

Service Change
Planning

Strategic
Assessment

Initial
Agreement

Outline
Business Case

Final
BusinessCase

Implementation
Phase



East Calder Health Centre - Reprovision

NHS Lothian Outline Business Case

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1. Executive Summary

1.1 Purpose

This Outline Business Case sets out options for addressing accommodation challenges in East Calder Health Centre with a recommendation to build a new health centre on land adjacent to the existing facilities. Construction of a new health centre will provide access to improved accommodation, new rooms for growing multi-disciplinary teams and will support the national drive to deliver more care closer to people's homes in local communities.

The existing facilities in East Calder are no longer fit for purpose and the current challenges will be exacerbated by further demand on the premises as the population of the local area grows over the next 10 years. Importantly, the proposals to build a new centre will address problems of patient access, particularly for those with disabilities.

1.2 Background and Strategic Context

NHS Lothian's Capital Plan identifies East Calder Health Centre as a priority area for development given the predicted population growth in the community.

West Lothian is experiencing significant growth in its population. Between 1998 and 2018, the population of West Lothian increased by 18.9%. This is the 2nd highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 7.1%. Current estimates indicate that by between 2018 and 2028, the population of West Lothian is projected to increase from 182,140 to 192,812. This is an increase of 5.9%, which compares to a projected increase of 1.8% for Scotland as a whole.

The West Lothian Local Development Plan (LDP) 2018 sets out the proposed housing developments to meet the South East Scotland Strategic Development Plan (2013) requirements of an additional 18,010 houses between 2009 and 2024. The plan details the core development areas within West Lothian which include the Calderwood development in East Calder along with some smaller developments in Kirknewton, Wilkieston and Mid Calder which are all within the East Calder Medical Practice Boundary. Over 17% of the total housing development will be within the East Calder area with an estimated increase of 3,135 units with potential population growth of circa 6,900.

The West Lothian Primary Care Improvement Plan sets out the ambitions for reshaping primary care and General Practice through implementation of the new GMS 2018 Contract which will see development of GPs as expert medical generalists and expansion of the Primary Health Care Team to support new roles and ways of working. Care pathways will be patient (not disease) centred to meet the challenge of shifting the balance of care, realising realistic medicine and enabling people to remain at or near home wherever possible. Although alternative approaches to care delivery can be explored, there is no doubt that the increasing size of primary care staff teams will place greater demand on existing premises.

1.3 Need for Change

East Calder Health Centre is situated in Main Street, East Calder, West Lothian. The Health Centre is owned by NHS Lothian and was originally built in the 1970s to accommodate a GP Practice and community health services for a population of circa 7000.



East Calder Medical Practice operates as an independent contractor providing health care to the local populations of East Calder, Mid Calder, Kirknewton, Wilkieston and surrounding areas under the terms of the General Medical Services Contract. East Calder Medical Practice is the only GP Practice serving this geographic area. The nearest neighbouring practices are in Craigshill, Dedridge and Murieston in Livingston, there are no direct public transport routes to these practices and in any event, they have limited capacity to increase their list size. In accordance with NHS Lothian's statutory obligation to provide access to Primary Medical Services there is a requirement to continue provision of health care services within this geographic area.

Projections for future demand for primary care and community services with East Calder are driven by the core development at Calderwood. It is estimated that the planned population growth will result in a 52% increase in new registrations which will impact demand for all primary care and community services. The current consultation rate is estimated at 10% of practice population per week therefore could potentially rise to circa 1,800 consultations per week from current level of 1,100 per week. The GP Practice and community service provision have expanded with the population which has necessitated internal accommodation to be reconfigured to create additional clinical capacity and a porta cabin extension to be added to the east of the building which provides three additional consulting rooms for community health clinics and visiting clinicians. The resulting clinical space is suboptimal with seven consulting rooms under the minimum 14m² and four of these less than 10.4m² placing significant limitations on their use and poor disabled access. There is limited disabled parking (2 spaces) at the front of the building and no lift access to the first-floor accommodation. The office accommodation available for the administrative functions is well below the minimum standards and staff facilities are insufficient for the 41 staff working in the building daily basis.

Although all possible reasonable changes have been made to the building, East Calder Health Centre fails to meet the spatial, organisational and design standards for Primary Health Care Premises and has no capacity for further growth. The premises have reached the end of their economic life as a clinical facility. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation and service provision due to structural and layout constraints.

The practice and community services have been developed as far as possible however increasing demand for services has exacerbated the issues of an inefficient layout, and external envelope deterioration. Whilst the GP Practice and Health and Social Care Partnership are working collaboratively to modernise and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises.

1.4 Investment Objectives

The main objectives from the outline business case are to:

- Ensure equal access to Primary Care and Community Services for the whole population
- Ensure that the growing population in East Calder and surrounding areas can receive healthcare in their local area
- Ensure that expanding multi-disciplinary health care teams can serve the local population and deliver within the local community
- Accommodate the increasing flexibility required to develop primary care services in East Calder in line with the West Lothian primary care Improvement Plan



- Ensure that premises comply with legal requirements in terms of access and that both staff and patients are able to visit without any barriers to access

1.5 The Preferred Option

The preferred option to be taken forward to Full Business Case is Option 3: New Build on adjacent land, this considers Non-Financial and Financial benefits. This was identified as the preferred option because this is the only option which will accommodate anticipated population growth in the area and enable compliance with DDA requirements.

A new build on the land to the rear of the existing building will enable provision to be maintained in an accessible central location, allow for expansion and optimisation of services, and support further integration of health and social care. In addition there would be no requirement to decant the existing facility which is key risk in Options 1 and 2. Consideration of major improvements under Option 2 to address maintenance and statutory standards will not facilitate significant improvements in space utilisation and service provision due to structural and layout constraints.

The total Capital cost for Option 3 is £11.483m.

1.6 Readiness to proceed

The project will consist of a new development that will replace the existing East Calder Health Centre with a purpose built modern health facility. It will accommodate the East Calder Medical Practice and community services from the West Lothian Health and Social Care Partnership.

The new centre will be located on a site adjacent to the existing centre with the services continuing in the existing centre until construction completion

The new facility should meet the needs of the current practice population, the projected growth and the impacts of “Shifting the Balance of Care”¹ now and in the foreseeable future.

Following approval of the Initial Agreement, a full project design team was established through the Hub South East Scotland procurement route. In learning lessons from previous projects, numerous, more detailed surveys have been carried out to identify potential issues and inform the design. The design has now been developed through to completion of Stage 1 including cost / pricing report.

This proposal has impacts on adults, children and young people and their carers who live in East Calder who require access to Primary Medical Services. It also impacts upon clinical and support staff currently working within East Calder Health Centre and East Calder Medical Practice. Initial engagement has taken place with key stakeholders who support the preferred solution to build a new health centre.

1.7 Conclusion

In conclusion, the population of East Calder is expected to grow substantially as a result of significant house building in the area over the next 3 years. The existing building is no longer fit for purpose and there is no feasible opportunity to adapt the existing building any more than has been done already to accommodate increasing patient numbers and expanding staff teams.

¹ <http://www.shiftingthebalance.scot.nhs.uk>



A range of options for addressing the premises shortcomings have been considered, however, the preferred option is to construct a new health centre on land adjacent to the existing building which is in the process of being secured.

2. The Strategic Case

2.1 Strategic Context

A strong and resilient primary care service is fundamental to the delivery of the Scottish Government's vision of enabling everyone to live longer, healthier lives at home or in a homely setting.

NHS Lothian's strategic and operational delivery plans affirm the commitment to rapidly modernising primary care services to increase their resilience and sustainability. NHS Lothian's Strategic Plan supports the need to increase the capacity of primary care and community services to support the shift in the balance of care from secondary to primary care and community care services as well as to meet the growing need to support older people with complex needs living at home with chronic disease and multimorbidity. NHS Lothian's Capital Plan identifies East Calder Health Centre as a priority area for development given the predicted population growth in the community.

West Lothian is experiencing significant growth in its population. Between 1998 and 2018, the population of West Lothian increased by 18.9%. This is the 2nd highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 7.1%. Current estimates indicate that by between 2018 and 2028, the population of West Lothian is projected to increase from 182,140 to 192,812. This is an increase of 5.9%, which compares to a projected increase of 1.8% for Scotland as a whole. West Lothian is projected to have the 9th highest population out of the 32 council areas in Scotland in 2028.

The average age of the population is also increasing as the baby boomer generation ages and more people are expected to live longer. Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-5.4%) and the 75 and over age group is projected to see the largest percentage increase (+39.4%) which will place increasing demand on health and social care services.

West Lothian is projected to have the 4th highest percentage change in household numbers out of the 32 council areas in Scotland. The West Lothian Local Development Plan (LDP) 2018^[1] sets out the proposed housing developments to meet the South East Scotland Strategic Development Plan (2013) requirements of an additional 18,010 houses between 2009 and 2024. The plan details the core development areas within West Lothian which include the Calderwood development in East Calder along with some smaller developments in Kirknewton, Wilkieston and Mid Calder which are all within the East Calder Medical Practice Boundary. Over 17% of the total housing development will be within the East Calder area with an estimated increase of 3,135 units with potential population growth of circa 6,900. City of Edinburgh Council has also outlined draft proposals in their LDP 2 for extensive further greenfield housing development within the administrative boundary to the North East of Calderwood, 1,400 – 2,500 additional residential units which has the potential to impact demand for primary care services in the area. The outcome of CEC Proposed Plan LDP2 will be known in 2021 with a subsequent Public Local Inquiry into objections likely to be in 2022.

The following indicators set out the increasing pressures in General Practice in Scotland:

^[1] West Lothian Council, Local Development Plan 2018



- 10% of the population consults with a GP practice clinician every week
- The number (headcount) of GPs in Scotland is 5,134, a rise of 89 GPs compared to 2019 and includes GPs working part time. This rise is predominantly in female GPs, who now make up 62% of GPs in Scotland and are more likely to work part time
- 32% of all GPs are aged 50 and over in 2018, compared with 29% in 2005
- 40% of female GPs leave the profession by the age of 40
- The number of patients registered with GP practices continues to rise slowly year on year and has increased by 4.8% since 2010 to 5,784,870
- The number of patients aged 65+ has increased by 21% since 2010 to 1,069,010.
- The number of practices in Scotland decreased by 9% from 1,019 practices in 2010 to 928, reflecting a trend towards larger practices with more GPs serving a larger number of patients.

The West Lothian Primary Care Improvement Plan sets out the ambitions for reshaping primary care and General Practice in implementation the new GMS 2018 Contract which will see development of GPs as expert medical generalists and expansion of the Primary Health Care Team to support new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities
- Comprehensiveness: holistic care of people – physical and mental health
- Continuity: long term continuity of care enabling an effective therapeutic relationship
- Co-ordination: overseeing care from a range of service providers

Care pathways will be patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and improved joint working with other health and social care partners as part of wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes.

2.1.1. Local and National Strategies

The key areas of national and local policy which this interacts with include:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home;
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
- Effective – bringing together wider range of health and care services to make more effective use of resources.

2020 Vision aspirations that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology enabled care projects such as Florence are embedded within the current service model to modernise primary care and support more self-management for long term conditions. The East Calder



Practice is the first in Lothian to implement eConsult which offers patients additional and alternative method of accessing GP services.

NHS Lothian's clinical strategy **Our Health Our Care Our Future** sets out proposals to address the health needs of our growing and ageing population and to meet the challenges this presents while continuing to provide a high quality, sustainable healthcare. The proposed development will support increasing provision of health and social care services within East Calder and the surrounding areas.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general practice requires collaborative working with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access;
- Introducing a wider range of health professionals to support the expert medical generalist;
- Enabling more time with the GP for patients when it is really needed; and
- Providing more information and support to patients.

The South East Scotland Development Plan has set the requirement in West Lothian for 18,010 new houses between 2009 and 2024. This proposal supports the expansion of health and care services required to meet the growth in population within the East Calder Core Development Area.

The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population.

Promoting the wellbeing of children is central to the work of health visitors and this is supported by the new Universal Health Visiting Pathway and the Named Person role conferred by **Children and Young People (Scotland) Act (2014)**. The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses.

2.2 Existing Arrangements

East Calder Health Centre is situated in Main Street, East Calder, West Lothian. The Health Centre is owned by NHS Lothian and was originally built in the 1970s to accommodate a GP Practice and community health services for a population of circa 7000. The accommodation is provided over two levels with a total floor area of 848.4m². The existing health centre building sits adjacent to the new West Lothian Council Partnership Centre which provides opportunities for partnership working. There is vacant



land to the south of the building which offers opportunity for development and discussions with West Lothian Council regarding securing the land are at an advanced stage.

East Calder Medical Practice operates as an independent contractor providing continuing, comprehensive, coordinated and person centred health care to the local populations of East Calder, Mid Calder, Kirknewton, Wilkieston and surrounding areas under the terms of the General Medical Services Contract. East Calder Medical Practice is the only GP Practice serving this geographic area. The nearest neighbouring practices are in Craigshill, Dedridge and Murieston in Livingston, there are no direct public transport routes to these practices and they have limited capacity to increase their list size. In accordance with NHS Lothian's statutory obligation to provide access to Primary Medical Services there is a requirement to continue provision of these services within this geographic area.

Aligned to the practice there are a range of community health services provided from the current facility including District Nursing, Health Visiting, Midwifery and Community Psychiatric Nursing, Physiotherapy, Podiatry and Speech and Language Therapy. In addition some consultant psychiatry clinics and drug and alcohol counselling services are provided from visiting practitioners. There are dependencies with the Local General Hospital at St John's Hospital, Livingston and other hospitals in Lothian for provision of diagnostic services, consultant advice, elective and unscheduled inpatient care and outpatients for a variety of specialties to meet the health care needs of their local population. The Lothian Unscheduled Care Service provides the Out of Hours primary care for the practice population.

The GPs together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives. The GPs and multidisciplinary team are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community.

East Calder Medical Practice has a current practice population of 12,495 (December 2020) which has grown by 6.4% over the past 3 years largely due to the core housing development programme at Calderwood. The current demographic of the population are:

- 50.8% female: 49.2% male
- 16.6% are over the age of 65 and 15.7% are 0-15 years
- 28.1% live in most deprived quintiles, 6.8% in the least deprived and 65.2% in quintiles 3&4
- 51% (5964) of patients have at least one long term condition

Projections for future demand for primary care and community services with East Calder are driven by the core development at Calderwood. It is estimated that the planned population growth will result in a 52% increase in new registrations which will impact on demand for all primary care and community services. Current consultation rate is estimated at 10% of practice population per week therefore could potentially rise to circa 1,800 consultations per week from current level of 1,100 per week.

The practice has embraced technology to support health and well-being and reduce demand for consultations through wide use of Florence to support self-management of long term conditions and have recently launched the online triage and consultation tool e-Consult which provides patients with an alternative way of liaising with their GP practice and has the potential to relieve pressure on existing services whilst promoting self-management and patient centred care. The practice is innovative and has expanded the use of technology through 'Near Me' for doctors and nurses and remote working during



the pandemic. There has also been investment on electronic booking systems, online registration functions and mechanisms to support management of long term conditions through electronic means.

The Covid-19 pandemic has through necessity required practices to reduce footfall and consider new ways of working. However, it is acknowledged that whilst helpful in some circumstances, there are limitations in terms of current IT infrastructure: connection problems, poor image quality and ability to send prescriptions directly to pharmacy which reduce effectiveness.

The practice currently provide training placements for 4th year medical students and are expanding this to include 6th year medical students. They also provide placements for students undertaking the BSc in Medical Sciences in General Practice and are an accredited training practice for GP training which will further support sustainability of primary care. The GP team have specialists in dermatology, minor surgery and family planning. This offers an opportunity to develop locality based services within the new premises which could take referrals from other practices and reduce impact on secondary care.

The current workforce delivering services is outlined below along with potential future workforce required to deliver primary care and community services. Proposed changes to the workforce will be phased in line with population growth and service model developments and have taken into account the requirements to implement the health visitor pathway and for new roles such as advanced practitioners in physiotherapy, pharmacy, and nursing as part of the enhanced primary healthcare team as well as the need to shift the vaccination programme to community services and development of community treatment centres as part of the implementation of the GMS contract.

