

| Service / care model | Flow – activity levels | Likely Contact per episode | Virtual / face to face (travel?) | Current availability of service to facilitate User Availability | Scale to ensure optimal availability to patients | Importance of Co-ordination of care | Importance of Continuity of care | Comment / option scoping |
|----------------------|------------------------|----------------------------|----------------------------------|-----------------------------------------------------------------|--------------------------------------------------|-------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| CTAC (Phlebotomy) | High | Low | 0/100 | Hub and spoke – availability dependent on practice size | Full time | low | low | Locality Hub / spoke (?80/20) |
| Pharmacotherapy | high | Low | 10/90 | daily | Full time | medium | medium | Requires a degree of local presence supported by remote hub (hub and spoke) |
| APP | mod | Low (1) | 30/70 | All practices general consults | Full time | medium | low | Co-ordinated or locality |
| Link Workers | low | 3-5 | 50/50 | | person dependent | med | med | Community based / virtual team? |
| MSK physio | | Low (1-3) | 20/80 | Full week with choice of location | Full week | low | low | Locality / community Hub |

| Service / care model | Flow – activity levels | Likely Contact per episode | Virtual / face to face (travel?) | Current availability of service to facilitate User Availability | Scale to ensure optimal availability to patients | Importance of Co-ordination of care | Importance of Continuity of care | Comment / option scoping |
|------------------------------|------------------------|----------------------------|----------------------------------|-----------------------------------------------------------------|--------------------------------------------------|-------------------------------------|----------------------------------|--------------------------------------|
| MSK Podiatry | low | Medium | 20/80 | ? | Full week | low | med | Locality / Community Hub |
| Psychological services | low | medium | ? | limited | Full week | med | med | Locality / community hub |
| Health Visitor co-ordination | community | recurring | 80/20 | Full week | Full flex | med | high | Virtual team member? Tech supported? |
| District Nurse Co-ordination | community | recurring | 90/10 | 7 day | Full flex | med | high | Virtual team member? Tech supported? |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

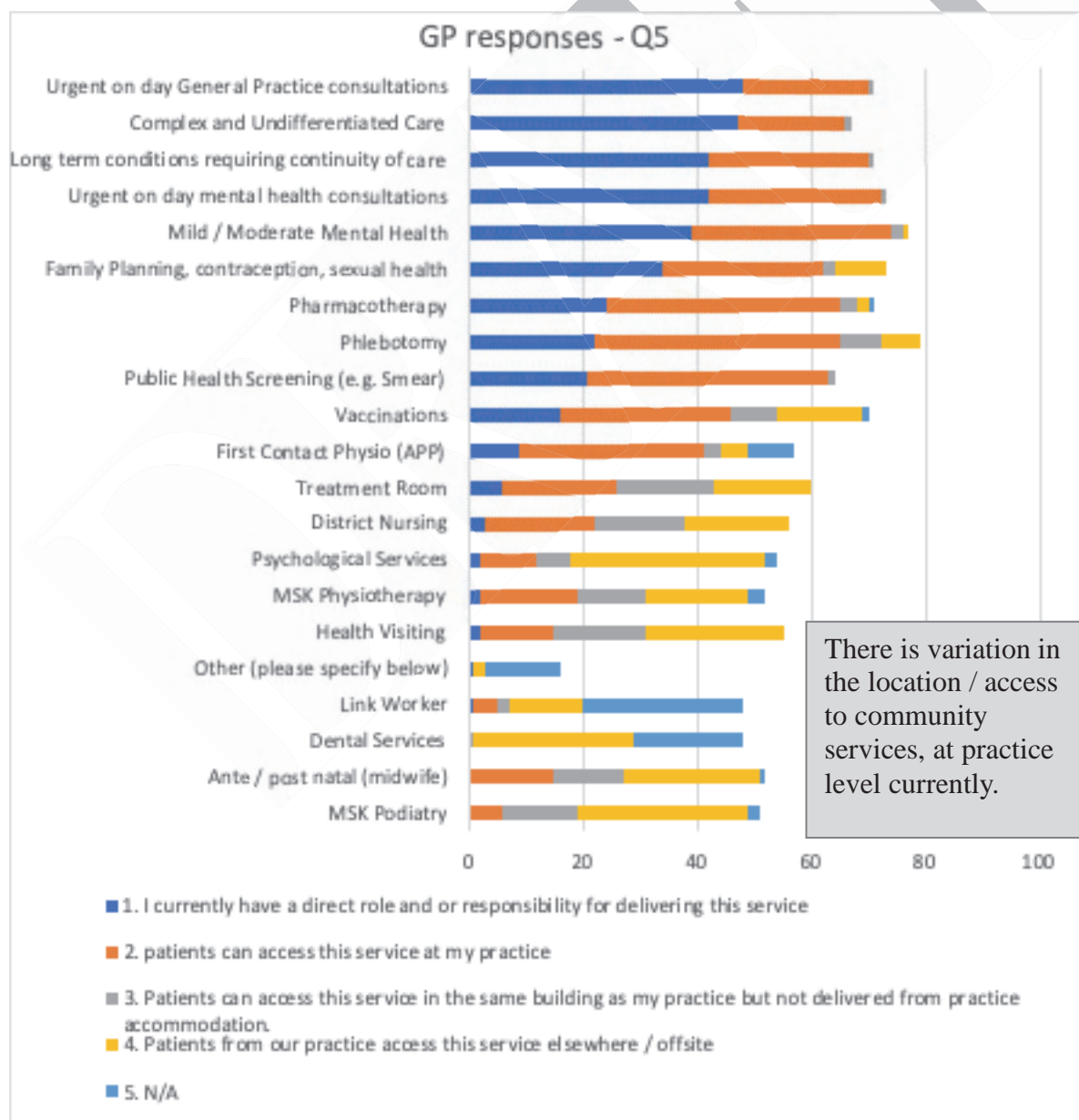
APPENDIX G: GP SURVEY

Questions 1-4 in the survey were used to establish the location, size, ownership model etc of the participating GPs and their practices as reference data for interpreting the survey. Data is provided for 50 respondents to the survey.

The core content of the survey questions and responses is shown below:

