ETL

A healthier perspective

Primary Care Centre in the Wonford Health and Wellbeing Hub

End of stage report (Final version 1.0)

13th November 2019

DOCUMENT CONTROL

NOTE: This is a CONTROLLED Document. Any documents appearing in paper form are not controlled and should be checked against the server file version prior to use.

Version record

Version No	Revision Date	Version history	Initials
Draft 1.0	08/11/19	First draft issue to Exeter City Council (ECC) client project team.	PB
Final 1.0	13/11/19	Final version issue incorporating ECC client comments (12/11/19) on draft version 1.0.	PB

The accommodation requirements set out in this document are in draft form. They are subject to further refinement as well as a subsequent viability assessment and business case process prior to finalisation.

Contents

Part A: overview of the Health and Wellbeing Hub and Primary Care Centre

1| Introduction to the Health and Wellbeing Hub

Exeter City Council is investigating the feasibility of developing an innovative, new integrated community health and wellbeing hub at the site of the existing Wonford sports and community centres in Wonford, Exeter – to be called the **"Wonford Health and Wellbeing Hub"**.

Engagement, by ETL and KYMA Consulting, with a range of stakeholders (including commissioners and providers - see Appendix 2) across the local health and care economy indicates that there is considerable support, in principle, for the proposed development of a Wonford Health and Wellbeing Hub.

The aspiration of the new hub is *"to help positively promote access to and participation in the health and wellbeing services provided within the locality".*

The Health and Wellbeing Hub could include the following elements:

- Community Leisure centre with sports hall and exercise studios, and outdoor facilities
- Primary Care Centre (PCC) in partnership with the local NHS and other providers
- Flexible community spaces linking indoor and outdoor spaces to promote healthy, active lifestyles such as community kitchen, gardens, allotments, etc
- Potentially a range of residential facilities

The Health and Wellbeing Hub could provide the opportunity to co-locate primary and community physical and mental health services alongside a wider wellbeing offer that supports the 'prevention' agenda, through leisure, community and advice and support services, recognising that many patients presenting with health related issues have non-health causes at the root of their condition (e.g. anxiety about debt and finances leading to depression or stress).

1.1 The Primary Care Centre (PCC)

A requirement of this commission was to test and confirm the existing Wonford Green GP Practice partners' desire and intention to relocate from their existing premises to new facility (the Wonford Health and Wellbeing Hub) and determine a schedule of their needs for this relocation.

The Wonford Green Surgery partners are strongly committed to addressing the health and wellbeing needs of their community through a social model of health, recognising the importance of addressing the wider determinants of health and supporting opportunities to enable them to flourish. They are therefore very enthusiastic about the potential redevelopment of Wonford Community and Leisure centre as an integrated Community Wellbeing centre, bringing together leisure provision, community-led programmes and activities with their GP-led wider health and wellbeing provision.

For some time, the GP partners have been considering engaging with the wider range of community health services which would complement and support their Primary Care+ provision and better meet the needs of local people, such as health visitors, school nurses, maternity etc as well as a wider provision of services such as financial and debt management. Partners referenced the Exeter COLAB (https://www.colabexeter.org.uk) as an exemplar approach they would like to see implemented, and

indicated that they would be pleased to potentially be colocated in a new facility with services such as the following:

- Dentistry
- Podiatry
- Dietetics
- Gym
- Benefits/housing/Citizens Advice Bureau assistance
- Community café/Food Bank
- Social prescribing and community groups
- Health Visiting/Public Health Nursing/Children's social care/CAMHS
- Adult social care

GP partners would also consider co-location of Out of Hours GP services within the new facility.

1.1.1 Potential GP partner concerns

However, the partners expressed their considerable concern at the potential relocation of services (e.g. bariatric or Urgent Treatment Centre) from the Royal Devon and Exeter site into a proposed Wonford Health and Wellbeing hub. Partners are concerned that:

- This would give the community and patients more widely the impression that it was an off-shoot of the hospital, rather than a community health and wellbeing asset
- This would reinforce a medical and deficit model of health ('treatment of illness') rather than their social model, incorporating activities that support wellbeing, address the wider determinants of health to enable people to flourish, as well as supporting them at times of vulnerability and illness
- Patients may then view the Practice as a route to fast-track access to acute services; this may skew their patient list and undermine their current ability to 'provide 80% same-day appointments'.

The Wonford Surgery GP partners also expressed the following financial concerns that would require a favourable resolution before further consideration of a potential relocation to a new Wonford Health and Wellbeing Hub.

Partners would require a suitable capital receipt for the current Wonford Green Surgery site that would be sufficient to cover exiting expenses such as mortgage costs and loan costs for the previous expansion work.

As Exeter City Council (ECC) currently holds the freehold to the Wonford Green Surgery site, the Partners' preference would be an acceptable buy-out by ECC rather than the Partners having to sell the practice premises on the open market.

In terms of revenue affordability, the partners have an obligation to ensure the longevity of the practice so it can continue to meet the needs of its patients and community. As such, partners would require a long-term commitment from NHSE regarding future rent reimbursement, and a long-term affordable rent commitment from the Wonford Health and Wellbeing Hub landlord.

1.1.2 Purpose of this document

This report sets out the early vision and model of care for the PCC within the Health and Wellbeing Hub. This document could be used to inform the development of design proposals for the new building and to provide a basis for future development of operational policies for the services and facilities. t sets out an overview of the potential scope of services, patient and service user pathways and functional content for the PCC, based on feedback to date.

2| Health and Wellbeing hub service philosophy

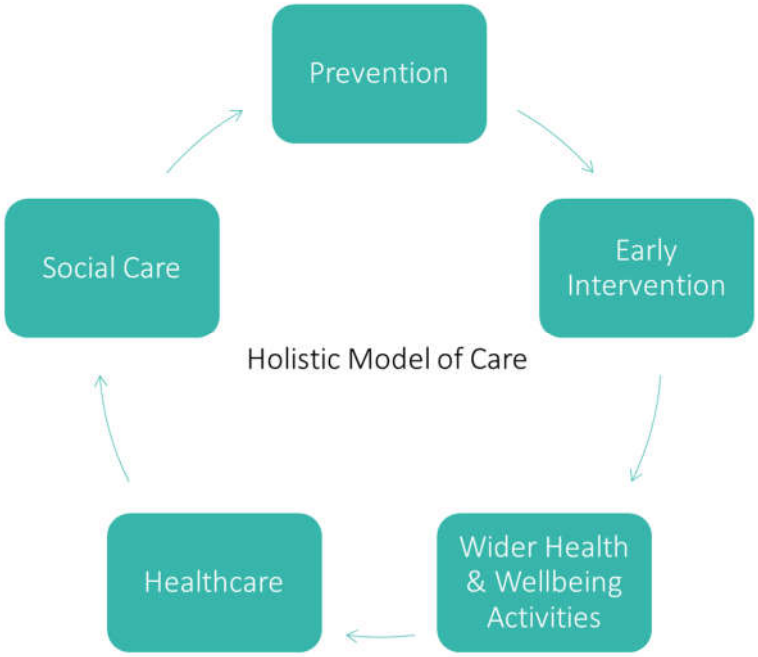
In line with the Integrated Care for Exeter (ICE) ambition[1], the aim is to deliver an integrated care hub for the community which:

- Enables people to improve and promote their own health and well-being
- Delivers a better experience of care
- Achieves improved health and social care outcomes
- Provides care more cost effectively

Services will be connected, deliver quality outcomes and use resources efficiently and effectively so that:

- Services are easy to explain; access and navigate through and will be provided on the basis of individual need
- Health and wellbeing is actively promoted, and health inequalities reduced through concerted community action focussed on early intervention and prevention
- Only people who clinically need to be are admitted or treated in a hospital and they will only be there as long as is clinically necessary.
- People experience quality services wrapped around their needs
- Public and voluntary sector resources are more effectively used by combining budgets, skills, staff and data.

Figure 1: Model of Care diagram



[1] Integrated Care for Exeter (2017). https://www.wellbeingexeter.co.uk/wp-content/uploads/2017/06/HSJ2017-Service-Redesign-Integrated-Care-for-Exeter-Review-June-2017-Final-draft.pdf

2.1 Consultation area principles

- Consultation areas (C/E rooms, Treatment rooms, etc.) should be configured to make patient navigation easy, so that patients can find the correct room quickly
- All Consult/Exam and Treatment rooms should follow a generic pattern and design, to enable them to be used by a range of clinicians; there will be no dedicated rooms, instead rooms will be allocated based on need and demand
- The configuration should be flexible to allow consultation areas to be expanded or changed in line with future needs
- For out of hours and less busy periods, there should be an ability to 'close down' areas of the consultation suite which are not in use
- All Consult/Exam and Treatment rooms should have a handwash sink, clinical couch, desk and relevant IT points and screening for patient privacy when changed/undressed
- As a minimum, Consult/Exam rooms should have dual-sided access to the patient couch
- The Consult/Exam rooms used for clinical training will be slightly larger, to potentially accommodate both the trainee and a qualified member of staff as well as the patient(s) and escorts
- All treatment rooms should have appropriate air changes, in line with current NHS standards
- The staff WCs should be located to allow access from the consultation suite
- Clean and dirty utility rooms should be easily accessible to the consultation suite; both rooms will be strictly staff-only and will therefore have restricted access
- Pharmacy products will be stored in the clean utility.

3| Scope of service

As mentioned in section 1.1, a key requirement of this commission was to test and confirm the existing Wonford Green GP Practice partners' desire and intention to relocate from their existing premises to new facility (the Wonford Health and Wellbeing Hub) and determine a schedule of their needs for this relocation.

Section 1.1. documents the Wonford Green Surgery partners desire and enthusiasm for a potential relocation to the new Wonford Health and Wellbeing Hub. It also addresses their concerns regarding the potential services that may be included within the Hub, and the practice's financial concerns that would need to be favourably addressed before partners could commit to relocating to a new Wonford Health and Wellbeing Hub. Based on positive engagement to date with the Wonford Green Surgery partners, the scope of service within the proposed Primary Care Centre consists of the relocated Wonford Green Surgery practice.

In addition, more widespread engagement with local commissioner and provider stakeholders has identified significant current levels of interest levels regarding other services that could potentially be delivered from the Primary Care Centre of a new hub. As the focus of this commission is not to

develop a detailed brief for services other than the Wonford Green GP practice, we have provided a high level overview of these health and care services within the appendix. These services include:

- Health and wellbeing community suite
- Mental health: Integrated physical and mental health service for adults and children (provided by Devon Partnership NHS Trust)
- Royal Devon and Exeter NHS Foundation Trust (RDE) services:
  - Maternity locality teams (Central and Beacon)
  - Community Integrated Health and Care teams (East and Central)
  - Ambulatory Nursing Team base
  - Musculoskeletal community services
- Bladder and bowel services: Northern Devon Healthcare NHS Trust
- Sexual Health (C-card scheme)
- Urgent Treatment Centre (UTC)
- Health Visitor Team
- Bariatric Services

3.1 Exclusions

The following specific services have been addressed by stakeholders and discounted for potential inclusion within the primary care centre.

3.1.1 Other GP practice(s)

At this stage, there has not been any other GP practice which has expressed an interest in co-locating in the PCC.

Similarly, at this stage the Eastern Exeter Primary Care Network (PCN) has not indicated that it would wish to use the PCC as a base for their Directed Enhanced Service (DES). However, there is potential for this requirement to change, therefore the facility should be sufficiently flexible to incorporate the PCN's requirements.

3.1.2 Community dentistry

Stakeholders are of the view that although there is generally under provision of community dentistry in Exeter, there would not be a requirement for additional capacity within the PCC.

3.1.3 Sexual health services

Apart from the C-card service considered to be incorporated within General Practice, specific sexual health services will not be provided from the PCC.

Part B: PCC service description

This section sets out the key service requirements for the main PCC services (the relocated Wonford Green Surgery General Practice).

4| General Practice

4.1 Scope of Service

4.1.1 Introduction

The Wonford Green Practice is a member of Exeter Primary Care. The Practice aims to:

- Maintain and develop high quality primary care services for the people of Exeter
- Help the local community to improve their health and wellbeing and to support patients when they are ill
- Encourage people to use the wider health and social care system as efficiently and effectively as possible.

The Wonford Green GP partners are strongly committed to addressing the health and wellbeing needs of their community through a social model of health, recognising the importance of addressing the wider determinants of health and supporting opportunities to enable them to flourish. They are therefore very enthusiastic about the potential that co-location with the Health Hub might bring.

4.1.2 Service Scope

The Wonford Green practice provides General Practice services to approximately 6,000 patients (estimate as of August 2019) from the Wonford, St Loyes, Heavitree, and parts of Whipton areas of the city of Exeter. The services offered include:

- **GP and nurse clinic consultations:** supported by Health Care Assistant and Phlebotomist clinics
- **Community services:** the practice has a dedicated team, including experienced district nurses, health visitors, midwives and physiotherapists
- **District Nurses[2]:** associated with the practice provide nursing care at home for those patients who are too ill to attend the surgery or are bedridden. They are experts in the treatment of leg ulcers.
- **Community midwifery team:** this team provide weekly antenatal clinics at the surgery. They work closely with the GPs to care for women during pregnancy and provide post-delivery community postnatal care
- **Physiotherapy:** a twice weekly 'drop in' clinic is provided; patients require a GP referral to attend this clinic
- **Secondary care:** the GPs have good relationships with colleagues at the Royal Devon and Exeter Hospital (RDE), enabling them to effectively manage referrals
- **Practice Nursing Team:** nurses provide a comprehensive range of services at the practice, including:

[2] The practice shares District Nurses with the Isca Medial Practice

- Cervical smear testing
- Blood tests
- ECGs
- Dressings
- Childhood immunisations
- Asthma (respiratory disease)
- Diabetes and Coronary Heart Disease advice
- Travel vaccinations
- Smoking cessation
- Contraceptive advice
- Ear syringing
- Diet advice
- Travel vaccinations
- Immunisations and blood pressure.

- **Community services:** the services offered at Wonford Green practice currently include:

– Community midwifery (2x maternity clinics per week) – Talkworks (a free, confidential, NHS talking therapy service for adults, offering effective treatments and therapies, including Cognitive Behavioural Therapy) – C card scheme (to be confirmed)	– Community physiotherapy – Family support worker – Diabetic retinopathy and abdominal aortic aneurysm screening (Ultrasound)

The practice is also a training practice and as such offers teaching appointments.

4.2 Service Parameters

4.2.1 Activity

The practice list currently consists of around 6,000 patients. These patients are from the Wonford, St Loyes, Heavitree and parts of Whipton.

The practice patient list has experienced considerable recent growth; around 1,000 additional patients were registered over the 18 month period from c. Feb 2018 to August 2019.

This growth predominantly was a result of the practice offering same day appointments, which has resulted in an inflow of patients moving their registration to Wonford from Cranbrook, due to being unable to get appointments in Cranbrook.

Future activity projections

High level income and expenditure modelling for the Primary Care Centre has been undertaken as part of this commission (refer to Part C of this document). This modelling indicates the following growth in Wonford Green Surgery practice activity (shown predominantly in 5 year increments) from 2019 to 2045 (c. 25 years post commissioning of the new Wonford Health and Wellbeing facility).

	Year (predominantly 5 year increments)						
	2019	2024	2029	2034	2039	2044	2045
Practice patient list size	6059	6260	6508	6700	6849	6989	7017
Total consultations/year	31,871	32,929	34,235	35,243	36,027	36,764	36,911

Year on year growth in practice patient list size is based on population growth projections for Exeter.

Activity is determined by patient list size, and the assumption that the average access rate per patient is 5.26 attendances per annum (as per Health Building Note 11-01).

High level modelling indicates that, from 2019 to 2045, the Wonford Green Surgery list size and patient activity each grow by c.16%. These activity numbers have been used to determine key functional content requirements. The activity numbers and assumptions underpinning this high level modelling will require further review and amendment at later stages of the project.