The GP Practice and community service provision have expanded with the population which has necessitated internal accommodation to be reconfigured to create additional clinical capacity and a porta cabin extension to be added to the east of the building which provides three additional consulting rooms for community health clinics and visiting clinicians. The resulting clinical space is suboptimal with seven consulting rooms under the minimum 14m² and four of these less than 10.4m² placing significant limitations on their use and poor disabled access. There is limited disabled parking (2 spaces) at the front of the building and no lift access to the first-floor accommodation. The office accommodation available for the administrative functions is well below the minimum standards and staff facilities are insufficient for the 41 staff working in the building daily basis².

Although all possible reasonable changes have been made to the building, East Calder Health Centre fails to meet the spatial, organisation and design standards for Primary Health Care Premises and has no capacity for further growth and has reached the end of its economic life as a clinical facility. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation and service provision due to structural and layout constraints.

The practice and community services have been developed as far as possible however increasing demand for services has exacerbated the issues of an inefficient layout, and external envelope deterioration. Whilst the GP Practice and Health and Social Care Partnership are working collaboratively to modernise and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises.

² National Services Scotland, Scottish Health Planning Note 36 Part 1: General Medical Practice Premises in Scotland, July 2006



The existing arrangements outlined below remain unchanged from those detailed in the Initial Agreement. The population growth and lack of suitable accommodation remain the key challenges to be addressed.

2.3 Drivers for Change

The following section details the need for change as identified in the Strategic Assessment (included in [Appendix 1](#)) and Initial Agreement (IA) as approved by the Scottish Government Capital Investment Group in October 2018.

The project team have reviewed the drivers for change in the context of the existing situation and confirmed that these remain valid.

Table 1: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Increased future service demand due to population growth	East Calder is experiencing significant population growth and the Medical Practice cannot meet the service requirements of the growing population.	The practice is already experiencing population growth from the Calderwood development and this is predicted to increase significantly. Time from Initial Agreement to occupation of a new facility will take circa 4 years.
	Services cannot be delivered locally based on local patient demand, but instead will need to be based on where beyond the local community it is possible to deliver services.	NHS Lothian will fail to provide treatment for all patients in the future unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the IJB and NHS Lothian There is a need to plan to provide a sustainable service for the future
Poor functionality and space restrictions in existing accommodation	Some consulting rooms are very small and don't meet current standards due to the conversion of small rooms/ store cupboards. These can be very restrictive/ unsuitable for patients and staff.	No further scope exists to reconfigure service design or the existing building to improve the experience. Poor patient and staff experience. Do not meet current recommended standards.
	The building is not fully DDA compliant - discriminating between the experiences of service users.	Not DDA compliant
Service arrangements do not support the existing workforce	Staff accommodation is restricted with staff working in suboptimal conditions – these impacts poorly on staff morale.	There is a need to plan to provide suitable facilities for the future, especially as staff numbers will continue to increase as the practice requires to expand and the Primary healthcare team is further developed
Existing	There is no scope for enhancing the	Pressure on accommodation and



What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
arrangements do not support the transfer of healthcare services to primary care	<p>primary care services provided in the existing accommodation including transferring the right care closer to patients' homes.</p> <p>The facilities available, combined with significant increase in population, restrict the ability of the parties to transfer services to primary care and work effectively across both healthcare sites.</p>	services is going to increase and if the accommodation issue is not addressed it will not be possible to transfer further services to primary care, it may even result in restrictions on the services already provided.

2.4 Investment Objectives

The assessments of the existing situation and the drivers for change have been used to determine the investment objectives. The project team have reviewed the investment objectives determined in the IA and confirmed that these remain valid. These are summarised in the table below.

Table 2: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
East Calder is experiencing significant population growth and the Medical Practice cannot meet the service requirements of the growing population.	Ensure equal access to Primary Care and Community Services for the whole population



Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver strengthen local capacity to manage people's health within the community.
Staff facilities and accommodation are restricted with staff working in suboptimal conditions – this impacts poorly on staff morale.	Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of Primary Care Improvement Plan.
The facilities available, combined with significant increase in population, restrict the ability of the parties to transfer services to primary care and work effectively across both healthcare sites.	Provide a more integrated seamless service across health and social care.
Services cannot be delivered locally based on local patient demand, but instead are based on where it is more convenient/ possible to deliver services.	Improve the patient and user experience - deliver services locally based on local patient demand.
The building is not fully DDA compliant - discriminating between the experiences of service users. Furthermore, some part of the building are in poor condition which has been unable to be addressed via repeated repairs.	Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.
Some consulting rooms are very small and don't meet current standards due to the conversion of small rooms/ store cupboards. These can be very restrictive/ unsuitable for patients and staff.	To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.
There is no scope for enhancing the primary care services provided in the existing accommodation including transferring the right care closer to patients' homes.	To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting

2.5 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

- Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

Following the approval of the Initial Agreement a full benefits register was developed by the project team. This built on the benefits identified in the IA and considered benefits to the practice, patients, staff, the general public and wider economic benefits such as the impact on the local economy. The above investment objectives and the Strategic Assessment (see



Appendix 1: Strategic Assessment) have also informed the development of a Benefits Register and Realisation Plan (see

Appendix 2: Benefits Register and Realisation Plan

).

As per the Scottish Capital Investment Manual guidance on `Benefits Realisation`, this register is intended to record all the main benefits of the proposal and identify how these will be measured and realised.

2.6 Strategic Risks

This section takes a view of the key risks that could impact on the successful delivery of the project and sets out what actions the partner organisations can take to ensure risk is minimised and managed.

These risks will then be reviewed in more detail at the Full Business Case stage and the process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisation.

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these.



Table 3: Strategic Risks

Theme	Risk	Safeguard
Funding	Capital envelope does not support the preferred way forward.	Open communication with SG and clear identification and tracking of all costs associated with the project.
Timeframe	Existing pressure on service require changes faster than new facility can provide solutions.	Agreement of a clear timetable to progress from business case to construction
Workforce	Primary care is facing serious challenges in the recruitment and retention of GPs, which is placing further demands on general practice at a time when workloads are at an all-time high. There is a workforce risk around the availability to ensure GP Practice and Primary Health Care Team can expand and deliver required capacity.	Early engagement with recruitment to address challenges and determine suitable solutions.
Land Acquisition	There was a risk around the ability and cost of purchase of a suitable site for the reprovision.	Agreement has been reached on an Excambion with West Lothian Council for the preferred site.
Decant	The availability and cost of suitable decant locations (if required)	Cost, risks and constraints associated with decant are included within the option appraisal process

2.7 Constraints and Dependencies

The key constraints to be considered are:

- Ability to develop the capacity required for effective service delivery within the required timescale
- Revenue funding constraints - the affordability of the project will continue to be fully tested through each of the approval stages; this will include the development of a fully detailed revenue model within the OBC

The key dependencies to be considered are:

- Negotiations with West Lothian Council regarding the land acquisition are at an advanced stage and require to be concluded to proceed with development.

2.8 Is the preferred strategic solution still valid?

The preferred strategic solution identified in the IA was to deliver a physical solution that would enable the delivery of primary care services in the East Calder area enabling equal access for the whole population. This would allow an appropriate workforce to support implementation of Primary Care Improvement Plan and deliver multi-disciplinary services locally based on patient demand.

The preferred service delivery option is to continue with the existing arrangement of NHS Lothian contracting with the East Calder Medical Practice to provide General Medical Services to the practice population under the terms of the 2018 GMS Contract. It is anticipated that the practice will provide an additional 15 sessions of GP appointments per week to manage demand from the growing population.



The practice nursing team will be increased to provide 5 additional Advanced Nurse Practitioner clinics and 5 additional practice nurse clinics per week.

The GP team have specialists in dermatology and are keen to develop locality based services within the new premises which would also take referrals from other practices and reduce impact on secondary care.

The 2018 General Medical Services Contract in Scotland (GMS 2018) identified a number of priority areas for service redesign. Proposed changes to the workforce will be phased in line with population growth and service model developments and have taken into account the requirements for new roles such as advanced practitioners in physiotherapy, pharmacotherapy and nursing as part of the enhanced primary healthcare team as well as the need to shift the vaccination programme to community services and to develop community treatment and care (CTAC) services. These services will be provided within the facility through augmented community teams. In addition, implementation of the health visitor pathway requires additional staff resources, and this has been incorporated into the workforce plan.

The strategic solution has been reviewed by the project team and remains valid. The implementation of this has been further developed through this OBC.



3. Economic Case

3.1 Do Minimum/ baseline

It is not feasible to continue with the existing arrangements with no intervention ('Do Nothing') as outlined in the Strategic Case because ongoing backlog maintenance is required to keep the building assets fit for purpose. A 'Do Minimum' option is therefore included as the baseline against which other options are assessed. The table below defines the 'Do Minimum' option including the requirements to implement this option.

Table 4: Do Minimum

Strategic Scope of Option	Do Minimum
Service provision	Continue with existing service provision with no changes to service provided as outlined in the existing arrangements. This will result in insufficient capacity to meet future demand for outpatients or treatment.
Service arrangements	The service arrangements will continue as existing with GP services being provided alongside Community, District Nursing and Children's Services. There will be the risk of list restriction and requirement for patients to register with practices out with their catchment areas
Service provider and workforce arrangements	Workforce arrangements will continue as the existing situation with GP services Community, District Nursing and Children's Services delivered in the building. Workforce remains a combination of GP practice and NHS nursing and associated staff. Without investment in staff to deliver services, predicted increases in demand will not be met.
Supporting assets	The building presently does not meet the required standards (particularly around spacing and access). The condition of the building will continue to deteriorate. Decant of community services may be required to support practice provision and reducing access for community services.
Public & service user expectations	Public consultation indicates a strong desire the GP services to continue to be provided within central East Calder – driven by the distinct catchment area and lack of public transport. The Do Minimum option will not deliver this in the future and will perpetuate a poor environment with limited facilities and also reduce access to primary and community care services for local residents.

3.2 Short Listed Implementation Options

3.2.1 Identification of the short listed options

Through the IA a long list of options was identified and this is included in [Appendix 3: Long list of options](#). Following an assessment against investment objectives and feasibility this long list was reduced to a short-list of four options, including the do minimum baseline. This assessment is also included in [Appendix 3: Long list of options](#).

All the shortlisted implementation options were identified to enable the delivery of the strategic service solution described in the Strategic Case.



From the initial assessment above the following short-listed options were identified:

Table 5: Short Listed Options

Option	Description
Do minimum	Do Minimum – backlog maintenance to maintain safe building
Option 1	Decant of existing Health Centre to offsite facility (decant location to be determined – key risk of option), demolition of existing facility and construction of new building. Increase in capacity to meet future demand.
Option 2	Refurbishment of existing facilities where possible within structural constraints. Extension at the rear of the facility (decant required to enable works - decant location to be determined – key risk of option)).
Option 3	New Build on adjacent land followed by demolition of the existing building. Increase in capacity to meet future demand. No decant required.

These options considered the utilisation of the existing estate and the possibility of different sites within the East Calder practice boundary. Further to the very limited availability of sites the only area of land available which would provide the required footprint an appropriate location was the Council owned land immediately adjacent to the existing Health Centre. Negotiations around securing the land are at an advanced stage.

3.2.2 Non-monetary costs/ benefits assessment

Following the approval of the Initial Agreement a full benefits register was developed by the project team. This built on the benefits identified in the IA and considered benefits to the practice, patients, staff, the general public and wider economic benefits such as the impact on the local economy. The Benefits Register and Realisation Plan is included in



Appendix 2: Benefits Register and Realisation Plan

Each of the shortlisted options was assessed against the benefits included in the benefits register in



Appendix 2: Benefits Register and Realisation Plan

. Each of the identified benefits was weighted and following this each of the shortlisted options was scored against its ability to deliver the required benefits.

The results of the benefits assessment are summarised below:

Table 6: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Do Minimum	Option 1	Option 2	Option 3
1	GP practice which is open to all new patient registrations to meet the capacity demand of an increasing population.	25%	0	9	7	9
2	Improve staff retention levels by supporting training, education and development through the training practice; and allows for increased flexibility of roles for staff progression	10%	0	6	5	9
3	Increased local provision and access to treatment making best use of available NHS Lothian, HSCP and Practice resources, skills and experience to benefit patients and staff in line with the ethos of the new GP contract and reduction of patient complaint directed at staff.	20%	0	9	7	9
4	Reduces pressure on acute services through increased provision and treatment in primary care.	5%	0	7	6	9
5	Provides easy to access local primary healthcare for all of the local population close to home.	10%	0	5	6	9
6	Appropriate space and facilities to house multiple services and staff groups in order to enable delivery of wider primary care services closer to home, ensuring accessibility and suitability for patients and staff.	10%	0	9	5	9



#	Benefit	Weight (%)	Do Minimum	Option 1	Option 2	Option 3
7	Improves patient experience – enables care delivered with privacy and dignity through a facility with appropriate space that is accessible for all.	20%	0	9	5	9
Total Weighted Benefits Points			0	820	605	900

From the table above it is noted that the options that will deliver the most benefit is Option 3.

3.2.3 NPV of implementation options

The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 3.5% has been used in line with Government guidelines.
- A useful life of 50 years has been determined for the project.
- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.
- Costs for Option 3 reflect the updated capital costs in the Financial Case. For the other options no further design work has been undertaken therefore costs reflect those included in the IA, with Optimism Bias uplift by an additional 10% to reflect the limited design associated with these options.

Table 7: Indicative Costs of Shortlisted Options

Cost (£m)	Do Minimum	Option 1	Option 2	Option 3
Whole life capital costs	204	9,001	6,141	11,398
Whole life incremental operating costs	3,217	17,010	17,010	17,010
Estimated Net Present Value (NPV) of Costs	3,421	26,011	23,151	28,408



3.2.4 Overall appraisal and identification of preferred way forward

The table below show the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.

Table 8: Economic Assessment Summary

Option Appraisal	Do Minimum	Option 1	Option 2	Option 3
Weighted benefits points	0	820	605	900
NPV of Costs (£k)	3,421	26,011	23,151	28,408
Cost per benefits point (£k)	0.00	31.72	38.27	31.56
Rank	4	2	3	1

The preferred solution has been confirmed as *Option 3: New Build*. This was identified as the preferred option because this is the only option which will accommodate anticipated population growth in the area and enable compliance with DDA requirements.

A new build on the land to the rear of the existing building will enable provision to be maintained in an accessible central location, allow for expansion and optimisation of services and support further integration of health and social care. In addition there would be no requirement to decant the existing facility which is key risk in Options 1 and 2. Consideration of major improvements under Option 2 to address maintenance and statutory standards will not facilitate significant improvements in space utilisation and service provision due to structural and layout constraints.

3.2.5 Assessing Uncertainty/ Sensitivity Analysis

It is vital to establish any areas of uncertainty that would impact the Economic Appraisal of each of the options proposed. The areas of uncertainty that have been identified in relation to this project are as follows:

- Delay in the purchase of the land which would affect the overall timeline proposed for the project.
- Delays in the commencement of building which could have a cost implication due to changes in inflation, as well as other, values
- Capital and revenue cost estimates used are not sufficient in comparison with actual costs incurred.

Given that the areas of uncertainty outlined above would have an equal impact on all options being considered there is no need to carry out sensitively analysis as it will have no impact on the outcome of the Economic Appraisal.

3.2.6 The preferred option



The preferred service delivery option is to continue with the existing arrangement of NHS Lothian contracting with the East Calder Medical Practice to provide General Medical Services to the practice population under the terms of the 2018 GMS Contract. This will include provision of additional GP, Advanced Nurse Practitioner and Practice Nurse sessions.

A range of community health services will continue to be provided from the facility including district nursing, health visiting, midwifery and community psychiatric nursing, physiotherapy, podiatry and speech and language therapy. In addition consultant psychiatry clinics and drug and alcohol counselling services will continue to be provided from visiting practitioners.

The 2018 General Medical Services Contract in Scotland (GMS 2018) identified a number of priority areas for service redesign. Proposed changes to the workforce will be phased in line with population growth and service model developments and have taken into account the requirements for new roles such as advanced practitioners in physiotherapy, pharmacotherapy and nursing as part of the enhanced primary healthcare team as well as the need to transfer the vaccination programme to community services and to develop community treatment and care (CTAC) services.