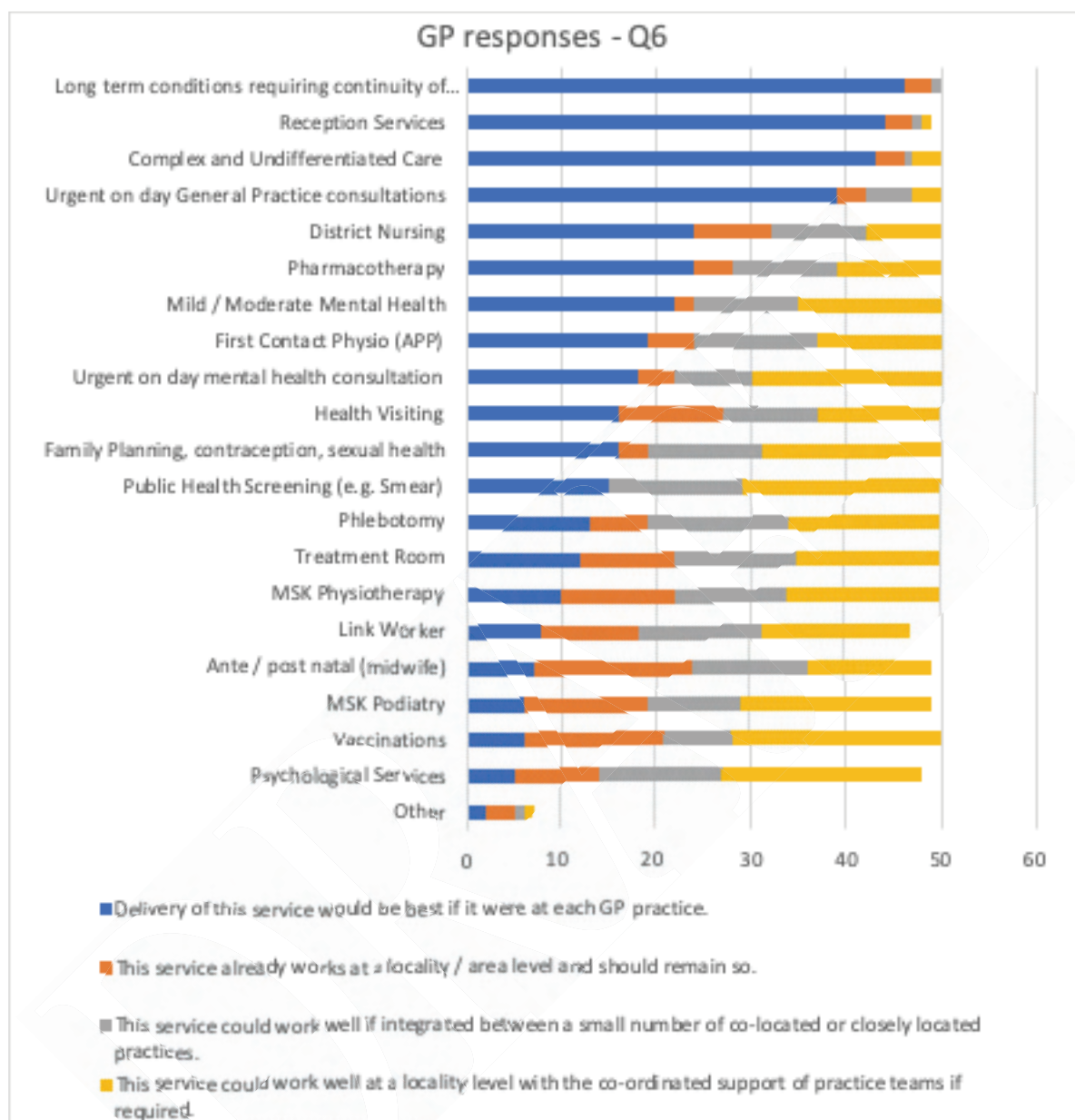
Q5. The services below are a list of both GMS and other "primary care" services currently provided to patients by general practice teams or to patients by health and care service teams with close links to general practice teams. Please consider each of the following services and tick all answers that apply from your perspective. (options 2,3,4 are from GP team perspective)

Number of respondents: 50, selected answers: 1265



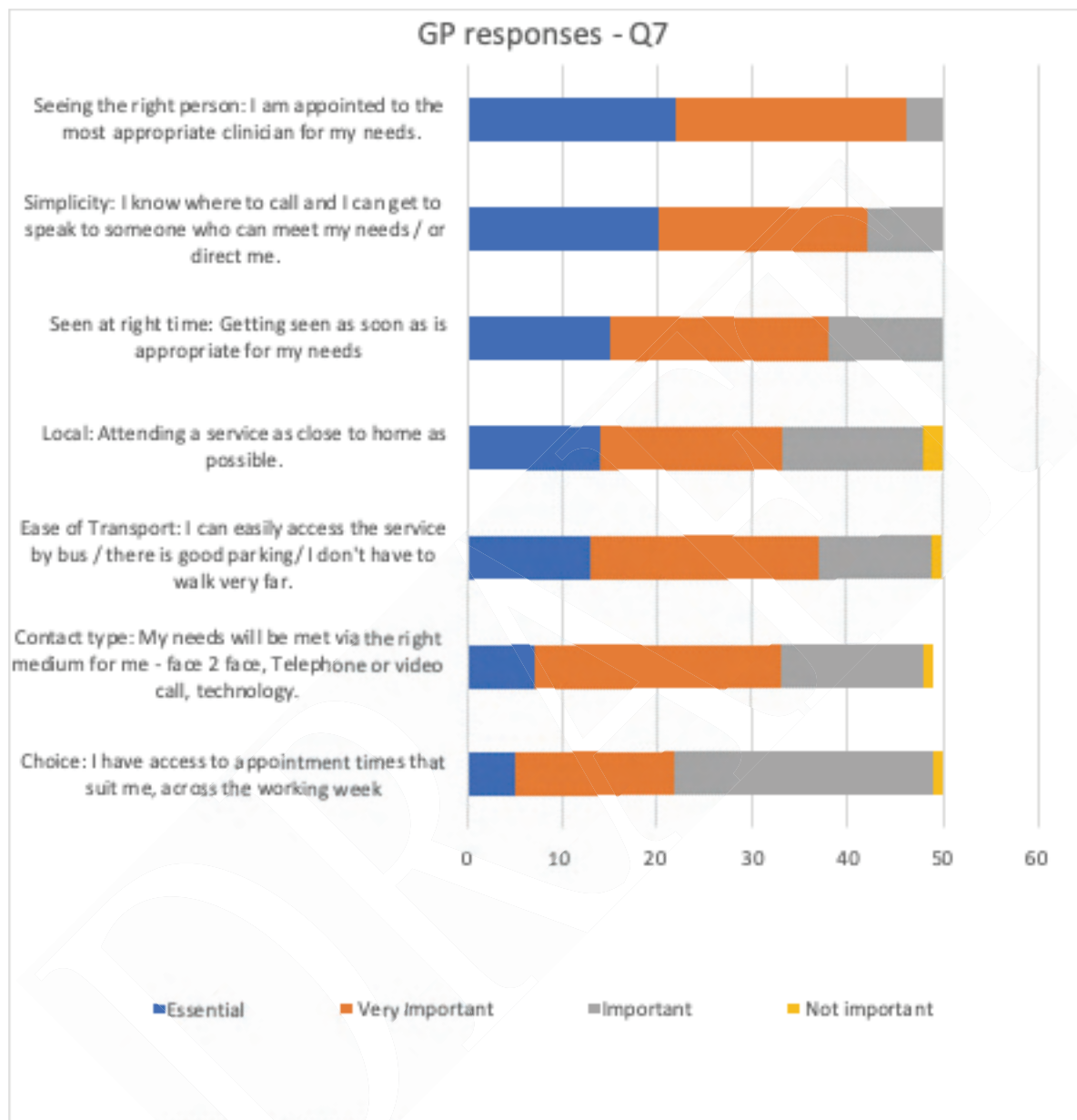
Q6. The 4 scenarios below describe different options for delivering GMS and non-GMS services. Please tick one for each suggested service.