4.2.2 Hours of operation

Core practice hours are indicated below. The practice also provides some out of hours appointments on some evenings and Saturday mornings on a rota basis. This equates to approximately 40 hours per week of available patient consultation time per consulting room. Outside of these times, out of hours medical cover will be provided by Devon Doctors On Call (DDOC). Home visits by GPs may be provided based on acuity and GP availability.

Role	Hours available
Practice opening times	Monday – Friday, 08:30 – 18:00
GP consultation times	Monday – Friday, 08:30 – 12:30 and 14:30 – 17:30
Nurses	Monday – Friday, 09:00 – 17:30
Healthcare Assistants	Tuesdays, Wednesdays and Thursdays, 09.00 – 16:30
Phlebotomist	Mondays 09:00 – 12:00 and Fridays 10:45 – 12:45
Practice Nurse clinics	Monday – Friday, 09:00 – 17:30
Health Care Assistant	Tuesdays, Wednesdays and Thursdays, 09:00 – 16:30

It is possible that in the future, the GP and general opening hours could be extended, for example to 08:00 – 20:00, 7-days per week

GP appointments

The surgery operates a 'phone on the day' appointment system for doctor appointments. A small number of pre-bookable appointments are available up to 2 weeks in advance for those who may find these more convenient.

Nurse and phlebotomist appointments

The appointments are booked in advance, not on the same day.

4.2.3 Staffing

The Practice has a full community team with experienced district nurses, health visitors, midwives and physiotherapists.

Role	Headcount	FTE
GPs		
Nurses		
Healthcare Assistants		
Phlebotomist		
Health Visitors		
Midwifes		

ETL: Staffing numbers to be provided by the Practice at a later stage of the project

4.3 Functional Content

The proposed key functional content for the GP practice (projected to the year 2045) is as follows:

Room type	Number
Consult/Exam room (standard)	3
Consult/Exam room (large)	2
Treatment room	2

The above functional content is based on best practice primary care operational assumptions, which likely do not align with those currently utilised by the Wonford Green Surgery practice.

Further refinement of the functional content modelling will be required at later stages of the project when there is a firm commitment from the Wonford Green Surgery practice to relocate following confirmation, by Exeter City Council, of the progression of the Wonford Health and Wellbeing Hub scheme.

A detailed schedule of accommodation for the GP practice requirements within the new facility is shown below. It provides and indicative spatial requirement (m^2), based on projected stakeholder need.

Exeter City Council - Wonford Primary Care Centre						
Draft Summary Schedule of Accommodation v1.0						
Description			**Required rooms**			**Dept area**
Service	***Space Type***	***Room description***	***Quantity***	***Size (m^2)***	***area (m^2)***	***(m^2)***
Primary Care	Waiting / Entrance	Draft lobby	1	10.0	10.0	
Primary Care	Waiting / Entrance	Reception: 3 person	1	16.5	16.5	
Primary Care	Waiting / Entrance	Waiting	14	1.8	24.5	
Primary Care	Sanitary	Baby change	1	6.0	6.0	
Primary Care	Sanitary	Baby feeding room	1	6.0	6.0	
Primary Care	Consult/Treat	Interview room	2	9.0	18.0	
Primary Care	Sanitary	WC: ambulant	1	2.5	2.5	
Primary Care	Sanitary	WC: accessible	1	4.5	4.5	
Primary Care	Meeting room	Meeting/MDT	1	25.0	25.0	
Primary Care	Clinical Support	Phlebotomy room	1	8.0	8.0	
Primary Care	Consult/Treat	Consult / Exam room: standard	3	16.0	48.0	
Primary Care	Consult/Treat	Consult / Exam room: large	2	20.0	40.0	
Primary Care	Consult/Treat	Treatment room	2	18.0	36.0	
Primary Care	Clinical Support	Clean Utility	1	9.0	9.0	
Primary Care	Clinical Support	Dirty Utility	1	9.0	9.0	
Primary Care	Clinical Support	Bay: Resus trolley	1	2.0	2.0	
Primary Care	Workspace	Office: 2 person	1	14.0	14.0	
Primary Care	Workspace	Virtual consultation & triage	2	5.5	11.0	
Primary Care	Workspace	Workstations	4	5.5	22.0	
Primary Care	Sanitary	Staff change	2	12.0	24.0	
Primary Care	Staff areas	Lockers: staff	1	3.0	3.0	
Primary Care	Staff areas	Staff rest & kitchen	6	1.8	10.5	
Primary Care	Sanitary	WC: accessible	2	4.5	9.0	
Primary Care	Store	Store: general	1	10.0	10.0	
Primary Care	FM	Cleaner's room	1	8.0	8.0	
Primary Care	FM	Disposal hold	1	10.0	10.0	
TOTAL Net Internal Area						387
*Circulation & Communication		**42%**				162
*Engineering		**22%**				85
TOTAL Gross Internal Area						634
*Uplift allowances (32% circulation; 10% communications) based on HBN 11-01 - Facilities for Primary and Community Care Services						

4.4 Functional Relationships

4.4.1 Intradepartmental Relationships

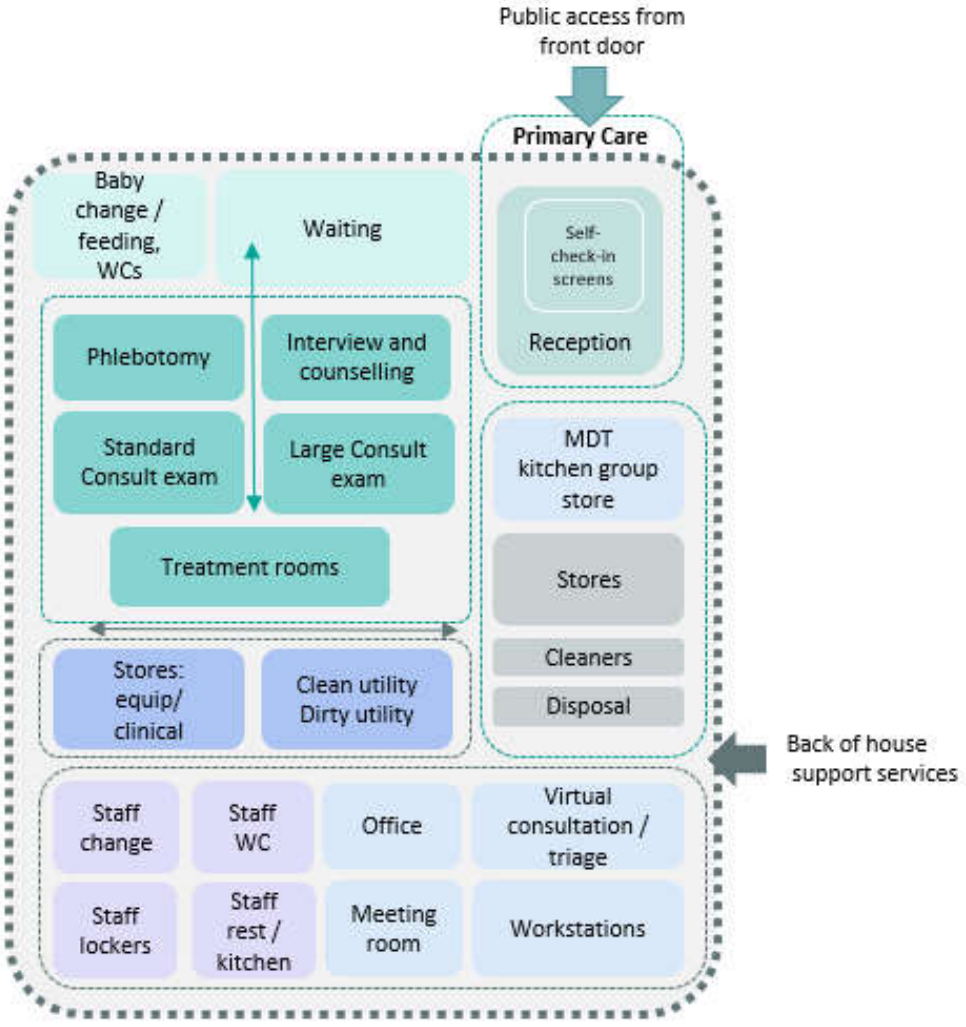
The key intra-departmental relationships are set out in the diagram below. This model splits the facility into the following zones:

- Arrival and Waiting: the area where patients arrive, are logged and wait for their appointment; this may include some self-diagnostic facilities such as height, weight, BMI etc
- Face-to-Face Consultation: a suite of flexible-use consulting and treatment rooms, with shared interview/counselling rooms (also accessible from arrival and waiting zone)

- Virtual Consultations and Triage, Admin and Management: a flexible office environment for staff only (no patient access) – primarily open-plan desking, including a virtual consultation area for remote consultation (e.g. telephone triage, diagnosis and advice). This area also includes the staff facilities such as staff rest area
- FM and Clinical Support: support areas such as the clean and dirty utilities, etc. (no patient access) – shared with other services.

There are opportunities for whole spaces within the practice to be shared with other services (e.g. mental health).

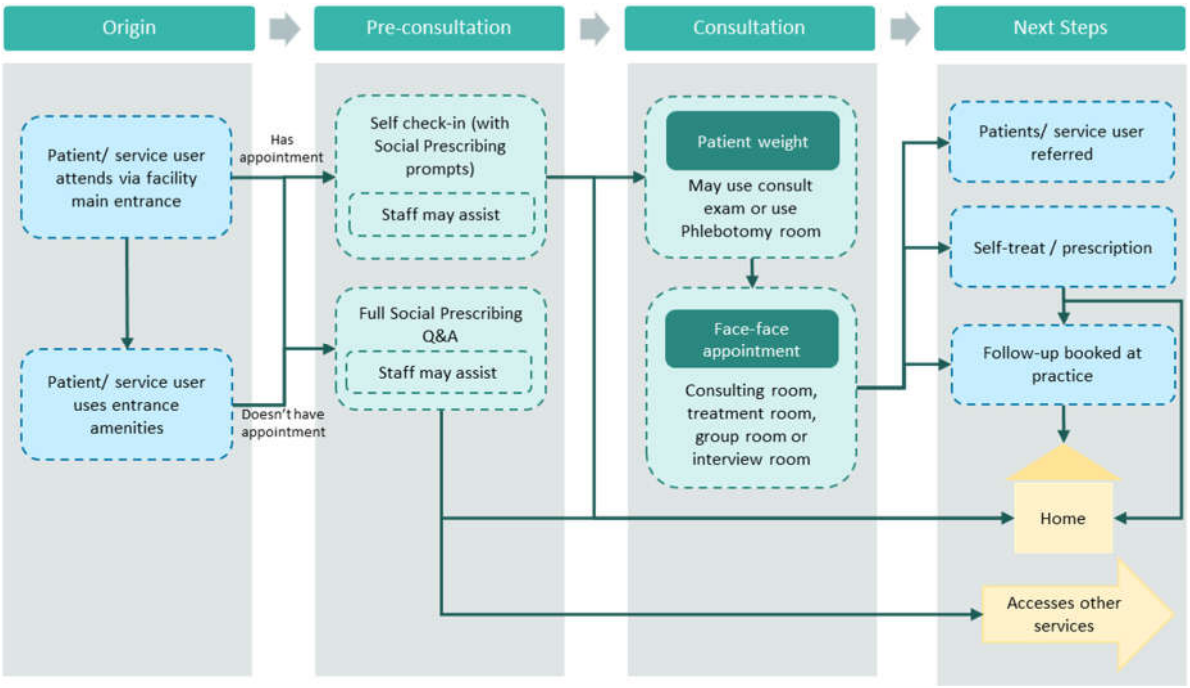
The diagram below shows the indicative internal relationships:



4.5 Flows

4.5.1 Patient/ service user

The patient flows are as set out below.



The description below is based on a current typical primary care model. At later stages of the project, further input from Wonford Green Surgery partners will be required to define and agree the required model of care projected for c. 2045.

Booking and Triage

It is anticipated that in the future, many patients may be triaged remotely; the exact model of care has not been determined at this stage, therefore an indicative model is outlined below.

The surgery primarily operates a 'phone on the day' appointment system for doctor appointments. A small number of pre-bookable appointments are available up to 2 weeks in advance for those who may find these more convenient.

Patients will be able to book appointments either by calling and speaking to practice reception staff, or remotely, using either online access (including an App), or via phone. Some patients may be referred via NHS 111.

The typical pre-consultation process will be a two-stage contact:

- **Stage 1 – initial call:** Routine requests (e.g. repeat prescriptions) will be dealt with by the admin staff, without needing a clinical input; however, where a more complex clinical assessment is required, patients will be arranged a call-back by a clinician, after answering a few questions about their condition
- **Stage 2 – Clinical Triage:** patients whose condition warrants clinical consultation will be called back as arranged by a member of the clinical team, from the Triage/Remote Consultation area in the practice. Many patients will be able to be treated remotely, with prescriptions (etc.) sent

electronically. However, a proportion of patients will require a face-to-face appointment, which will be booked at the time of the call, typically the same day. (see below)

Arrival and reception

Patients attending for face-to-face consultation will arrive via the main entrance, and their arrival will be logged either by self-check-in booths or by reception. The reception will be staffed but will provide a 'proactive' model, which will assist patients with the use of self-check-in and advise with specific queries. However, patients will be encouraged to use the self-check-in screens.

Patients with a booked appointment will confirm their arrival, with this information advising the relevant clinician that they have arrived. A very small number may arrive who do not have an appointment; these will be logged and seen when staff are available (as appropriate) or redirected to an urgent care facility.

Patients may be asked to check their height and weight (and potentially blood pressure) in the adjacent facilities, with results being taken through to the consultation.

Patients may use a number of the ancillary adjacent facilities whilst waiting, including the multifaith room, WCs, infant feeding and baby change. They will also access the health information screens to find out more about treatments and services.

In some cases, patients may only need a short consultation with a GP or other clinician, or a private discussion (e.g. about medication), rather than a full consultation. These will take place in the interview/counselling rooms, which will be accessible from the reception and waiting area.

The interview/counselling rooms can also be used for patients presenting with a potentially infectious condition (although these will not be full isolation rooms with relevant air changes).

Clinical Triage and Remote consultation

Clinical Triage and Remote consultation will be delivered from a dedicated area, located within the admin staff area. Consultations are typically held by phone (although could be using video links e.g. Skype). This process will involve history taking and details of the patient's condition by the relevant clinician, followed by any questions. Clinicians will discuss care options with each other during the call, with the following outcomes possible:

- The patient may be advised on self-treatment and/or offered a prescription, or directed to another service
- The patient is booked in for a face-to-face consultation (no patient is seen without an initial triage)
- Occasionally, patients may be directed to attend the nearest Emergency Department (ED), with the practice forewarning the ED to expect them.

Face-to-Face Consultation

Patients who are given an appointment for a formal face-to-face consultation or treatment are typically seen by one of the clinical team (GP, nurse etc.). A trainee may be present. The appointment may include treatment, examination and/or prescribing.

The patient will be called through at the time of their appointment (system for calling to be confirmed) and will proceed to the relevant room.

Referrals for further treatment will be made during the consultation; this may include onward referrals to a hospital or other healthcare service, or a repeat appointment for the patient to come back to the practice for care.

ETL: stakeholders to confirm how follow-up appointments may be booked – in the consultation or at reception?

Note that some clinics and consultations may be delivered by outside parties, e.g. specialist nurses, mental health practitioners, etc. These will be delivered in the main consultation suite; there will not be dedicated rooms for these services.

Group consultation or group advisory sessions (e.g. parentcraft) will be held in the Group/MDT Room. This will typically include groups of up to 15-20 people.

Consultations may include education and public health sessions, such as smoking cessation, Midwifery and Health Visitor clinics, and Mental Health clinics.

Once the appointment is complete, the patient will depart via reception.

ACTION: stakeholders to advise if special accommodation for MH services needs to be provided (e.g. C/E room with slightly different décor)

Social Prescribing

Social Prescribing will also be provided, when appropriate, within the GP practice. Social prescribing provides non-clinical treatment offerings for patients to manage the underlying health and/or wellbeing condition or need – for example, someone presenting with chest pain may have issues with exercise, stress, etc. which are non-medical in nature. Social prescribing seeks to manage these issues by offering non-clinical interventions, such as classes, support groups, coping strategies, etc., as well as formal, practical support such as professional advice and pathfinding (e.g. on housing support, benefits, etc.)