3.3 Design Quality Objectives

The project will use the Achieving Excellence Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

An initial Design Statement was drafted in order to help the practice consider the various aspects of design benefits.

The Design Team thought it would be beneficial to hold a sprint design workshop (to include Infection Control and Estates) to try and bottom out the main requirements and capture any cross-over elements that could be raised and resolved at this point.

AEDET Workshops will be undertaken at various stages throughout the design process to ensure design is capturing all the essential requirements and incorporating as many desired elements as possible. The Tool will then be used again at the Project Evaluation stage to provide feedback on how well the design works and where any limitations may have occurred.

NHS Lothian has recently made the decision to forward all capital projects to the Scottish Government for funding. This will now require this project to go through the full NHS Scotland Design Assessment Process (NDAP) in line with the Scottish Capital Investment Manual (SCIM). This process will involve an overview from Architecture + Design Scotland (A+D) and Health Facilities Scotland (HFS). Discussions with HFS have now commenced.

3.4 Sustainability

In line with the Scottish Government's target of zero carbon, WGM, the projects Mechanical and Electrical (M&E) Contractor produced a feasibility report, presenting three potential options.

Based on the findings of the report and discussions with NHS Lothian's Senior Project Manager (Sustainable and Technical Development) it was agreed to proceed with their recommendation of a zero carbon concept, together with improved building fabrics.



It should be noted that, on average, this increases capital costs by 15%-20% depending on building size and complexity of installation, certification, etc.

This option shall provide a low carbon approach through fabric and MEP services design and construction, whilst also maintaining a natural ventilation approach. The scheme shall also provide NHS Lothian the option to upgrade the MEP services at a future date, to achieve the zero carbon target of 2045.



4. The Commercial Case

4.1 Procurement Strategy

The indicative capital costs for the project at this stage are £11.483 inclusive of VAT. There are no decant or one-off associated costs identified and therefore have not been included. The procurement of the project will be through Hub South East Scotland procurement route, led by NHS Lothian supported by West Lothian HSCP and East Calder Medical Practice.

4.2 Scope of Works and Services

The project will consist of a new development that will replace the existing East Calder Health Centre with a purpose built modern health facility. It will accommodate the East Calder Medical Practice and community services from the West Lothian HSCP.

The new centre will be located on a site adjacent to the existing centre with the services continuing in the existing centre until construction completion

The new facility should meet the needs of the current practice population, the projected growth and the impacts of “Shifting the Balance of Care”³ now and in the foreseeable future.

The practice are proposing to support a wider range of services which will provide the requirements of a growing population and provide patients with a wider range of care locally.

There will be improved provision to staff facilities and working environments which will enhance the working environment. This will demonstrate the value of staff which will assist with recruitment and retention, as well as ensure compliance with guidelines and regulations.

There will be suitable facilities for clinical meetings and training, which is of significant importance as the practice has the status of a training practice with ST1, ST3 GP registrars, 4th year, 6th year, HCP, BMedSC, physicians’ associates & pharmacy technician students.

The demolition of the existing centre will be included in the works.

Thereafter the car park will be developed to meet the needs of patients, including DDA and logistics vehicle requirements.

4.3 Risk Allocation

Risk allocation is agreed during Stage 1 design development, following survey information. A costed risk register is then compiled by HubCo South East and managed in line with the Contract’s change control process.

4.4 Contractual Arrangements

This project will be procured through HubCo South East.

There are no negative implications for the Practice or visiting NHS Staff.

³ <http://www.shiftingthebalance.scot.nhs.uk>

5. The Financial Case

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Lothian's finances. In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:

- Capital costs for options considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
- Changes to revenue costs associated with service redesign as a direct result of the development.

5.1 Capital Affordability

The estimated capital cost associated with the preferred option is detailed in the table below. Construction costs were provided by independent quantity surveyors. Costs for all shortlisted options can be found within the Initial Agreement.

The table also tracks changes to the costs from those included in the IA and details the reasons for these changes.

Table 9: Capital Costs

Capital Cost (£k)	IA Costs Option 3 New build on adjacent land (£k)	OBC Costs Option 3 New build on adjacent land (£k)	Change from IA to OBC (£k)
Construction	4,362	6,620	(2,258)
Professional Fees	420	521	(101)
Land Purchase	225	-	225
Furniture, Fitting & Equipment	101	101	-
IT & Telephone Costs	119	119	-
Optimism Bias	1,018	2,208	(1,190)
Total Cost (excl VAT)	6,245	9,569	(3,324)
VAT	760	1,914	(1,154)
Total Capital Cost	7,005	11,483	(4,478)

The assumptions made in the calculation of the capital costs are:

- The total floor area has increased by 170m² since the approval of the IA. This is a result of the Stage 1 design development and an increase in the required clinical accommodation within the Clinical Brief.
- The Stage 1 design and construction costs now include substantial additional requirements to work towards achieving a Net Zero Carbon facility. This was not included within the IA proposal.
- The construction cost includes elements to deal with site abnormalities which have been detailed through the Stage 1 site surveys.
- The construction costs are an indicative value, and assume no accelerated working.



- Construction costs include an inflation allowance in line with the planned programme.
- VAT at 20% has been applied to relevant costs; VAT recovery has been assumed where appropriate. A final assessment of VAT recovery will be given by VAT advisors on completion of the project.
- Costs include an optimism bias of 30%. This reflects a bias of 17% calculated utilising the SCIM Optimism bias baseline and mitigation calculation tool and additional bias of 13% reflecting the uncertainty in the market and construction pricing since the cost estimate was developed. This increase in optimism bias has also been applied across the other options in the Economic Case.

5.2 Revenue Affordability

The estimated recurring incremental revenue costs associated with the preferred option is detailed in the table below. These represent the additional revenue costs when compared to the baseline 'Do Minimum' option. Costs for all shortlisted options can be found within the Initial Agreement.

The table also tracks changes to the costs from those included in the IA and details the reasons for these changes.

Table 10: Incremental Revenue Costs

Incremental Revenue Cost/year (£k)	IA Costs Option 3 - New build on adjacent land (£k)	OBC Costs Option 3 - New build on adjacent land (£k)	Change from IA to OBC (£k)
Facilities	78	86	(8)
Depreciation	113	230	(117)
Total Annual Incremental Revenue Cost	191	316	(125)

The assumptions made in the calculation of the revenue costs are:

- Facilities costs include rates, energy water and cleaning and are based on a sqm rate for similar type buildings, this has been provided by the Facilities Management Accounting Team.
- Practice related costs have not been included in revenue costs. Any changes GPs make to the provision of their services within the GP Practice will be managed through the funding allocated to them via the GP contract and are therefore not included above.
- It is expected that there will be additional HSCP staff due to the Schedule of Accommodation providing an allowance for this staff group. At this stage this staffing complement has not yet been specified. Any increase in this staffing group will be funded through the Primary Care Improvement Fund.
- Depreciation is based on the capital costs of proposed schemes (per section 5.1) depreciated over 50 years. It is anticipated that the increase in depreciation costs will be met through the existing NHS Lothian depreciation budget.
- No one off revenue costs (e.g. the cost of decant) have been identified for the project at this stage.

Increases from IA reflect the increase in the Capital cost of the building, and a better understanding and updated costs (2020/21) for facilities charges.



The development of the new health centre coincides with and supports essential developments in primary care services and providing support to free up GP time in line with the new GMS Contract. A summary of the funding sources for remaining revenue increase is provided below:

Table 11: Revenue Funding Sources and Gap

Funding Source Summary	Funding value (£k)
Total Annual Incremental Increase	316
NHS Lothian Depreciation Budget	230
Facilities	86
Total	316
Funding Gap	-

5.3 Overall Affordability

The capital costs detailed above are predicted to be funded through traditional capital funding through a specific allocation from the Scottish Government. This project has been prioritised by NHS Lothian and the West Lothian Health and Social Care Partnership. The estimated capital costs noted above are included in the NHS Lothian Property and Asset Five Year Investment Plan.

Increases in facilities costs will be met proportionally by the services using the space. It is therefore anticipated that increases will be met by GP Services (reimbursed via GMS) and WL HSCP for non-GP related element – exact splits are yet to be concluded. Depreciation will be funded by the existing NHS Lothian Depreciation budget.



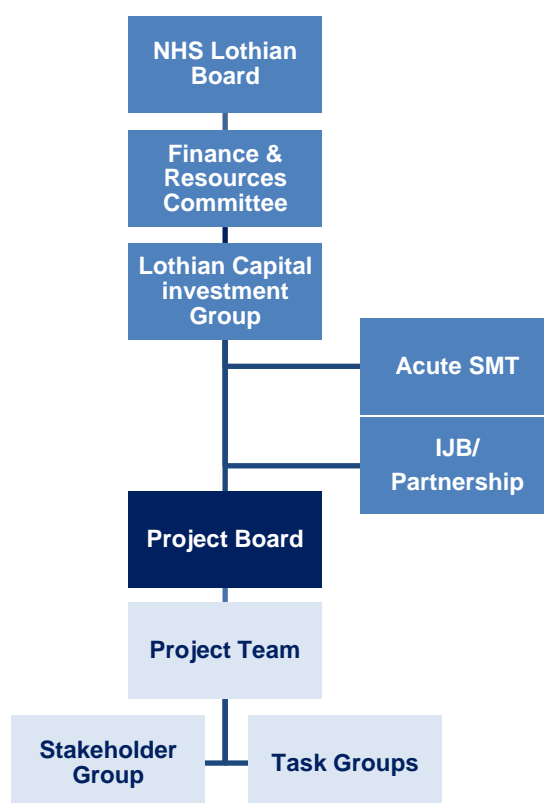
6. The Management Case

6.1 Project Management

6.1.1 Governance arrangements

Engagement with Stakeholder is detailed in the Strategic Case and includes information on how members of the proposal's governance arrangements have been involved in its development to date and will continue to support it.

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.





6.1.2 Project team

The table below notes the project team that will be responsible for taking the project forward including details of the capabilities and previous experience.

Hub Southeast has been appointed as specialist external advisors. Legal advice for the project (if required) will be obtained from the Central Legal Office.

Table 12: Project Management Structure

Role	Individual	Capability and Experience
Senior Responsible Officer	Alison White, Chief Officer and HSCP Director	Experience in leading and ownership of developments including Midlothian Community Hospital.
Project Owner	Fiona Wilson, Head of Health	Experience from delivery of Bathgate Primary Care Centre, Fauldhouse and Blackburn Partnership Centres.
Senior Development Manager, Primary Care West Lothian HSCP	Marjory Brisbane	Experience in modernisation of service delivery models in primary care and in project management
Capital Planning Senior Project Manager	Campbell Kerr	Experience in delivering similar projects such as Primary Care Centre Bundle, Ratho Health Centre and Leith Medical Practice.
Finance Business Partner	Hamish Hamilton, Interim Finance Business Partner West Lothian	Responsible for providing financial guidance and scrutiny for WL H&SCP and St. John's Hospital with particular focus on revenue implications.
Facilities Manager, NHS Lothian	The individual will be identified from group of people with local knowledge and experience of premises development.	
Capital Finance/ Planning	Laura-Jane Smith/ Immy Tricker, Capital Finance	Experience in NHS finance including SCIM methodology
NHS Lothian eHealth	Representatives will be invited to sit on the project team to ensure collaborative working and identification of any risks and opportunities with regard to technology.	
Practice Manager/ Partners, East Calder Medical Practice	Hazel Dowling Ian McLeod	The Partners and Practice Manager provide Primary Care expertise and have sound understanding of local community needs
Other health care professionals will be consulted/co-opted as required		



6.1.3 Project timetable

The below table includes the key milestone dates.

Table 13: Project Milestones

Key Milestones	Date
Appointment of Advisors	January 2016
Initial Agreement approval	October 2018
First Project Board	November 2018
Outline Business Case approval – NHS Lothian	August 2021
Submission of OBC to Scottish Government CIG	October 2021
Outline Business Case approval – SG CIG	November/December 2021
Full Business Case approval	July 2022
Construction Commences	August 2022
Construction completion	January 2024
Commence service	February 2024

6.2 Change management

6.2.1 Change management plans (facilities and service)

Contractual change management will be led by NHS Lothian, through HubCo South East and in consultation with East Calder Medical Practice. There is potential for limited disruption to services during decant from existing premises into the new facility. There may be some disruption to parking in the local area during the construction and decant phases.

6.2.2 Stakeholder engagement and communications plan

This proposal has impacts on adults, children and young people and their carers who live in East Calder who require access to Primary Medical Services. It also impacts upon clinical and support staff currently working within East Calder Health Centre and East Calder Medical Practice.

The table below details the engagement that has taken place to date and the support for the proposal, included the identified preferred solution, received from the stakeholders.



Further engagement with the identified stakeholders in line with SCIM guidance will be undertaken as the project progresses.

Table 14: Engagement with Stakeholder Groups

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Integration Joint Board	The IJB is fully supportive of this proposal, with the Chief Officer and HSCP Director, taking the lead role in its development.	The IJB agreed priority for development in March 2017. The Initial Agreement was approved by the IJB in October 2017
East Calder Medical Practice	The East Calder Medical Practice deliver Primary Medical services to their practice population under a 17J contract. The Practice manager and lead GP have been actively involved in the process of developing options and plans for the proposal	The practice fully supports the Initial Agreement and intend to expand to continue service provision in accordance with existing contract arrangements
Staff / Resource	Staff affected by this proposal include: East Calder Medical Practice Medical, Nursing and Administrative staff. Community service staff including District Nurses, Health visitors, AHPs, admin and clerical and visiting consultants and staff from other NHS services.	There is support for the proposal from all staff groups.
Patients / service users	Service user and carers have expressed concerns about transport and the accessibility of the health centre provision	There is a preference from service users for the development to be close to existing facility
General public	The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. A Communication and Engagement Plan is being developed to ensure good Stakeholder communication.	East Calder Community Council have been engaged and are supportive of this development

6.3 Benefits Realisation

A benefits register and realisation plan for the project is included in **Error! Reference source not found..**



6.4 Risk Management

Hubco South East has produced a costed Risk Register as part of their Stage 1 submission. This details all risks that are the responsibility of Hubco South East and will be reviewed during the Stage 2 process. The total risk cost is included in the Stage 1 Predicted Maximum Price. The construction cost includes a costed risk allowance that will be capped at 7.5%.

The main NHS Lothian risks, which are outwith the remit of Hubco South East will be developed into a costed Risk Register during the Stage 2 process and will include NHSL risks from HubCo's register that will be noted and approved by the Project Board.

6.5 Commissioning

Commissioning of the building will be undertaken in line with the construction programme, ensuring the inclusion of relevant Practice, HSCP and Estates personnel.

Upon building handover, there is a 4 to 6 week commissioning period for the transfer and installation of all new furniture and equipment. This will be led by Capital Planning and Projects.

The WLHSCP will allocated a Senior Primary Care Development Manager to the project manager role. The manager has significant experience of managing primary care capital programmes and operational delivery of primary care services. A second Senior Primary Care Development Manager has also been identified to provide support if required and to offer continuity in the event of absence. The project manager will report in through the project team to the project owner.

6.6 Project Evaluation

Project Evaluation is usually undertaken 12 to 18 months following occupation and the final report will be produced by a member of the Capital Planning and Projects Department.

There are various elements to the report and timings of the Services information required will be in line with the Benefits Realisation Plan that will be provided by the HSCP to Capital Planning.

HubCo South East also undertake their own Project Evaluation following building handover and the agreed snagging period. Information will be taken from this to be included in the final report.



