Edinburgh Community Health Partnership

Re-provision of Lothian Sexual Health Services

STANDARD BUSINESS CASE

NHS Lothian Edinburgh Community Health Partnership
3rd October 2007
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1. TITLE OF PROJECT

The title that follows is as it appears in the Capital Plan and as it will appear in monitoring returns:

Re-provision of Sexual Health Services

2. INTRODUCTION / BACKGROUND

This Standard Business Case sets out to consider the options available to NHS Lothian in relation to the provision of fit-for-purpose accommodation for the Family Planning and Well Woman Service (FP/WW) currently based at 18 Dean Terrace and for the Genitourinary Medicine Department (GUM) based in the Lauriston Building. The objective is to identify a preferred option and procurement strategy. The Finance and Performance Review Committee agreed the recommendation to utilise Chalmers Hospital for the re-provisioning of the Edinburgh Family Planning Clinic in April 2005 (13th April 2005, Minute 8). This is an additional request to integrate FP/WW and GUM in accordance with the proposals set out in the Lothian Sexual Health Strategy 2004 – 2009.

2.1. Strategic Objectives

The services undertaken by FP/WW and GUM are included in the document “Edinburgh and Lothians Sexual Health Strategy 2005-2010”.

One of the drivers for the delivery of services in the future is to make them more accessible and to deliver services out-with a hospital setting in line with the targets of Delivering for Health. It is also acknowledged that there are clinical advantages in the FP/WW and GUM services having a closer working relationship and this is another of the drivers identified for the re-provision.

It is recognised that the provision of fit for purpose facilities is a key factor to the successful delivery of the Scottish Sexual Health Strategy “Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health”. In the Strategy NHS boards are charged with ensuring that good quality and well resourced specialist family planning services are available, where contraceptive provision is complicated by gynaecological side effects and complications or underlying medical conditions, make use of contraception more complex. Services should be consistent, accessible and cohesive. At a meeting of clinicians and senior representatives from Scottish NHS boards with the deputy CMO in February 2005 the desirability of moving towards integrated sexual health and family planning services was highlighted. However at that same meeting the lack of appropriate facilities was clearly identified as a particular barrier to the provision of high quality, well resourced family planning services.

The Scottish Sexual Health Strategy promises to take action “to help prevent sexually transmitted infection and unintended pregnancies and provide better services”. It states that “The principle is to make best use of resources by providing appropriate levels of care, supported by appropriately trained staff….. These staff will be from a variety of professional disciplines” (and will
include) “consultants, GPs and nurses with an interest in relevant areas e.g. GUM, family planning and community gynaecology. The executive is keen that these areas of work should be brought together, whenever possible. Service and design will be required to make best use of both physical premises and human resources”.

The NHS Lothian Sexual Health Clinical Services Action Plan 2005 – 2008 states that Aim 2 is to “ensure the pathways of care for patients accessing integrated sexual health services are seamless”.

Gynaecological practice has changed considerably over the past decade and the trend towards managing patients medically in the out patient setting rather than surgically will continue. St Johns Hospital and the Royal Infirmary of Edinburgh depend on the community gynaecology service to control waiting times for patients to be seen in the outpatient clinics. In order to support continued delivery of waiting time targets for outpatients as well as In -Patient treatment it is essential that the services are allowed to develop and integrate with the Acute Operating Division to make best use of available hospital facilities and medical staff”

3. Description of Services

3.1 Family Planning & Well Woman Services

The Family Planning Service in Lothian was established in 1933 as the Edinburgh Mothers Welfare Clinic. The building is owned by the Edinburgh Family Planning Trust and leased to NHS Lothian Primary and Community Division. The clinic moved to 18 Dean Terrace in Stockbridge in 1956 where it remains today. Taken over by the NHS in 1972, the FP/WW has developed to provide a continuum of sexual and reproductive healthcare including the provision of all methods of contraception and the prevention, investigation and treatment of sexually transmitted infections. Clinics in 12 locations across Lothian provide integrated, high quality services concentrating on areas of deprivation. Many of these clinics are becoming nurse led with doctor input only when required.