4.5.2 Staff

Staff will be distributed throughout the practice; typically, their roles and flows will be:

- Arrival and waiting: this is the area where the reception and care navigation staff work; these staff will manage initial contact from patients seeking care, carry out initial triage and log patient arrivals – although the latter will increasingly be carried out via self-check-in. The reception and front-of-house staff will act as first point of contact for most patients, whether contacting the practice on the 'phone or attending in person; these staff will deliver the initial 'Triage' of the patient, to identify whether they need to contact a clinician
- Consultation (face-to-face): The Consultation and Treatment zone is where patients will have their face-to-face consultation and treatment with clinical staff. Clinical staff will split their time between here and the remote consultation and Admin and Management
- Clinical Triage and Remote consultation: The consultation area will be used by staff for triage and remote consultation with patients, typically by phone; this will use a combination of one-to-one discussion and consultation between the clinical team on the best approach (e.g. GP querying the dosage for a drug or its interaction with existing patient medications)
- Admin and Management: this zone will be for activities to support clinical care, which may involve clinical and non-clinical staff; this will include internal management roles, such as HR and finance.

Staff will also use the clinical and non-clinical support areas, as well as the staff facilities such as the staff rest and meeting rooms. These should be easily accessible to all zones used by staff.

4.5.3 Visitors

There will be a limited number of visitors to the facility; this may include visiting external clinicians and trainee staff, as well as external professionals such as Pharmaceutical reps. All visitors will report to reception on arrival and be logged in.

Visitors will then be admitted to the relevant area of the practice; visitors will always be escorted by a member of staff.

4.5.4 FM

Flows

Goods may arrive either through the main entrance or via the separate staff/FM entrance, depending on which is more appropriate. Larger deliveries will be expected (e.g. bulk stationary supplies), however some smaller deliveries (e.g. small parcels) may be less predictable.

Waste will be held in rooms and moved to the central waste areas at regular intervals. The disposal hold will store main repositories of waste, ready for collection and disposal. This waste will be removed through the relevant exit, adjacent to the disposal hold.

General

- The FM and clinical support areas will not be accessible to the public; there will be a system of swipe cards to control access
- The clean and dirty utility rooms should be easily accessible to the consultation suite; both rooms will be strictly staff-only and will therefore have restricted access
- Pharmacy products will be stored in the clean utility.

Consumables and Sterile Supplies

Consumables and sterile supplies will be delivered directly to the allocated store room.

Waste

Used consumables, soiled linen and clinical waste will be disposed of within the dirty utility attached to each service where relevant before being taken to the disposal hold in time for collection. Disposal holds will therefore be located with easy access to dirty utilities to support efficient and timely collection.

ICT

All patient and other clinical and non-clinical records will be held electronically; there will be no paper records either historic or current. Therefore, the IM&T provision needs to be sufficiently robust to manage this volume of data.

The key information flows will be:

- Arrival zone to relevant service suite: notification of arrival of patients who have appointments
- Arrival zone to clinical system: any data provided and alerts of key additional needs (e.g. 'flu jabs, asthma check-ups, etc.)
- Relevant clinical service to relevant Admin and Management: updates to patient records during and following consultation
- Patients to practitioners: for remote consultation and Triage
- Patients to reception: for appointments and booking, as well as queries

The IM&T provision will allow interconnectivity between various systems, allowing (for example) the machines at arrival to communicate with the main clinical system (e.g. to alert patients of the need to get certain treatments or check-ups, e.g. 'flu jabs). Other data including health information and

relevant websites may be suggested; therefore, the systems should allow this flexibility within their programming.

All areas where IM&T are used should provide appropriate safeguards of this data, including design to prevent patient details being overheard (e.g. at reception).

Note that literacy may be an issue for some patients; it would be an advantage if the machines could 'talk' to patients as well as display data.

There should be Wi-Fi throughout the whole building, including a separate open channel for patients and visitors to the secure network for handling clinical and non-clinical data.

Equipment

The majority of equipment used will be mobile equipment, which will either remain in the relevant rooms or will be stored as appropriate.

4.6 Design Requirements

4.6.1 General

- The configuration of the practice should allow easy access for patients to the wider wellbeing services (e.g. non-healthcare services)
- Natural light is essential in the arrival zone, the consultation rooms and all staff working areas; however, it is not needed in WCs, utilities and stores
- The meeting/MDT room should be accessible to both the patients and staff areas, as it will be used for larger patient-facing sessions (e.g. antenatal classes) and staff purposes (e.g. practice meetings and training)
- There should be Wi-Fi throughout the building, with separate channels available for patients and staff (the latter being secure as it will hold clinical records, etc.)
- Wherever possible, the environment should be configured to minimise the sense of being in a clinical environment, both in terms of décor and the fittings (although this should not compromise either clinical service delivery or infection control)
- The signposting and wayfinding throughout the unit should be simple and clear, and suitable for non-English speakers – potentially, symbols and colours/shading for different areas will be more appropriate than written signs.

4.6.2 Specific requirements

Arrival and Waiting

- All patients should have to attend via the machines in the arrival zone, with a Care/Wellbeing Navigator helping as required
- The arrival zone should be non-threatening and should not present a barrier to interaction with staff; it should be easily identifiable but encourage patients to use the screens
- There should be a separate children's play and wait area in the main waiting area, with appropriate décor and toys, etc. This should be clearly identifiable and allow parents and carers to supervise their children at all times
- Patient ancillary facilities such as WCs, infant feeding and baby change should all be located adjacent to the main waiting area, clearly identifiable. These areas should also be accessible from the consultation rooms suite
- The baby feeding room should contain soft furnishings, with a domestic-like ambience, a nursing chair and a handwash sink (this will be a 'breast feeding friendly' facility in line with the UNICEF Breast Feeding Initiative)

- There should be information screens available to patients to access information about services both within the practice and offered elsewhere (e.g. Local Authority, etc.). these should be readily identifiable and easy to use
- The waiting area should offer a welcoming and calming ambience, with a range of furniture types including some designed for bariatric patients. Audio-Visual equipment will be provided for patient distraction e.g. news channels, etc.
- Any audio-visual, patient information or other interactive facility should not interfere with the patient calling system, which will call patients to their appointment
- The patient call system will take into account all user abilities, including those with hearing and/or visual impairment
- There should be interview/counselling rooms located close to the main wait, which allow access to the consultation suite also. These will be used not just for short interviews but also for quick consultations with patients, and also as isolation rooms for potentially infectious patients. Therefore, these rooms should be equipped with handwash sinks
- Patients may come with one or more escorts (e.g. family members, relatives, friend/colleague)
- Health information should be displayed in the waiting area using screens, rather than leaflets (this makes it easier to update and maintain). This could be integrated with any display for patient entertainment such as rolling news, etc. etc.
- There will be direct access from the waiting area to the interview rooms and group rooms.

Face-to-face consultation

- The Consultation suite should be configured to make patient navigation easy, so that patients can find the correct room quickly
- All Consult/Exam and Treatment rooms should follow a generic pattern and design, to enable them to be used by a range of clinicians; there will be no dedicated rooms, instead rooms will be allocated based on need and demand
- The configuration should be flexible to allow consultation areas to be expanded or changed in line with future needs
- For out of hours and less busy periods, there should be an ability to 'close down' areas of the consultation suite which are not in use
- All Consult/Exam and Treatment rooms should have a handwash sink, clinical couch, desk and relevant IT points and screening for patient privacy when changed/undressed
- As a minimum, Consult/Exam rooms should have dual-sided access to the patient couch
- The Consult/Exam rooms used for clinical training will be slightly larger, to potentially accommodate both the trainee and a qualified member of staff as well as the patient(s) and escorts
- All treatment rooms should have appropriate air changes, in line with current NHS standards
- The staff WCs should be located to allow access from the consultation suite
- Patients should be able to exit the practice discreetly, without passing through the waiting area, for example should they have had bad news and are distressed.

Virtual consultation and triage

- The virtual consultation and triage space will be located with the workstation areas; this area will not be accessible to the public; there will be a system of swipe cards to control access

- The virtual consultation and triage space should have direct access (horizontal or vertical) to the reception staff in the arrival zone, to allow staff to assist with any queries from patients at reception
- The area should be configured so that it could be converted to clinical use in the future and create a seamless, expanded clinical zone. Therefore, this area should have a close adjacency to the consultation suite – this increases flexibility of service delivery and allows for scaling up and down of capacity in the future
- This space should give each clinician using it auditory and visual privacy, so that they cannot be easily overheard/overlooked – this also ensures patient privacy; however, the design should also enable staff to interact and discuss treatment options with colleagues
- Each clinical space should be equipped with appropriate headset, two large computer screens and relevant IT equipment (keyboard, mouse, etc.)
- The facility will be used by a number of different user types (Nurses, GPs, Pharmacists, etc.) therefore the interfaces should be flexible to allow various types of IT equipment (laptops, tablets, etc.)
- Consideration should be given to the use of 'egg-pods' for video consultation (e.g. KPMG offices)

Admin and Management

- The Admin and Management areas will not be accessible to the public; there will be a system of swipe cards to control access
- These areas should allow direct access to the Group/MDT room, which will be used for meetings
- The accommodation for staff will include mostly open plan desking, with appropriate offices for Practice Manager staff – these will also be used for more private conversations (one to ones, etc.)
- The Triage/Remote Consultation zone should be directly adjacent
- There will be a central accessible area for IT and printing needs, used by all staff
- The area should have access to the Interview rooms (adjacent to reception)
- The Group room should have an adjacent store for equipment, and access to the WCs and Baby Change and Feeding rooms; the Group room may require a moveable partition (to be confirmed)
- The Staff WCs should be located to allow access from the consultation suite
- The staff rest and kitchen will be a focal point for the practice, and a key part of its ethos. This area will include a full, domestic style kitchen (including cooking and food storage facilities).

Part C: 25 year business plan model

5| Projected annual incomes and expenditures

High level modelling has been undertaken to estimate annual incomes and expenditures for the Primary Care Centre (the relocated Wonford Green GP Surgery service) element of the Wonford Health and Wellbeing Hub.

Projections have been forecast over a 25 year period following anticipated commissioning (c. 2021) of a new Wonford Health and Wellbeing Hub.

The key sections of the model are described below.

5.1 Activity and functional content requirements

GP activity (patient consultations) has been projected over the period 2019-2045 using the following methodology.

5.1.1 Practice list size

- The 2019 Wonford Green GP surgery patient list size (baseline) was obtained from reported NHS Digital sources
- Growth in patient list size from 2019-2045 was modelled using Office for National Statistics assumptions on population growth rates for Exeter over that period of time (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1)
  - Year on year growth rates (across all ages) over this period range from 0.4 - 0.8% per annum
  - As ONS population projections for Exeter only extend to 2041, the 2040 – 2041 growth rate (0.4%) has been applied for the remaining years of the model (2042 - 2045)
  - These growth rates were applied to the practice list size to project list size from 2019 - 2045

5.1.2 Activity (patient consultations)

The total number of patient consultations per year were modelled as follows:

- Patient access rate (number of occasions each patient receives GP consultation services per year): this assumption is as per Health Building Note 11-01 Facilities for primary and community care services – *an access rate of 5.26 consultations per year for each patient*
- Total patient consultations per year were derived from the above access rate and the patient list size over the 2019 – 2045 period

5.1.3 Key functional content (consult/exam rooms)

The following best practice primary care service assumptions (commencing from year 1 (2021) of the scheme) have been applied to determine consult/exam room requirements:

- Average patient appointment time (hours) – 0.25 (15 mins)
- Working weeks per year - 50
- Working hours per week - 60 (includes evening and weekend clinic sessions)
- Target room utilisation (for patient facing activity) - 75%

Based on these assumptions and the corresponding level of projected GP activity, the key functional content (consult/exam room) requirement ranges from 4 – 5 rooms, from 2021 to 2045.

It is our understanding that these assumptions do not currently align with current operational parameters employed by the Wonford Green Surgery practice, and likely explain the current requirement for 6 consult/exam rooms within the Wonford Green Surgery. Some key differences being:

- Working hours per week – typically 40 hours per week (includes some evening and weekend clinics on an ad hoc basis)
- Actual room utilisation (for patient facing activity) - 63%

These assumptions above (based on current practice) are used within the model for years 2019/2020 (prior to commissioning of the new facility) to demonstrate how the key functional content (consult/exam room) requirement is reduced (currently from 6.1 rooms to 4 rooms) upon implementation of more clinic sessions and increased utilisation of consult/exam rooms for patient facing clinical activity.

Should the scheme progress, further discussion with Wonford Surgery GP partners would be required to validate and agree the assumptions around models of care, hours of operation for the GP service, and the potential workforce and lifestyle implications associated with this model.

5.2 Income from patient activity

Baseline patient activity income data for the Wonford Green Surgery practice was obtained from NHS Direct (NHS Payments to General Practices – England, 2018/19) (https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/england-2018-19).

The average payment per registered patient (minus deductions for Pensions, Levies and Prescription Charge Income) (£124.50 for the Wonford Green Surgery practice) was used as a baseline for year on year income projections.

An annual growth in payment per registered payment of 1% has been applied to determine year on year income payments up to 2045; this assumption will require review and validation at later stages of the project.

The above payment, and the practice list size, have been used to determine the 'Total NHS Payments to General Practice (minus deductions for Pensions, Levies and Prescription Charge Income)' from 2018 (baseline of £714,381) to 2045 (projected total income of £1,142,912).

5.3 Expenditure

The following assumptions have been made to inform expenditure (up to 2045) for the primary care element of the Wonford Health and Wellbeing Hub. These assumptions will require review and validation at later stages of the scheme.

- The new facility will be fully operational in 2021
- The Gross Internal Area (GIA) for the Primary Care Centre is 634 m^2
  - This GIA reflects the number of consult/exam rooms and treatment rooms required for modelled patient activity in 2045
  - Modelling indicates a relatively small growth (from 4 – 5 in key rooms and area required from year 1 to 2045; consequently, we assume that all consult exam rooms would be built from year

1, however an alternative option would be to provide shell space for these rooms that could be fitted out when required due to increases in patient activity

- For year 1 (2021) of the scheme, the following expenditure £/m^2 values have been assumed:
  - The rent value is estimated at £200/m^2
  - Business rates are estimated at £75/m^2
  - Service charge is estimated at £50/m^2
  - Utilities charge is estimated at £14/m^2
  - The above equate to a total expenditure of £339/m^2
- As an indication of expenditure inflation, we have applied a year on year inflation rate of 2.4% (based on the current Retail Price Index growth rate) to the total yearly £/m^2 value

5.4 Summary – income and expenditure projections

Twenty five year summary income and expenditure projections for the Primary Care Centre element of the Wonford Health and Wellbeing Hub are shown below.

YEAR	Year	2019	2020	2021	2025	2030	2035	2040	2045
ACTIVITY	Practice list size	6059	6100	6136	6309	6555	6731	6878	7017
	Total number consultations per year	31,871	32,088	32,275	33,186	34,477	35,405	36,179	36,911
	Consult/Exam rooms required	**7.0**	**7.0**	**4.0**	**4.0**	**4.0**	**4.0**	**5.0**	**5.0**
INCOME	Average payments per registered patient (minus deductions for Pensions, Levies and Prescription Charge Income)	125.7	127.0	128.3	133.5	140.3	147.4	155.0	162.9
	Annual growth in payment	1%	1%	1%	1%	1%	1%	1%	1%
	Total NHS Payments to General Practice Minus Deductions	761,889	774,759	787,064	842,133	919,535	992,435	1,065,857	1,142,912
EXPENDITURE	Year new facility is operational			Year 1	Year 5	Year 10	Year 15	Year 20	Year 25
	Total £/m2 (inlation adjusted)				373	420	472	532	599
	Total m2 (GIA)			634	634	634	634	634	634
	Total expenditure (£)			**214,926**	**236,314**	**266,066**	**299,564**	**337,279**	**379,742**
Summary				Year 1	Year 5	Year 10	Year 15	Year 20	Year 25
	Total income (£)			787,064	842,133	919,535	992,435	1,065,857	1,142,912
	Total expenditure (£)			214,926	236,314	266,066	299,564	337,279	379,742
	Balance (£)			**572,138**	**605,819**	**653,469**	**692,871**	**728,578**	**763,170**

Based on current assumptions and a Primary Care Centre scheme of c. 634 m^2 GIA, the modelling indicates that the Wonford Green Surgery tenants would generate enough revenue to service the building costs and provide a surplus of between £572,138 (year 1) and £763,170 (year 25 – 2045). These figures do not consider any rent reimbursement scenarios.