7. Conclusion

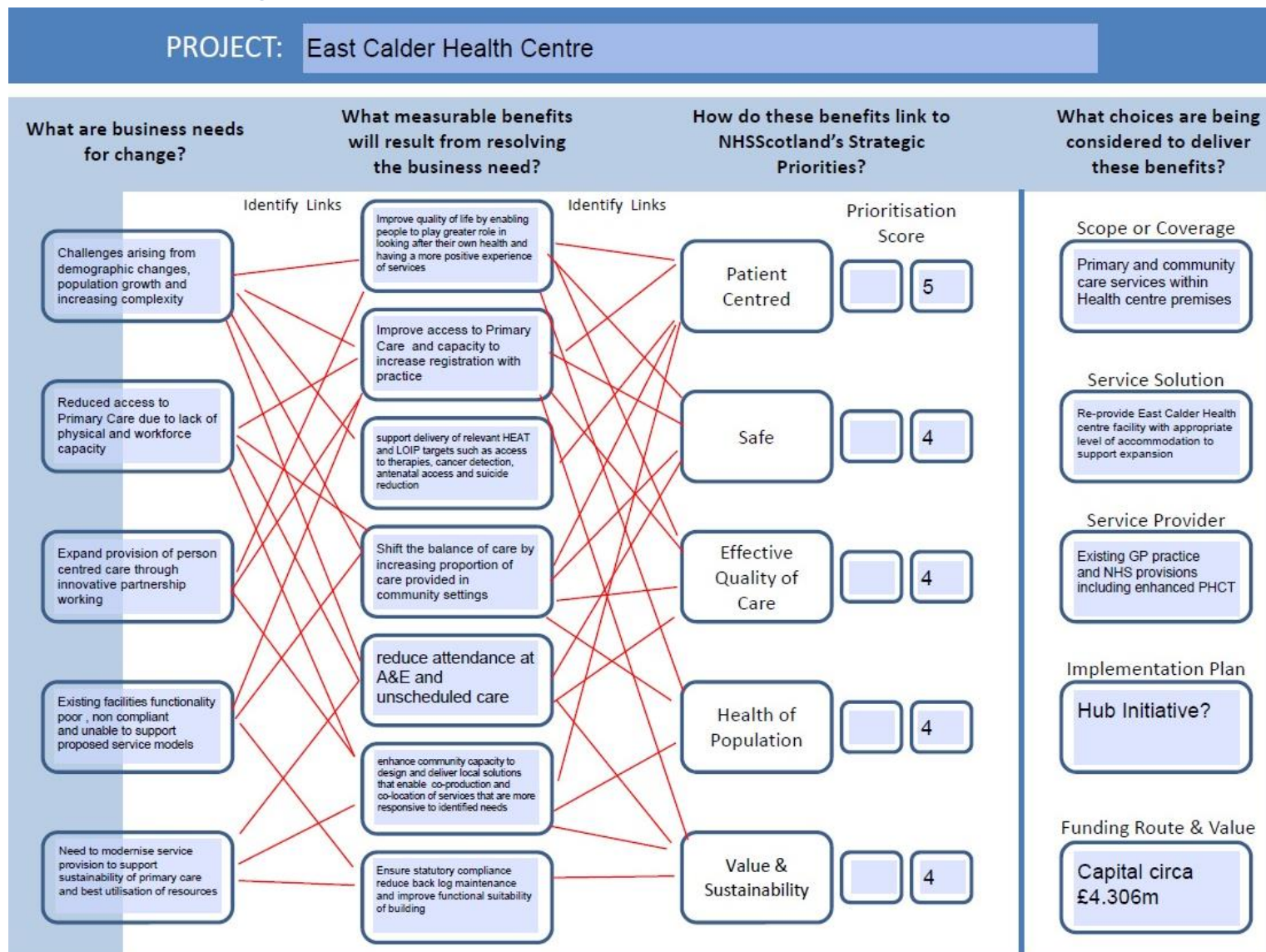
The strategic assessment for this proposal (included in [Appendix 1: Strategic Assessment](#)) scored 21 out of a possible maximum score of 25. The proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian.

This OBC has confirmed the preferred option identified in the initial Agreement of an expansion/reprovision of the East Calder Primary Care Provision, including GMS Services and wider community services on a new site adjacent the existing practice.

The OBC details an effective route to deliver this in line with the required timeframe and governance framework.



Appendix 1: Strategic Assessment



Appendix 2: Benefits Register and Realisation Plan

East Calder Health Centre – New Build												
1. Benefits Register						2. Prioritisation	3. Realisation					
Ref No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
1	Reduces pressure on acute services through increased provision and treatment in primary care	Qualitatively	Healthcare services provided on site	Limited services other than GMS	Wider healthcare services provided	3 - Moderately important	Staff, NHSL	Senior Primary Care Development Manager	Improve and sustain service arrangements	Delivery of wider transfer of provision from acute to primary care		12 months post operation
2	Increased local provision and access to treatment making best use of available NHS Lothian, HSCP and Practice resources	Qualitatively	Maintenance of unrestricted list and number of registrations	List unrestricted	List continues to be unrestricted	5 - Vital	Patients, Public, Staff, GP Partner, NHSL, WLHSCP	Senior Primary Care Development Manager	Improve service capacity	Availability of resources to provide local provision		12 months post operation
3	Provides easy to access, local primary healthcare for all of the local population close to home	Qualitatively	Patient and staff feedback	Assessment ongoing through surveys	Provision that enables growth and delivery of required services to local population	5 - Vital	Patients, Public	Senior Primary Care Development Manager	Improve service capacity Improve the patient and staff experience			12 months post operation

East Calder Health Centre – New Build

1. Benefits Register						2. Prioritisation	3. Realisation					
Ref No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
4	Space and facilities to house 3 rd sector agencies and Health & Social Care partners to enable delivery of wider primary care services closer to home	Qualitatively	Patient, community and staff feedback. Utilisation of building.	Assessment ongoing through surveys	Improved feedback	5 - Vital	Patients, Public, Staff, GP Partners, NHSL, WLHSCP	Senior Primary Care Development Manager	Improve functional suitability Facility to accommodate the rapid growth forecast in the SDA Improve the patient and staff experience	Involvement and engagement from local community	Involvement and engagement from local community	12 months post operation
5	Improves staff and patient safety by removing risks associated with aging assets	Qualitatively	Classification of assets/ maintenance costs	Poor quality asset with ongoing maintenance issues	High quality asset with low maintenance requirements	5 - Vital	Patients, Staff, GP Partners	Senior Primary Care Development Manager	Improve functional suitability Improve the patient and staff experience			12 months post operation
6	Improves patient experience - enables care delivered with privacy and dignity through a facility with the appropriate space that is accessible for all	Qualitatively	Patient and staff feedback	Assessment ongoing through surveys	Improved feedback	5 - Vital	Patients, Staff, GP Partners	Senior Primary Care Development Manager	Improve functional suitability Improve the patient and staff experience			12 months post operation

East Calder Health Centre – New Build

1. Benefits Register						2. Prioritisation	3. Realisation					
Ref No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
7	Provides wider economic and community benefits: a facility that can be used by other community groups and/ or provide a focus point for the local area and residents	Qualitatively	Patient, community and staff feedback. Utilisation of building.	Assessment ongoing through surveys	Improved feedback and high building utilisation	3 - Moderately important	Patients, Public	Senior Primary Care Development Manager	Improve functional suitability of the healthcare estate and address long term future needs	Involvement and engagement from local community	Involvement and engagement from local community	12 months post operation
8	Provides sustainable practice(s) for the future which are adaptable to growth, new initiatives and changes in policy	Qualitatively	Patient and staff feedback	Partners restricted in growth by current building	Provision that enables growth and delivery of required services to local population	5 - Vital	Patients, Staff, GP Partners, NHSL, WLHSCP	Senior Primary Care Development Manager	Improve service capacity Enable delivery of the Primary Care Improvement Plan			12 months post operation



Appendix 3: Long list of options and assessment

Option	Strategic Scope	Description
Option 1	Summary	Rebuild Health Centre on same site: Decant of existing Health Centre to offsite facility (decant location to be determined – key risk of option), demolition of existing facility and construction of new building. Increase in capacity to meet future demand.
	<i>Service Provision</i>	Increase existing service provision to meet population growth. Services provided continue to be GP, District Nursing and Children's services.
	<i>Service Arrangements</i>	Services delivered under GMS contract with addition of NHS district nursing and community services all within the Health Centre building.
	<i>Service provider/ workforce</i>	Workforce continues to combine GP Practice (under new GMS contract) and district nursing, community and children's services. Increase in workforce numbers to meet required growth.
	<i>Supporting Assets</i>	New building constructed on site of existing building
	<i>User Expectations</i>	Provision of primary care services remain in centre of East Calder supporting desire of local users and stakeholders.
Option 2	Summary	Refurbishment/ Extension: Refurbishment of existing facilities where possible within structural constraints. Extension at the rear of the facility (decant required to enable works - decant location to be determined – key risk of option).
	<i>Service Provision</i>	Increase existing service provision to meet population growth. Services provided continue to be GP, District Nursing and Children's services.
	<i>Service Arrangements</i>	Services delivered under GMS contract with addition of NHS district nursing and community services all within the Health Centre building.
	<i>Service provider/ workforce</i>	Workforce continues to combine GP Practice (under new GMS contract) and district nursing, community and children's services. Increase in workforce numbers to meet required growth.
	<i>Supporting Assets</i>	New building constructed on site of existing building.
	<i>User Expectations</i>	Provision of primary care services remain in centre of East Calder supporting desire of local users and stakeholders.
Option 3	Summary	Rebuild Health Centre adjacent to existing site: New Build on adjacent land with demolition of the existing building. Increase in capacity to meet future demand. No decant required.
	<i>Service Provision</i>	Increase existing service provision to meet population growth. Services provided continue to be GP, District Nursing and Children's services.
	<i>Service Arrangements</i>	Services delivered under GMS contract with addition of NHS district nursing and community services all within the Health Centre building.
	<i>Service provider/ workforce</i>	Workforce continues to combine GP Practice (under new GMS contract) and district nursing, community and children's services. Increase in workforce numbers to meet required growth.
	<i>Supporting Assets</i>	New building constructed on site of existing building



Option	Strategic Scope	Description
	<i>User Expectations</i>	Provision of primary care services remain in centre of East Calder supporting desire of local users and stakeholders.
Option 4	Summary	Increase the service provision at neighbouring GPs to reduce/ stabilise the required service at East Calder.
	<i>Service Provision</i>	Increase existing service provision in other neighbouring practices and transfer patients out of catchment to obtain these. Services provided will depend on scope available at neighbouring practices.
	<i>Service Arrangements</i>	Services delivered under GMS contract alongside community services if possible at the neighbouring practices.
	<i>Service provider/ workforce</i>	Workforce continues to combine GP Practices and community services – limited by scope in neighbouring practices. Increase in workforce numbers to meet required growth where feasible in neighbouring practices.
	<i>Supporting Assets</i>	Continued maintenance required of East Calder HC building to ensure it is sustainable. Possible additional works required at neighbouring practices to allow an increase in list size.
	<i>User Expectations</i>	Some local residents must travel further to obtain primary care services at neighbouring practices. Must consider equality of access for all.
Option 5	Summary	All services to be provided by an external / private provider based on specification of health and social care services required.
	<i>Service Provision</i>	Services provided will be as required by the HSCP.
	<i>Service Arrangements</i>	Provision by external provider (not GMS contract). Opportunity for new ways of working in alternative service delivery options.
	<i>Service provider/ workforce</i>	An external provider will deliver all services required. Legal/ contractual issue with current GMS provider. Implementation would be reliant on single facility and reprovision of skills and services
	<i>Supporting Assets</i>	Uncertainty over utilisation of existing access and possibly of new assets provided by external provider.
	<i>User Expectations</i>	Some local residents must travel further to obtain primary care services. Public and stakeholders unlikely to be supportive of external provision of services.



	Do Minimum	Option 1: Replacement	Option 2: Refurbishment & Extension	Option 3: New build
Advantages (Strengths & Opportunities)	Low cost	Fit for purpose future proof facilities on same site.	Some additional capacity to support service provision on same site.	Fit for purpose future proof facilities on same site. Service continuity
Disadvantages (Weaknesses & Threats)	Would not provide fit for purpose future proof facilities or provide any further care closer to home.	Disruption to existing service (due to decant).	Limited improvement to main building suitability. Disruption (decant). No life cycle benefits.	Requires land acquisition.
Does it meet the Investment Objectives (Fully, Partially, No, n/a):				
Ensure equal access to Primary Care and Community Services for the whole population	No	Partially	Partially	Fully
Ensure the right staff skill mix and service capacity are available to deliver strengthen local capacity to manage people's health within the community.	No	Fully	Partially	Fully
Ensure appropriate workforce available across health and social care including increased flexibility of roles and development of new roles to support implementation of Primary Care Improvement Plan.	No	Fully	Partially	Fully
Provide a more integrated seamless service across health and social care.	No	Fully	Partially	Fully
Improve the patient and user experience - deliver services locally based on local patient demand.	No	Partially	Partially	Fully
Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.	No	Fully	Partially	Fully



	Do Minimum	Option 1: Replacement	Option 2: Refurbishment & Extension	Option 3: New build
To deliver safe and effective care with dignity - to provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.	No	Fully	Partially	Fully
To deliver services more effectively and efficiently - to facilitate better joint working across health to ensure right care is delivered at the right time and in the most appropriate setting	No	Fully	Partially	Fully
Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)				
Affordability	No	Yes	No	Yes
Preferred/Possible/Rejected	Rejected	Possible	Rejected	Preferred

From: [Redacted]@gov.scot
Sent: Wednesday, January 26, 2022 12:14 PM
To: [Redacted]@nhslothian.scot.nhs.uk
Subject: Accepted: East Calder OBC Discussion
When: 11 February 2022 12:30-13:30 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.
Where:

From: [Redacted]@gov.scot
Sent: Thursday, December 2, 2021 12:25 PM
To: [Redacted]@gov.scot
Subject: East Calder Business Case

Hi [Redacted: Section 38(1)(b)],

Having confirmed that Alan is ok with the wording, could I ask you to use these words as part of our response to the East Calder Business Case

The review process for Business Cases submitted for consideration by the Capital Investment Group (CIG) now includes an initial checking-stage process to consider its readiness to proceed. Unfortunately, in this case more work is considered necessary and has not been selected for review by CIG at this moment. [Redacted: Section 38(1)(b)] is best placed to provide further detail regarding the areas where we think that the business case needs strengthening and I suggest that you find a time to discuss this with him.

- [Redacted: Section 30(b)]– this seems the appropriate governance route to follow, I think.

Let me know if you have any questions or concerns.

Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot
Sent: Monday, November 29, 2021 5:25 PM
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Subject: East Calder Health Centre OBC

Alan,

I have just finished the very briefest of reviews of this OBC document, which you already postponed its review by CIG this morning. [OUT OF SCOPE]

To summarise from my perspective, [Redacted: Section 30(b)].

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Friday, September 8, 2023 3:33 PM
To: Alan Morrison <Alan.Morrison@gov.scot>
Cc: [Redacted]@nhslothian.scot.nhs.uk
Subject: East Calder Health Centre Outline Business Case

Afternoon Alan,

At our last LCIG meeting I was asked to follow up on the East Calder Health Centre BC, which is another business case that is currently paused within national CIG discussions.

You will likely recall that an Outline Business Case for the Reprovision of East Calder Health Centre was previously submitted to Scottish Government in 2021, and following informal feedback the service model and the non-financial options appraisal have been revisited. We are requesting an allocation of £400k to complete Stage 1 HubCo works to develop the design for East Calder Health Centre to allow the resubmission of the Outline Business Case (OBC). Reprovision of East Calder Health Centre remains as one of our highest priorities within the primary care estate, confirmed through the recent NHS Lothian capital prioritisation process. While the OBC resubmission was supported by the Lothian Capital Investment Group, anticipated costs of reprovision are in excess of our delegated limit and as such would require approval and funding from Scottish Government.

The preferred option remains that a new larger health centre is built at the rear of the existing building. The practice is already under severe pressure as a result of extensive housebuilding in the local area with a 50% increase in appointments in January 2023 compared to January 2019. It is anticipated that the practice list will rise by a further 6,000 patients (42% increase) by 2028. In addition to this the current building is showing substantial signs of deterioration with damage to the roof and ceiling as well as issues around ventilation, old wiring and cracks to external walls.