Number of respondents: 50



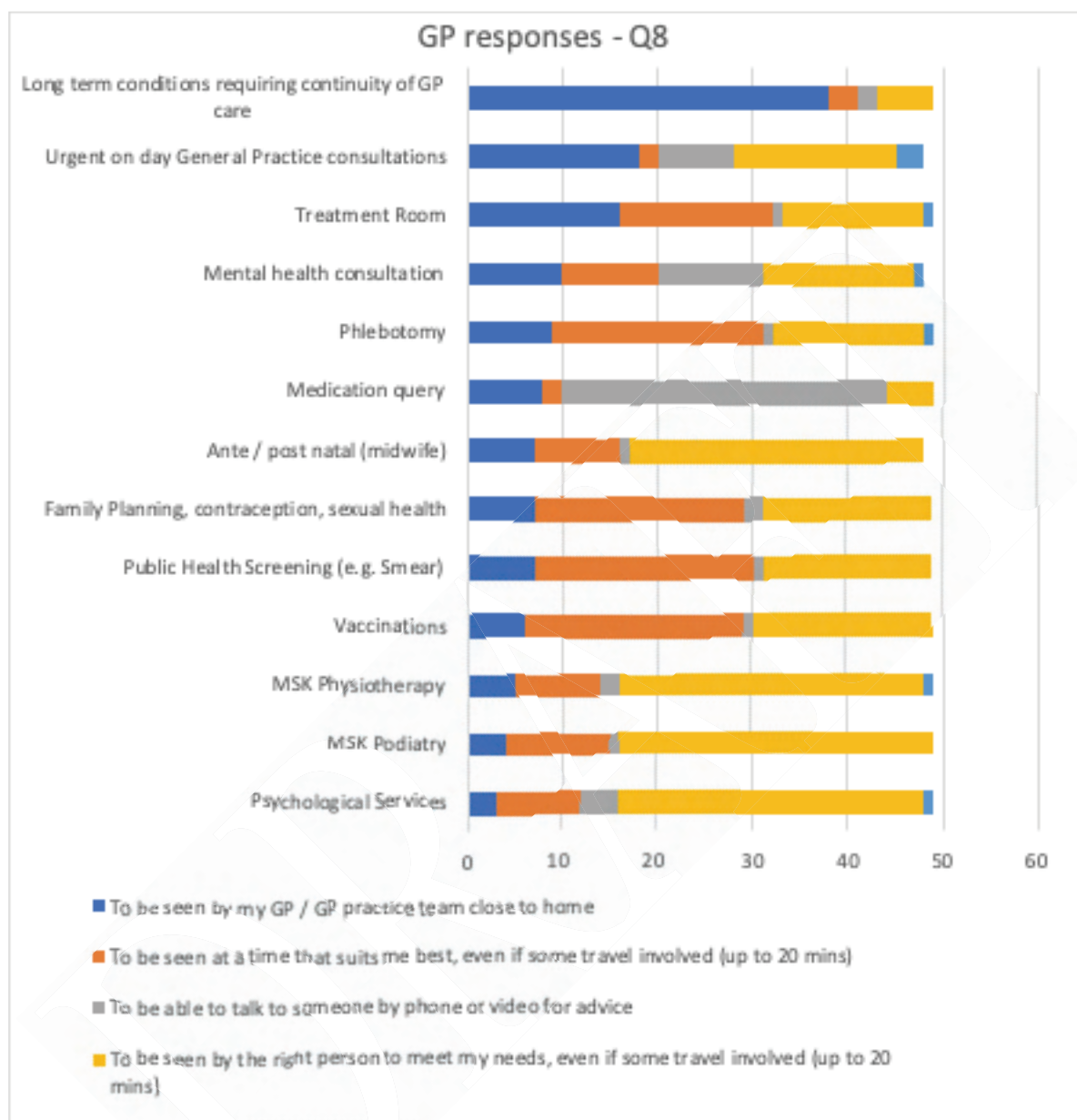
Q7. Services should be Accessible: in order to help us generate service user design questions, please consider the following: How important are the following to you when accessing primary care services?

Number of respondents: 50



Q8. Not all healthcare services can be provided in all health centres. What is the most important to you of the following when seeking healthcare support?

Number of respondents: 49



9. If the development of integrated locality hubs were an option, what other health, care or other services do you think should be provided or located in this type of model?

Number of respondents: 18

A Wordle graphic has been created to illustrate the range and number of responses given. Please note: Items in larger text were cited more frequently than those with smaller text.

DRAFT

APPENDIX H: AEDET

Functionality

| | Weight | Score | Notes |
|---------------------------------------------------------------------------------------------------------|--------|-------|-------|
| A.01 The prime functional requirements of the brief are satisfied | 1 | 3 | |
| A.02 The design facilitates the care model | 2 | 2 | |
| A.03 Overall the design is capable of handling the projected throughput | 2 | 1 | |
| A.04 Work flows and logistics are arranged optimally | 1 | 3 | |
| A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion | 2 | 1 | |
| A.06 Where possible spaces are standardised and flexible in use patterns | 1 | 3 | |
| A.07 The design facilitates both security and supervision | 2 | 2 | |
| A.08 The design facilitates health promotion and equality for staff, patients and local community | 1 | 2 | |
| A.09 The design is sufficiently adaptable to external changes e.g. Climate, Technology | 1 | 2 | |
| A.10 The benchmarks in the Design Statement in relation to building USE are met | 0 | | |

Access

| | Weight | Score | Notes |
|-------------------------------------------------------------------------------------------------------------|--------|-------|-------|
| B.01 There is good access from available public transport including any on-site roads | 1 | 3 | |
| B.02 There is adequate parking for visitors/ staff cars/ disabled people | 1 | 3 | |
| B.03 The approach and access for ambulances is appropriately provided | 1 | 3 | |
| B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff | 1 | 3 | |
| B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients | 1 | 3 | |
| B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc. | 1 | 2 | |
| B.07 Active travel is encouraged and connections to local green routes and spaces enhanced | 2 | 2 | |
| B.08 Car parking and drop-off should not visually dominate entrances or green routes | 1 | 3 | |
| B.09 The benchmarks in the Design Statement in relation to building ACCESS are met | 0 | | |

Space

| | Weight | Score | Notes |
|--------------------------------------------------------------------------------------------------------|--------|-------|-------|
| C.01 The design achieves appropriate space standards | 2 | 4 | |
| C.02 The ratio of usable space to total area is good | 1 | 3 | |
| C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout | 2 | 3 | |
| C.04 Any necessary isolation and segregation of spaces is achieved | 1 | 2 | |
| C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing | 1 | 3 | |
| C.06 There is adequate storage space | 1 | 1 | |
| C.07 The grounds provided spaces for informal/ formal therapeutic health activities | 2 | 2 | |
| C.08 The relationships between internal spaces and the outdoor environment work well | 1 | 3 | |
| C.09 The benchmarks in the Design Statement in relation to building SPACE are met | 0 | | |

Build Quality

Performance

- D.01 The building and grounds are easy to operate
- D.02 The building and grounds are easy to clean and maintain
- D.03 The building and grounds have appropriately durable finishes and components
- D.04 The building and grounds will weather and age well
- D.05 Access to daylight, views of nature and outdoor space are robustly detailed
- D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity
- D.07 The design minimises maintenance and simplifies this where it will be required
- D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met

| Weight | Score | Notes |
|--------|-------|-------|
| 1 | 2 | |
| 2 | 3 | |
| 1 | 3 | |
| 1 | 3 | |
| 1 | 2 | |
| 2 | 2 | |
| 2 | 3 | |
| 0 | | |

Engineering

- E.01 The engineering systems are well designed, flexible and efficient in use
- E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant
- E.03 The engineering systems are energy efficient
- E.04 There are emergency backup systems that are designed to minimise disruption
- E.05 During construction disruption to essential services is minimised
- E.06 During maintenance disruption to essential healthcare services is minimised
- E.07 The design layout contributes to efficient zoning and energy use reduction

| Weight | Score | Notes |
|--------|-------|-------|
| 2 | 3 | |
| 1 | 3 | |
| 2 | 2 | |
| 2 | 4 | |
| 1 | 0 | |
| 1 | 3 | |
| 1 | 3 | |

Construction

- F.01 If phased planning and construction are necessary the various stages are well organised
- F.02 Temporary construction work is minimised
- F.03 The impact of the building process on continuing healthcare provision is minimised
- F.04 The building and grounds can be readily maintained
- F.05 The construction is robust
- F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion
- F.07 The construction exploits opportunities from standardisation and prefabrication where relevant
- F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction
- F.09 The construction contributes to being a good neighbour
- F.10 Infection control risks for options, design and construction recorded/ minimised using HAI Scribe

| Weight | Score | Notes |
|--------|-------|-------|
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |

Impact

Design and Innovation

- G.01 There are clear ideas behind the design of the building and grounds
G.02 The building and grounds are interesting to look at and move around in
G.03 The building, grounds and arts design contribute to the local setting
G.04 The design appropriately expresses the values of the NHS
G.05 The project is likely to influence future designs
G.06 The design provides a clear strategy for future adaptation and expansion
G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy
G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met

| Weight | Score | Status |
|--------|-------|--------|
| 1 | 3 | |
| 1 | 3 | |
| 2 | 3 | |
| 1 | 2 | |
| 1 | 5 | |
| 2 | 2 | |
| 2 | 3 | |
| 0 | | |

Form and Materials

- H.01 The design has a human scale and feels welcoming
H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds
H.03 Entrances are obvious and logical in relation to likely points of arrival on site
H.04 The external materials and detailing appear to be of high quality and are maintainable
H.05 The external colours and textures seem appropriate and attractive for the local setting
H.06 The design maximises the site opportunities and enhances a sense of place
H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met

| Weight | Score | Status |
|--------|-------|--------|
| 2 | 3 | |
| 1 | 3 | |
| 2 | 3 | |
| 1 | 3 | |
| 1 | 3 | |
| 2 | 3 | |
| 0 | | |

Staff and Patient Environment

- I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy
I.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements
I.03 The design maximises the opportunities for access to usable outdoor space
I.04 There are high levels of both comfort and control of comfort
I.05 The design is clearly understandable and wayfinding is intuitive
I.06 The interior of the building is attractive in appearance
I.07 There are good bath/ toilet and other facilities for patients
I.08 There are good facilities for staff with convenient places to work and relax without being on demand
I.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax
I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENT are met

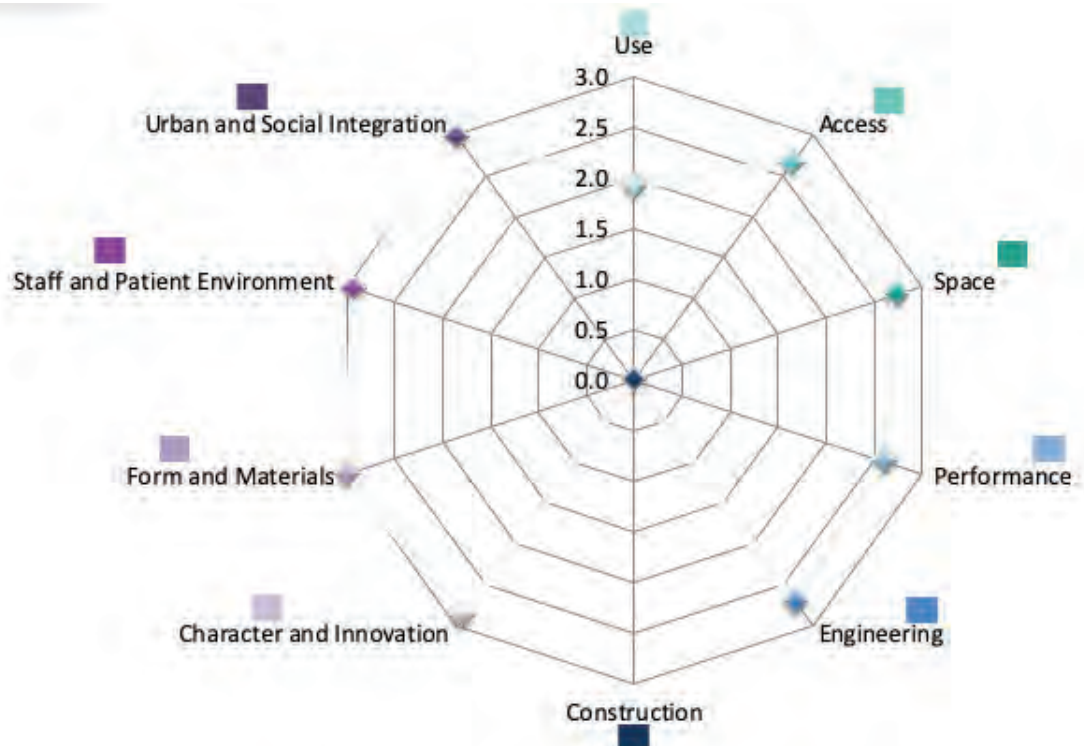
| Weight | Score | Status |
|--------|-------|--------|
| 1 | 4 | |
| 1 | 3 | |
| 1 | 3 | |
| 2 | 3 | |
| 1 | 3 | |
| 1 | 2 | |
| 1 | 3 | |
| 2 | 2 | |
| 1 | 3 | |
| 0 | | |

Urban and Social Integration

- J.01 The height, volume and skyline of the building relate well to the surrounding environment
J.02 The facility contributes positively to its locality
J.03 The hard and soft landscape contribute positively to the locality
J.04 The overall design contributes positively to neighbourhood and is sensitive to passers-by
J.05 There is a clear vision behind the design, its setting and outdoor spaces
J.06 The benchmarks in the Design Statement in relation to INTEGRATION are met

| Weight | Score | Status |
|--------|-------|--------|
| 1 | 3 | |
| 2 | 3 | |
| 1 | 3 | |
| 2 | 3 | |
| 1 | 3 | |
| 0 | | |





| | Benchmark |
|-------------------------------|-----------|
| Use | 1.9 |
| Access | 2.7 |
| Space | 2.7 |
| Performance | 2.6 |
| Engineering | 2.7 |
| Construction | 0.0 |
| Character and Innovation | 2.9 |
| Form and Materials | 3.0 |
| Staff and Patient Environment | 2.9 |
| Urban and Social Integration | 3.0 |

| Weighting | = | Target |
|-----------|-----|--------|
| 2 | = > | 5 - 6 |
| 1 | > | 3 - 4 |
| 0 | < | 3 |

Forth Valley Primary Care Programme – Exemplar Facility: SCIM DESIGN STATEMENT – Draft V1.5

Introduction

The Design Statement developed is in support of the Programme Initial Agreement for Primary Care within NHS Forth Valley. It is intended to set the key principles for all facilities and will be updated for each specific project as part of the Outline and Full Business Case stages.

The objectives the projects within the Forth Valley Care Programme seek to achieve are outlined in the Initial Agreement, namely:

- *Additional workforce is required to deliver the new GMS contract. Furthermore, future solutions need to recognise that future generations of GPs are less likely to wish to own their own premises.*

Objective 1: Increase in space available within primary care facilities; reducing number of GP owned premises

- *The future model of care requires the development of locality hubs to maximise the use of the new workforce from PCIP*

Objective 2: Increase space within Hub premises to facilitate efficient, effective PCIP delivery model

- *Seek to deliver timely access to care across primary care within NHS FV. Addressing areas of significant new housing.*

Objective 3: Provide modern flexible fit for purpose facilities responsive to changing demand profile

- *New model of care includes increased group delivery and adoption of new digital delivery models.*

Objective 4: Provide modern technologies, flexible room used

- *Seek to implement Place making principles, support delivery of 20-minute neighbourhoods, support delivery of secondary care digital models.*

Objective 5: Provide opportunity to co-locate and share accommodation within localities

To achieve these objectives the completed development must have the attributes described below. These experiences are expected for all people irrespective of physical, sensory or cognitive impairments. Although the experiences below are split by different user groups due to their different needs, this should not be read that each experience must be met through providing separate spaces. Where different groups' needs are compatible or can be accommodated in the same space at different times, the spaces for these experiences should be provided for together.

The following outlines the vision for the facility, including at the Appendix a list (initial and non-exhaustive) of applicable design guidance.

1 Non-Negotiables for Patients (all Service Users)

| Agreed Non-Negotiable Investment Objective | Benchmark Standard – The criteria to be met and/or some views of what success might look like |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 Site Layout Getting to and from the facility must be easy and reliable, safe and | <ul style="list-style-type: none">• Facilities should be easily accessible and close to / within communities.• Wherever possible development should be accessible by public transport and walking, and if necessary, by car.• Development should be well connected to main roads, clearly signposted from roads, walkways and cycle paths. |

pleasant during the daylight and darkness. The location of the facility must enable choice of how to get there. It should allow flexibility to meet potential expansion over services over time.