The service already meets many of the desirable characteristics listed in the Scottish Sexual Health Strategy - it is accessible (the majority of patients are self-referred); approachable; has extended opening hours (until 8 pm Monday to Thursday and Saturday mornings) and makes best use of available staff (all the nursing staff work to PGDs and many are nurse prescribers). The headquarters in 18 Dean Terrace sees a critical mass of patients, facilitating high quality teaching and training for doctors and nurses in primary and secondary care, and facilitating clinical research of international reputation. The premises however, have for a number of years provided a totally inadequate level of accommodation for the needs of the service. An analysis of the current space utilisation shows

- There is no disabled access – the entrance to the building is up four steps and all the clinical areas are on the first or second floor
- The surgical treatment areas are on the top floor with access only by stairs for patients and by resuscitation staff in the event of an emergency.
- The building does not meet the Disability Discrimination Act requirements which came into effect in October 2004.
• There is no lift so all patients must walk and clinical and support materials must be carried up to the upper floors.
• The number of rooms is inadequate for the range of clinical activities being carried out and with no scope for expansion any future development of the service is impossible.
• None of the six clinical rooms on the first floor meet the minimum space requirements – the room sizes range from 7.7sq.m to 10.6sq.m.
• The space available for medical records storage is causing problems in relation to Health and Safety.
• The room occupancy for most of the supporting staff has been identified as a Health and Safety issue.
• The proposed roll out of IT equipment to support the NHS Scotland National Sexual Health System Project will be problematic as there is no space to provide furniture which meets the current Health and Safety standards.
• Public transport to the site is limited.
• There is no parking available for either patients or staff.
• The service is a centre of excellence which attracts funding for research activities. The future potential research and teaching funding is at risk if more appropriate accommodation is not secured.

Clinical Activities

3.1.1 Contraception
All clinics provide the full range of contraceptive methods currently available, including counselling for female and male sterilisation; some 600 vasectomies are undertaken each year. The service is used by general practitioners and some hospital doctors for referral of women with complicated contraceptive problems and of women requiring long-acting contraceptive methods such as implants (1100 per year) and intrauterine contraception (1200 per year) which require technical skills for their insertion.

3.1.2 Cancer Screening
The service undertakes routine cervical screening of all women who attend the clinics and provides colposcopy for those who have abnormal smears. A small number of GPs refer directly to the Dean Terrace Colposcopy Clinics. While HPV vaccination should reduce the prevalence of cervical cancer in years to come, vaccination programmes will not reduce the need for colposcopy for many years.

3.1.3 Medical gynaecology, Menopause, PMS
Four consultant led medical gynaecology clinics are held each week, receiving referrals from within the service and from general practitioners throughout Lothian. A one-stop service is provided for women with menstrual dysfunction since all consultants undertake vaginal ultra-sonography and endometrial biopsy.

The FP/WW service provides the only dedicated Menopause Service within Lothian and the only dedicated Pre-menstrual Syndrome Clinic. While both these services are run by consultant gynaecologists, both have a holistic approach to women’s health issues encouraging lifestyle changes as well as traditional medical approaches.
3.1.4 Vasectomy Service
FP&WW has until recently provided 50% of the vasectomy service for the whole of Lothian. With reductions in the number of vasectomies undertaken by NHS Lothian hospitals in recent years the FP/WW Service currently undertakes some 90% of Lothian's vasectomies. A working group involving both the primary care and acute sector is presently considering how the service can best be provided throughout Lothian and it is not anticipated that operations will take place in the new building although all referrals and administration of the service will be co-ordinated there. The preferred option is to offer operating services at several clinics across the area served.

3.1.5 Psychosexual Medicine
The Psychosexual Service offers some 8 sessions each week involving three different doctors and one nurse with different approaches to psychosexual problems.

3.1.6 Young peoples' clinics
Sexual Health Services for young people are provided throughout the week but in a dedicated manner. Within Dean Terrace there are three afternoon clinics each week and one on a Saturday morning and additional clinics are held in three outlying clinics.

3.1.7 Abortion referral and post-abortion counselling
A dedicated clinic is held on Saturday mornings for patients who require time to discuss pregnancy options or post abortion counselling.