The HSCP have been supporting the practice to alleviate pressures on the practice over the last few years. In order to create additional clinical capacity additional modular accommodation has been purchased and internal reconfiguration of the existing space has also been completed. Home working has been encouraged and laptops have been provided for the practice and notes have now been moved off site. Despite these service improvements the pressure on the practice remains severe. All modifications to the premises that create additional clinical space have now been made (including adding external modular accommodation). Neighbouring practices have no ability to take on additional patient registrations due to staffing constraints as well as lack of space. Two of the neighbouring three practices have advised the HSCP they intend to close their lists in the next year.

Given the demands on formula capital, there is no funding for the business case in the NHS Lothian capital plan as the indicative costs exceed our delegated limit. Following CIG approval for the Initial Agreement in 2018, the OBC was submitted in April 2021 but did not progress, and given the time that has elapsed additional governance and assurance measures such as NHS assure are now in place, in addition to this the service model has been revisited. The design works for the OBC need to be revisited with HubCo and as a project above our delegated limit we are requesting the funding from Scottish Government to enable the project to continue towards developing the OBC. This funding would be required across financial years 23/24 and 24/25, with OBC re-submission anticipated in Autumn 2024.

Happy to have a chat, if easier.

Thanks

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot

Sent: Monday, January 10, 2022 11:12 AM

To: Morrison A (Alan) <Alan.Morrison@gov.scot>

Cc: [Redacted]@gov.scot

Subject: East Calder Medical Practice Micase Contribution - urgent response by 11 January

Hi Alan

Please see follow up query from Angela Constance MSP regarding East Calder Medical Practice.

Can you provide a contribution to answer the specific questions from Ms Constance?

1. Who is specifically tasked with working on this business proposal, both at the Scottish Government and NHS Lothian? Is there a named contact?
2. How long is this process is expected to take?
3. When can the surgery expect the Capital Investment Group to formally consider the case?

[OUT OF SCOPE]

Kind regards

[Redacted: Section 38(1)(b)]

DOCUMENT CONTAINED WITHIN EMAIL

Constituency Office
Unit 4, Ochil House
Beveridge Square
Livingston
West Lothian
EH54 6QF
Tel: 01506 460403



Humza Yousaf MSP
Cabinet Secretary for Health and Social Care
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Our Ref: AC4622

21 December 2021

Dear Cabinet Secretary

Re: East Calder Medical Practise – follow up

I am writing to you today following a response that my office received regarding this medical practise on 3rd of December 2021 from the GP and policy unit.

Whilst I appreciate the time Naureen has taken to reply to my enquiry, this response did not address a number of questions in my original correspondence.

I have attached my original correspondence alongside this letter and would be grateful if the following questions could be addressed by yourself;

- Who is specifically tasked with working on this business proposal, both at the Scottish Government and NHS Lothian? Is there a named contact?
- How long is this process expected to take?
- When can the surgery expect the Capital Investment Group to formally consider the case?

Thank you for considering this further communication regarding the much needed upgrade for this local medical practise.

I look forward to hearing from you.

Yours sincerely

Angela Constance MSP

Almond Valley Constituency
Representing: Addiewell, Bellsquarry, Breich, East Calder, Fauldhouse, Kirknewton,
Livingston, Loganlea, Longridge, Mid Calder, Polbeth, Pumpherston,
Stoneyburn, Uphall Station, West Calder, Wilkieston

angela.constance.msp@parliament.scot

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From: Morrison A (Alan) <Alan.Morrison@gov.scot>
Sent: Thursday, December 2, 2021 5:27 PM
To: [Redacted]@gov.scot
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: RE: Capital Investment Group

[Redacted: Section 38(1)(b)]

I was speaking to [Redacted: Section 38(1)(b)] about this earlier today and he gave it a pre-CIG review and [Redacted: Section 30(b)] so we are not putting it on the next agenda until they make some improvements. We need to communicate this back to NHS Lothian and it would be for them to feed back to the practice, but I would suggest [Redacted: Section 30(b)].

alan

From: <[Redacted]@gov.scot>
Sent: 02 December 2021 15:59
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Cc: <[Redacted]@gov.scot>; <[Redacted]@gov.scot>
Subject: FW: Capital Investment Group

Hi Alan

[OUT OF SCOPE]

Can you advise me if the Capital Investment Group discussed East Calder Medical Practice in November? If so, when will the practice be informed of the outcome.

Kind regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot
Sent: 30 November 2021 09:48
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Subject: RE: Capital Investment Group

Hi Alan

Thank you for your earlier response for my Micase query.
I am looking to update my response, can you confirm if the Capital Investment Group met in November?
If so, when are the East Calder Medical Practice likely to receive an update on their application?

Kind regards

[Redacted: Section 38(1)(b)]

From: Morrison A (Alan) <Alan.Morrison@gov.scot>
Sent: 12 November 2021 17:12
To: <[Redacted]@gov.scot>
Subject: RE: Capital Investment Group - response by 19 November

[Redacted: Section 38(1)(b)]

The Capital Investment Group will consider the business case at next month's meeting.

If you need more, let me know, but [Redacted: Section 30(b)].

alan

From: <[Redacted]@gov.scot>
Sent: 12 November 2021 14:53
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Subject: Capital Investment Group - response by 19 November

Hi Alan

I have a Micase query from Angela Constance MSP regarding East Calder Medical Practice – see below

Can you please advise what the current situation is with the Capital Investment Group.
Has it reconvened, is there a representative from the Primary Care Division on the group?

I would be most grateful for any information you can provide, by 19 November.

I recently wrote to NHS Lothian to seek an update on the timescales as to when it is likely a new premises will be built and received the following response from the Director of Finance; *"Following significant work with the Practice, the Outline Business Case (OBC) was approved by Lothian Health Board in August 2021. Following additional work on the NHS Scotland Design Assessment Process the OBC is due for submission to the Scottish Government Capital Investment Group (Health) in November 2021, given that the estimated capital cost for the new Facility will exceed the Board's delegated authority for capital expenditure and so will require project specific funding."*

Given this response, I would be grateful for an update on the Scottish Government's position on this matter. Are you able to provide a timescale as to when the Scottish Government Capital Investment Group (Health) will be able to make a decision on this case?

Kind regards

[Redacted: Section 38(1)(b)]

From: <[Redacted]@gov.scot>
Sent: Monday, February 7, 2022 12:05 PM
To: <[Redacted]@gov.scot>
Subject: East Calder Meeting

[Redacted: Section 38(1)(b)],

[OUT OF SCOPE]

Thanks,
[Redacted: Section 38(1)(b)]

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot
Sent: Monday, November 29, 2021 5:17 PM
To: [Redacted]@gov.scot
Cc: [Redacted]@gov.scot
Subject: East Calder OBC

[Redacted: Section 30(b)]
Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot
Sent: Friday, February 11, 2022 11:13 AM
To: <[Redacted]@gov.scot>
Subject: East Calder Report

Here is my report for East Calder – I haven't shared it with them but intend to go through the main points within it.

[Redacted: Section 38(1)(b)]

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East Calder Health Centre: FBC Fitness Review

Overall Recommendation: Not ready for CIG review

Strategic Case	
-----------------------	--

	Summary	
	No material changes from IA, but unclear about proposed service model or activity presumptions. CIG request for more clarity at OBC stage not actioned. Left wondering whether a better solution is possible.	
Economic Case		
	Summary	
	Only discernible difference between the two new build options is to decant and rebuild, or land purchase and new build. These aren't appropriately assessed in the appraisal.	
Financial Case		
	Summary	
	Straight funding from NHS assumed. GMS & HSCP revenue funding support mentioned and presumed will be available.	
Commercial Case		
	Summary	
	NDAP commenced but not complete, Assure not mentioned & net-zero strategy is for a low-carbon solution.	
Management Case		
	Summary	
	Lacking a project plan, stakeholder engagement plan and a client risk register	

Further details of the above summary assessment are outlined over the page:

Strategic Case		
	Requirement	Observation
	Changes since IA are clearly explained	Difficult to track but generally no changes noted.
	Refreshed service activity modelling linked to functional size of accommodation & staffing needs	No further detail. Predicated on general population increases affecting demand. Hence mention GP and HSCP staff increases but not linked to a demand & supply assessment
	Recommendations from IA CIG review have been adopted	CIG request was that a clearer explanation of service model is required – this does not seem to be provided.
	Confirm that any changes do not alter outcome of IA	Nothing material described however no mention of shifts in care from acute or to home, wellbeing agenda, or social care support etc. Hence, left wondering whether a better solution is possible.
Economic Case		
	Requirement	Observation
	Reasonable set of options selected for the appraisal	Yes, if outcome of IA accepted.
	Non-financial benefits linked to investment objectives / benefits register	Yes
	GEM model used for capital and revenue costs of each option	Unclear & not evidenced but a life cycle model is mentioned. Not clear if Option 1 includes decant costs.
	Risk appraisal linked to risk register	Not carried out.
	Demonstrable evidence of fair and unbiased appraisal of options	? Do Minimum option is scored zero which is unfair. Options 1 & 3 have the same outcome therefore should be similarly scored – risks and costs would then be the distinguishing issue.
	Sensitivity analysis of outcomes	Deemed not needed yet need to review possibility of scoring 1 & 3 the same.
	Appropriate final decision made	? it suggests that Option 3 is the only option that will accommodate population growth, yet so will Option 2.
Financial Case		
	Requirement	Observation
	Capital and revenue impact of the preferred option.	Provided
	Funding breakdown	NHS funding details only. Excludes GP contract and Primary Care Improvement funding.
	Affordability statement	If all funding needs are acquired.
	'In principle' written support from stakeholders	Assumed yet not sought for GMS or HSCP.

Commercial Case		
	Requirement	Observation
	Procurement strategy	Through Hubco South East
	Summary of scope of services, building works, etc	Ok
	NDAP observations & actions	Commenced, but not completed
	Assure observations & actions	Not mentioned
	Net-zero observations & actions	Low carbon option adopted with flexibility to go net zero later
	BIM expectations met?	Not mentioned
	Key contractual arrangements	No issues of note
	Personnel implications	No issues of note
Management Case		
	Requirement	Observation
	Competency & adequacy of project team	Adequate
	Project plans available for:	
	<ul style="list-style-type: none"> Project delivery proposals 	No project plan, milestones table only
	<ul style="list-style-type: none"> Change management proposals 	Nothing of note raised
	<ul style="list-style-type: none"> Facilities management proposals 	Nothing of note raised
	<ul style="list-style-type: none"> Stakeholder engagement & communication plan 	Past engagement listed but further plan in development
	<ul style="list-style-type: none"> Commissioning & soft landings proposals 	Nothing noted
	<ul style="list-style-type: none"> Project evaluation proposals 	Nothing noted
	Demonstrable project benefits and realisation plan (including Community Benefits project objective)	Referenced to Appendix, which seems comprehensive
	Update of project risk register	Hubco risks only. Client risks in development.

From: [Redacted]@gov.scot
Sent: Monday, November 1, 2021 7:16 AM
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: FW: East Calder Health Centre Outline Business Case

Morning
[OUT OF SCOPE]

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: 29 October 2021 17:38
To: [Redacted]@gov.scot
Subject: East Calder Health Centre Outline Business Case

Hi [Redacted: Section 38(1)(b)]

I have attached the OBC for the reprovision of East Calder Health Centre to be considered at CIG.

I think [Redacted: Section 38(1)(b)] has previously mentioned this case was coming to you but [OUT OF SCOPE].

Let me know if you need anything else from me at this stage and I am happy to discuss.

Thanks
[Redacted: Section 38(1)(b)]

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2021-03-24 East
Calder Health Centre

See Annex

From: [Redacted]@gov.scot
Sent: Tuesday, October 10, 2023 5:36 PM
To: Alan Morrison <Alan.Morrison@gov.scot>; [Redacted]@gov.scot
[Redacted]@gov.scot; [Redacted]@gov.scot
Subject: FW: FOI - correspondence between Scottish Government, NHS Lothian and West Lothian IJB referencing East Calder Medical Practice reprovisioning/rebuild
Importance: High

Hi

I have been allocated the FOI below. I would be grateful if you could make the relevant searches in your mailboxes and erdm and also let me know if I have missed anyone.

[OUT OF SCOPE]

Thanks

[Redacted: Section 38(1)(b)]

From: Ian McIntosh <ignmcintosh@outlook.com>

Sent: Monday, October 2, 2023 8:28 PM

To: Central Enquiry Unit <CEU@gov.scot>

Cc: Michelle Herron <michelle@enhancepeople.co.uk>

Subject: FOI - correspondence between Scottish Government, NHS Lothian and West Lothian IJB referencing East Calder Medical Practice reprovisioning/rebuild

Please consider this a formal information request under the Freedom of Information (Scotland) Act 2002 (FOISA) and provide the following information:

1. Copies of all correspondence between the Scottish Government (including its departments and executive agencies) and NHS Lothian and West Lothian IJB that reference East Calder Medical Centre, its reprovisioning/rebuild and funding/capital bids for this since 1 January 2016.
2. Copies of initial agreements, outline business or final business cases received from NHS Lothian and/or West Lothian IJB relating to the reprovision/rebuild of East Calder Medical Centre since 1 January 2016.
3. Copy of any/all capital project prioritisations (by fiscal year) received from NHS Lothian since year 2016/17.
4. Copy of all correspondence received from NHS Lothian for capital funding for the reprovision/rebuild of East Calder Medical Centre since 1 January 2016.
5. Copy of all correspondence received from NHS Lothian for capital funding to prepare an initial, outline or final business case for the reprovision/rebuild of East Calder Medical Centre since 1 January 2022.
6. Copy of notes/minutes of meetings between the Scottish Government, its departments or executive agencies with NHS Lothian board members, chief officers or project staff to discuss obtaining or requesting funding to prepare an initial, outline or final business case for the reprovision/rebuild of East Calder Medical Centre since 1 January 2022.

The information should be provided in pdf or word format and presented in chronological order with the oldest documents first. Ideally, these should be original documents converted to pdf format (not scanned) to enable easy electronic searching of documentation.

Thank you.

Kind Regards

Ian McIntosh
Joint Chair
East Calder Medical Centre Community Stakeholders Group

From: Morrison A (Alan)

Sent: Tuesday, November 22, 2022 4:56 PM

To: [Redacted]@gov.scot

Cc: [Redacted]@gov.scot; [Redacted]@gov.scot

Subject: FW: MiCase - enquiry from Angela Constance MSP re East Calder Medical Practice

[Redacted: Section 38(1)(b)]

[Redacted: Section 30(b)]

alan

From: [Redacted]@gov.scot

Sent: 22 November 2022 08:07

To: [Redacted]@gov.scot; Morrison A (Alan) <Alan.Morrison@gov.scot>

Subject: MiCase - enquiry from Angela Constance MSP re East Calder Medical Practice

Morning

[Redacted: Section 30(b)]

Thanks

[Redacted: Section 38(1)(b)]

From: [Redacted] **On Behalf Of** Cabinet Secretary for Health and Social Care

Sent: 15 November 2022 16:01

To: Public Engagement Unit <CorrespondenceUnit@gov.scot>

Cc: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>

Subject: FW: enquiry from Angela Constance MSP re East Calder Medical Practice

MR

Kind regards,

[Redacted: Section 38(1)(b)]

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

Apologies for this not having been brought to your attention earlier.

From: Angela Constance MSP <Angela.Constance.msp@parliament.scot>

Sent: 15 November 2022 15:51

To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>

Subject: enquiry from Angela Constance MSP re East Calder Medical Practice

Dear Cabinet Secretary

Your ref – 202100267805

I attach a letter for your consideration and response. Your earlier letter to me dated 11 January 2022 is also enclosed for ease of reference to this latest request for an update.

Kind regards

Angela Constance MSP
Almond Valley Constituency

DOCUMENT CONTAINED IN EMAIL

Constituency Office
Unit 4, Ochil House
Beveridge Square
Livingston
West Lothian
EH54 6QF
Tel: 01506 460403



Mr Humza Yousaf MSP
Cabinet Secretary for Health and Social Care
Scottish Government, St. Andrews House
Regent Road
Edinburgh
EH1 3DG

Our Ref: AC6058 and AC4622

15 November 2022

Dear Humza,

Re: East Calder Medical Practice
Your ref – 202100267805

I refer to your response to me dated 11 January 2022 (copy attached for ease of reference).