5.5 Potential funding options for the facility

An overview of potential funding options for a new Primary Care element of the Wonford Health and Wellbeing Centre is provided below.

5.5.1 Conventional NHS capital

The NHS Long Term Plan emphasises increasing the focus and spend on primary and community healthcare provision (as a proportion of the whole), which implies that more capital funding will be allocated to projects such as the Wonford Health and Wellbeing Hub, rather than to acute schemes. While the current political uncertainty means there is nothing explicit in relation to future NHS

funding, the health elements of an integrated health and wellbeing hub (with a range of social interventions, community and mental health services wrapped with primary care serving both the Wonford community and wider eastern Exeter) might be prioritised for:

- Primary Care capital funding (i.e. whatever successor there may be to the Estate and Technology Transformation Fund programme)
- NHS general capital (i.e. whatever the appropriate successor would be to the 2018 Wave 4 STP capital funding.

5.5.2 Local authority borrowing

Local authority borrowing, while significantly impacted by the recent increases in interest rates, is significantly cheaper than alternative borrowing options, such as debt funding. If a long-term lease can be negotiated with the health system/integrated care system, the rent to be charged on that may more than meet the council's cost of borrowing capital.

5.5.3 Joint venture development site

The proposed development site may provide opportunities for a multi-use development, including the provision of housing. Exeter City Council might consider entering into a Joint Venture arrangement with a developer for the whole site, using capital secured from the developer for housing provision to mitigate the capital costs associated with development of the Health and Wellbeing hub.

Part D: Conclusions and recommendations

6| Views of the Wonford Green Surgery partners

A key requirement of this commission was to test and confirm the existing Wonford Green GP Practice partners' desire and intention to relocate from their existing premises to the new facility (the Wonford Health and Wellbeing Hub). Stakeholder engagement to date indicates that the partners are strongly committed to addressing the health and wellbeing needs of their community through a social model of health, recognising the importance of addressing the wider determinants of health and supporting opportunities to enable them to flourish. They are therefore very enthusiastic about the potential redevelopment of Wonford Community and Leisure centre as an integrated Community Wellbeing centre, bringing together leisure provision, community-led programmes and activities with their GP-led wider health and wellbeing provision.

However, the partners have several concerns relating to the financial elements of such a move that would require a favourable resolution before further consideration of and commitment to relocation to a new hub. These include:

- Partners obtaining a suitable capital receipt for the current Wonford Green Surgery site that would be sufficient to cover exiting expenses (e.g. mortgage costs and loan costs for the previous expansion)
- An acceptable buy-out by ECC rather than the Partners having to sell the practice premises on the open market
- A long-term commitment from NHSE regarding future rent reimbursement, and a long-term affordable rent commitment from the Wonford Health and Wellbeing Hub landlord.

7| Definition of the PCC element of the hub

High level demand and capacity modelling (projected 25 years from potential commissioning of the facility), supported by ETL and KYMA Consulting's experience of best practice in primary care provision, indicates that reprovision of the Wonford Green Surgery to a new Primary Care Centre would require c. 634 m2 GIA. A detailed schedule of accommodation and brief for the future Primary Care Centre is provided within this document.

8| Business plan modelling appears favourable

High level modelling has been undertaken to estimate annual incomes and expenditures for the Primary Care Centre (the relocated Wonford Green GP Surgery service) element of the Wonford Health and Wellbeing Hub.

Based on current assumptions and a Primary Care Centre scheme of c. 634 m^2 GIA, the modelling indicates that the Wonford Green Surgery tenants would generate enough revenue to service the building costs and provide a surplus of between £572,138 (year 1) and £763,170 (year 25 – 2045). These figures do not consider any rent reimbursement scenarios.

9| Recommendations/next steps

Should the scheme progress, further discussion with Wonford Surgery GP partners would be required to validate and agree the assumptions around future activity projections, models of care, hours of operation for the GP service, and the potential workforce and lifestyle implications associated with this model.

Further detailed engagement with GP partners will also be required to review modelling assumptions for income and expenditure, and to discuss in further detail the financial concerns related to a potential relocation (as discussed in section 4.8 above).

Consideration may also be given to the potential inclusion of additional services (as detailed in the appendix) which would augment the Primary Car Centre, consistent with the NHS Long Term Plan.

Appendix 1 – Other services for consideration

This appendix provides a high level overview of the following:

- Other health and care services that providers/commissioners have expressed a firm interest in being included within a new Wonford Health and Wellbeing Hub
- Key support services/zones that are required within a new facility e.g. Main entrance, FM and support services
- Other services (e.g. Urgent Treatment Centre) that have been proposed by some stakeholders as worthy of consideration for inclusion in a new Wonford Health and Wellbeing Hub, but where interest/commitment for inclusion currently remains low

The services within this appendix include:

- Mental health
- Maternity
- Community Integrated Team (CIT) and Ambulatory Nursing Team (ANT): admin team bases
- Musculoskeletal and physiotherapy
- Bladder and bowel services
- Health and wellbeing community suite
- Main entrance, retail and pharmacy
- FM and support services
- Sexual health (C-card scheme)
- Urgent Treatment Centre

10| Mental Health

10.1 Scope of Service

10.1.1 Introduction

Devon Partnership Trust have shown interest in relocating some of their community-based services to the PCC. Many of the existing community-based approached (such as CMHTs and CAMHS) are fragmented due to inadequate funding and too few suitably qualified staff. However, the NHS Long Term Plan has brought increased funding for IAPT services (Improving Access to Psychological Therapies), which is currently expanding in Devon. Therefore, the PCC could be a centre for patient care (primarily IAPT) and also a base for MH staff to provide a wider service to the local population.

Devon Partnership Trust has an ethos to:

- Promote good mental health and wellbeing in those diagnosed with a mental health problem and through prevention by promoting and supporting mental health and wellbeing to the wider community
- Deliver consistently high quality, recovery-focused care and treatment and to ensure services are driven by the voices of the people who use them
- Challenge discrimination and stigma and champion recovery, inclusion and wellbeing
- Strive for mental health and learning disability services to be understood and valued in the same way as physical health services

- Use the expertise and resources within their organisation, and through partnerships, to deliver high quality services that are both safe and focused on people's recovery and prevention.

Their mission is to become a centre of excellence and expertise in the field of mental health and learning disability by 2021.

10.1.2 Service Scope

The service will be a pilot for an integrated model of mental and physical health, for adults and children, provided by a multidisciplinary team of mental health specialists covering both primary and secondary care.

The service will be integrated within the GP practice in the PCC but will also work with voluntary community service partners (such as Alzheimer's Society, Pete's Dragons etc). There also is a drive to have a high involvement in Exeter's Social Prescribing Model.

The services likely to be offered by Devon Partnership Trust are as follows:

- Community and urgent care mental health services
- Perinatal services
- Liaison psychiatry
- Talking health for long-term health conditions
- TALKWORKS for individuals with depression and anxiety
- Services for older people with organic mental illness or functional mental health problems
- Liaison and diversion, street triage and prisons for police, prisons and criminal justice
- Adult talking therapies and psychology services

Those services which would be delivered in the primary care centre would involve an integrated service between mental health and physical health, through close interaction with general practice.

10.2 Functional Content

The proposed functional content is as follows:

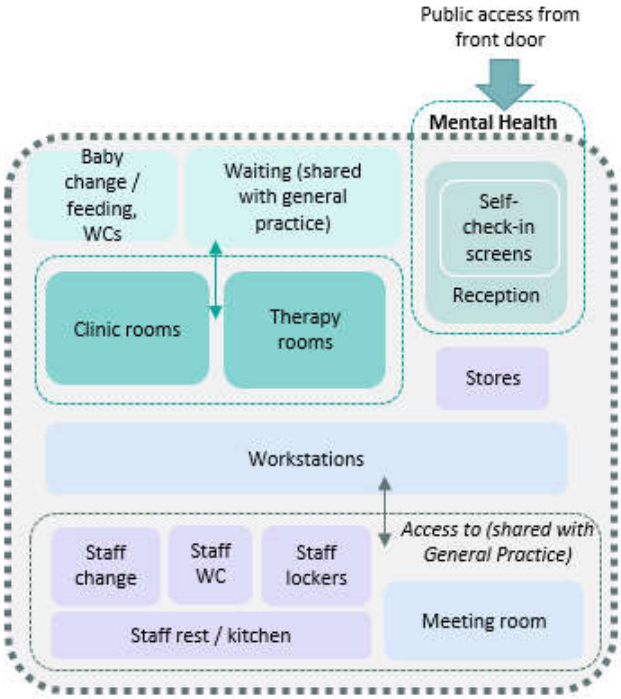
Room type	Number
Clinic room	3
Therapy room	2
Workstations	4

An indicative net internal area requirement for this service is c. 160 m^2.

10.3 Functional Relationships

10.3.1 Intradepartmental Relationships

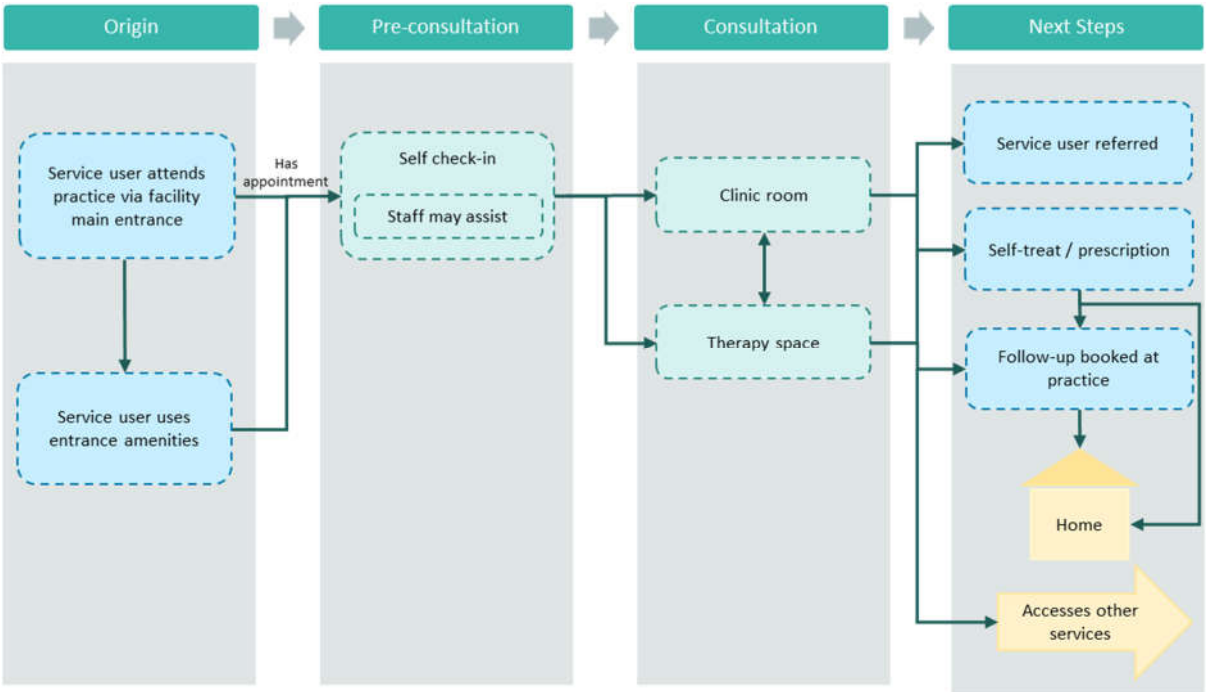
The key intradepartmental relationships are set out in the diagram below:



10.4 Flows

10.4.1Service users

The flows for individuals using the service are set out below:



Service Users attending for a face-to-face appointment will first attend the arrival zone, shared with General Practice. At this point they will 'check-in'; they may require assistance.

Some Service Users may come with one or more escorts (this may include family members (including children) or other relatives, or a friend/colleague).

Service Users may use a number of the ancillary facilities whilst waiting, including the WCs, infant feeding and baby change. They will also access health information to find out more about treatments and services.

Service Users who have an appointment for a face-to-face consultation are typically seen by one of the Mental Health Team (doctor, psychologist, nurse). A trainee may be present. The appointment may include a one-to-one consultation in a clinic room or a therapy service in the therapy room, such as group wellbeing sessions. Consultations may include education and public health sessions.

Referrals for further treatment will be made during the consultation; this may include onward referrals to a hospital or other healthcare service, such as General Practice, or a repeat appointment for the Service User to come back for further care.

Note that some clinics and consultations may be delivered by outside parties, e.g. social workers, psychologists, etc.

Group consultation or group advisory sessions will be held in either the therapy rooms or there will be access to the meeting room, depending on numbers: these sessions may include groups of up to 15-20 people.

10.4.2 Staff

Typically, staff roles and flows will be:

- Arrival and waiting: this is the area where the reception and greeting staff work, whose primary roles are to manage and log patient arrivals – which will increasingly be via self-check-in. The reception and front-of-house staff will act as first point of contact for most patients, whether contacting the practice on the phone or attending in person
- Community mental health staff base: The workstation area will be used by staff involved in community based mental health work. As these staff members will be using the space on an ad hoc basis, this will function as a hot-desk area for space efficiencies to maximise utilisation
- Clinic rooms (face-to-face): The clinic room space is where patients will have their face-to-face consultation with clinical staff and will only be accessible for patients with appointments
- Therapy rooms: this zone will be for activities to promote mental health, it may involve group therapy sessions, which may involve a multidisciplinary team who may be based in the other services within the primary care centre.

Staff will also use the clinical and non-clinical support areas, as well as the staff facilities such as the staff rest and meeting rooms. These should be easily accessible to all zones used by staff.

10.4.3 Visitors

There will be a limited number of visitors to the facility; this may include visiting external professionals such as psychotherapists, psychologists and also trainee staff. All visitors will report to reception on arrival and be logged in.

Visitors will then be admitted to the relevant area of the practice; visitors will be escorted by a member of staff at all times.

10.4.4 FM

See separate section (below)

10.5 Design Requirements

10.5.1 General

- The configuration should allow easy access for patients to the wider wellbeing services (e.g. non-healthcare services)
- Natural light is essential in the arrival zone, clinic and therapy rooms and all staff working areas; however, it is not needed in WCs
- Wherever possible, the environment should be configured to minimise the sense of being in a clinical environment, both in terms of décor and the fittings (although this should not compromise either clinical service delivery)
- The signposting and wayfinding throughout the unit should be simple and clear, and suitable for non-English speakers – potentially, symbols and colours/shading for different areas will be more appropriate than written signs.

10.5.2 Specific

Arrival and Waiting

See relevant section (below)

Consultation suite

- Familiar and non-institutional materials should be used, with varied colours and textures
- The consultation rooms should provide adequate separation and sound insulation to prevent confidential but loud conversation from traveling beyond clinic rooms and group therapy rooms
- The rooms should be suitable for a variety of uses, maximising the flexibility of the unit by allowing them to be also used for physical or other health and wellbeing services.

11| Maternity Services

11.1 Scope of Service

11.1.1 Introduction

The 'Better Births' strategy proposes that services should be provided in the community where possible, rather than in hospital settings[3]. The guidance suggests a model of community hubs, where ante- and post-natal maternity services are provided alongside other family-orientated health and social services. The hubs will of course also work closely with their local obstetric and neonatal unit(s).

11.1.2 Philosophy of Care

The maternity service will follow a model of care in line with Better Births[4], and offer:

- Personalised care, centred on the woman, her baby (babies) and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information

[3] National Maternity Review https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
[4] ibid

- Safe care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place
- Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby (babies) and family
- Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies
- Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed
- Support for commissioners to commission for personalisation, safety and choice.