3.1.8 Telephone advice
A telephone help-line service is available for patients at specified times every day. Likewise the service receives frequent calls from general practitioners and other health professionals seeking advice about patient management.

3.1.9 Teaching and Training
The FP/WW undertakes a great deal of postgraduate training for both GP Registrars (including vocational training in general practice) and Specialist Registrars in Obstetrics & Gynaecology (including subspecialty training in Sexual and Reproductive Health and a contribution to subspecialty training in Reproductive Medicine). In addition to offering theoretical and practical training for the Diploma of the Faculty of Family Planning & Reproductive Healthcare, ad hoc training and updating for GP principals (e.g. in IUD or Implanon insertion) is provided. A substantial amount of post registration nurse training is also undertaken within and by the service. Undergraduate medical education is largely limited to taking individual students for special studies projects because of lack of space within the building. The service also provides regular continuing professional development to both medical and nursing colleagues in primary care offering courses and protected learning time sessions.

3.1.10 Research
The FP/WW has an international reputation in research in family planning (including the development of new contraceptive methods) and reproductive
health and the staff publish widely in peer reviewed journals.

3.1.11 Activity Data

<table>
<thead>
<tr>
<th>Service</th>
<th>New</th>
<th>Return</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Gynaecology</td>
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<td>4452</td>
</tr>
<tr>
<td>Menopause</td>
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<td>597</td>
</tr>
<tr>
<td>Colposcopy</td>
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<td>378</td>
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<tr>
<td>Cervical screening</td>
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<td>Psychosexual counselling</td>
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<td>806</td>
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<td>PMS</td>
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<td>41</td>
<td>73</td>
</tr>
<tr>
<td>Vasectomy</td>
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</tr>
</tbody>
</table>

3.2 Genitourinary Medicine

The Genitourinary Medicine Service has been based in the Lauriston Building since 1985 having formerly been known as the STD clinic. A full range of tests and treatments of sexually transmitted infections are provided from the clinic including postal testing kits for Chlamydia, C card, gay men’s clinic and clinics for those who have been sexually assaulted. Workload has increased from 7350 new cases in 1994 to more than 13,000 in 2005. This has resulted in considerable pressures upon GUM staff, and many aspects of service delivery have been reconfigured. The most important change has been the training of nursing staff to be able to manage new patients attending either walk-in or routine appointment clinics. More recently GUM has developed outreach clinics in West Lothian where previously there has been no service.

The service is limited in the way in which it can manage a patient/demand led clinic because of the restrictions placed upon the physical environment. Although the self referral approach makes the service accessible, opening hours are limited due to the nature of the Lauriston Building’s business i.e. outpatient facility operating 8.30a.m. – 5p.m. normally. This makes it very difficult to plan appropriate changes to meet the recommendations listed in the Scottish Sexual health Strategy.

The premises in the Lauriston Building have been considered inadequate for some time

- The number of rooms is inadequate for the range of clinical activities being carried out and with no scope for expansion any future development of the service is impossible.
- The space available for medical records storage is causing problems in relation to Health and Safety
- There is inadequate space available to accommodate supporting staff which is detrimental to the continuity of the service and can cause recruitment problems
- Inadequate waiting area to provide level of confidentiality desired by patients. The department is well sign posted from a busy outpatient
corridor reducing the ability to provide patients with a discreet approach to the service.

- Parking for patients and staff is very restricted.
- There is no prospect of being able to expand or develop the service to meet the increasing requirements and expectations of patients

3.2.1 Clinical activities – GUM
There is a continuous demand upon GUM to diagnose patients with symptoms suggestive of an STI, or those without symptoms who have been at risk of one or more STIs. This demand is met through a combination of walk-in and appointment clinics at the Lauriston Building in central Edinburgh and in Howden Health Centre, Livingston. The Lauriston Building is open from 8.30 to 5pm with occasional evening clinics for selected groups. Most walk-in patients are seen in the mornings and most appointments are for the afternoons. The components of these clinics include:

- Routine laboratory tests sent for diagnosis of HIV, syphilis, gonorrhoea and Chlamydia
- Immediate microscopy for gonorrhoea
- Clinical diagnosis e.g. genital warts
- Free treatment of STIs administered in clinic
- Partner notification for chlamydia, gonorrhoea, syphilis and HIV
- Safe sex advice including provision of condoms
- Vaccination against Hepatitis B (and A)

There are also four consultant referral clinics each week accepting referrals from general practitioners and internal referrals from nurse practitioners and doctors seeing patients in routine clinics. These were introduced in addition to existing consultant clinics. Patients seen include complex GUM cases, newly diagnosed syphilis, first review of patients with HIV infection.