I write to update you on the unfortunate slow progress in the reprovisioning of East Calder Medical Practice.

In your own response, you helpfully advised that the business case will be considered by the Capital Investment Group, but that the responsibility of preparing and submitting lies with NHS Lothian. Given the frustration of the local community and the East Calder Medical Practice stakeholder group, I have written to the Chief Executive of NHS Lothian with a number of questions raising matters, what they say appears to be obfuscation, delay and lack of transparency. Specifically, I am seeking a project timeline with specific or at least indicative timelines clearly identifying lead officers.

Meantime, would be very helpful for the Scottish Government to provide some factual information, In particular –

1. In your correspondence dated 11 January 2022 you intimated that your officials informally reviewed the outstanding Business Case and advised that it needed to be strengthened. Please advise what aspects needed to be strengthened?
2. Also, can you confirm when this was communicated to NHS Lothian?
3. Going further back, can you explain why the original Business Case was rejected? There is a reference to this in the Minute of the Board in Dec 2018.
4. What was communicated to NHS Lothian and in what manner on this issue?
5. Have you had any indication from NHS Lothian as to when they will submit an updated

Almond Valley Constituency
Representing: Addiewell, Bellsquarry, Breich, East Calder, Fauldhouse, Kirknewton,
Livingston, Loganlea, Longridge, Mid Calder, Polbeth, Pumpherston,
Stoneyburn, Uphall Station, West Calder, Wilkieston

angela.constance.msp@parliament.scot

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Cabinet Secretary for Health and Social Care
Rùnaire a' Chaibineit airson Slàinte agus Cùram Sòisealta
Humza Yousaf BPA/MSP



Scottish Government
Riaghaltas na h-Alba
gov.scot

E : scottish.ministers@gov.scot

Angela Constance MSP
angela.constance.msp@parliament.scot

Our Reference: 202100267805

Your Reference: (Case Ref: AC4622) - East Calder medical practise - follow up

11 January 2022

Dear Angela,

Thank you for your email of 22 December about the East Calder Medical Practice. I apologise that the earlier response from my official did not address all the questions in your original correspondence.

I appreciate that your constituents are keen to progress this matter but I cannot confirm when the East Calder business case will be considered by Capital Investment Group.

While Scottish Government supports the development of business cases for primary care premises, the responsibility for preparing and submitting them lies with NHS boards. Calum Campbell, the Chief Executive of NHS Lothian, is responsible for taking this forward supported by my officials Naureen Ahmad, Deputy Director of General Practice Policy, and Alan Morrison, Deputy Director of Health Infrastructure, Investment and PPE, as necessary.

My officials have informally reviewed the business case and believe that it needs to be strengthened before it is formally submitted to the group. Calum Campbell will be able to advise when NHS Lothian will be in a position to do that.

The Capital Investment Group, in conjunction with the NHS National Infrastructure Board, is developing a prioritised, strategic and co-ordinated infrastructure plan that will identify which business cases will be reviewed by the group this year. The group will prioritise projects identified in the Scottish Government's Infrastructure Investment Plan, those which will support Covid recovery and which are affordable within the agreed Capital Spending Review settlement.

I hope this is helpful.

Yours sincerely



HUMZA YOUSAF

From: Douglas McLaren <Douglas.McLaren@gov.scot>
Sent: Sunday, September 10, 2023 10:07 AM
To: Fiona Bennett <Fiona.Bennett@gov.scot>; Alan Morrison <Alan.Morrison@gov.scot>
Subject: FW: Sponsorship/Performance Health Board Visits

[OUT OF SCOPE]

Douglas McLaren | NHS Scotland Deputy Chief Operating Officer – Performance & Delivery | The Scottish Government | 2E St Andrew's House, Regent Road, Edinburgh, EH1 3DG | 0785 496 7018 | douglas.mclaren@gov.scot

PLEASE NOTE: I am sending this email at a time that suits my working arrangements, and am not seeking a response outwith your own normal working hours.

From: [Redacted]@gov.scot
Sent: Friday, September 8, 2023 4:37 PM
To: Douglas McLaren <Douglas.McLaren@gov.scot>; Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>; John Burns <John.Burns@gov.scot>
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: FW: Sponsorship/Performance Health Board Visits
Importance: High

Dougie,
[Redacted: Section 30(b)]

Thanks,

[Redacted: Section 38(1)(b)]

From: [Redacted][\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)
Sent: 08 September 2023 16:29
To: [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)
Cc: [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot); [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot); Health Planning and Sponsorship <healthplanningandsponsorship@gov.scot>; [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)
Subject: RE: Sponsorship/Performance Health Board Visits

Dear [Redacted: Section 38(1)(b)]

Thank you for your email. NHSL advised that we would be drafting the agenda for this meeting.

Please see the following papers:

- Agenda
- Briefing Pack

Any additional agenda items can be discussed under AOB.

[OUT OF SCOPE]

Regards

[Redacted: Section 38(1)(b)]

From: [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)
Sent: 08 September 2023 10:31
To: [Redacted][\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)
Cc: [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot); [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot); healthplanningandsponsorship@gov.scot; [Redacted][\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)
Subject: RE: Sponsorship/Performance Health Board Visits

Good morning [Redacted: Section 38(1)(b)],

I hope you are well. In advance of next week's meeting I just wanted to ask:

1. Is the meeting being held at Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG?
2. Is there a meeting room I can add to the agenda?
3. Can you arrange parking spaces for 3 cars please?

Please find attached our agenda. Is there anything else Lothian would like to add?

Many thanks,

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot
Sent: 24 August 2023 09:51
To: Health Planning and Sponsorship <healthplanningandsponsorship@gov.scot>; [Redacted]@nhslothian.scot.nhs.uk
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Hi [Redacted: Section 38(1)(b)],

We may also have an additional member of the team attend to take minutes. I'd be happy to confirm an attendee list on our side as soon as it is finalised.

Best wishes,

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot > **On Behalf Of** Health Planning and Sponsorship
Sent: Thursday, August 24, 2023 9:27 AM
To: [Redacted]@nhslothian.scot.nhs.uk
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot; Health Planning and Sponsorship <healthplanningandsponsorship@gov.scot>
Subject: RE: Sponsorship/Performance Health Board Visits

Hi [Redacted: Section 38(1)(b)],

Apologies for the belated response.

Our director, John Burns and our deputy directors, Paula Speirs and Douglas McLaren are the only ones who will be attending in person, however there will be other SG colleagues who will join online via Teams. We will provide an updated list of all attendees from our end once it is available and update the meeting invite accordingly.

Have copied my colleague, Kirsty Elliott as her team is responsible for coordinating the visits and would be able to advise going forward.

Hope this is helpful, thanks.

Regards,

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Wednesday, August 23, 2023 3:45 PM

To: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>;
[Redacted]@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits
Importance: High

Hi [Redacted: Section 38(1)(b)]

Please see my email below – can you advise?

Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: 22 August 2023 09:08
To: COO@gov.scot; [Redacted]@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Morning [Redacted: Section 38(1)(b)]

Can you please advise who from the SG will be attending this meeting on the 14 September?

Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot **On Behalf Of** COO@gov.scot
Sent: 11 August 2023 12:25
To: [Redacted]@nhslothian.scot.nhs.uk
Cc: COO@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Dear [Redacted: Section 38(1)(b)],

Thanks a lot for getting back to us with the preferred date.

Have updated the invite with the new date and time and sent it, hopefully you should have received it now.

Regards,

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Friday, August 11, 2023 12:18 PM

To: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>;
[Redacted]@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Dear [Redacted: Section 38(1)(b)]

Thank you for your email.

I can confirm that the best date for NHSL is **Thursday 14 September from 11am – 1pm.**

Can you please forward me a cancellation for the 29 September.

Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot **On Behalf Of** COO@gov.scot
Sent: 08 August 2023 10:58
To: [Redacted]@nhslothian.scot.nhs.uk; Chief Executive
<ChiefExecutive@nhslothian.scot.nhs.uk>
Cc: COO@gov.scot; [Redacted]@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Morning Calum and [Redacted: Section 38(1)(b)],

Just to let you know that we now need to reschedule the forthcoming board visit as [OUT OF SCOPE]. **Please accept our sincere apologies for this and the inconvenience caused.**

The following dates and times are available for your consideration:

- Tuesday 05 September 13:00 – 15:00
- Friday 08 September 11:00 – 13:00
- Monday 11 September 12:00 – 14:00
- Thursday 14 September 11:00 – 13:00
- Friday 15 September 10:30 – 12:30

Thanks for your kind consideration and look forward to hearing from you soon.

Regards,

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Friday, July 21, 2023 10:53 AM
To: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>
Subject: RE: Sponsorship/Performance Health Board Visits

The 29 September between 10 – 12noon would be great?

[Redacted: Section 38(1)(b)]

From: COO@gov.scot <COO@gov.scot>
Sent: 21 July 2023 10:44
To: [Redacted]@nhslothian.scot.nhs.uk; COO@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Ah right, maybe better looking at another date.

29th September?

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Friday, July 21, 2023 10:40 AM
To: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>
Subject: RE: Sponsorship/Performance Health Board Visits

Any time between 8 – 12noon is best to meet with John Burns, as the development session off-site and therefore travel has to be accounted for.

[Redacted: Section 38(1)(b)]

From: COO@gov.scot <COO@gov.scot>
Sent: 21 July 2023 10:37
To: [Redacted]@nhslothian.scot.nhs.uk; COO@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Hi [Redacted: Section 38(1)(b)],

I was thinking 12:00-14:00 however I could push for 11:00-13:00, would that work?

Thanks

[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Friday, July 21, 2023 10:34 AM
To: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>
Subject: RE: Sponsorship/Performance Health Board Visits

Hi [Redacted: Section 38(1)(b)]

Will this meeting be in the morning as [OUT OF SCOPE]

Thank you

[Redacted: Section 38(1)(b)]

From: COO@gov.scot <COO@gov.scot>
Sent: 21 July 2023 10:16
To: [Redacted]@nhslothian.scot.nhs.uk; COO@gov.scot
Subject: RE: Sponsorship/Performance Health Board Visits

Hi [Redacted: Section 38(1)(b)],

Thanks for that – would 27th Sep be suitable?

Kind regards
[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Friday, July 21, 2023 9:03 AM
To: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>
Subject: RE: Sponsorship/Performance Health Board Visits

Morning [Redacted: Section 38(1)(b)]

- [OUT OF SCOPE]

Regards

[Redacted: Section 38(1)(b)]

From: COO@gov.scot <COO@gov.scot>
Sent: 20 July 2023 17:13
To: [Redacted]@nhslothian.scot.nhs.uk
Subject: RE: Sponsorship/Performance Health Board Visits

Hi [Redacted: Section 38(1)(b)],

Thanks for letting us know, could you let me know any planned leave for the full of September and October before I check for more dates?

Kind regards
[Redacted: Section 38(1)(b)]

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: Thursday, July 20, 2023 4:39 PM
To: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>
Subject: RE: Sponsorship/Performance Health Board Visits

Dear [Redacted: Section 38(1)(b)]

Unfortunately the 20 September is not suitable [OUT OF SCOPE]. Can you please propose another date?

Regards

[Redacted: Section 38(1)(b)]

From: COO@gov.scot <COO@gov.scot>
Sent: 20 July 2023 13:38
To: Chief Executive <ChiefExecutive@nhslothian.scot.nhs.uk>;
[Redacted]@nhslothian.scot.nhs.uk
Subject: RE: Sponsorship/Performance Health Board Visits

Good afternoon,

Apologies for emailing so soon, I am just looking for confirmation that this date is suitable?

Thanks

[Redacted: Section 38(1)(b)]

From: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>
Sent: Wednesday, July 19, 2023 5:30 PM
To: chiefexecutive@nhslothian.scot.nhs.uk; [Redacted]@nhslothian.scot.nhs.uk
Cc: Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>
Subject: Sponsorship/Performance Health Board Visits

Good afternoon,

As you may be aware, John Burns and SG colleagues will be visiting the territorial NHS Boards as part of the bi-annual sponsorship meetings. We have identified 20 September as the most suitable date for their visit to your board.

I would be grateful if you can save this date in diaries ahead of official invites being sent.

Kind regards,

[Redacted: Section 38(1)(b)]

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

From: Alan Morrison <Alan.Morrison@gov.scot>
Sent: Wednesday, September 13, 2023 9:11 AM
To: [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: Fwd: East Calder Health Centre Outline Business Case

Where did we get to with east Calder?

From: [Redacted]
Sent: Friday, September 8, 2023 3:32:41 PM
To: Alan Morrison <Alan.Morrison@gov.scot>
Cc: [Redacted]
Subject: East Calder Health Centre Outline Business Case

Afternoon Alan,

At our last LCIG meeting I was asked to follow up on the East Calder Health Centre BC, which is another business case that is currently paused within national CIG discussions.

You will likely recall that an Outline Business Case for the Reprovision of East Calder Health Centre was previously submitted to Scottish Government in 2021, and following informal feedback the service model and the non-financial options appraisal have been revisited. We are requesting an allocation of £400k to complete Stage 1 HubCo works to develop the design for East Calder Health Centre to allow the resubmission of the Outline Business Case (OBC). Reprovision of East Calder Health Centre remains as one of our highest priorities within the primary care estate, confirmed through the recent NHS Lothian capital prioritisation process. While the OBC resubmission was supported by the Lothian Capital Investment Group, anticipated costs of reprovision are in excess of our delegated limit and as such would require approval and funding from Scottish Government.

The preferred option remains that a new larger health centre is built at the rear of the existing building. The practice is already under severe pressure as a result of extensive housebuilding in the local area with a 50% increase in appointments in January 2023 compared to January 2019. It is anticipated that the practice list will rise by a further 6,000 patients (42% increase) by 2028. In addition to this the current building is showing substantial signs of deterioration with damage to the roof and ceiling as well as issues around ventilation, old wiring and cracks to external walls.

The HSCP have been supporting the practice to alleviate pressures on the practice over the last few years. In order to create additional clinical capacity additional modular accommodation has been purchased and internal reconfiguration of the existing space has also been completed. Home working has been encouraged and laptops have been provided for the practice and notes have now been moved off site. Despite these service improvements the pressure on the practice remains severe. All modifications to the premises that create additional clinical space have now been made (including adding external modular accommodation). Neighbouring practices have no ability to take on additional patient registrations due to staffing constraints as well as lack of space. Two of the neighbouring three practices have advised the HSCP they intend to close their lists in the next year.

Given the demands on formula capital, there is no funding for the business case in the NHS Lothian capital plan as the indicative costs exceed our delegated limit. Following CIG approval for the Initial Agreement in 2018, the OBC was submitted in April 2021 but did not progress, and given the time that has elapsed additional governance and assurance measures such as NHS assure are now in place, in addition to this the service model has been revisited. The design works for the OBC need to be revisited with HubCo and as a project above our delegated limit we are requesting the funding from Scottish Government to enable the project to continue towards developing the OBC. This funding would be required across financial years 23/24 and 24/25, with OBC re-submission anticipated in Autumn 2024.

Happy to have a chat, if easier.

Thanks

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>
Sent: Thursday, September 23, 2021 9:46 AM
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Subject: NHS Lothian Review Meeting

Alan,

Here is the file / investment dashboard for NHS Lothian NIB Review meeting. For your background, [Redacted: Section 30(b)]

Regards

[Redacted: Section 38(1)(b)]

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

From: [Redacted]@nhs.scot
Sent: Tuesday, August 15, 2023 8:10 AM
To: [Redacted]; Alan Morrison <Alan.Morrison@gov.scot>; [Redacted]@gov.scot;
[Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot;
[Redacted]@gov.scot
Subject: Pre CIG Catchup

Please find attached NDAP status report ahead of this morning's discussion.

