health of the population and NHS services. This will have an impact on health and healthcare over the following years, as such NHS Stockport can take action by:
- Acting as an economic generator
 - In meeting increased demand for services and
 - In ameliorating the impact on population health
69. NHS Stockport are responding by including services that address negative lifestyle behaviour such as healthy living centres, EIS & CATS to early detection of health issues, investing in the local community in terms of capital and workforce for the construction and ongoing services as well as providing education and work based initiatives to encourage local participation in the scheme.

Procurement Strategy

70. Given the proposed funding source for the scheme (DoH funding plus capital receipts from sales of surplus buildings), the current uncertainty regarding the effects of International Financial Reporting Standards relating to PFI and 3PD schemes, and some social enterprise schemes NHS Stockport has chosen a traditional procurement route using an approved Procure 21 partner.
71. The P21 partner, Interserve, were awarded the contract after a rigorous selection process involving a wide range of key stakeholders in the process, including SHA representation and advisory support.
72. Since the inception of ProCure21 in 2001, Interserve Health has been working with its supply chain to offer an integrated approach to the provision of healthcare facilities. Managed by healthcare professionals and framework specialists, Interserve Health is a

powerful amalgamation of extensive in-house facilities, processes and expertise, combined with those of their strategic supply chain. They have significant experience as a P21 Partner to a wide range of Acute and PCT organizations and have developed schemes similar to the St Thomas’ development.

Affordability - This section is in working progress

- 73. The timing of the capital spend will be critical to the PCT in terms of estimating cash requirements and cash flow management. The following is a breakdown of the capital cash-flow requirements:

Project Management

Project Roles and Responsibilities

- 74. There are various members and organisations that have a specific role and responsibility in progressing the project. For a full list please consult the Business Case.

Project Timetable

- 75. Figure E13 identifies the key dates.

Figure E13- Project Timetable

Date	Milestone
April 2009 - completed	Procure P21 Partner - Interserve
June 2009	Submission of planning application
June 2009	Final design and agreement of contract price
June 2009	Procure/novate partners – Advisers and FM and supply chain
August 2009	NHS Stockport Board approval of FBC
September 2009	SHA Board approval of FBC
September 2009	Start on site
Feb 2011	Completion of construction
June 2011	Completion of commissioning and occupation
To be arranged	Complete disposal of sites surplus to requirements

Post Project Evaluation

76. The PCT is committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process, to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit when undertaking future capital schemes. The key stages will be:
- Procurement – assessment of how well the project was managed within 3 months of procurement
 - In use shortly after the new service is brought on line – evaluation of the scheme whilst in construction, usually 6 to 12 months after completion.
 - Once the new service is well established - evaluation of how the project is being operated, usually 2 to 3 years after completion.

Benefits Realisation Plan

77. NHS Stockport have commissioned Health and Care Infrastructure and Research Innovation Centre (HaCIRIC) at the University of Salford to manage the benefits realisation process. Their methodology is as follows:
- Workshop A (over 2 workshops) – Benefit Identification and Clustering
 - Workshop B – Benefits relation mapping
 - Construct a Benefits Dependency map to inform the Benefits Realisation Plan
 - Quantify, rank and financially evaluate the benefits where appropriate
 - Identify any further dependencies/actions required, validate the plan with stakeholders and incorporate into the Full Business Case and Project Development process
78. Results of the workshops are available within the main body of the business case and appendices to the document.

P21 Post Project Evaluation

79. Interserve will also develop a PPE process for the design and construction phase with NHS Stockport.

Communication and Engagement

80. This section outlines the work undertaken and planned by NHS Stockport to secure stakeholder communication and engagement with the project.
81. The PCT have identified and had extensive communications and engagements with a variety of stakeholder groups that they are engaging with during the project, the likely impact on these stakeholders, the issues they have raised and how they will continue to be engaged during the development of the project. These range from Health Impact Assessments to engaging with hard to reach groups to links with social care and voluntary organisations. For further details please consult the business case.

Health Impact Assessment

82. The PCT conducted a Health Impact Assessment Stakeholder Workshop in November 2007 and revised this in February 2009. There were various positive and negative issues raised of which methods to minimise health impacts were prioritised within Figure E11

Figure E9 - Methods to address health impacts

Method	Measures	Action Taken
Modern premises fit for purpose that will deliver primary care and other services	Involve service users in design	<p>There is a DoH requirement to involve stakeholders including the public in the dialogue on design and environmental issues, however there is a statutory obligation to implement measures included in the AEDET, and BRE'EAM. These will be implemented via the scheme project group. Evidence of public involvement is part of the planning application process.</p> <p>Please see section Error! Reference source not found. for more details of stakeholder involvement</p>
Risk of new building being intimidating	<p>Ensure the right amount of clear signage is in place, as approved by the planning authorities</p> <p>Ensure all users of the site feel welcomed and safe</p> <p>Display good quality art work, changed regularly</p>	<p>To be implemented as part of the design</p> <p>Current plans to include reception areas and 'welcome' staff</p> <p>Subject to control of infection standards</p>
Transport/Traffic Congestion	<p>Ensure all patient communication encourages sustainable travel and gives relevant travel info</p> <p>Provide a bus lay-by on site and extend bus service to the site in the evenings, subject to planning approvals and in line with Transport and travel plan</p> <p>Build in disincentives to park for those who don't need to use a car</p>	<p>Efforts will be made to minimise congestion through promoting sustainable travel to staff and patients, in line with the PCT's travel plan. A site-specific travel plan has been developed to deal with particular local issues.</p> <p>Car parking facilities will be restricted on site current provision subject to planning is circa 90 spaces many of which are DDA provisions.</p>
Security risk during evenings	"Design out crime"	The building has been subject to scrutiny by the GMP architectural liaison unit, and a crime impact statement has been produced.

Method	Measures	Action Taken
	<p>Ensure on-site security provided</p> <p>Ensure adequate external lighting in line with security and building design criteria</p>	<p>Greater Manchester Police will provide a community Support Officer presence in the building.</p> <p>The premises will be maintained by a Facilities Management provider</p>

83. The results of the Health Impact Assessment will be taken into account throughout the remainder of the project cycle.

Promotion methods

84. The PCT is adopting a range of approaches to promoting the project, including provision of a range of patient information through leaflets and the internet as well as through Health Trainers, Life Style Advisers, PALS and Community meetings.
85. The PCT will also be providing information on the PCT web site with links to the web site for Stockport Council and other voluntary organisations, newsletters, local press, surveys and reaching out to hard to reach groups

Formal Consultation

86. The development at St Thomas's was fully consulted as part of the wider Estates Strategy Consultation 2004.