- Good public transport and road links, and adequate provision for pedestrians and cyclists, are required promoting wellbeing and health and green travel options.
- Bus stop(s) not more than (5-10) minutes away from the main entrance(s).
- Drop off points close to the main entrance(s) but not obscuring them, with parking as close as possible but not dominating the site.
- Provision of shelter, secure storage for bikes, and where required charging for e-bikes, e-scooters, within 25 metres of entrance, attractively designed to encourage use.
- Pedestrian routes and parking to have good lighting and visibility during hours of darkness to provide a safe environment for patients accessing / leaving / the building and to be sheltered from the wind by use of building or landscape planting/features.
- Parking provision to be sufficient in number and appropriate in location, with sufficient provision for electrical vehicle charging points as agreed for each locality / facility.
- Where possible consideration of up to 25% expansion space to be provided on site to allow for potential future of the facility / expansion over time





1.2 Building Approach / First Impressions

The facility should not feel 'out of place' in its setting, but familiar and comfortable for patients with the landscape (paving, plants, vehicle areas) an integral part of public routes. It should have a professional but not overly harsh feel. The entrance(s) must be obvious from arrival routes.

- Need to ensure DDA compliance including wheelchair accessibility (disabled parking next to main entrance) appropriately designed, barrier-free paths, main entrance wide and accommodating with automatic doors.
- Intergenerational / sight / child / dementia friendly signage and loop system for hearing impaired.
- Build in a one-way flow, ability to close down parts of the building and segregate patients if required (eg. 'red / green' pathways)

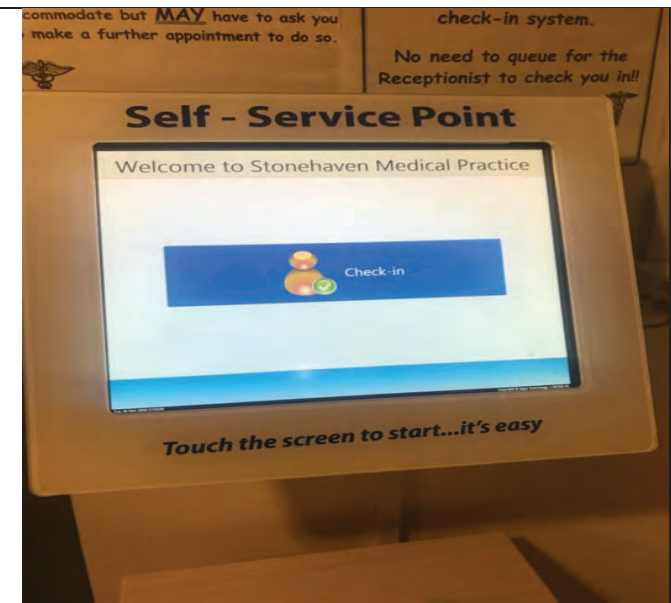
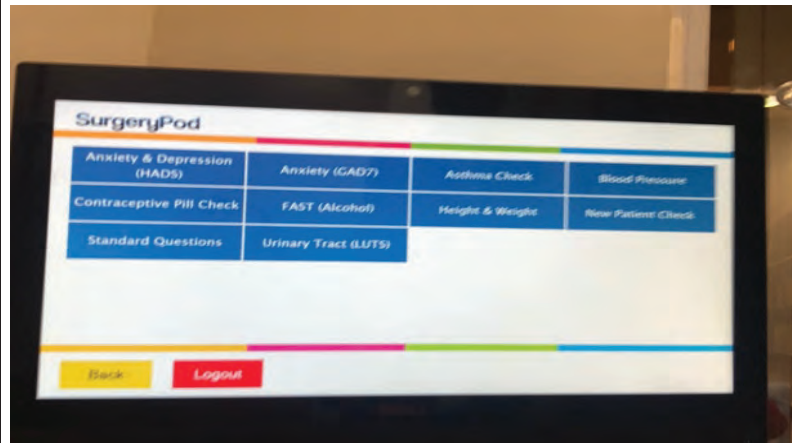






| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1.3 Arrival / Reception</p> <p>Reception must set the tone for the onward patient journey, be accessible and welcoming. On entering, there must be a direct view to a single 'place' to check in irrespective of the service being accessed, though individuals' personal needs and preferences must be accommodated at check-in.</p> | <ul style="list-style-type: none"> • Initial arrival / reception space should be bright and welcoming. It should have a range of areas / heights / volumes to allow personal choice (physical and acoustic) in environment. • From this space you should be able to see and get direct access to external spaces used for rest, exercise and activity to encourage people to engage in these. • Reception facilities offering the choice of face-to-face and electronic check in. Patients should only have to check in once, and be given options of where to go to wait for their appointments, with reliable information provided in real-time. • Where needed designs should allow for multiple GPs to maintain their identity and for their patients to be able to identify with this within a single/shared reception and waiting area for the practices. • Reception areas should allow for confidential discussion when required – if necessary separate rooms/areas should be provided for this. • The design should protect confidentiality between staff and public areas – eg. offset reception with sight of the waiting area, not facing reception desk. • Provision to be made for patients to be received and called to their appointments in the most appropriate manner. • Design to be inclusive and take account of specific requirements, eg. wheelchair user interface at reception desks, induction loop provision, dementia friendly. • Reception, WCs and refreshments within 25 metres of entrance, all visible from point of entry. • Bookable, meeting/activity rooms accessed directly off entrance area for training/in-reach/3rd sector/community use. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|







1.4 Waiting Areas

Booking and patient planning systems should reduce waiting times, but where patients will wait waiting area (including any immediately accessible external areas) must be flexible to cater for the different needs of patients, considering age and personal preferences, a pleasant place providing:

- opportunities for social interaction and support, and areas of a more private nature,
- positive distractions – something interesting to look at and a place for children to play,
- facilities to deal with patient needs (toilet, refreshments, support spaces)
- clear connection to staff for assistance and call to appointments.

- Use of technology and video noticeboards to provide up to date health information (with closed captions) and access to support, patient call system, access to remote check-ins; video link to waiting areas, and alert by message / update of time-frames.
- A variety of comfortable and accessible seating options with appropriate distancing (e.g. 1metre), arranged in groups to allow some personal choice and perception of privacy, and these groups should have space for wheelchair users and buggies as part of the group.
- Outside sheltered space where people can wait prior to entering the building. To aid flow and minimise numbers inside the building.
- Good sound attenuation / acoustics to provide audio separation from private conversations. The ability to play background music/radio.
- Access to food/refreshments for longer waits.
- Toilets and space to support breastfeeding adjacent (max 25 metre) and location visible from waiting areas.
- Good natural light and positive, age-appropriate distractions to be provided such as views and access to outside sheltered areas, internal/external artwork to alleviate stress, and internal and external children's play area for supervised play within sight of spaces where people may wait for more extended periods of time.
- Charging points and access to WiFi.
- Flexibility in layout to allow visiting services including promotion of third sector





1.5 Circulation and Wayfinding

Patient's routes around the facility must be short (particularly routes from waiting to consulting/treatment), pleasant and clear. The route from consulting/treatment must not put patients immediately 'on show' but allow a moment to compose themselves.