The historical model involved midwife co-location with health visitors, which was a successful model as it enabled a joined-up approach and affective handover between the midwife and health visitor. This is now not the case and health visitors are based elsewhere (Franklin House). There is a local drive to reinforce this integrated model.

11.1.3 Service Scope

Maternity services from in Exeter are establishing a network of hubs to provide maternity services in a community setting. Currently there are three maternity locality teams covering Exeter: Central (Wonford Hospital), Beacon (Heavitree Hospital) and West Exe (West Exe Children's Centre), who ideally would be located in a hub for each area.

It has been proposed that the Central Team from Wonford Hospital could relocate to the PCC. Additionally, given the unfavourable current accommodation for the Beacon Team, there is a possibility that they may also move into the primary care centre.

The service will focus on ante- and postnatal care. In the antenatal period, a pregnant woman usually attends for care and screening tests at a local site, rather than a hospital. She may also attend for parenthood and health education sessions. If she requires more specialist antenatal care (e.g. for a high-risk birth), she will be referred from the community to a consultant led unit.

11.2 Functional Content

The proposed functional content is as follows (based on both the Beacon and Central Team moving):

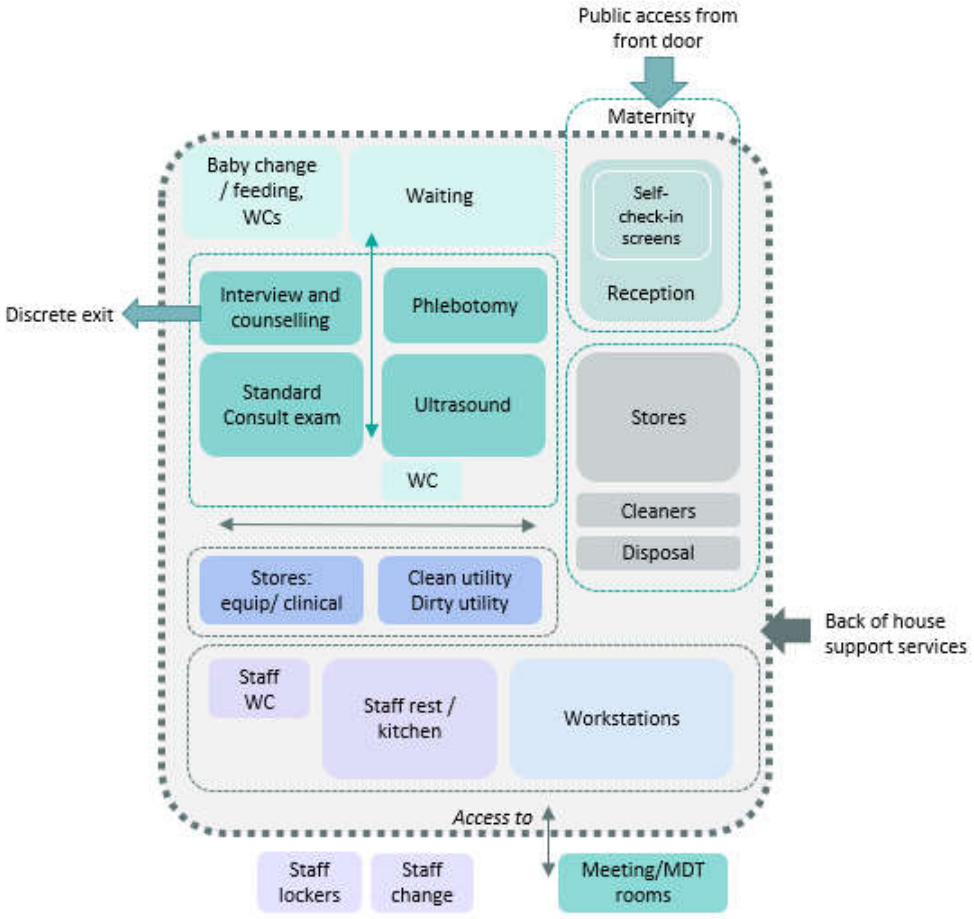
Room type	Number
Consult exam rooms	6
Ultrasound room	3
Phlebotomy	1
Interview room	2
Workstations	10

An indicative net internal area requirement for this service is c. 390 m^2.

11.3 Functional Relationships

11.3.1 Intradepartmental Relationships

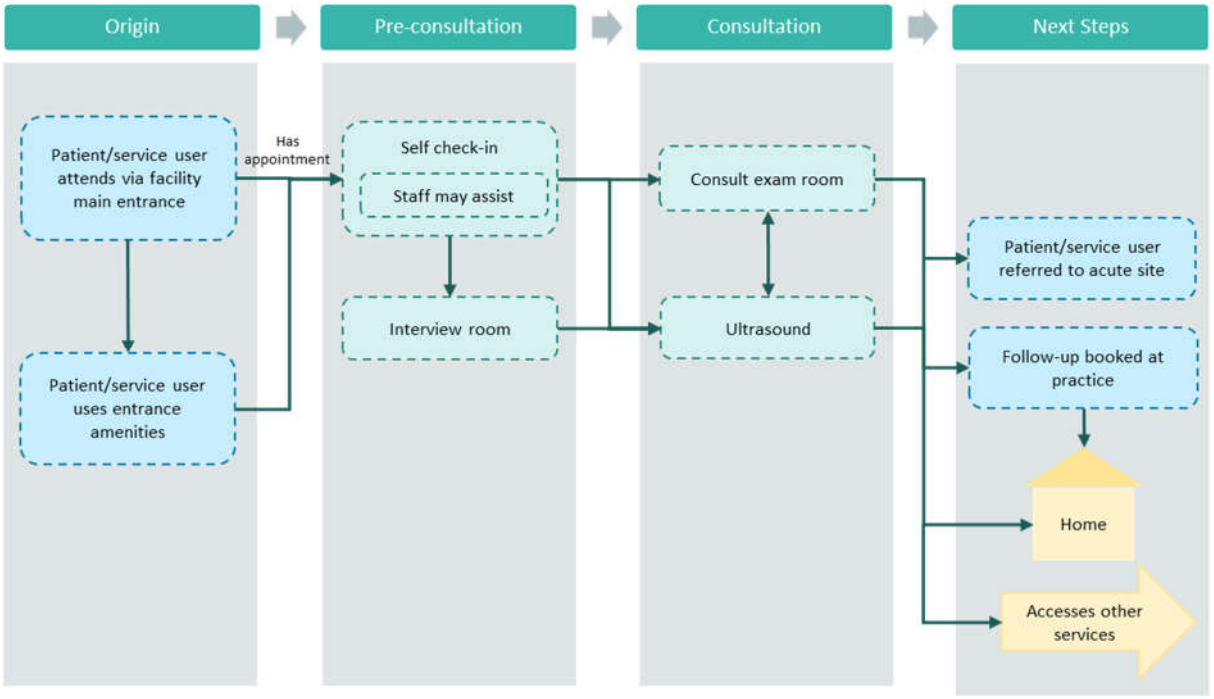
The key intradepartmental relationships are set out in the diagram below.



11.4 Flows

11.4.1 Patients/ service users

The flow for women using the service are as set out below.



Women attending for an appointment will first attend the arrival zone, checking in as for other patients and then will be directed to the maternity zone

Some women may come with one or more escorts, most probably a partner but may also include family members (including children) or other relatives, or a friend/colleague.

Women are typically seen by a midwife, and a trainee may be present. The appointment may include a consultation in a consult exam room, or a scan in the ultrasound room. Consultations may also include education and public health sessions.

Referrals for further appointments will be made during the consultation; this may include onward referrals to a hospital or other healthcare service, such as General Practice, or a repeat appointment for the patient to come back for further care.

Group consultation or group advisory sessions will be held in other rooms within the primary care centre, meaning there will be access to therapy rooms or meeting room, depending on numbers: these sessions may include groups of up to 15-20 people; for post-natal groups, this may also include babies.

11.4.2 Staff

Typically, staff roles and flows will be:

- **Arrival and waiting:** this is the area where the reception and greeting staff work, whose primary roles are to manage and log patient arrivals – which will increasingly be via self-check-in. The reception and front-of-house staff will act as first point of contact for most women, whether contacting the practice on the phone or attending in person

- **Community midwife staff base:** The workstation area will be used by staff involved in community based maternity work. As these staff members will be using the space on an ad hoc basis, this will function as a hot-desk area for space efficiencies to maximise utilisation
- **Consult exam rooms (face-to-face):** The clinic room space is where women will have their face-to-face consultation with midwives and will only be accessible for patients with appointments
- **Ultrasound:** Ultrasound examinations are an important element of most antenatal screening and monitoring. Some women may require more than the routine two ultrasound examinations to assist in the diagnosis and management of complications of pregnancy, whereas others may require procedures under ultrasound guidance – for example amniocentesis

Staff will also use the clinical and non-clinical support areas, as well as the staff facilities such as the staff rest and meeting rooms. These should be easily accessible to all zones used by staff.

11.4.3 Visitors

There will be a limited number of visitors to the facility; this may include visiting external professionals and also trainee staff. All visitors will report to reception on arrival and be logged in.

Visitors will then be admitted to the relevant area of the practice; visitors will always be escorted by a member of staff.

11.4.4 FM

See relevant section (below)

11.5 Design Requirements

11.5.1 General

- Wherever possible, the environment should be configured to minimise the sense of being in a clinical environment, both in terms of décor and the fittings (although this should not compromise either clinical service delivery or infection control)

11.5.2 Specific

- The waiting area should have a welcoming and informal atmosphere. Pregnant women may be accompanied by a partner, friend or relative and may have small children with them. The area should be planned so that it can be subdivided into separate waiting spaces
- Within or adjacent to the waiting area, an information/resource space should be provided. This is likely to include a combination of printed and electronic media
- The C/E rooms should be large enough to accommodate electronic monitoring and diagnostic equipment; however, otherwise they may be as for generic rooms
- The design and layout of C/E rooms should ensure that the privacy and dignity of the woman is protected, and acoustic privacy is also important
- The locations of rooms used for counselling should be discreet and exit routes from them should not pass through public or waiting areas. These rooms should provide a non-clinical environment for discussion with people who may be distressed
- Ultrasound rooms should have a black-out and a dimmable lighting system for the procedures carried out. An examination light should be provided

- WC facilities should be provided immediately adjacent to ultrasound rooms. One WC is required per scanning room; one should be an accessible WC
- Privacy in ultrasound rooms for women dressing and undressing is essential. Seating is required for the sonographer and the woman's escorts (etc.)
- Interview rooms for counselling should be located adjacent to the ultrasound rooms to avoid families having to walk through busy circulation areas
- The location should allow mothers-to-be to exit without passing through the waiting area (in the event of bad news).

12 | Community Integrated Team (CIT) and Ambulatory Nursing Team (ANT)

12.1 Scope of Service

12.1.1 Introduction

This section covers two, co-located administrative areas for community teams that would like to be based out of the PCC.

The first is the East and Central Community Integrated Team (CIT), a joint adult Health and Social Care service team. This is currently located at Whipton Hospital; the CIT has expressed interest in relocating to the PCC.

For both services, the majority of their patient-facing work takes place in the home or community settings, meaning that the requirement in the PCC is for workspace only.

12.1.2 Workspace model

Workspace accommodation will be provided in line with the PCC policy (see above), which is based on current national guidelines and best practice.

12.1.3 Service Scope

The workspaces will be used for admin duties by the Therapy Team, Social Team and Nursing Team, currently based at Whipton Hospital (Exeter). The team are under pressure to vacate by the end of the 2019/20 financial year. Whilst the PCC is not an immediate solution, an interim solution could be sought in the meantime.

The service requires accommodation for up to 80 staff, assuming a workstation to staff ratio of 1:3 for those working in the community. There will also be dedicated workstations for administration staff permanently located at the facility. The teams will also require access to MDT group rooms; however, these need not be dedicated, and could be shared across the PCC.

12.2 Functional Content

The proposed functional content is as follows:

Team	Room type	Number
Therapy Team	Dedicated workstations	2
	Hotdesks	6
Social Care Team	Dedicated workstations	2

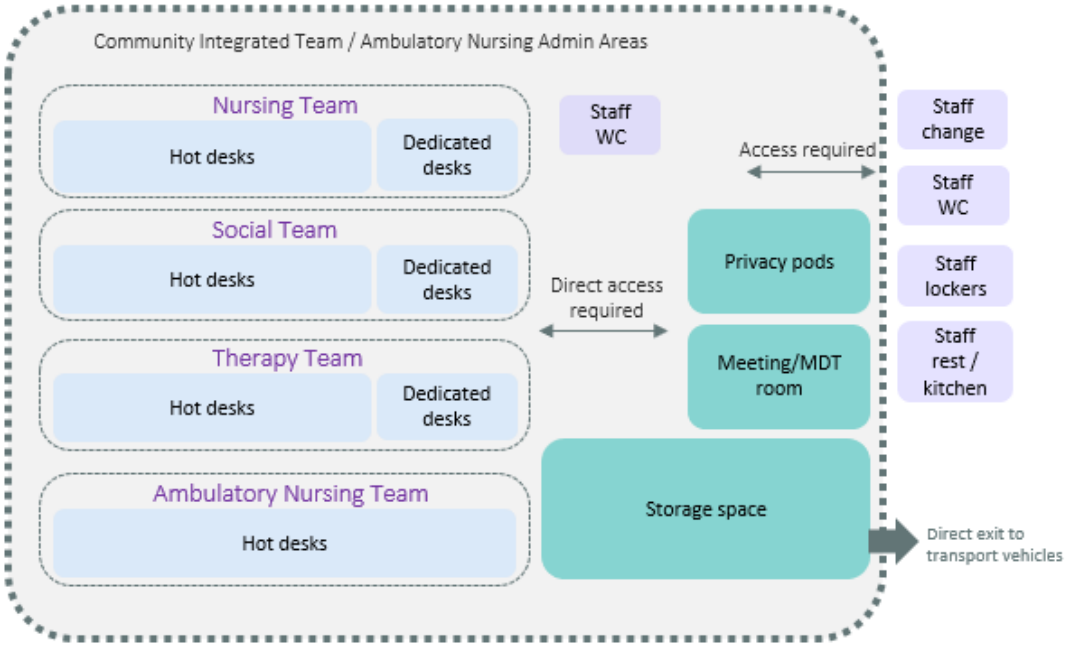
Team	Room type	Number
	Hotdesks	4
Nurses	Dedicated workstations	5
	Hotdesks	13
ANT	Hotdesks	3
	Large storage room	1

An indicative net internal area requirement for this service is c. 250 m^2.

12.3 Functional Relationships

12.3.1 Intradepartmental Relationships

The key intradepartmental relationships are set out below:



12.4 Flows

12.4.1 Service users

This is not applicable as service users will not be onsite.

12.4.2 Staff

Staff will arrive through either the main entrance or dedicated staff entrance and will then enter the access-controlled workspace areas. Staff may also access central staff amenities such as staff rest and change areas. Meeting and breakout spaces are also frequently used by staff, these will be located nearby to the workspace area.

12.4.3 Visitors

Any visitor to the community integrated team workspace will be required to report to the main reception on arrival and will always be escorted by staff whilst in the department.

12.4.4 FM

See whole site section, below.

12.5 Design Requirements

12.5.1 General

The workstation accommodation should be standardised to enable mobile working and flexible use by staff. The workstations should be laid out in an open plan office environment and designed to be impersonal and convenient for any staff member to use, and flexible working from home or community locations should be encouraged where possible.

12.5.2 Specific

ICT services

- Each workstation should have a laptop docking port which can connect to staff devices and a monitor screen to reduce staff need to look at a smaller laptop screen. Both offices should have stable access to Trust Wi-Fi and easy access to IT support in the event of an issue.

Access

Entry and access control should be achieved by appropriate layout and security measures, mainly controlled access via swipe card at main entry points.