The West Lothian clinic based at Howden Health Centre in Livingston currently provides these services at twice-weekly clinics on Monday evenings and Friday afternoons through a mixture of walk-in and appointments.

3.2.2 HIV services
The service diagnoses approximately 50 new cases of HIV every year and provides ongoing care for more than 400 HIV positive patients. HIV clinics take place twice weekly with a multi-disciplinary team meeting at an additional time. Routine holistic HIV care including monitoring of CD4 count and viral load, management of opportunistic infections and other HIV related conditions, screening and treatment for sexually transmitted infections, medication provision and adherence support is provided through these clinics. In addition HIV antenatal care is provided in conjunction with Obstetricians at the Royal infirmary of Edinburgh.

3.2.3 Gay Men’s clinic
In response to high rates of STI including HIV syphilis, gonorrhoea and Chlamydia amongst gay men in Edinburgh, a specific consultant-led clinic runs one evening per week in the Lauriston Building.

3.2.4 Sexual Assault
Links with Forensic Medical Examiners have been strengthened and the referral pathway for victims of acute sexual assault is streamlined by the provision of a weekly dedicated consultant led clinic.
3.2.5 Young Peoples Clinics
In collaboration with Healthy Respect, an integrated FP/WW and GUM young people’s drop-in clinic runs once per week at the Lauriston building.

3.2.6 Teaching and training
Practical training is provided at both undergraduate and postgraduate level for medical students and other clinical staff. Attachments are provided for Medical School students who each attend the clinic for ½ day session and additional attachments are provided for related SpR Registrars. In addition regular departmental teaching commitments are undertaken including MSc in reproductive Health Sciences, DRCOG course and practical and theoretical modules for medical students.

3.2.7 Other Activities Outwith Core Service
The department has pioneered a Postal Testing Kit for Chlamydia, and nurse practitioners undertake treatment and follow-up of positive cases. Large numbers of samples are received from Caledonia Youth. One nurse practitioner runs an afternoon clinic at CY for the treatment of Chlamydia infection.

3.2.8 Telephone Results system
Results have been obtainable by an automated telephone system through a pilot study which has been operational for 18 months. This has the benefit of reducing the number of calls received by staff requesting results and has made the process more efficient. There is an opportunity to give patients instructions regarding further appointments and the system is scrutinised to ensure that positive results are picked up and acted upon by patients.

3.2.9 Activity Data

<table>
<thead>
<tr>
<th></th>
<th>New</th>
<th>Return</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauriston Service</td>
<td>12199</td>
<td>9160</td>
<td>21359</td>
</tr>
<tr>
<td>Gay Men’s clinic</td>
<td>132</td>
<td>253</td>
<td>385</td>
</tr>
<tr>
<td>West Lothian</td>
<td>902</td>
<td>328</td>
<td>1230</td>
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<tr>
<td>Postal testing kits</td>
<td>1017</td>
<td>N/A</td>
<td>1017</td>
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<tr>
<td>Roam Outreach</td>
<td>36</td>
<td>Not recorded</td>
<td>36</td>
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<tr>
<td></td>
<td><strong>14286</strong></td>
<td><strong>9741</strong></td>
<td><strong>24027</strong></td>
</tr>
</tbody>
</table>

3.3 Proposed Outcome
The development of this building will allow services which, in Lothian, have traditionally been provided in separate hospital and community settings to be integrated and accommodated in one location. Both services are providing a range of sexual health services but have previously worked autonomously despite dealing with similar patient groups.

The main objective of the project will be to provide a single centre for men and women in Lothian seeking sexual health care by combining and integrating the Family Planning and Well Woman Service and the Genitourinary Medicine
service on one site. This central service will be supported by smaller clinics and services located in the community throughout Lothian. The central clinic will strive to provide a ‘one stop service’ wherever possible.