- Minimum number of entrances and reception points / minimise large cohorts of people.
- Where needed, stairs and lifts to be visually obvious – make use of stairs an attractive option for use through design/location/prominence.
- Reception/sub-reception areas should be easy to locate.
- Where corridors are longer by necessity, alcove seating areas along the way to provide resting opportunities should be provided.
- Good use of natural light, ventilation (openable windows), views / links to external spaces for orientation.
- Good use of colour/finishes to distinguish service locations and assist wayfinding
- Need to ensure DDA compliance including wheelchair accessibility – appropriately designed corridor and doors.
- Dementia friendly design and layout.
- Flexibility to adopt one-way systems if required.
- Ability to access one consulting room without cross over with other patient groups e.g. red flow area
- Allow flexibility for option of patients to be called to consulting room or collected by GP from waiting area.





1.6 Clinical and Treatment Rooms

The design and location of consulting and treatment rooms must provide good daylight while retaining adequate visual and audio privacy. Spaces must promote open and trusting interactions, helping patients take in information and maintain dignity.

- Natural light and views to be provided without compromising privacy.
- Good use of colour and artwork to promote a calming environment.
- Good sound attenuation to waiting and public areas.
- Refer HFS Repeatable Rooms documentation for recommended room layout – guidance to be implemented as much as possible.
- Avoid barriers for good communication- options to view information provided by consultant (eg. moveable monitor/screen).
- Desk position with clinician and patient should be optimised
- Examination couches should not be placed opposite the door – positioned to allow examination from one side.
- There must be a space to gather yourself again after the consultation before stepping out into 'public'.
- Consideration of alternative exit from clinical area.
- Provide flexibility in spaces for variety of treatment and options for different types of environment (including virtual consultations).



2 Non-Negotiables for Staff

| Agreed Non-Negotiable Investment Objective | Benchmark Standard – The criteria to be met and/or some views of what success might look like |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2.1 Site Layout</p> <p>The layout of the site must provide: safe and reliable access for staff based there and visiting) in daylight and darkness in a manner that supports green travel where possible.</p> | <ul style="list-style-type: none"> • Ability to lock-off areas of the building and exit securely in a well-lit area to provide staff safe and reliable access, particularly for greater extent of lone-working model • Volume of staff parking necessitated and defined on a site-by-site basis particular to each facility • Dedicated staff parking a portion of which for staff visiting or on call must be provided conveniently to a discrete entrance, with easy route for those handling large items of equipment etc. • Secure and adequate facilities for bikes, e-bikes, e-scooters close to the entrance, attractively designed to encourage use of green travel options. • Provide ability for staff to get to/from staff areas / rooms without having to go via the patient waiting area • Where designs require there is potential for GP practices and support staff to be located at first floor level, with appropriate access provided. • Routes all staff must allow them to 'check in' on entry |
| <p>2.2 Wellbeing</p> <p>There must be a place staff to be able to rest, socialise and make food/refreshments convenient to work areas, to encourage use by all staff.</p> | <ul style="list-style-type: none"> • Attractive dedicated and accessible staff space, placed away from public view to all staff to be 'off duty' and relax. • Space / lockers provided to store personal belongings • Changing and showering areas and provision to dry wet clothes desirable to support active travel. • An external area should also be provided to ensure staff have the opportunity for respite and exercise – a breath of fresh air in their day. |







2.3 Supporting Relationships and Training

- Flexibility for rooms to support visiting services and cater for their specific requirements.
- Flexible and agile space(s) for group learning and accessing IT based education material should be provided. This should be designed and located so that it can be used (on its own and in conjunction with other spaces) for


| | |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The facility must support the education and continuing development of staff.</p> | <ul style="list-style-type: none"> • other purposes, including support for visiting services, community groups and the public for events and to support access to information and support. <div data-bbox="584 327 1496 997" data-label="Image"> A bright, modern meeting room with large windows, a long wooden table, and several chairs. The room has a high ceiling with circular lights and a grey floor. </div> <div data-bbox="1518 327 1982 997" data-label="Image"> A curved, colorful seating area with a small round table, suitable for informal meetings or study. The seating is in shades of yellow and blue, and the floor is green. </div> |
| <p>2.4 Staff Working Environments The layout of the facility must promote team working across all service providers.</p> | <ul style="list-style-type: none"> • Flexible and agile working spaces within hubs, efficient and effective for a variety of work environments including blended approach • Where possible scope for adaptable spaces that can be converted (made bigger / smaller) as required. • Like functions (non-clinical and clinical like administrative space or consulting rooms) should be provided together to improving training and communication • Consider potential for flexibility in uses over ground / first floor, eg. consultation rooms located on upper floors. • Staff routes around the facility to be shared, not separate, allowing impromptu meetings and conversations • The layout of activities and routes, including where there is separation between floors, should enable effective communication between all members of staff and make it easier to talk to a colleague face to face than to send e-mails. |



| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |  |
| <p>2.5 Facilities Management</p> <p>The management and transfer of materials and waste, and the maintenance of the facility must not impact the nature of patient areas or staff rest areas.</p> | <ul style="list-style-type: none"> • Bin/recycle stores and delivery entrance placed out of sight of main public routes and spaces. • Consideration must be given to all internal finishes from a cleaning and maintenance perspective. • Facility to be easy to clean and service without impacting on patient areas, or staff rest areas, visually or with noise. • Material flows should be separated from public flows. • Sufficient goods distributed storage. (Corridors should not be used for storage) • Goods delivery areas including storage facilities to be accessible without implications on Patients. • Plant areas should be accessible without impacting on function of facility. • Vehicle service routes to be placed away from public and clinical areas to minimise noise impact and disruption. (Deliveries can arrive during the night so this needs to be taken into consideration). • Secure Service Yard sufficiently sized with no unauthorised access. |

3 Non-Negotiables for Visitors/Family/Carers/Dependents

The needs of these people will be largely met by the objectives above, only additional criteria are noted below

| Agreed Non-Negotiable Investment Objective | Benchmark Standard – The criteria to be met and/or some views of what success might look like |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3.1 Site Layout and Availability</p> <p>The routes to and from the facility must be clear, safe and intuitive for visitor access, including access requirements during out of hours.</p> | <p>Benchmarks for Visitors should be indistinguishable from those for Patients identified in in 1.2 & 1.3 above.</p> <div data-bbox="618 376 1899 1066"></div> |







| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3.2 Welfare and Wellbeing</p> <p>The needs of carers / parents / dependents should be catered for equally as service users. They should have access to a pleasant space to wait, with positive distractions, and feel supported in their own needs and wellbeing.</p> | <p>Benchmarks for Visitors should be indistinguishable from those for Patients identified in in 1.3 & 1.4 above. In addition, the facility must also provide;</p> <ul style="list-style-type: none"> • Suitable toilet and facilities for use by visitors • Visitors should have access to WiFi, phone charging points etc. • Spaces to relax, including access to external areas with shelter for fresh air and to sit quietly and green spaces for walks and to allow visitors ‘a breath of fresh air’. • Access to refreshment/catering facilities near the main entrance. • Layout of reception desk / height needs to offer security whilst not providing a barrier. • Information points for carers. |
| <p>3.3 Support Spaces</p> <p>The layout of public areas (consult/treatment/meeting/waiting) must provide flexibility in use for visiting services and for additional activities such as health promotion, support groups, fundraising.</p> | <ul style="list-style-type: none"> • Flexible space for use by 3rd Sector organisations to provide information and offer support for family, friends and carers. Preferably located near Reception so it is visible and accessible upon arrival. • Bookable consulting and treatment rooms provided alongside rooms intended for GP use and served from the same reception/circulation. • Meeting rooms/education areas and waiting areas designed to be used individually and as a suite for special events and out of hours activities |



The current Health Facility Scotland (HSF) index of guidance has been reviewed for project applicability and relevance. The **Appendix** which follows summarises those which projects within this programme of investment will require to meet.