Architecture, interiors and evidence-based design

- Lighting design will suit the uses of each area, support the activities therein and the requirements and healthy, productive working environments. Access to natural lighting should be provided in all working spaces, and to the extent possible, views and access to nature
- Acoustics will be designed in line with evidence-based design for working environments and to prevent noise from the adjacent meeting rooms or breakout area disrupting the workstation areas
- Ergonomics will likewise support good health and safety
- Spaces will achieve the maximum possible inclusiveness, accessibility to all staff and visitors, with safety and dignity.
- Each workstation should have a laptop docking port which can connect to staff devices and a monitor screen to reduce staff need to look at a smaller laptop screen. Both offices should have stable access to Trust Wi-Fi and easy access to IT support in the event of an issue
- Entry and access control should be achieved by appropriate layout and security measures, mainly controlled access via swipe card at main entry points.

13| Musculoskeletal and Physiotherapy

13.1 Scope of Service

13.1.1 Introduction

The RDE Musculoskeletal (MSK) and Physiotherapy Team have expressed interest in relocating into the PCC. The service uses a multi-disciplinary approach to help people recover from, or manage, their health condition in order to improve their quality of life, safety and independence.

13.1.2 Model of Care

The model of involves an integrated, collaborative GP–physiotherapist model of MSK service delivery. The service uses patient-centred support for self-management, and a stratification tool that allows for matching of treatment to the level of risk of persistent, disabling pain.

Those at low risk are supported with a self-management plan and those at medium and high risk are referred for physiotherapy, with those at high risk being offered enhanced physiotherapy, combined with a psychologically-informed intervention.

13.1.3 Service Scope

MSK conditions account for 30 per cent of GP consultations in England. Low back and neck pain are the greatest cause of years lost to disability in the UK, with chronic joint pain or osteoarthritis affecting more than 8.75 million people in the UK[5].

Some of the common MSK disorders include:

- Rheumatism (pain in the joints caused by a variety of factors)
- Osteoporosis (weakening of the bones)
- Arthritis (disease of the joints)
- Back and neck pain
- Ligament injuries (the soft tissue which connects bones to each other)
- Sprains, strains and over-use injuries
- Chronic and persistent pain

The team aims to address the high-prevalence of MSK conditions through the following services:

- Carrying out assessments on individual needs and agree treatment goals and collaborative plans
- Advising on strategies and techniques to help achieve daily tasks and encourage self-management and build confidence
- Offering advice on equipment and home adaptations, such as grab rails and walking aids
- Offering advice and support for carers and families
- Constructing rehabilitation plans - this may involve the support workers or other members of the team
- Providing advice, education and information on conditions
- Providing equipment to help patients manage their condition or advice as to where patients may purchase this.

When goals have been achieved or reviewed, patients are discharged from the service. To achieve some goals, some patients may need to be referred on to other services to continue working to achieve these goals - patients can be referred back to the service by their GP or another health or social care professional, or by self-referral.

[5] https://www.england.nhs.uk/elective-care-transformation/best-practice-solutions/musculoskeletal/

The team aim to:

- Triage all clinic referrals within 30 minutes of receipt
- Assess 95% of urgent referrals within 10 working days of receipt of referral
- Assess 95% of routine referrals within 8 weeks of receipt of referral.

The average waiting time to see a physiotherapist in outpatients was 15 days.

13.2 Functional Content

The proposed functional content is as follows:

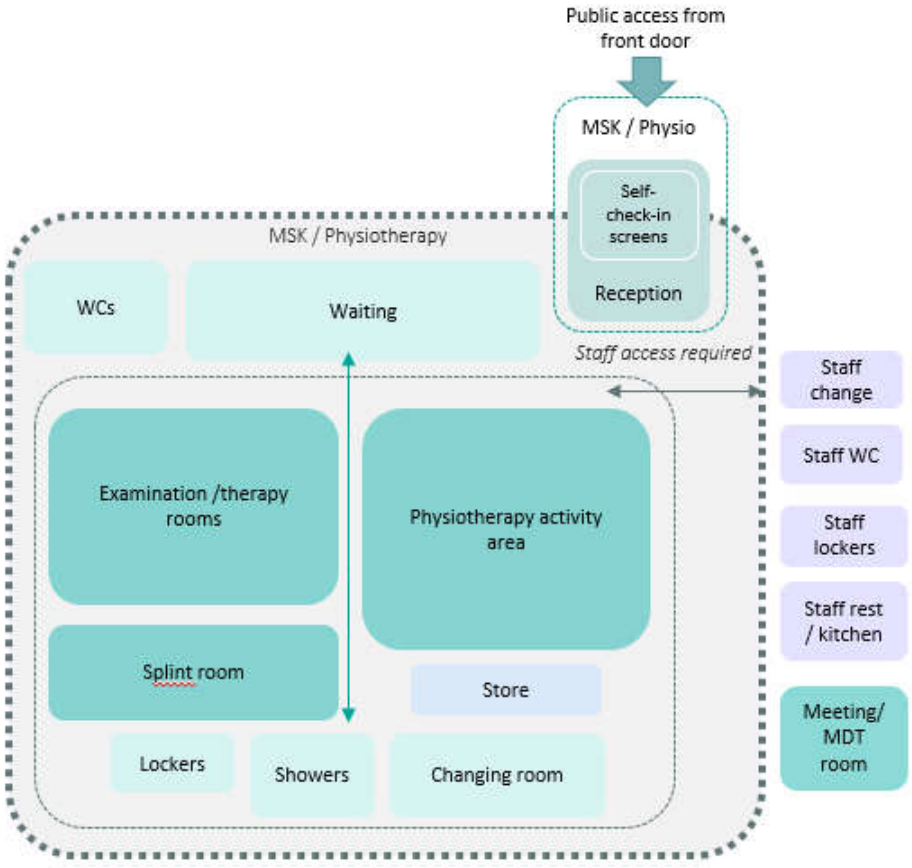
Room type	Number
Examination / Therapy room	4
Splint room	1
Physiotherapy activity area	1

An indicative net internal area requirement for this service is c. 225 m^2.

13.3 Functional Relationships

13.3.1 Intradepartmental Relationships

The key intradepartmental relationships are between the therapy area and the gym/activity area.



13.3.2 Interdepartmental Relationships

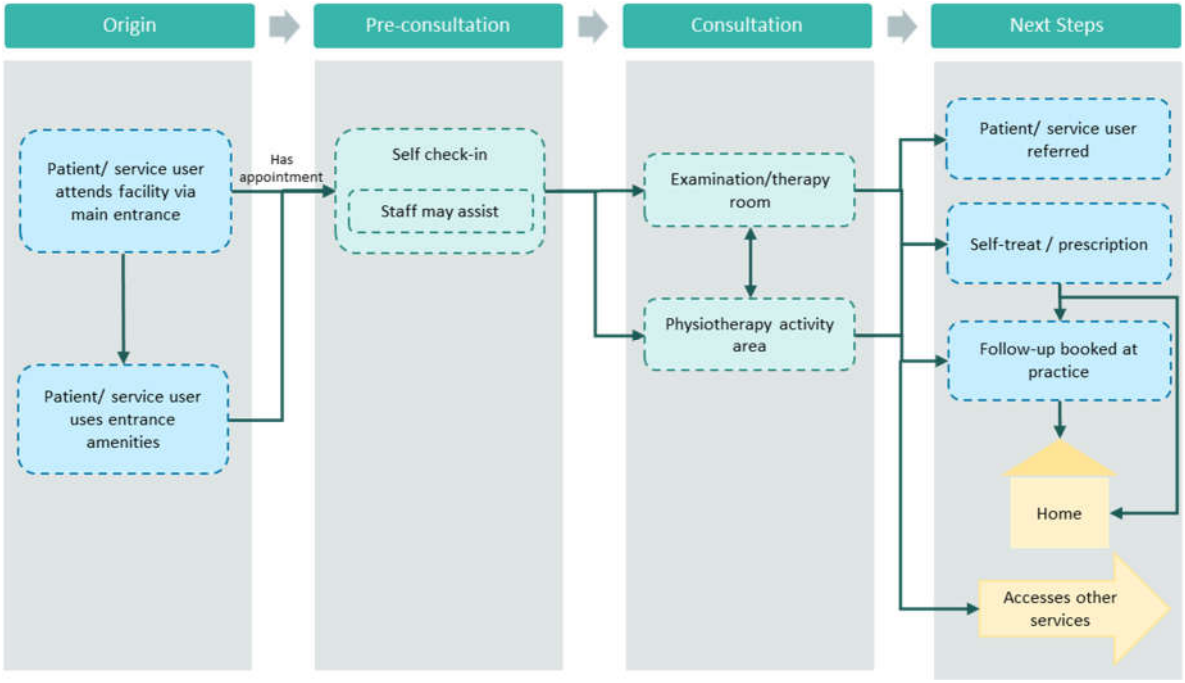
The key interdepartmental relationships are:

- Main reception
- Pharmacy (if on site)
- Car Park and drop off area.

13.4 Flows

13.4.1 Patients/ service users

The flow for individuals using the service are as set out below.



Patients attending for an appointment will enter through the main entrance. At this point they may receive assistance from a Care/Wellbeing Navigator who may direct them to the MSK and Physiotherapy waiting space. Once here they will 'check-in' on self-check-in screens; they may require assistance.

Some patients may come with one or more escorts (this may include family members (including children) or other relatives, or a friend/colleague).

Patients may use a number of the ancillary facilities whilst waiting, including the WCs, infant feeding and baby change. They will also access health information to find out more about treatments and services.

Patients who have an appointment are seen by a Physiotherapist within the department; a trainee may be present. The appointment may involve:

- A one-to-one consultation and/or treatment in the examination/therapy room
- Split fitting in the splint room
- Group or one-to-one session in the physiotherapy activity space

- Consultations may also include patient education sessions.

Referrals for further treatment will be made during the consultation; this may include onward referrals to a hospital or other healthcare service, or a repeat appointment for the patient to come back for further care.

Following their appointment, patients may access other amenities in the main entrance such as the café or pharmacy, before leaving the building.

13.4.2 Staff

Staff will generally enter the building either through the main entrance or dedicated staff entrance. They may then use the centralised staff changing facilities where they will have exchanged their normal clothes for clean uniform. Lockers for storage of personal effects and toilets will be provided within the central staff areas.

Staff will work with patients in examination rooms, the splint room and the physiotherapy gym. Staff will also require access to hot desk administration space and meeting rooms, which will be shared with other departments and used on an ad hoc, bookable basis.

13.4.3 Visitors

There will be a limited number of visitors to the facility; this may include visiting external professionals and also trainee staff. All visitors will report to reception on arrival and be logged in.

Visitors will then be admitted to the relevant area of the practice; visitors will always be escorted by a member of staff.

13.4.4 FM

See relevant section (below).

13.5 Design Requirements

13.5.1 General

- The configuration of the unit should allow easy access for patients to the wider wellbeing services (e.g. Mental Health, non-healthcare services)
- The MSK patients may well be suffering from temporary or permanent mobility difficulties; therefore, a location that is easy to access and close to the drop off is preferable.
- Natural light is essential in the arrival zone, the consultation rooms, the therapy area (gym) and all staff working areas; however, it is not needed in WCs, utilities and stores.

13.5.2 Specific

- The physical limitations of many people may impose special demands on internal design and fittings; all spaces must be suitable for non-ambulatory patients
- The design should take into account the relevant activities undertaken; this is particularly relevant for ceiling height; larger spaces such as the group activity area may need higher ceilings, in order to allow for some therapy activities.
- The design must allow good ventilation without draughts
- The design must allow good observation but allow for patient privacy

- The design must provide adequate space to allow occasional re-positioning of equipment
- In view of the mobility issues of patients, the department should be located at ground level.

14| Bladder and Bowel Service

14.1 Scope of Service

14.1.1 Introduction

Northern Devon Healthcare NHS Trust provides the current Bladder and Bowel Care Service, which may move to the PCC. This is a multi-disciplinary team of Nurses and Physiotherapists who assess and treat a variety of complex bladder, bowel and pelvic floor problems. The service also provides education, support and advice to other healthcare professionals. The service is also responsible for the continence pad service for Devon.

There are three teams across Devon and Exeter:

- Exeter and East - based in Franklyn Hospital (likely to relocate)
- Teignbridge/Torbay/South Devon Healthcare Trust - based in Newton Abbot Hospital
- North Devon - based in Crown Yealm House, Pathfields Business Park

14.1.2 Model of Care

The Bladder and Bowel Care Service have an ethos to:

- Provide a service that is accessible to all patients, which patients know how to access
- Provide timely care
- Provide a high-quality and patient-centred service
- Provide a service that is based on best practice and evidence-based guidelines.

14.1.3 Service Scope

Housebound patients with bladder and bowel problems have their needs assessed by the Community Nursing Team from their local surgery; mobile patients are seen in outpatient clinics.

The services provided by the service include:

- Bladder retaining (fluid adjustment and taking control)
- Enhanced recovery programme following bowel surgery
- Faecal incontinence and loose stools
- Lower urinary tract symptoms in men
- Nocturia and nocturnal polyuria
- Nurse-led follow up clinic for colorectal cancer
- Pelvic floor muscles
- Recurrent urinary tract infections

- Vulval care.

14.2 Functional Content

The proposed functional content is as follows:

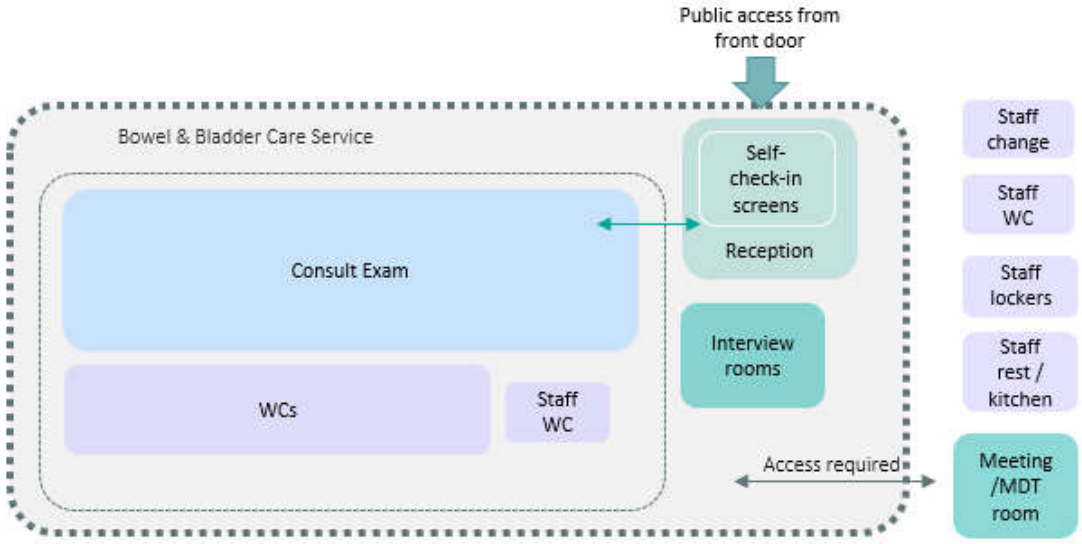
Room type	Number
Consult Exam	2

An indicative net internal area requirement for this service is c. 75 m^2.