The provision of the new centre will allow sexual health services to be redesigned and clients to be offered a more effective service whilst retaining a holistic approach. At present, many clients are using both services but should in the future be able to come to a ‘one stop shop’.

This building will also provide a contemporary facility for the provision of teaching and training as well as meeting and conference facilities for both local and international groups.

The accommodation schedule has been designed to enable a smooth patient flow from arrival at the main entrance to the end of the visit and departure from the building. It is proposed that there is one main reception desk which will be used by all clients. Clients who have appointments with a specialist service e.g. colposcopy, sexual assault will be directed to the specialist clinical area. It is anticipated however, that the bulk of clinical work will be done within the generic clinic setting. This will include drop-in and booked clinics for unknown requests.

3.3.1 Accommodation

A schedule of accommodation is included in Appendix 1. This shows an increase in footprint for the two departments of over 1000m² excluding circulation calculations. Additional clinical rooms have been included in the accommodation schedule to ensure that privacy and confidentiality are upheld e.g. recovery rooms being used for single sex at any time rather than shared. Experience has shown that there are occasions when consulting rooms can become blocked when used for particular requirements e.g. termination of pregnancy discussion and therefore additional consulting space has been requested. To enable an increase in the take-up of long acting methods of contraception further treatment style rooms have been included in the schedule which will also help to reduce the risk of infection by allowing appropriate cleaning between use. This accounts for 237.5m² of additional space requirements.

Both departments have suffered from inadequate accommodation for support and clinical staff. Suitable space with appropriate relationships has therefore been identified to enable all staff to have space, which, dependant on time spent requiring desks includes ‘hot desking’. This accounts for a further 55.1m² increase. A significant amount of teaching and training is undertaken by both FP/WW and GUM and space has been specified to provide a more professional and fitting setting for formal aspects of training and to accommodate the many visitors to the services. Neither department has any dedicated space for a meeting room, resulting in other staff being displaced to accommodate the frequent meetings. The extra space identified for both these requirements is 123m².

A number of additional support rooms have been included in the schedule accommodation which have not previously been provided but are essential to the safe working of an out patient department. This includes sufficient toilets for patients and staff, clean and dirty utility rooms, appropriate storage and domestic facilities. This accounts for 245m² of the additional space required.

It is agreed that the HIV out-patients service which is currently provided from
within the GUM service in Lauriston Building will transfer to the new setting until such time as a preferred alternative location is identified. This has resulted in full pharmacy provision with support accommodation being included.

Many of the rooms in use in the existing departments do not meet the required legislative standards in terms of size. The schedule of accommodation allows additional space of 245m² to bring rooms up to the required level.

3.3.2 Patient Flows

**Access to the building**

It is anticipated that the majority of patients will travel to the clinic either by public transport (bus, taxi) or by private car. There may be some instances where clients will arrive via ambulance or accompanied by some form of security services. The main entrance to the building is likely to be from near the top of Chalmers Street. Access will be designed to accommodate the needs of the disabled, with a separate entrance for those being transported by ambulance being incorporated if necessary. The building in entirety will be designed with the needs of the disabled paramount.

Patient flow through the main reception will be carefully considered to ensure that patients are afforded maximum confidentiality, particularly patients who require maximum sensitivity e.g. patients who have been the victim of a sexual assault, and can be conveyed to other areas of the building with minimum upheaval. Minority groups and young people, particularly those under the age of 16, often have issues pertaining to confidentiality and may feel uncomfortable about sharing accommodation with others. To this end, the clinical layouts will allow for division of clients as described below.

3.3.3 Clinical Layouts

It is intended that the two services will be fully integrated and will comprise a generic clinical area and a specialist area. The room schedule has been prepared based on three groups of six consulting rooms with support facilities in the generic area, and one set of six with related support facilities in the specialist area.

3.3.4 Generic area

Two of the generic groups will be designed primarily for female patients and the third will be designed with particular reference to male needs i.e. with en-suite toilets. Although there will be occasions when these areas will be designated for female use and for male use as described above, it is important that they should be available for use by either sex and whilst being geographically close to each other, each must also be able to be used in isolation from the others.