4 Alignment of Investment with Policy

(NB: this section has been written on the presumption of a new-build solution and is to be revised should service redesign – and the above described characteristics - be realised through reconfiguration of the existing estate).

| Agreed Non-Negotiable Investment Objective | Benchmark Standard – The criteria to be met and/or some views of what success might look like |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1 The design of the facility must contribute to the wider regeneration of the area in terms of village/townscape, links and contribution to the local economy | <ul style="list-style-type: none"> The development must take cognisance of the surrounding area and foster good relationships with neighbours – ensuring that traffic impacts during construction and operations are minimised and that sufficient parking is provided on-site to prevent on-street parking becoming a nuisance. This will be completed at Outline Business Stage for each specific project |
| 4.2 The facility must be adaptable in the longer term and identify how services could be expanded on the site should demographic changes / increase demand in the immediate locality. | <ul style="list-style-type: none"> Ability to accommodate additional services, workforce and facilitate greater links with partnership services. Wider range of services offered within primary care setting. Ability to meet future demand e.g. new housing and new residents within NHS Forth Valley; no lists operating closed status |
| 4.3 The facility should be designed to be sustainable in its development, use, adaptation and decommissioning. | <ul style="list-style-type: none"> Facility must current net zero carbon and sustainability requirements and compliance with DL(2021)38, utilising the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01). |
| 4.4 The facility should, internally and in the approaches, be designed to be Equality Act compliant and accessible. | <ul style="list-style-type: none"> Compliance with the Equality Act and relevant design guidance, NHS specific and applicable to buildings in general, Building Regulations, BS etc. |

The above have been developed and agreed through the involvement of the following stakeholders:

Janette Fraser, Head of Planning

Lesley Middlemiss, PCIP Programme Manager

Morag Farquhar, Associate Director of Facilities & Infrastructure - Asset Management

Laura Byrne, Associate Director Primary Care Pharmacy

Jessie Anne Malcolm, Communications

David Reid, GP Meadowbank

David Herron, HSCP Lead GP Falkirk/GP Meadowbank

Amanda Grieg, Practice Manager – Graeme Medical Practice

Kara Connor, PCIP Service Lead, Mental Health, Falkirk

Morag McKellar; Associate Director Allied Health Professional

Helen MaGuire, Public / Patient Representative

Charlene Condecco, Disability Advisor

Annette McInnes, Disability Advisor

Cameron Marr, PCIP Service Lead, Advance Practice Physio

Darline Reekie, District Nursing Lead, Falkirk

Louise McCallum, Primary Care Manager

Jillian Taylor, Vaccination/Health Visiting

5 Self Assessment Process

| Decision Point | Authority of Decision | Additional skills or other perspectives | How the above criteria will be considered at this stage and / or valued in the decision | Information needed to allow evaluation |
|--------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outline Business Case development | Programme Board, HSCP; NHS Board | NHS Assure | Ability of design proposal to meet brief | Concept design Site appraisal |
| Completion of brief to go to market | Programme Board, HSCP; NHS Board | Technical advisors NHS Assure | Updated Design Statement project specific within brief | Early engagement with Hubco |
| Selection of Delivery / Design Team | Programme Board, HSCP; NHS Board, | Technical advisor external to design team to be appointed | Selection process per hubco method statements to be applied, with quality and cost considerations, to ensure that the best design team for the development is chosen from the hubco Supply Chain. Designers will have already been through a qualification process to become part of the Supply Chain. 'Participants' will be involved in the selection process for the project and can influence the outcome including, if necessary, nomination of other designers for consideration (providing they meet the standards set by hubco). | Previous experience/ examples of the designers' work on similar commissions. Interview process to include presentation/ questions regarding design approach and potential to fulfil the set criteria. As it is unlikely that previous experience will be an exact match for the proposed project, careful consideration will require to be given to the quality criteria set. |
| Selection of early design concept from options delivered | Programme Board, HSCP; NHS Board | Comment to be sought from NDAP | AEDET or other assessment of options to determine whether they meet the criteria | Proposals developed to Stage C with sufficient detail to allow distinction between the main uses of the building(s) including circulation and external space. Elevations/3D visuals |
| Approval of design proposals to be submitted to planning authority | Programme Board, HSCP; NHS Board | | AEDET or other assessment of the proposals to determine whether they meet the criteria | Selected design to Stage D with elevations etc. |
| Approval of detailed design proposals to allow construction | Programme Board, HSCP; NHS Board | | AEDET or other assessment of the proposals to determine whether they meet the criteria | Design developed to at least Stage E with agreed specification. |

APPENDIX J: CURRENT HEALTHCARE GUIDANCE

The current HFS index of guidance has been reviewed for project applicability and relevance. The table below summarises those which projects within this programme of investment will require to meet. This list is not exhaustive and will be reviewed and updated as part of the Outline Business Case process to include any revised or amended guidance to ensure up to date and relevance.

| Project applicability | Reference ID | NHS Scotland Facility Guidance Title (web version) current at sourced date above | Date Published |
|-----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------|----------------|
| 3 - Highest | HBN 00-01 | Core guidance - General design for healthcare buildings (HBN 00-01) | Oct-14 |
| 3 - Highest | HBN 00-07 | Core guidance - Planning for a resilient healthcare estate (HBN 00-07) | Oct-14 |
| 3 - Highest | SHFN 30 Part A | HAI-SCRIBE Manual information for project teams (SHFN 30 Part A) | Oct-14 |
| 3 - Highest | SHFN 30 Part B | HAI-SCRIBE Implementation strategy and assessment process (SHFN 30 Part B) | Oct-14 |
| 3 - Highest | SHFN 30 Part C | HAI-SCRIBE questionsets and checklists (SHFN 30 Part C) | Jan-15 |
| 3 - Highest | SHTM 00 | Best practice guidance for healthcare engineering policies and principles (SHTM 00) | Feb-13 |
| 3 - Highest | SHPN 36 part 1 | General Medical Practice Premises in Scotland (SHPN 36 part 1) | Jul-06 |
| 2 - Normal | HBN 00-02 | Core elements - Sanitary spaces (HBN 00-02) | Mar-17 |
| 2 - Normal | HBN 00-03 | Core guidance - Clinical and clinical support spaces (HBN 00-03) | Oct-14 |
| 2 - Normal | HBN 00-04 | Core Guidance - Circulation and communication spaces (HBN 00-04) | Oct-14 |
| 2 - Normal | HBN 08-02 | Dementia-friendly Health and Social Care Environments (HBN 08-02) | Aug-16 |
| 2 - Normal | HTM 65 | Wayfinding - effective wayfinding and signing for healthcare facilities (HTM 65) | Aug-16 |
| 2 - Normal | SFPN 00-01 | Fire safety - A model management structure (SFPN 00-01) | Apr-04 |
| 2 - Normal | SFPN 6 | Fire safety - Prevention and control of deliberate fire-raising in healthcare premises (SFPN 6) | Dec-07 |
| 2 - Normal | SHFN 02 | Access - Audit survey toolkit for disabled people in healthcare premises (SHFN 02) | Sept-07 |
| 2 - Normal | SHFN 03 | Access - checklist for people with dementia in healthcare premises (SHFN 03) | Oct-07 |
| 2 - Normal | SHFN 03-04 | Security Lockdown - Controlling movement and access in healthcare facilities (SHFN 03-04) | Mar-20 |
| 2 - Normal | SHFN 14 | Access - Disability (SHFN 14) | Sept-00 |
| 2 - Normal | SHFN 20 | Access - audits of primary healthcare facilities (SHFN 20) | Sept-00 |
| 2 - Normal | SHTM 03-01 Part A | Ventilation for Healthcare - Design and validation (SHTM 03-01 Part A) | Feb-14 |
| 2 - Normal | SHTM 03-01 Part B | Ventilation for Healthcare - Operational and verification (SHTM 03-01 Part B) | Oct-11 |
| 2 - Normal | SHTM 04-01 Part A | Water safety for healthcare- Design installation and testing (SHTM 04-01 Part A) | Jul-14 |
| 2 - Normal | SHTM 04-01 Part B | Water safety for healthcare- Operational management (SHTM 04-01 Part B) | Jul-14 |
| 2 - Normal | SHTM 04-01 Part C | Water safety for healthcare- TVC Testing Protocol (SHTM 04-01 Part C) | Feb-14 |
| 2 - Normal | SHTM 04-01 Part D | Water safety for healthcare- Disinfection of domestic water systems (SHTM 04-01 Part D) | Aug-11 |
| 2 - Normal | SHTM 04-01 Part E | Water safety for healthcare- Alternative materials and filtration (SHTM 04-01 Part E) | Aug-15 |