[Redacted: Section 38(1)(b)]

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

From: [Redacted]@nhs.scot
Sent: Tuesday, October 10, 2023 5:48 PM
To: [Redacted]; Alan Morrison; [Redacted]; [Redacted]@gov.scot; [Redacted]; [Redacted];
[Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot

Cc: [Redacted]@gov.scot;

Subject: Pre Cig Meeting

When: 17 October 2023 09:00-10:30 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

Where: Microsoft Teams Meeting

[OUT OF SCOPE]

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 338 198 564 784

Passcode: GYh7JF

[Download Teams](#) | [Join on the web](#)

Join with a video conferencing device

[28485375@t.plcm.vc](tel:28485375@t.plcm.vc)

Video Conference ID: 127 865 036 6

[Alternative VTC instructions](#)

Or call in (audio only)

[+44 20 3443 8791,922055509#](tel:+442034438791922055509#) United Kingdom, London

Phone Conference ID: 922 055 509#

[Find a local number](#) | [Reset PIN](#)

[Learn more](#) | [Meeting options](#)

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

From: [Redacted]@gov.scot

Sent: Monday, July 25, 2022 3:19 PM

To: Morrison A (Alan) <Alan.Morrison@gov.scot>

Subject: Priority projects

Alan

Following the email from [Redacted: Section 38(1)(b)] I have attached a two slide summary of these and a check back to the initial list that we produced. Would be helpful to use our slot on Wednesday pm to discuss. The NHS Assure list does not include of course the broader pipeline of projects which [Redacted: Section 38(1)(b)] will hold.

Hope attached summary of assistance

Thanks

DOCUMENT CONTAINED WITHIN EMAIL
[OUT OF SCOPE]

From: [Redacted]@nhslothian.scot.nhs.uk>
Sent: Tuesday, January 25, 2022 12:33 PM
To: [Redacted]@gov.scot>
Cc: [Redacted]@gov.scot>
Subject: Re: East Calder Health Centre Outline Business Case

Hi [Redacted: Section 38(1)(b)]

[Redacted: Section 30(b)]

Thanks
[Redacted: Section 38(1)(b)]

From: <[Redacted]@gov.scot>
Sent: Wednesday, January 19, 2022 5:07 PM
To: <[Redacted]@nhslothian.scot.nhs.uk>
Cc: <[Redacted]@gov.scot>
Subject: RE: East Calder Health Centre Outline Business Case
Hello [Redacted: Section 38(1)(b)]
[Redacted: Section 30(b)]

Regards
[Redacted: Section 38(1)(b)]

From: <[Redacted]@nhslothian.scot.nhs.uk>
Sent: 13 January 2022 10:43
To: <[Redacted]@gov.scot>
Subject: Re: East Calder Health Centre Outline Business Case
Hi [Redacted: Section 38(1)(b)]

I have had conversations with NHSS Assure on this case and we are about to commence their Key Stage Review.
In the meantime, I would like to pass on any other feedback on what requires strengthening to the authors of the OBC. I am happy to meet to discuss if that is easier.
Thanks
[Redacted: Section 38(1)(b)]

From: <[Redacted]@gov.scot>
Sent: Thursday, December 2, 2021 1:45 PM
To: <[Redacted]@nhslothian.scot.nhs.uk>

Cc: <[Redacted]@gov.scot>

Subject: RE: East Calder Health Centre Outline Business Case

Hi [Redacted: Section 38(1)(b)]

[OUT OF SCOPE]

The review process for Business Cases submitted for consideration by the Capital Investment Group (CIG) now includes an initial checking-stage process to consider its readiness to proceed. Unfortunately, in this case, more work is considered necessary and has not been selected for review by CIG at this moment.

[Redacted: Section 38(1)(b)] is best placed to provide further detail regarding the areas where we think that the business case needs strengthening and I suggest that you find a time to discuss this with him.

Kind Regards,

[Redacted: Section 38(1)(b)]

From: <[Redacted]@nhslothian.scot.nhs.uk>

Sent: 18 November 2021 12:08

To: <[Redacted]@gov.scot>

Subject: Re: East Calder Health Centre Outline Business Case

Hi [Redacted: Section 38(1)(b)],

This was stuck in my draft emails! Form now attached.

I am currently in dialogue with NHSS Assure regarding whether a Key Stage Review is required or not.

Thanks

[Redacted: Section 38(1)(b)]

From: <[Redacted]@nhslothian.scot.nhs.uk>

Sent: Tuesday, November 2, 2021 2:26 PM

To: <[Redacted]@gov.scot>

Subject: Re: East Calder Health Centre Outline Business Case

Thanks [Redacted: Section 38(1)(b)].

I will fill in the form and get it back to you.

From: <[Redacted]@gov.scot>

Sent: Tuesday, November 2, 2021 1:15 PM

To: <[Redacted]@nhslothian.scot.nhs.uk>

Cc: <[Redacted]@gov.scot> Morrison A (Alan) <alan.morrison@gov.scot>;

<[Redacted]@nhslothian.scot.nhs.uk>; <[Redacted]@gov.scot>

Subject: RE: East Calder Health Centre Outline Business Case

Hi [Redacted: Section 38(1)(b)]

Thank you for your submission. Unfortunately, the paper deadline was the 20th of October and our agenda is full already.

We will try to add it to the December agenda. However, it all depends on the space availability during the CIG meeting.

Also, any new submission required the Submission Form (attached form).

Kind regards,

[Redacted: Section 38(1)(b)]

From: <[Redacted]@nhslothian.scot.nhs.uk>

Sent: 29 October 2021 17:38

To: <[Redacted]@gov.scot>

Subject: East Calder Health Centre Outline Business Case

Hi [Redacted: Section 38(1)(b)]

I have attached the OBC for the reprovision of East Calder Health Centre to be considered at CIG.

[Redacted: Section 38(1)(b)]

Thanks

[Redacted: Section 38(1)(b)]

From: <[Redacted]@gov.scot>

Sent: Wednesday, September 13, 2023 9:40 AM

To: Alan Morrison <Alan.Morrison@gov.scot>; <[Redacted]@gov.scot>

Subject: RE: East Calder Health Centre Outline Business Case

[Redacted: Section 30(b)]

[Redacted: Section 38(1)(b)]

From: Alan Morrison <Alan.Morrison@gov.scot>

Sent: 13 September 2023 09:11

To: <[Redacted]@gov.scot>; <[Redacted]@gov.scot>

Subject: Fwd: East Calder Health Centre Outline Business Case

Where did we get to with east Calder?

From: <[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)>

Sent: Friday, September 8, 2023 3:32:41 PM

To: Alan Morrison <Alan.Morrison@gov.scot>

Cc: <[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)>

Subject: East Calder Health Centre Outline Business Case

Afternoon Alan,

At our last LCIG meeting I was asked to follow up on the East Calder Health Centre BC, which is another business case that is currently paused within national CIG discussions.

You will likely recall that an Outline Business Case for the Reprovision of East Calder Health Centre was previously submitted to Scottish Government in 2021, and following informal feedback the service model and the non-financial options appraisal have been revisited. We are requesting an allocation of £400k to complete Stage 1 HubCo works to develop the design for East Calder Health Centre to allow the resubmission of the Outline Business Case (OBC). Reprovision of East Calder Health Centre remains as one of our highest priorities within the primary care estate, confirmed through the recent NHS Lothian capital prioritisation process. While the OBC resubmission was supported by the Lothian Capital Investment Group, anticipated costs of reprovision are in excess of our delegated limit and as such would require approval and funding from Scottish Government.

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Given the demands on formula capital, there is no funding for the business case in the NHS Lothian capital plan as the indicative costs exceed our delegated limit. Following CIG approval for the Initial Agreement in 2018, the OBC was submitted in April 2021 but did not progress, and given the time that has elapsed additional governance and assurance measures such as NHS assure are now in place, in addition to this the service model has been revisited. The design works for the OBC need to be revisited with HubCo and as a project above our delegated limit we are requesting the funding from Scottish Government to enable the project to continue towards developing the OBC. This funding would be required across financial years 23/24 and 24/25, with OBC re-submission anticipated in Autumn 2024.

Happy to have a chat, if easier.

Thanks

[Redacted: Section 38(1)(b)]

From: Morrison A (Alan)
Sent: Tuesday, July 3, 2018 3:55 PM
To: [Redacted]
Subject: RE: East Calder IA
When: 27 July 2018 13:30-15:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.
Where: Basement Rear

[Redacted: Section 38(1)(b)]

So we don't forget.

<< Message: RE: East Calder IA >>

DOCUMENT CONTAINED WITHIN EMAIL

From: [Redacted]@nhslothian.scot.nhs.uk>
Sent: Tuesday, July 3, 2018 11:52 AM
To: Morrison A (Alan) <Alan.Morrison@gov.scot>; [Redacted]@gov.scot

Cc: [Redacted]@nhslothian.scot.nhs.uk>; [Redacted]@westlothian.gov.uk
Subject: RE: East Calder IA

Thank you Alan
1.30 on Friday 27th Is good for us
See you then
Kind regards

From: Alan.Morrison@gov.scot [<mailto:Alan.Morrison@gov.scot>]
Sent: 03 July 2018 10:57
To: [Redacted]; [\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)
Cc: [Redacted]; [\[Redacted\]@westlothian.gov.uk](mailto:[Redacted]@westlothian.gov.uk)
Subject: RE: East Calder IA

[Redacted: Section 38(1)(b)]

Can I suggest 1.30pm on the Friday. [OUT OF SCOPE]. Happy to host at St Andrew's House.

Regards

alan

From: [Redacted]@nhslothian.scot.nhs.uk
Sent: 03 July 2018 10:49
To: Morrison A (Alan); [Redacted]
Cc: [Redacted]; [\[Redacted\]@westlothian.gov.uk](mailto:[Redacted]@westlothian.gov.uk)
Subject: RE: East Calder IA

Dear Alan

Further to my phone call [Redacted: Section 38(1)(b)] and I would like to meet with you as suggested in order to progress with the East Calder IA . We are both available on Wednesday 25th and Friday 27th July anytime after 12 noon and will be happy to come to your offices. Can you advise which date and time suits you and [Redacted: Section 38(1)(b)] best?
Kind regards

[Redacted: Section 38(1)(b)]

From: Alan.Morrison@gov.scot [<mailto:Alan.Morrison@gov.scot>]
Sent: 02 July 2018 16:28
To: [Redacted]; [\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)
Cc: [Redacted]; [Redacted]; [Redacted]; [Redacted]; [\[Redacted\]@westlothian.gov.uk](mailto:[Redacted]@westlothian.gov.uk); [\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)
Subject: RE: East Calder IA

[Redacted: Section 38(1)(b)]

The CIG considered your Initial Agreement at their meeting last Thursday and following an extensive discussion on the submission, we concluded that it was not at the point where we could recommend approval. The principal area where the IA

lacked detail was on the service model and how services will be provided going forward.

To move this business case forward, can I suggest that we arrange a meeting to discuss in more detail the areas where we would be looking for more information and other amendments in any resubmitted IA. I would look to include [Redacted: Section 38(1)(b)], at SG in any meeting.

Happy to discuss.

Regards

Alan

Alan Morrison
Health Finance and Infrastructure
Scottish Government Health and Social Care Directorates
0131 244 2363
07981 282 004

From: [Redacted] [[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)]
Sent: 31 May 2018 17:43
To: Morrison A (Alan); [Redacted]
Cc: [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]@westlothian.gov.uk'
Subject: RE: East Calder IA

Dear Alan
Please find attached IA for East Calder Health Centre for consideration by CIG
Kind regards

[Redacted: Section 38(1)(b)]

From: Morrison A (Alan) <Alan.Morrison@gov.scot>
Sent: Monday, January 10, 2022 1:56 PM
To: [Redacted]@gov.scot>
Cc: [Redacted]@gov.scot>; [Redacted]@gov.scot>
Subject: RE: East Calder Medical Practice Micase Contribution - urgent response by 11 January

[Redacted: Section 38(1)(b)]
In answer to the three specific questions:

1. Business cases are developed locally by NHS Boards and while both your policy team and mine will support them, the responsibility lies very clearly with

NHS Lothian. I am not sure who is actually holding the pen, but if a MSP is asking, I think we have to direct them to the Chief Executive. In terms of SG, as long as you make clear that our role is to support the Board, then I am quite happy if you reference me and I would suggest [Redacted: Section 38(1)(b)] too.

2. [Redacted: Section 38(1)(b)] has reviewed the business case and thinks it needs to be improved before the CIG can approve it. I think you can say that SG have informally reviewed the business case and believes that it needs to be strengthened before it is formally submitted to the CIG. I don't know how long that will take ([Redacted: Section 38(1)(b)] do you?) so I would suggest that you refer them to NHS Lothian.
3. The Capital Investment Group, in conjunction with the NHS National Infrastructure Board, is developing a prioritised, strategic and co-ordinated infrastructure plan which will identify which business cases will be reviewed by the CIG this year. We will prioritise projects identified in the Scottish Government's Infrastructure Investment Plan, those which will support Covid recovery and which are affordable within the agreed Capital Spending Review settlement. However, at this point we do not have a confirmed date as to when the East Calder business case will be considered by the CIG.

Regards

Alan

Alan Morrison
Health Infrastructure, Investment and PPE
Scottish Government Health and Social Care Directorates
0131 244 2363
07981 282 004

From: [Redacted]@gov.scot>
Sent: 10 January 2022 11:12
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Cc: [Redacted]@gov.scot>
Subject: East Calder Medical Practice Micase Contribution - urgent response by 11 January

Hi Alan

Please see follow up query from Angela Constance MSP regarding East Calder Medical Practice.

Can you provide a contribution to answer the specific questions from Ms Constance?

1. Who is specifically tasked with working on this business proposal, both at the Scottish Government and NHS Lothian? Is there a named contact?
2. How long is this process is expected to take?
3. When can the surgery expect the Capital Investment Group to formally consider the case?

[OUT OF SCOPE]

Kind regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>
Sent: Monday, February 7, 2022 3:31 PM
To: [Redacted]@gov.scot>
Subject: RE: East Calder Meeting

[Redacted: Section 30(b)]

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>
Sent: 07 February 2022 14:09
To: [Redacted]@gov.scot>
Subject: RE: East Calder Meeting

[Redacted: Section 38(1)(b)],

[Redacted: Section 30(b)]
Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>
Sent: 07 February 2022 13:52
To: [Redacted]@gov.scot>
Cc: [Redacted]@gov.scot>
Subject: RE: East Calder Meeting

[Redacted: Section 30(b)]

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>
Sent: 07 February 2022 12:29
To: [Redacted]@gov.scot>
Cc: [Redacted]@gov.scot>
Subject: RE: East Calder Meeting

[Redacted: Section 38(1)(b)],

[Redacted: Section 30(b)]

Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>

Sent: 07 February 2022 12:05

To: [Redacted]@gov.scot>

Subject: East Calder Meeting

[Redacted: Section 38(1)(b)],

[Redacted: Section 30(b)]

Thanks,

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>

Sent: Tuesday, November 30, 2021 9:18 AM

To: [Redacted]@gov.scot>

Cc: [Redacted]@gov.scot>

Subject: RE: East Calder OBC

Hi [Redacted: Section 38(1)(b)]

The IA was submitted twice to CIG: June and October 2018. Links to the files are below.