3.3.5 Specialist area

The specialist clinics will be in a separate area of the building and will have their own waiting areas in close proximity. As more invasive procedures take place in this area egress will be an important consideration.

It will be possible to secure small divisions of the building to allow a limited
number of services to operate whilst others are closed e.g. during Saturday morning drop in clinics or when meetings are being held out of hours. Many of the common clinical areas will provide facilities for staff to work with patients on a one to one basis. Safeguarding and security of staff will be given priority in the planning stages.

3.3.6 Planned Growth and Shrinkage

The provision of the new centre will allow sexual health services to be redesigned and clients offered a more effective service whilst retaining a holistic approach. The service on offer at present has been severely restricted to due to space limitations. It is likely therefore that in the course of time there will be an expanse in the number of specialist appointments on offer particularly in relation to medical gynaecology and IUD clinics. The location of the service may bring about an increase in the number of clients accessing the service e.g. near to student accommodation rather than new town housing as Dean Terrace is.

3.3.7 Key Benefits

The key benefits from this outcome will be

- Provision of accommodation which will facilitate the delivery of clinical services in a safe environment which meets the needs of patients and staff
- Female patients who have historically attended both GUM and FP/WW will receive both services at the same consultation thereby allowing increased quality, efficiency and user satisfaction
- Facilities which meet the strategic outcomes in the Sexual Health Strategy 2005 – 2010
- Provision of an appropriate number of fit-for-purpose consulting rooms and other associated clinical facilities which will help to reduce the waiting times for access to the services provided
- Enhanced training opportunities and job satisfaction, thereby improving retention of staff and clinical expertise. Better undergraduate and post graduate teaching opportunities will offer the potential to increase recruitment to the specialty
- Improved training opportunities in sexual health for primary care nurses and doctors who wish to undertake CPD in the subject and to develop a special interest
- Enhanced opportunities for clinically relevant research in the area of sexual health which may develop local and national reputations for excellence
- An increase in the critical mass of health professionals providing sexual health services, therefore giving the specialty a much greater presence
- It is hoped that Chalmers clinic (and therefore NHS Lothian) would become a leader in the integration of sexual health services and continue the reputation of FPWW and GUM as Centres of Excellence.

4 Equality & Diversity Impact Screening

The NHS Lothian Public health & Health Policy unit has produced a Health Impact Assessment on the proposed Centre that is presented in Appendix 2 of this report. The report identified a number of benefits as well as highlighting areas which require consideration by the service providers.
• Groups with particular needs e.g. drug users, commercial sex workers will not be disadvantaged as the new service will essentially mirror current developments such as evening clinics. The one stop shop element proposed is likely to prove advantageous for all groups

• There is an issue around gay men not wanting to use a service that has family planning involvement. This needs to be treated with sensitivity, consideration given to the new name for the service and consultation with users to ensure that this group appreciate that the service is for them.

5 SUMMARY OF OPTIONS

A number of options have been considered for the re-provision and these are:

• Option 1 - Do Nothing / Minimal Change
• Option 2 - Integrate the Family Planning Clinic and the GUM
  ▪ Option 3 - Re-provide the Family Planning Clinic in Chalmers Hospital with GUM remaining in Lauriston Building
• Option 4 - Utilise existing NHS property e.g. Lauriston Building, Princess Alexandra Eye Pavilion
• Option 5 - Lease and convert alternative premises.
• Option 6 - Design and construct a building fit for purpose on a new site

Following a review of the available options (appendix 1) it was agreed by the Project Team that there would be merit in undertaking studies of Option 2.

5.1 Appraisal of Option 2

An appraisal of the short list of options has been carried out following the guidance in the Scottish Capital Investment Manual considering benefits, risks and costs both capital and revenue.