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| 2 - Normal | SHTM 04-01 Part F | Water safety for healthcare- Chloramination of water supplies (SHTM 04-01 Part F) | Dec-11 |
| 2 - Normal | SHTM 04-01 Part G | Water safety for healthcare- Operational procedures and exemplar (SHTM 04-01 Part G) | Jul-15 |
| 2 - Normal | SHTM 04-02 Part A | Water safety for emerging technologies - Solar domestic hot water heating (SHTM 04-02 Part A) | Jul-15 |
| 2 - Normal | SHTM 04-02 Part B | Water safety for emerging technologies - Rainwater harvesting (SHTM 04-02 Part B) | Jul-15 |
| 2 - Normal | SHTM 04-02 Part C | Water safety for emerging technologies - Grey water recovery (SHTM 04-02 Part C) | Jul-15 |
| 2 - Normal | SHTM 06-01 Part A | Electrical services supply and distribution: Design considerations (SHTM 06-01 Part A) | Jul-15 |
| 2 - Normal | SHTM 06-01 Part B | Electrical services supply and distribution: Operational management (SHTM 06-01 Part B) | Jul-15 |
| 2 - Normal | SHTM 06-02 | Electrical safety guidance for Low Voltage systems (SHTM 06-02) | Jul-15 |
| 2 - Normal | SHTM 06-03 | Electrical safety guidance for High Voltage systems (SHTM 06-03) | Jul-15 |
| 2 - Normal | SHTM 07-03 | Transport management and car parking (SHTM 07-03) | Jan-08 |
| 2 - Normal | SHTM 07-04 | Transport - NHSScotland Travel Plan Guidance (SHTM 07-04) | Sept-07 |
| 2 - Normal | SHTM 08-01 | Specialist Services: Acoustics (SHTM 08-01) | Jul-15 |
| 2 - Normal | SHTM 08-02 | Specialist Services - Lifts (SHTM 08-02) | Jul-15 |
| 2 - Normal | SHTM 08-05 Part A | Building Management Systems: Overview and Management (SHTM 08-05 Part A) | Apr-12 |
| 2 - Normal | SHTM 08-05 Part B | Building Management Systems: Design Considerations (SHTM 08-05 Part B) | Apr-12 |
| 2 - Normal | SHTM 08-05 Part C | Building Management Systems: Validation and Verification (SHTM 08-05 Part C) | Apr-12 |
| 2 - Normal | SHTM 08-05 Part D | Building Management Systems: Operational Management (SHTM 08-05 Part D) | Apr-12 |
| 2 - Normal | SHTM 08-07 | Confined Spaces policies procedures and guidance (SHTM 08-07) | Feb-15 |
| 2 - Normal | SHTM 08-08 | Pressure Systems: Policies and Guidance (SHTM 08-08) | Jul-14 |
| 2 - Normal | SHTM 2035 Part 1 | Mains signaling - Overview and management (SHTM 2035 Part 1) | Jun-01 |
| 2 - Normal | SHTM 2035 Part 2 | Mains signalling - Design considerations (SHTM 2035 Part 2) | Jun-01 |
| 2 - Normal | SHTM 2035 Part 3 | Mains signalling - Validation and verification / operation (SHTM 2035 Part 3) | Jun-01 |
| 2 - Normal | SHTM 54 | Building component series -User manual (SHTM 54) | Dec-06 |
| 2 - Normal | SHTM 55 | Building component series -Windows (SHTM 55) | Dec-06 |
| 2 - Normal | SHTM 56 | Building component series - Partitions (SHTM 56) | Dec-06 |
| 2 - Normal | SHTM 57 | Building component series - Internal glazing (SHTM 57) | Dec-06 |
| 2 - Normal | SHTM 58 | Building component series - Internal doorsets (SHTM 58) | Dec-06 |
| 2 - Normal | SHTM 59 | Building component series - Ironmongery (SHTM 59) | Dec-06 |
| 2 - Normal | SHTM 60 | Building Component Series - Ceilings (SHTM 60) | Oct-09 |
| 2 - Normal | SHTM 61 | Building component series - Flooring (SHTM 61) | Jul-09 |
| 2 - Normal | SHTM 61 app 1a | Building component series - Flooring - matrix example xls (SHTM 61 app 1a) | Jul-09 |
| 2 - Normal | SHTM 62 | Building component series - Demountable storage systems (SHTM 62) | Dec-06 |
| 2 - Normal | SHTM 63 | Building component series - Fitted storage systems (SHTM 63) | Dec-06 |
| 2 - Normal | SHTM 67 | Building component series - Laboratory storage systems (SHTM 67) | Dec-06 |
| 2 - Normal | SHTM 69 | Building component series - Protection (SHTM 69) | Dec-06 |
| 2 - Normal | SHTM 81 part 1 | Fire safety - Precautions in new healthcare premises (SHTM 81 part 1) | Jul-09 |

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| 2 - Normal | SHTM 81 part 2 | Fire safety - Fire engineering of healthcare premises (SHTM 81 part 2) | Jul-09 |
| 2 - Normal | SHTM 81 part 3 | Fire safety - Atria in healthcare premises (SHTM 81 part 3) | Apr-13 |
| 2 - Normal | SHTM 82 | Fire safety - alarm and detection systems (SHTM 82) | Apr-13 |
| 2 - Normal | SHTM 83 | Fire safety - General fire precautions in healthcare premises (SHTM 83) | Apr-04 |
| 2 - Normal | SHTM 83 Part 2 | Fire Safety - Fire safety training (SHTM 83 Part 2) | Jul-17 |
| 2 - Normal | SHTM 84 | Fire safety - Risk assessment in residential care premises (SHTM 84) | Apr-03 |
| 2 - Normal | SHTM 85 | Fire safety - Precautions in existing healthcare premises (SHTM 85) | Dec-07 |
| 2 - Normal | SHTM 86 | Fire safety - Risk assessment (SHTM 86) | Jun-13 |
| 2 - Normal | SHTM 87 | Fire safety - Textiles and furniture (SHTM 87) | Aug-09 |
| 2 - Normal | SHTN 02-00 | Sustainable Development Strategy (SHTN 02-00) | Feb-12 |
| 2 - Normal | SHTN 02-02 | Sustainable - EV Charging Infrastructure (SHTN 02-02) | Dec-20 |
| 2 - Normal | SHTN 3 | Waste management - Segregation Chart (SHTN 3) | Nov-13 |
| 2 - Normal | SHTN 3 Part A | Waste management - Summary of requirements - best practice overview (SHTN 3 Part A) | Feb-15 |
| 2 - Normal | SHTN 3 Part B | Waste management - Policy template (SHTN 3 Part B) | Feb-15 |
| 2 - Normal | SHTN 3 Part C | Waste management - Compendium of regulatory requirements (SHTN 3 Part C) | Feb-15 |
| 2 - Normal | SHTN 3 Part D | Waste management - Guidance and example text for waste procedures (SHTN 3 Part D) | Feb-15 |
| 1 - Low | HBN 14-02 | Medicines storage in clinical areas (HBN 14-02) | Sept-21 |