However, this doesn't change anything about OBC. [Redacted: Section 30(b)]

2018-19 - Capital Investment Group - Minutes of meeting of 28 June 2018

<https://erdm.scotland.gov.uk:8443/documents/A21805611/details>

2018-19 - Capital Investment Group Meeting - 11 October 2018 - Minutes

<https://erdm.scotland.gov.uk:8443/documents/A22653782/details>

2018-19 - NHS Capital Investment Group - CIG Comments - NHS Lothian - East Calder - IA - October 2018

<https://erdm.scotland.gov.uk:8443/documents/A22149365/details>

2018-19 - NHS Capital Investment Group - CIG comments - East Calder Health Centre - Initial Agreement - June 2018

<https://erdm.scotland.gov.uk:8443/documents/A21286105/details>

2018-19 - NHS Capital Investment Group - CIG comments - East Calder Health Centre - Initial Agreement Response - June 2018

<https://erdm.scotland.gov.uk:8443/documents/A21485988/details>

2018-19 - NHS Capital Investment Group - NHS Lothian - East Calder IA October 2018

<https://erdm.scotland.gov.uk:8443/documents/A22149275/details>

2018-19 - NHS Capital Investment Group - NHS Lothian - East Calder Health Centre - Initial Agreement - June 2018

<https://erdm.scotland.gov.uk:8443/documents/A21286239/details>

From: [Redacted]@gov.scot>

Sent: 29 November 2021 17:17

To: [Redacted]@gov.scot>

Cc: [Redacted]@gov.scot>

Subject: East Calder OBC

[Redacted: Section 30(b)]

Regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>

Sent: Wednesday, October 11, 2023 5:55 PM

To: Alan Morrison <Alan.Morrison@gov.scot>; [Redacted]@gov.scot>; [Redacted]@gov.scot>; [Redacted]@gov.scot>

Cc: [Redacted]@gov.scot>; [Redacted]@gov.scot>

Subject: RE: FOI - correspondence between Scottish Government, NHS Lothian and West Lothian IJB referencing East Calder Medical Practice reprovisioning/rebuild

Hi

[OUT OF SCOPE]

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>

Sent: Tuesday, October 10, 2023 5:36 PM

To: Alan Morrison <Alan.Morrison@gov.scot>; [Redacted]@gov.scot>; [Redacted]@gov.scot>; [Redacted]@gov.scot>

Subject: FW: FOI - correspondence between Scottish Government, NHS Lothian and West Lothian IJB referencing East Calder Medical Practice reprovisioning/rebuild

Importance: High

Hi

I have been allocated the FOI below. I would be grateful if you could make the relevant searches in your mailboxes and erdm and also let me know if I have missed anyone.

[Redacted: Section 30(b)]

Thanks

[Redacted: Section 38(1)(b)]

From: Ian McIntosh <ignmcintosh@outlook.com>

Sent: Monday, October 2, 2023 8:28 PM

To: Central Enquiry Unit <CEU@gov.scot>

Cc: Michelle Herron <michelle@enhancepeople.co.uk>

Subject: FOI - correspondence between Scottish Government, NHS Lothian and West Lothian IJB referencing East Calder Medical Practice reprovisioning/rebuild

Please consider this a formal information request under the Freedom of Information (Scotland) Act 2002 (FOISA) and provide the following information:

1. Copies of all correspondence between the Scottish Government (including its departments and executive agencies) and NHS Lothian and West Lothian IJB that reference East Calder Medical Centre, its reprovisioning/rebuild and funding/capital bids for this since 1 January 2016.
2. Copies of initial agreements, outline business or final business cases received from NHS Lothian and/or West Lothian IJB relating to the reprovision/rebuild of East Calder Medical Centre since 1 January 2016.
3. Copy of any/all capital project prioritisations (by fiscal year) received from NHS Lothian since year 2016/17.
4. Copy of all correspondence received from NHS Lothian for capital funding for the reprovision/rebuild of East Calder Medical Centre since 1 January 2016.
5. Copy of all correspondence received from NHS Lothian for capital funding to prepare an initial, outline or final business case for the reprovision/rebuild of East Calder Medical Centre since 1 January 2022.
6. Copy of notes/minutes of meetings between the Scottish Government, its departments or executive agencies with NHS Lothian board members, chief officers or project staff to discuss obtaining or requesting funding to prepare an initial,

outline or final business case for the reprovision/rebuild of East Calder Medical Centre since 1 January 2022.

The information should be provided in pdf or word format and presented in chronological order with the oldest documents first. Ideally, these should be original documents converted to pdf format (not scanned) to enable easy electronic searching of documentation.

Thank you.

Kind Regards

Ian McIntosh
Joint Chair
East Calder Medical Centre Community Stakeholders Group

From: [Redacted]@gov.scot>
Sent: Monday, November 28, 2022 1:51 PM
To: [Redacted]@gov.scot>; Morrison A (Alan) <Alan.Morrison@gov.scot>
Cc: [Redacted]@gov.scot>
Subject: RE: MiCase - enquiry from Angela Constance MSP re East Calder Medical Practice

Hi

[Redacted: Section 30(b)]

Thanks

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot>
Sent: 22 November 2022 17:28
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Cc: [Redacted]@gov.scot>; [Redacted]@gov.scot>
Subject: RE: MiCase - enquiry from Angela Constance MSP re East Calder Medical Practice

Alan,

We met with [Redacted: Section 38(1)(b)] and other colleagues from NHS Lothian and HSCP on the 11th February, which I note is just after the previous correspondence you attached to your e-mail. The main points we covered were based on the attached, but we did not pass this internal sheet on to them. You will get a sense from this of the need to strengthen the OBC, which again was the status acknowledged in your attached documents. There has been no further correspondence with them on this project since then. Hence, if I was writing a reply

today it would probably say exactly the same as the correspondence back in January, which I can envisage might be met with some frustration.

The only extra point to add is that [Redacted: Section 38(1)(b)] and I have met with [Redacted: Section 38(1)(b)] more recently where we discussed their immediate primary care priorities, particularly associated with potential lack of service access in housing development areas across Lothian. They have not got back to us on that and I believe are working towards a Programme Initial Agreement for all their Primary Care needs. This will obviously need to fit in with their other investment priorities in a Whole-System Programme Initial Agreement type approach.

Let me know if there is any more I can help with, even though I think this is the extent of my understanding on this project.

Regards

[Redacted: Section 38(1)(b)]

From: Morrison A (Alan) <Alan.Morrison@gov.scot>
Sent: 22 November 2022 16:56
To: [Redacted]@gov.scot>
Cc: [Redacted]@gov.scot>; [Redacted]@gov.scot>
Subject: FW: MiCase - enquiry from Angela Constance MSP re East Calder Medical Practice

[Redacted: Section 38(1)(b)]

There is quite a lot in there, but do you have any record of the feedback we provided to the Lothian on the East Calder business case?

alan

From: [Redacted]@gov.scot>
Sent: 22 November 2022 08:07
To: [Redacted]@gov.scot>; Morrison A (Alan) <Alan.Morrison@gov.scot>
Subject: MiCase - enquiry from Angela Constance MSP re East Calder Medical Practice

Morning

[Redacted: Section 30(b)]

Thanks

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot> **On Behalf Of** Cabinet Secretary for Health and Social Care
Sent: 15 November 2022 16:01
To: Public Engagement Unit <CorrespondenceUnit@gov.scot>
Cc: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: FW: enquiry from Angela Constance MSP re East Calder Medical Practice

MR

Kind regards,

[Redacted: Section 38(1)(b)]

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

Apologies for this not having been brought to your attention earlier.

From: Angela Constance MSP <Angela.Constance.msp@parliament.scot>

Sent: 15 November 2022 15:51

To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>

Subject: enquiry from Angela Constance MSP re East Calder Medical Practice

Dear Cabinet Secretary

Your ref – 202100267805

I attach a letter for your consideration and response. Your earlier letter to me dated 11 January 2022 is also enclosed for ease of reference to this latest request for an update.

Kind regards

Angela Constance MSP
Almond Valley Constituency

From: Morrison A (Alan)

Sent: Wednesday, November 23, 2022 5:22 PM

To: [Redacted]@gov.scot>; [Redacted]@gov.scot>; [Redacted]@gov.scot>;
[Redacted]@gov.scot>

Subject: RE: NHS Lothian DG Visit 29 November

[Redacted: Section 38(1)(b)]

[Redacted: Section 30(b)]

Regards

alan

From: [Redacted]@gov.scot>

Sent: 23 November 2022 16:50

To: [Redacted]@gov.scot>; [Redacted]@gov.scot>; Morrison A (Alan) <Alan.Morrison@gov.scot>; [Redacted]@gov.scot>
Subject: RE: NHS Lothian DG Visit 29 November

Hi all,

[Redacted: Section 30(b)]

Thanks,
[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot
Sent: 23 November 2022 11:14
To: [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: RE: NHS Lothian DG Visit 29 November

Thanks [Redacted: Section 38(1)(b)] – minor tweaks and a couple of comments included

From: [Redacted]@gov.scot
Sent: 23 November 2022 11:00
To: [Redacted]@gov.scot
Cc: [Redacted]@gov.scot
Subject: RE: NHS Lothian DG Visit 29 November

Hi [Redacted: Section 38(1)(b)],

[Redacted: Section 30(b)]

Thanks,
[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot
Sent: 23 November 2022 10:55
To: [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: FW: NHS Lothian DG Visit 29 November

From: [Redacted]@gov.scot
Sent: 23 November 2022 10:54
To: McCallum R (Richard) <Richard.McCallum@gov.scot>; [Redacted]@gov.scot; Morrison A (Alan) <Alan.Morrison@gov.scot>
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot
Subject: RE: NHS Lothian DG Visit 29 November

Good morning,

[Redacted: Section 30(b)]

Kind regards

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot **On Behalf Of** McCallum R (Richard)
Sent: 11 November 2022 13:32
To: [Redacted]@gov.scot; Morrison A (Alan) <Alan.Morrison@gov.scot>
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot; [Redacted]@gov.scot;
[Redacted]@gov.scot; [Redacted]@gov.scot
Subject: RE: NHS Lothian DG Visit 29 November

Hola Both

[Redacted: Section 30(b)]

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot;
Sent: 10 November 2022 16:13
To: [Redacted]@gov.scot;
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot; McCallum R (Richard)
<Richard.McCallum@gov.scot>; [Redacted]@gov.scot; Morrison A (Alan)
<Alan.Morrison@gov.scot>; [Redacted]@gov.scot; [Redacted]@gov.scot;
Subject: RE: NHS Lothian DG Visit 29 November

Hi [Redacted: Section 38(1)(b)]

[Redacted: Section 30(b)]

Kind regards,

[Redacted: Section 38(1)(b)]

From: [Redacted]@gov.scot;
Sent: 10 November 2022 11:28
To: [Redacted]@gov.scot; Morrison A (Alan) <Alan.Morrison@gov.scot>;
[Redacted]@gov.scot; [Redacted]@gov.scot;
Cc: [Redacted]@gov.scot; [Redacted]@gov.scot;
Subject: NHS Lothian DG Visit 29 November

Good afternoon,

We are co-ordinating the briefing for Caroline, [Redacted: Section 38(1)(b)] and Richard's visit to NHS Lothian on 29 November and I would be grateful if you could arrange for some background / briefing to be provided to us to include in the briefing pack.

I have attached the most up to date agenda we have received from the Board and would be grateful if you could send high level summaries to cover finance and capital agenda points.

I would be grateful to receive this by **Wednesday 15 November**.
Kind regards

[Redacted: Section 38(1)(b)]

From: <[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)>
Sent: 04 November 2022 16:00
To: DG Health & Social Care <DGHSC@gov.scot>
Subject: RE: NHS Lothian DG Visit 29 November

[Redacted: Section 38(1)(b)]

[Redacted: Section 30(b)]

Cheers

Calum

[Redacted: Section 38(1)(b)]

From: [\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot) On Behalf Of DGHSC@gov.scot
Sent: 04 November 2022 11:43
To: <[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)>
Cc: DGHSC <DGHSC@gov.scot>
Subject: RE: NHS Lothian DG Visit 29 November

Hi [Redacted: Section 38(1)(b)]

Can I check we are still on track to receive the draft programme by close today?

Thanks
[Redacted: Section 38(1)(b)]

From: <[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)>
Sent: 01 November 2022 16:42

To: DG Health & Social Care <DGHSC@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>

Subject: RE: NHS Lothian DG Visit 29 November

Hi [Redacted: Section 38(1)(b)]

Yes, that will be fine.

Can you please confirm if it is just the DG & COO attending, or will colleagues also be in attendance.

Regards

[Redacted: Section 38(1)(b)]

From: [redacted][\[redacted\]@gov.scot](mailto:[redacted]@gov.scot) <[\[redacted\]@gov.scot](mailto:[redacted]@gov.scot)> **On Behalf Of** DGHSC@gov.scot

Sent: 01 November 2022 15:52

To: DGHSC <DGHSC@gov.scot>; <[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)>

Cc: Chief Executive <ChiefExecutive@nhslothian.scot.nhs.uk>

Subject: RE: NHS Lothian DG Visit 29 November

Hi [Redacted: Section 38(1)(b)]

Is there any chance we can have sight of the draft programme by the end of this week just to allow more time to prepare?

Thanks

[Redacted: Section 38(1)(b)]

From: <[\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)> **On Behalf Of** DG Health & Social Care

Sent: 18 October 2022 15:36

To: <[\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)>

Cc: 'chiefexecutive@nhslothian.scot.nhs.uk'

<chiefexecutive@nhslothian.scot.nhs.uk>; DG Health & Social Care

<DGHSC@gov.scot>

Subject: NHS Lothian DG Visit 29 November

Dear [Redacted: Section 38(1)(b)]

Hope you are well. We would be grateful for the draft programme for Caroline's visit to NHS Lothian on 29 November by close 8 November please.

Many thanks

[Redacted: Section 38(1)(b)]

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

From: [Redacted]@nhs.scot
Sent: Monday, June 19, 2023 3:11 PM
To: [Redacted]@nhs.scot; [Redacted]@gov.scot >; [Redacted]@nhs.scot; Alan Morrison <Alan.Morrison@gov.scot>; [Redacted]@nhs.scot; [Redacted]@nhs.scot; [Redacted]@nhs.scot; [Redacted]@nhs.scot; [Redacted]@gov.scot;
Cc: [Redacted]@nhs.scot; [Redacted]@nhs.scot
Subject: RE: Pre Cig Meeting

[OUT OF SCOPE]

[Redacted: Section 38(1)(b)]

-----Original Appointment-----

From: [Redacted]@nhs.scot
Sent: 23 February 2023 20:18
To: [Redacted]; [Redacted]; [Redacted]; [Redacted]; Morrison A (Alan); [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]
Cc: [Redacted]; [Redacted]
Subject: Pre Cig Meeting
When: 20 June 2023 09:00-10:30 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.
Where: Microsoft Teams Meeting

Pre-CIG meeting to discuss current project status – NDAP (Including Sustainability) & KSAR.

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 324 474 889 105

Passcode: g4Vc5y

[Download Teams](#) | [Join on the web](#)

Join with a video conferencing device

[28485375@t.plcm.vc](tel:28485375@t.plcm.vc)

Video Conference ID: 129 561 408 9

[Alternative VTC instructions](#)

Or call in (audio only)

[+44 20 3443 8791,,16784100#](#) United Kingdom, London

Phone Conference ID: 167 841 00#

[Find a local number](#) | [Reset PIN](#)

[Learn more](#) | [Meeting options](#)

DOCUMENT CONTAINED WITHIN EMAIL

[OUT OF SCOPE]

From: Goldsmith, Susan <Susan.Goldsmith@nhslothian.scot.nhs.uk>
Sent: Thursday, March 10, 2022 12:13 PM
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Subject: RE: Shawfair GP Practice business case

Hi Alan

[Redacted: Section 30(b)]

Susan

Susan Goldsmith
Director of Finance
NHS Lothian

From: Alan.Morrison@gov.scot <Alan.Morrison@gov.scot>
Sent: 10 March 2022 12:01
To: Goldsmith, Susan <Susan.Goldsmith@nhslothian.scot.nhs.uk>
Subject: RE: Shawfair GP Practice business case

Susan

[Redacted: Section 30(b)]

Regards

alan

From: Goldsmith, Susan <Susan.Goldsmith@nhslothian.scot.nhs.uk>
Sent: 04 March 2022 07:32
To: Morrison A (Alan) <Alan.Morrison@gov.scot>
Subject: FW: Shawfair GP Practice business case

Hi Alan

I know [Redacted: Section 38(1)(b)]

has been in discussion with your primary care colleagues but I wondered if you are in a position to give an indication on when the NHS Lothian Primary care IAs/Business cases are likely to make progress?

It is just so I can manage expectations

[OUT OF SCOPE]

Susan

Susan Goldsmith
Director of Finance
NHS Lothian

From: [\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)

Sent: 03 March 2022 16:13

To: Goldsmith, Susan <Susan.Goldsmith@nhslothian.scot.nhs.uk>

Cc: [\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk); [\[Redacted\]@nhslothian.scot.nhs.uk](mailto:[Redacted]@nhslothian.scot.nhs.uk)

Subject: Shawfair GP Practice business case

Hi Susan

[OUT OF SCOPE]

Any news on where SG are with this yet?

Thanks

[Redacted: Section 38(1)(b)]