5.1.1 Non Financial Benefits Appraisal Weighting and Scoring Procedure

A set of non-financial benefit criteria has been developed and the benefits have been grouped under broad headings and each group has been given a weighting as follows:

<table>
<thead>
<tr>
<th>Benefit Criteria</th>
<th>Criteria Weighting</th>
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<tr>
<td>Quality of Clinical Care</td>
<td>65</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>10</td>
</tr>
<tr>
<td>Flexibility of Accommodation for Alternative Use</td>
<td>10</td>
</tr>
<tr>
<td>Global</td>
<td>15</td>
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</table>

Each benefit criterion has a number of sub-criteria that have been used in the evaluation of each option.

Quality of Clinical Care
Provides appropriate accommodation
Gives appropriate clinical relationships
Promotes efficient use of staff resources
Maintains patient dignity and privacy
Promotes individual autonomy in a safe environment
Shortens timescales to improve service delivery
Enhanced training opportunities

Quality of Environment
- Ease of access to site
- Ability to provide fit for purpose accommodation

Flexibility of Accommodation for alternative use
- Scope for future expansion
- Scope for change of use

Global
- Maximises the overall efficiency and effectiveness of NHS Lothian operational services
- Fits with the strategic direction outlined in the Sexual health Strategy 2005 - 2009
- Makes best use of the existing NHS Estate

The option was scored using a score of 10 to reflect maximum benefit of the option delivering the particular benefit and a score of 0 to reflect little or no benefit.

The scores multiplied by the weighting for each criterion were summated to show a ‘weighting benefit score’ for the option.

The weighted score for the option is shown in the table below. The full table of scores is shown in Appendix 3.

| Option 2 | Utilise Chalmers Hospital Site | 810 |

5.2 Risk Matrix

A matrix of the risks associated with the delivery of Option 2a has been prepared together with impact assessment and mitigation (Appendix 4). In addition, as part of the Project Execution Plan the risk matrix will form an agenda item at the Project Board meetings to ensure that the areas of risk which have been identified are managed out of the system as the project develops. This will include budget, timetable, and design updates.

A particular risk associated with the proposal is a possible delay in gaining access to the site timeously as a result of a delay in re-providing the Chalmers Imaging Department. A separate paper detailing the proposals to be put in place to resolve this situation has been submitted by The Director of Strategic Planning. While this may incur delays to the re-provision of the sexual health services, it is proposed that this Business Case can be approved in the knowledge that the Imaging Department will be transferred to another site in the foreseeable future. In addition, it is proposed that detailed
design work and service planning for the sexual health service would continue to minimise the impact of a possible delay on the final completion date.

6  PREFERRED OPTION

The appraisal of the options has shown that Option 2 is the preferred option. A full summary of the options considered is shown in Appendix 5.

The benefits of this option are summarised below.

- Establishing FP/WW and GUM in Chalmers Hospital would enable the two services to integrate fully which is the current objective of the two departments. This will allow a comprehensive horizontal structure of sexual health services which essentially offer two services at the same time and the same consultation. Presently when women attend the Dean Terrace Centre with symptoms of a sexually transmitted infection only a limited diagnostic and management service is available and patients requiring further investigation are referred from Dean Terrace to GUM. Many never arrive because of the distance and the difficulties involved with making an appointment. Similarly women attending GUM for investigation of a possible STI are not provided with contraception or offered cervical screening (even if both are indicated), nor can their co-existent gynaecological problems be dealt with. An integrated service will allow patients to have their needs met by one well trained provider in a one-stop-shop.

- Chalmers is also much closer to Caledonia Youth (CY). Presently when women are ineligible for CY services (not registered with a GP in Scotland or aged over 25), require treatment which is not provided, or when CY has no appointments, or (e.g. emergency IUD insertion), they are sent across the City to Dean Terrace. If they do arrive at Dean Terrace (and many don’t) they are often upset, feeling they are being sent all over the city. Closer links with CY would also offer advantages for teaching and training and for making progress in better integration of sexual health services across Lothian.

- As a designated site for sexual health services, the ability to offer confidential services in Chalmers Hospital is much enhanced compared to sharing accommodation with other health specialities in a larger building. This is particularly likely to have an impact on young people and other vulnerable groups.