14.3 Functional Relationships

14.3.1 Intradepartmental Relationships

The key intradepartmental relationships are set out below:



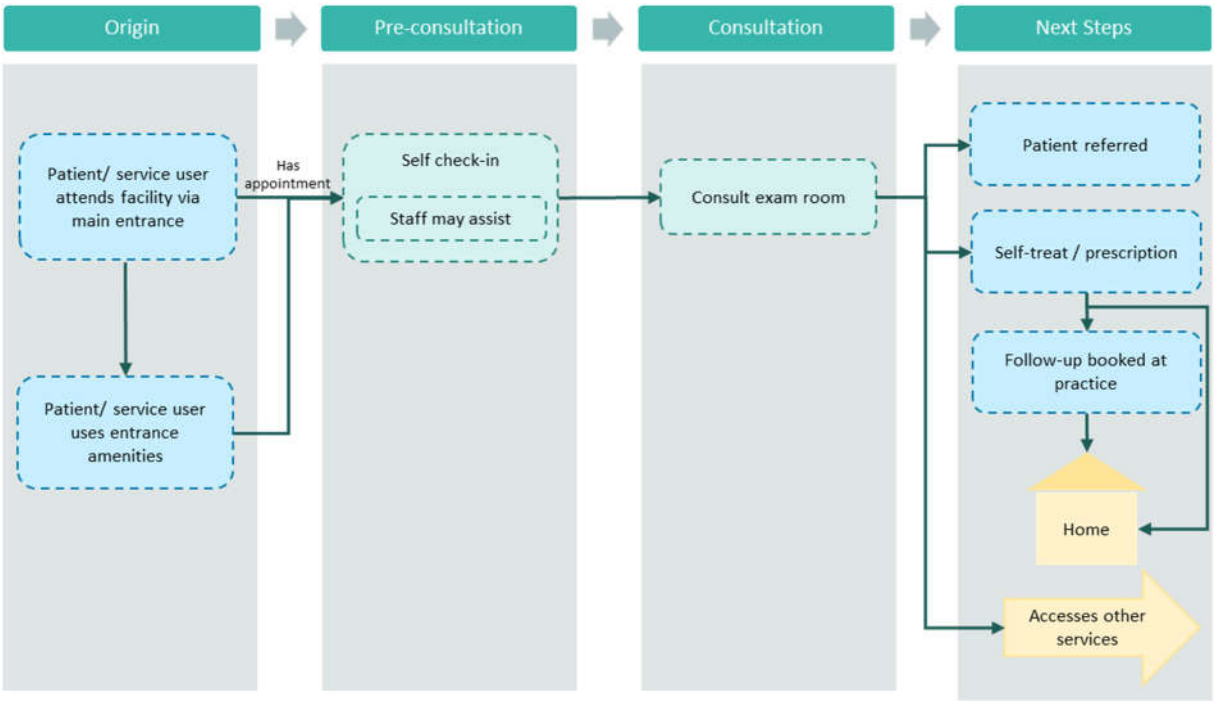
14.3.2 Interdepartmental Relationships

The key interdepartmental relationships are with the main entrance and the car park, recognising that many of the patients may be older people and/or have potentially limited mobility.

14.4 Flows

14.4.1 Service users

The flow for individuals using the service are as set out below.



Before their initial appointment, patients will be sent a questionnaire and a bladder or bowel diary to be completed and returned. Once the completed questionnaire is received by the service the patient is invited to make an appointment.

Initial appointments can either be face-to-face in the clinic or by telephone. Initial face-to-face consultations can take up to 45 minutes and telephone consultations 20 minutes.

During the clinic appointment the clinician will:

- Discuss bladder or bowel problems and look at the patients' bladder or bowel diary
- Assess symptoms
- Carry out a bladder scan (to indicate how much urine is in the bladder) or test urine if necessary
- Perform an internal vaginal or rectal examination if necessary (the clinician will ask for consent beforehand)
- Discuss information about the patients' condition and a treatment plan (tailored to your individual needs)

14.4.2 Staff

Typically, staff roles and flows will be:

- **Arrival and waiting:** this is the area where the reception and greeting staff work, whose primary roles are to manage and log patient arrivals – which will increasingly be via self-check-in. The reception and front-of-house staff will act as first point of contact for most patients

- **Remote consultation:** The consultation area will be used by staff for remote consultation with patients, typically by phone; this will use a combination of one-to-one discussion and consultation between the clinical team on the best approach. Typically, clinical staff will use hotdesk space for remote consultation
- **Consultation (face-to-face):** The consult exam rooms are where patients will have their face-to-face treatment and consultation with clinical staff, and will only be accessible for patients with appointments

Staff will also use the clinical and non-clinical support areas, as well as the staff facilities such as the staff rest and meeting rooms. These should be easily accessible to all zones used by staff.

14.4.3 Visitors

There will be a limited number of visitors to the facility; this may include visiting external professionals and also trainee staff. All visitors will report to reception on arrival and be logged in.

Visitors will then be admitted to the relevant area of the practice; visitors will always be escorted by a member of staff.

14.4.4 FM

See relevant section (below)

14.5 Design Requirements

14.5.1 General

- The configuration of the practice should allow easy access for patients to the wider wellbeing services (e.g. non-healthcare services) – many of the patients will have co-morbidities and may attend for more than one of these conditions to be treated.

14.5.2 Specific

- All WCs need to be wheelchair accessible
- The rapid response team will require wheelchair accessible space for when they are seeing patients in the PCC.

15| Health and Wellbeing Community Suite

15.1 Scope of Service

15.1.1 Introduction

The Health and Wellbeing community suite will be a flexible area for opportunities for patients and visitors to learn more about self-care and to undertake personal development; it will focus on wellbeing and maintaining health, rather than treatment for a specific condition. By broadening care boundaries, this will hopefully engage people in their own care. The sense of a healing environment will be enhanced by the integration of art within the design and as part of the therapy offering.

A range of services and classes will be offered, accessible to all – both those who are ill and also the healthy, including PCC staff. Classes (etc.) will be offered by a range of providers, including both

statutory and voluntary organisations. The department will also offer workstations for various groups to base themselves in, either on a permanent or temporary basis.

The aim for the Health and Wellbeing community suite is to engender a sense of 'community', of the people having a set of facilities for them to use as they wish, rather than just receive care within. Therefore, in time the community may take leadership on some of the service delivery, e.g. running various classes, befriending services etc.

15.1.2 Model of Care

The Health and Wellbeing community suite will provide a flexible, modern and interconnected environment, from which to deliver responsive, patient-focused and accessible services, which respond to individual need, but which coordinate to offer a range of care solutions in one place. The aim will be for services to cross-support and cross-refer, to provide a single point of contact for patients to address a range of care and support needs.

The Care/Wellbeing Navigators and Social Prescribing will have a strong involvement in this area as multi-disciplinary treatment and care will form a cornerstone of the care provided. This will enable patients' needs to be assessed and the root causes treated, not just the physical symptoms. These causes may not be health related, for example they may be due to employment issues or housing problems.

The services provided in the Health and Wellbeing community suite will both support and to some extent replace the more traditional models of primary and community services, following an ethos of caring for the whole person, not just treating their symptoms. This may involve, for example, a patient who presents with respiratory problems being able to be directed by Care/Wellbeing Navigators to the resident housing advisor for support in improving their own home to treat damp (which may be causing the respiratory issues), as well as seeking medical treatment for the actual clinical condition.

In order to provide holistic care, the suite will have strong relationships with various services and charities so that service-users can be directed to the most suitable partner to receive advice.

For example, whilst not related to the proposed SoA, the model of care for the PCC should include developing strong links with Isca school, around a range of issues including Sexual and Reproductive health.

15.1.3 Service Scope

The suite will offer holistic and integrated services targeted at the community, this will include:

- Voluntary services
- An information hub
  - to provide a wide range of information and advice on-line etc
  - to provide sexual assault referral centres (SARC) help (this is important particularly for young people in the area)
- Socialisation and food provision: opportunity for older people and other isolated and vulnerable adults to meet and eat together will be really important for this population, including things like Dementia café, etc.
- Drop in services for students away from the potential stigmatisation of accessing such services in school.

15.2 Functional Content

The proposed functional content is as follows:

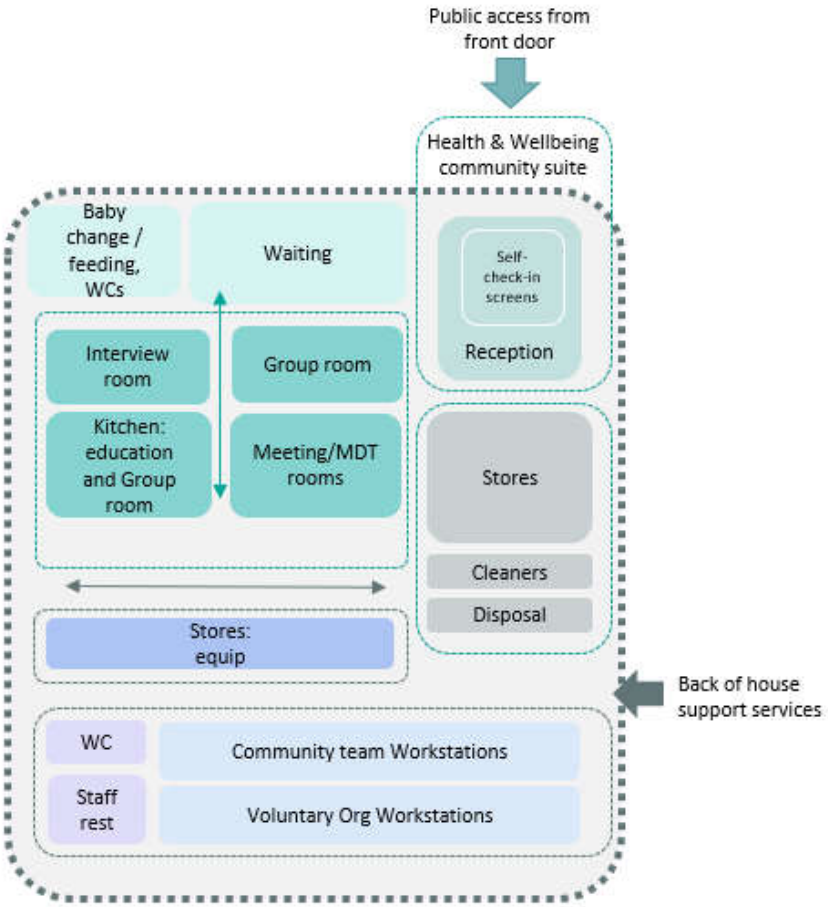
Room type	Number
Workstations (community team)	10
Workstations (voluntary organisations)	5
Group room	1
Kitchen: education and group room	1
Interview room	2

An indicative net internal area requirement for this service is c. 350 m^2.

15.3 Functional Relationships

15.3.1 Intradepartmental Relationships

The key intradepartmental relationships are set out below:



15.3.2 Interdepartmental Relationships

All staff, patients, visitors and escorts within the PCC may use the Health and Wellbeing Community Suite; in addition, it may attract people to the PCC simply to take advantage of the services on offer.

Therefore, convenient access is required to reception and the car park, plus access to all community and patient facing services within the centre.

15.4 Flows

15.4.1 Service users

The care provided in the Health and Wellbeing community suite will be a mix of one-to-one consultation and group sessions, either run by a professional or by/oh behalf of the patients and service users themselves (e.g. teacher in an exercise class).

Individuals arriving will have access to the patient information zone located in the waiting space.

One-to-one

For one-to-one appointments, patients and users may not have a prior booking, or may have a booked appointment. In either case, they will need to 'check-in' to confirm attendance. Those without appointments may be directed to the Care/Wellbeing Navigators for support and advice, who will then book them into an appointment (which may be within the same visit).

Having checked-in, patients and users will attend their appointment with the relevant service, which may typically be up to an hour in duration. This may take place an interview room.

Referrals for further appointments may be made during the consultation; this may include onward referrals to another healthcare or wellbeing service, or a repeat appointment for the patient to come to the Health and Wellbeing services.

Group consultations/sessions

Group consultation or group advisory sessions will typically be held in a meeting room or the Group Room or MDT room, depending on numbers: these sessions will normally involve groups of 10-20 people, but may be larger. They may often involve activities and equipment, which those attending may bring themselves (e.g. exercise mats).

Typically, sessions are booked in advance, therefore those attending will arrive and go directly to their session; their attendance may be recorded by the organiser (e.g. for billing for paid sessions). However, some sessions may be 'ad hoc', with no prior registration required; in these cases, those attending will again present directly to the session, although they may require wayfinding advice, typically this will be provided by the Care/Wellbeing Navigator team.

The Group consultation sessions may also be an opportunity to introduce innovation in the form of *'Collaborative Practice'*[6]: this invites local people to gift their time to a local GP practice or health service, working alongside people who deliver health services in a new, collaborative relationship.

15.4.2 Staff

There are a number of areas within which staff in the Health and Wellbeing community suite will work:

- **Interview rooms:** the interview rooms are where service users will have their face-to-face appointments and consultations, and will only be accessible for those with appointments; these appointments can also take place over the phone from the workspace area
- **Group rooms/MDT rooms/Kitchen for education and group room:** used on a sessional basis as appropriate either by staff based in the Health and Wellbeing community suite or by visiting staff

[6] For more details, see https://www.altogetherbetter.org.uk/what-is-collaborative-practice

- **Admin and Management:** this zone includes workstations for the community team and voluntary organisations, it will involve activities to support care delivery; this may include remote consultation by phone or video with service users.

15.4.3 Visitors

There will be a limited number of visitors to the facility; this may include visiting external professionals and trainee staff, as well as those delivering some classes and services and those working for charities. All visitors will report to the main entrance reception on arrival and be logged in.

Visitors will then be admitted to the relevant area and will always be escorted by a member of staff.

15.4.4 FM

The majority of equipment used for the Health and Wellbeing community suite will be mobile, which will either remain in the relevant room or will be stored as appropriate.

15.5 Design Requirements

15.5.1 General

- The environment should be calming and relaxed in décor. Art and artworks should be integral to the environment and built into the planning process; ideally, this should be locally sourced and created
- The design should allow for flexibility in use
- The Care/Wellbeing Navigation point should be easily identifiable for patients and users
- The configuration should allow easy access for patients of all abilities and language groups; this will include any wayfinding/signposting
- The Group Rooms/ meeting/ MDT rooms should be accessible to both the service users/patients and staff, as it will be used for larger patient-facing sessions and staff (e.g. team meetings)
- The area should feel like a cohesive 'whole', despite the disparate service mix and types of accommodation. The area should be inviting and open, to attract people; a location close to or in the main entrance would be beneficial.

15.5.2 Specific

Community suite

- The Community suite should have a public face in which the interview rooms are located, as well as a staff area (not accessible to service users and patients)
- The interview rooms should follow a generic pattern and design, to enable them to be used by a range of services; there will be no dedicated rooms, instead rooms will be allocated based on need and demand
- The workstation areas will not be accessible to the public; there will be a system of swipe cards to control access
- These areas should allow direct access to the meeting/MDT room, which will be used for meetings
- The accommodation for staff will include mostly open plan desking, with a central accessible area for IT and printing needs, used by all staff

- The group room should have an adjacent store for equipment, and access to the WCs and Baby Change and Feeding rooms; the Group room may require a moveable partition (to be confirmed)
- The kitchen will be associated with the Group Room and may be used in conjunction with it. Therefore, access between these facilities and a hatch from Kitchen to Group Room is required. However, both should be capable of also operating as independent units.

16| Main Entrance, Retail and Pharmacy

16.1 Scope of Service

16.1.1 Introduction

The main entrance will be the first point of entry for all patients and visitors to the primary care centre. It will be an attractive space which welcomes everyone to the PCC. The main entrance will act as the central space when people are not having direct contact with relevant services, where patients and visitors can access retail offerings such as the café and (if provided) pharmacy.

16.1.2 Model of Care

The main entrance will be designed to support the patient and visitor experience and to make the primary care centre seem a safe and welcoming environment, prioritising comfort and a relaxing atmosphere.

The main entrance can achieve these through aesthetic changes and a focus on layout such as:

- Open plan design with available services (e.g. Care Navigators) being visible and prominent
- Plenty of natural light and views of the outside
- Design for intuitive wayfinding
- Large signs and maps to enable easy navigation
- Relaxing and interesting artwork on walls of circulation routes
- Comfortable and spacious seating to accommodate patients, visitors and staff.

ETL: how will café relate to and / or compete with café in the leisure centre (assuming there will be one)? Shared facility?

16.1.3 Service Scope

The main entrance's primary focus will be to enable patients, service users and escorts to access the relevant services in the PCC. This should be via electronic interface or a 'soft reception', using greeting staff, rather than a traditional desk area. Therefore, self-check-in will support the growing focus on digital technology in healthcare services; this technology is becoming more embedded and common in people's lives (e.g. check outs at supermarkets).

The reception desk should be visible, have space for staff and provide suitable space to enable easy access for ambulant and wheelchair bound patients.

Care/Wellbeing Navigators will be available in the main entrance to assist patients and visitors in locating their relevant service, should they require this.

Café facilities will be provided in the new main entrance with sufficient comfortable seating to encourage use by patients and visitors.

While there is an existing pharmacy immediately adjacent to the leisure centre, they would welcome the reallocation of the licence to the primary care centre. This could also support the financial sustainability of the proposed primary care centre.

16.2 Functional Content

The proposed functional content is as follows:

Room type	Number
Office (2 person)	1
Interview room	1
Waiting space	30
Care Navigators' desk	5
Multifaith room	2
Café with seating for 20	1

An indicative net internal area requirement for this service is c. 330 m^2.

16.3 Functional Relationships

16.3.1 Intradepartmental Relationships

This is by nature an entry and egress zone, both of which should occur safely in all circumstances. It is centred on an open plan area.

The reception functions should be clearly viewed and easily accessed from the main entry doors. Self-check in kiosks will be near the main entrance, and just as clearly visible from the entry. From here, access to concourses and lifts will be clearly identifiable and access will not be unduly obstructed.

16.3.2 Interdepartmental Relationships

This main entrance is the gateway to all areas of the PCC, accessed by members of the public and potentially staff. Therefore, there are relevant interdepartmental relationships with all services which will locate in the PCC. It would however be a priority for those services where footfall is the highest to be located closest to the main entrance, or for example if those using the service are likely to have mobility issues. These may include:

- General Practice
- Musculoskeletal and Physiotherapy
- Maternity

Mental Health services may also benefit from close adjacency to main entrance.

For services which are predominantly community based and therefore only require workspace in the primary care centre, such as the CIT and ANT (see above) being located near to the main entrance is less necessary as they are likely to have separate routes out of the building.

16.4 Flows

16.4.1 Service users

Arrival

Access will be primarily from the car park or vehicle drop off, with some patients arriving via those arriving on foot, some via public transport. Those entering the PCC will enter and depart through the

main entrance and may use the self-check-in or reception functions, either for directions or to inquire about checking in.

Care Navigators

Potentially, the Care/Wellbeing Navigation service could act as the first point of contact for service users and patients. This function could even take the place of a traditional reception, replacing this reactive function with a more dynamic, supportive model which begins the care process at the very first point of contact.

The role of the Care/Wellbeing Navigator in any particular episode of care or visit may be to simply guide or direct someone to their appointment, extending through to working with them using interactive screens to understand their care and wellbeing needs, including discussing them and recommending next steps.

Generally, patients and service users attending the services fall into two categories:

- Enquirers: people accessing the services who have a care or wellbeing need, but require help or guidance to access the correct service(s)
- Directed: people accessing services who know which service(s) to access and can self-direct

It is more likely that Enquirers will use the Care/Wellbeing Navigator service as their first point of call, although Directed service users and patients may also use the services to understand more about their own or other conditions. However, typically the Directed users will proceed directly to the relevant service(s).

Therefore, the Care/Wellbeing Navigator zone will be a technology-enabled area where patients and users can consult with Care/Wellbeing Navigators or use the online terminals (with or without Care/Wellbeing Navigator support) to answer a structured questionnaire, which will enable their needs to be identified and help to direct them to the appropriate services. However, although most people will use the terminals, some may prefer more formal support and will prefer to present to the physical reception.

The terminals will allow the patient or user to identify their needs, and (where appropriate) book appointments. They may wish to discuss their needs with one of the Care/Wellbeing Navigators, potentially in an interview room.

Note that when appointments are booked, systems and processes will take account of patient preferences and cultural sensitivities (e.g. female patients may only want to discuss their needs with another female).

The outcomes of the contact with the Care/Wellbeing Navigator may include:

- Advice for self-care or agreement of care plan and next steps, which may include a further attendance, booked classes (e.g. art therapy, exercise, diet) – see 'Social Prescribing' section, below
- Redirection to another service within the primary care centre (e.g. Physiotherapy, Pharmacy)
- Appointment booked with another service e.g. GP.

Next steps

Typically following arrival and check-in, patients and service users will proceed to the relevant service area or wait; however, if early they may use the café or retail areas. Typically, their escorts will accompany them, although they may use the services independently.

16.4.2 Staff

Clinical and non-clinical staff will enter through either separate dedicated entries or the main entrance and will go to the main changing area or their relevant department via general concourse.

Staff will have access to the café area throughout their working hours and will be encouraged to enjoy their breaks in public amenity areas, outside their own services.

Staff will be able to access the reception area during main working hours to make inquiries and to pick up access cards.

16.4.3 Visitors

Visitors will enter through the main entrance and be directed to the relevant department. They will have access to the café facilities and waiting space in the main entrance or can be directed from reception to the Multi-faith area.

16.4.4 FM

For general policies, see relevant section (below).

Waste bins will be located within the main entrance areas and emptied frequently to deal with the high numbers of people passing through. Waste will be taken out via a discrete entrance to reduce disruption of the main concourse.

16.5 Design Requirements

16.5.1 General

- The main entrance will be open and welcoming. It will be made 'safe by design.' Safety and security will be prioritised in design and guided by the relevant standards and policies. The main entrance will provide ample and intuitive access to other concourses
- Public areas will be fully accessible. Disabled access and accommodation are required, including provision for the visually and hearing impaired, as well as provision for bariatric patients
- The main entrance and concourse should be designed for intuitive wayfinding to all departments and public realm accommodation. The design must provide for appropriate vehicular, pedestrian and disabled ramp access to the main entrance, ensuring that arrival is simple, safe and efficient
- The design must be flexible, with the ability to adapt to changes in operational, technological and administrative practices over the life of the facility
- The design must have disabled access and wayfinding signage strategies
- Public spaces must have access to natural light where possible, with clear views of the outside and key landmarks and vantage points. Clear signage must be provided for public amenities, such as: infant feeding rooms, nappy change facilities, disabled changing rooms and Wi-Fi facilities
- Furniture, fixtures and equipment (FF&E) in the main entrance zone should be exceptionally hardwearing, of good quality and durable. It should be selected and installed to support ease of

maintenance, with life cycle costs in mind. The café seating area and entry area seating should offer comfortable chairs to accommodate waiting. The layout must provide for wheelchair users

- Fixed position electronic message boards or screens should be available for providing updated information at strategic points throughout the entrance.

16.5.2 Specific

Arrival and waiting

- All patients should have to attend via the machines in the arrival zone, with a Care/Wellbeing Navigator helping as required
- The arrival zone should be non-threatening and should not present a barrier to interaction with staff; it should be easily identifiable but encourage patients to use the screens
- Patient ancillary facilities such as WCs, infant feeding and baby change should all be located adjacent to the main waiting area, clearly identifiable. These areas should also be accessible from the clinic and therapy rooms
- The baby feeding room should contain soft furnishings, with a domestic-like ambience, a nursing chair and a handwash sink (this will be a 'breast feeding friendly' facility in line with the UNICEF Breast Feeding Initiative)
- There should be information screens available to patients to access information about services both within the practice and offered elsewhere (e.g. Local Authority, etc.). these should be readily identifiable and easy to use
- The waiting area should offer a welcoming and calming ambience, with a range of furniture types including some designed for bariatric patients. Audio-Visual equipment will be provided for patient distraction e.g. news channels, etc.
- Any audio-visual, patient information or other interactive facility should not interfere with the patient calling system, which will call patients to their appointment
- The patient call system will take into account all user abilities, including those with hearing and/or visual impairment
- There will be direct access from the waiting area to the clinic and therapy rooms.
- The design should naturally encourage patients to head towards the Arrival Zone, where a Care/Wellbeing Navigator will help as required
- The Arrival zone screens should be able to present information in all relevant languages
- The Arrival zone should be non-threatening and should not present a barrier to interaction with staff; it should be easily identifiable but encourage patients to use the screens and to explore their own care needs – patients and visitors will be able to freely access information using the screens, with or without input from the Care/Wellbeing Navigator(s)
- The waiting area(s) should be small and informal, as the aim of this service model is to encourage interaction with the services – therefore waiting areas should be combined with other facilities e.g. the café

- Any waiting area should include a separate children's play and wait area in the main waiting area, with appropriate décor and toys, etc. This should be clearly identifiable and allow parents (etc.) to supervise their children at all times
- Ancillary facilities such as the WCs, infant feeding and baby change should all be located adjacent to the main waiting area, clearly identifiable.
- The Baby Feeding room should contain soft furnishings, with a domestic-like ambience, a nursing chair and a handwash sink (this will be a 'breast feeding friendly' facility in line with the UNICEF Breast Feeding Initiative)
- There should be information screens available to patients to access information about services, these should be readily identifiable and easy to use
- The waiting area should offer a welcoming and calming ambience, with a range of furniture types including some designed for bariatric patients. Audio-Visual equipment will be provided for patient distraction e.g. news channels, etc.

Data and privacy

- All areas where IM&T are used should provide appropriate safeguards of this data, including design to prevent patient details being overheard (e.g. at reception)
- Note that literacy may be an issue for some patients; it would be an advantage if the machines could 'talk' to patients as well as display data
- There should be Wi-Fi throughout the whole unit, including a separate open channel for patients and visitors to the secure network for handling clinical data.

Infection control

- Alcohol hand sanitiser dispensers should be provided near the main doors to encourage use as patients, visitors and staff enter or exit the premises. Containers should also be located on the concourse towards the main departments, particularly those leading to clinical services.

17| FM and Support Services

17.1 Requirements

General

- The FM and clinical support areas will not be accessible to the public; there will be a system of swipe cards to control access
- The clean and dirty utility rooms should be easily accessible to the consultation suite; both rooms will be strictly staff-only and will therefore have restricted access
- Pharmacy products will be stored in the clean utility.

Consumables and Sterile Supplies

Consumables and sterile supplies will be delivered directly to the allocated store room.

Waste

Used consumables, soiled linen and clinical waste will be disposed of within the dirty utility attached to each service where relevant before being taken to the disposal hold in time for collection. Disposal

holds will therefore be located with easy access to dirty utilities to support efficient and timely collection.

ICT

All patient and other clinical and non-clinical records will be held electronically; there will be no paper records either historic or current. Therefore, the IM&T provision needs to be sufficiently robust to manage this volume of data.

The key information flows will be:

- Arrival zone to relevant service suite: notification of arrival of patients who have appointments
- Arrival zone to clinical system: any data provided and alerts of key additional needs (e.g. 'flu jabs, asthma check-ups, etc.)
- Relevant clinical service to relevant Admin and Management: updates to patient records during and following consultation
- Patients to practitioners: for remote consultation and Triage
- Patients to reception: for appointments and booking, as well as queries

The IM&T provision will allow interconnectivity between various systems, allowing (for example) the machines at arrival to communicate with the main clinical system (e.g. to alert patients of the need to get certain treatments or check-ups, e.g. 'flu jabs). Other data including health information and relevant websites may be suggested; therefore, the systems should allow this flexibility within their programming.

All areas where IM&T are used should provide appropriate safeguards of this data, including design to prevent patient details being overheard (e.g. at reception).

Note that literacy may be an issue for some patients; it would be an advantage if the machines could 'talk' to patients as well as display data.

There should be Wi-Fi throughout the whole building, including a separate open channel for patients and visitors to the secure network for handling clinical and non-clinical data.

Equipment

The majority of equipment used will be mobile equipment, which will either remain in the relevant rooms or will be stored as appropriate.

17.2 FM flows

Goods may arrive either through the main entrance or via the separate staff/FM entrance, depending on which is more appropriate. Larger deliveries will be expected (e.g. bulk stationary supplies), however some smaller deliveries (e.g. small parcels) may be less predictable.

Waste will be held in rooms and moved to the central waste areas at regular intervals. The disposal hold will store main repositories of waste, ready for collection and disposal. This waste will be removed through the relevant exit, adjacent to the disposal hold.

18| Design requirements

The following planning and design principles aligned to best practice, will be applied:

- Standardisation in processes and departmental layouts

- Generic rooms where possible, tailored to specific needs where necessary
- Evidence-based healing and supportive working environments
- Efficient use of site and footprint
- Best practice in patient safety, privacy, dignity and choice
- Lean solutions for effective use of resources
- Clear zoning of facilities (staff/patient, in/out of hours, clinical/non-clinical)
- Separation of flows (patients, staff, materials, medicines)
- High visibility of patients and visitors
- Legible, intuitive way-finding from point of access to the site
- Clutter free corridors and adequate equipment bays for storage of loose equipment
- Space will enable flexibility of use and expansion opportunities
- Modern, shared workspace to support agile working.

18.1 Whole Primary Care Centre Policies

CCG and Exeter City Council policies on Infection and control, Safety and Security and HR will apply in the PCC.

19| Sexual health (C-card scheme)

19.1 Requirements

The PCC could potentially be the base for the C-card scheme.

The C Card scheme is a free condom issuing scheme for anyone aged 13 to 24 (either having sex, thinking about having sex, or just curious about condoms) in Devon and Torbay.

A C-Card is a card similar to a membership card that allows individuals to get free condoms from participating venues such as pharmacies, youth clubs, sexual health clinics and schools.

With a C Card, individuals can collect free condoms for their own use from any of the participating venues. The C Card can be used a maximum of 10 times, after which it must be renewed.

20| Potential additional services

Other potential services indicated by stakeholders could include:

- Urgent Treatment Centre (UTC)
- Health Visitor Team
- Bariatric Services

Appendix 2 – Stakeholder consultation

The table below provides an overview of the stakeholders consulted with during this commission.

Name	Job title	Organisation	Email	Service/specialty represented
Simon Kerr	Clinical Lead	NHS Devon CCG	simon.kerr@nhs.net	Clinical services
Sharon Matson	Head of Commissioning for Women and Children	NHS Devon CCG	sharon.matson@nhs.net	Maternity services
Rebecca Harty	Head of Integrated Care for Northern and Eastern Devon	NHS Devon CCG	rebecca.harty1@nhs.net	Integrated health
Sarah Hughes	Assistant Director of Strategy	Devon Partnership NHS Trust	sarah.hughes19@nhs.net	Mental health
Simon Ogilvie	Primary Care Network Clinical Director	Eastern Exeter PCN	simonogilvie@nhs.net	Primary Care
Anne Cameron	Assistant Director of Community Hospitals and Specialist Services	Royal Devon and Exeter NHS Foundation Trust	annecameron@nhs.net	Community and Specialist services
Stephen Spratling	Community Services Manager Health and Social Care Exeter *(Central & East)*	Royal Devon and Exeter NHS Foundation Trust	s.spratling@nhs.net	Community and Specialist services
Zita Martinez	Head of Midwifery and Assistant Director of Nursing	Royal Devon and Exeter NHS Foundation Trust	zita.martinez@nhs.net	Midwifery and Maternity services
Melanie Dorrington	Senior Midwife for Integrated Services and Birth Centres	Royal Devon and Exeter NHS Foundation Trust	melanie.dorrington@nhs.net	Midwifery and Maternity services
Dr Emma Hoerning	GP Partner	Wonford Green GP Practice	emma@hoerning.co.uk	General practice
Dr Ben Hoban	GP Partner	Wonford Green GP Practice	benhoban@nhs.net	General practice
Dr Martyn Richards	GP Partner	Wonford Green GP Practice	martyn.richards1@nhs.net	General practice
Lyn Drew	Practice Manager	Wonford Green GP Practice	lyn.drew@nhs.net	General practice
Hayley Back	Senior Manager Specialist Services	Northern Devon Healthcare NHS Trust	hayley.back@nhs.net	Specialist services
Sue Smith	Senior Manager Specialist Services	Northern Devon Healthcare NHS Trust	suej.smith@nhs.net	Specialist services
Martin Greenslade	MSK Clinical Lead	Royal Devon and Exeter NHS Foundation Trust	martin.greenslade@nhs.net	MSK Community services
Gill Munday	Head of Primary Care for Northern and Eastern Devon	NHS Devon CCG	gill.munday@nhs.net	Primary care commissioning
Clive Shore	Devon STP Estates Advisor	Devon STP	clive.shore@nhs.net	Estates