- There is evidence to demonstrate that when contraceptive services and STI services integrate both services become more accessible; both services experience increased quality, efficiency and user satisfaction; unmet needs are met and ultimately sexual health status is improved

- Integration of the two services would greatly enhance training opportunities and improve job satisfaction thereby improving retention of staff. Enhanced undergraduate, and post graduate teaching opportunities offer the potential to increase recruitment to the specialty. There would be enhanced prospects for clinically relevant research in the area of sexual health which would add to local and national reputations for excellence.
• It demonstrates the ability to meet the criteria set out in the Non Financial Benefits assessment
• It is the least risky option in terms of the Risk Analysis carried out.
• It has the lowest impact on the NHS revenue position.
• It offers a greater degree of certainty in relation to timescale as the building is currently providing clinical services and is owned by the NHS.

7. **EDINBURGH FAMILY PLANNING TRUST**

The Edinburgh Family Planning Trust owns the building at 18 Dean Terrace from which Family Planning and Well Woman Services function. The Trust has pledged to gift to NHS Lothian the Net Sale Proceeds from the sale of 18 Dean Terrace, provided that the proceeds are used in furtherance of the Trusts Objectives e.g. the promotion of family health and welfare in terms of the provision of contraception, in particular by

• Instructing and encouraging research into scientific methods of contraception and their use
• Instructing and encouraging the education and training of personnel engaged in the provision of contraceptive services for the family
• Encouraging the wider use by family of contraceptive services

The Trust is satisfied that the re-provision of sexual health services in the manner outlined in the Business Case is in keeping with their objectives. However they would wish to seek from NHS Lothian an assurance that Sexual Health Services would not subsequently be re-located except in the circumstances that a change in the model for the delivery of family planning care is justified and agreed.

8. **CAPITAL COST OF PREFERRED OPTION**

An indicative Cost exercise has been carried out and the estimated capital costs for the options are shown in Appendix 6.

The capital costs include Construction Cost, Fees, VAT and Equipment. The build costs include a 9.45% optimism bias to take account of the Treasury Green Book recommendations includes inflation. The issue of VAT recovery is to be discussed with NHS Lothian VAT advisors.

The costs have been based on a Schedule of Accommodation which at the present time has a total area of circa 2880 sq metres of space.

9. **REVENUE COST OF PREFERRED OPTION**

Please see Appendix 7.

9.1
10. PROCUREMENT ROUTE FOR PREFERRED OPTION

It is recommended that the project is funded by a combination of exchequer funding and a donation from the Edinburgh Family Planning Trust.

To meet the estimated project cost of £8.14m, a commitment of £6.44m from NHS Lothian capital programme will be necessary, of which it is estimated that £4.545m will be funded from the National Capital Impairment Fund (included in the £6.44m). The Edinburgh Family Planning Trust has indicated that it will make a donation of up to £1.7m which is a combination of the proceeds from the sale of Dean Terrace, a proportion of their reserves and fundraising.

The use of private finance has been considered but is felt not to be appropriate for this project. This project is not suitable for PPP funding given that it is primarily a refurbishment and is below the value likely to make this project attractive for PPP funders. In addition the Edinburgh Family Planning Trust have confirmed that whilst they are happy to make capital contribution to an NHS funded and owned facility they will not be prepared to make a contribution to a PFI project.

11. TIMESCALES FOR PREFERRED OPTION

A draft programme has been prepared which indicates that from the approval of the Business Case which has been assumed as being October 2007 it would take until August 2008 to achieve a start on site, with completion being in October 2009. A table showing key activities is included in Appendix 8.

12. PROJECT PLAN

A Project Execution Plan has been prepared in relation to the implementation, management and evaluation of the project (Appendix 9).

13. CONFIRMATION OF THE SCHEMES STATUS

It is confirmed that the following statements apply to the scheme:

- The development fits with the Lothian Local Health Plan and the objectives of NHS Lothian.
- An appraisal of a range of options has been considered and evaluated following the guidance in the SCIM considering costs benefits and risks.
• The use of Private Finance has been explored and the reason for not pursuing this source of funding as a procurement route is given at Item 10.

• A Project Execution Plan has been prepared for implementing, managing and evaluating the project.

• Although consideration has been given to selling the Chalmers Hospital site, consideration is now being given to upgrading the facility to house various services which will include Family Planning.

• Having regard for the project objectives no better use could be made of the existing estate.