

Designing place-based health systems: *lessons from* Scotland



Heather Chapple Architecture & Design Scotland Susan Grant Health Facilities Scotland Context

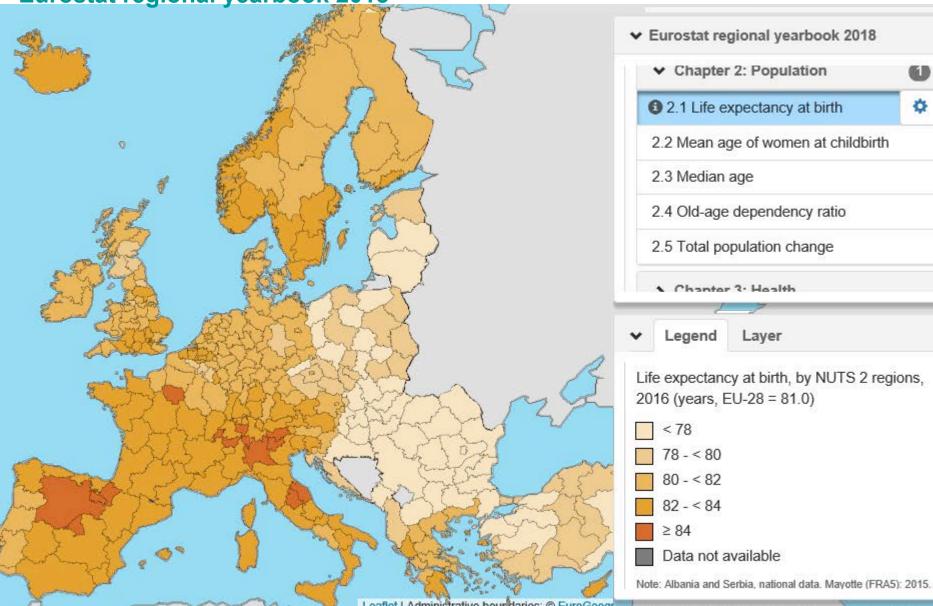


- Geographical context
- Political context
- Clinical context
- Place Based Approach
- Technological innovations

Highlands & Islands Medical Service – fore runner to 1948 UK NHS, set up 1913...

Geographical context Eurostat regional yearbook 2018



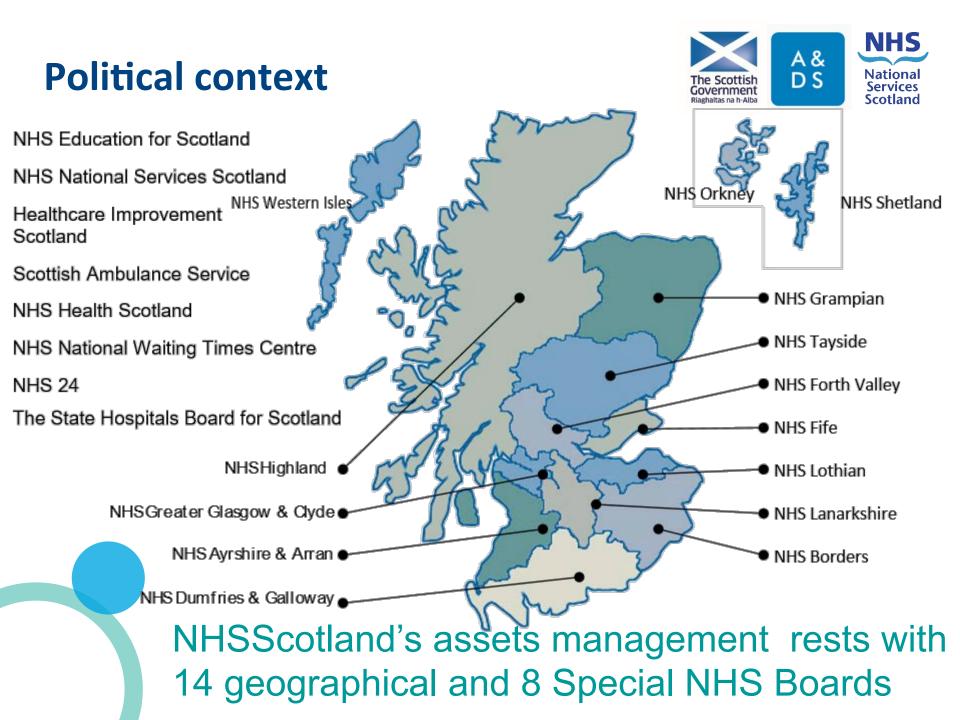




Area - Total - Land (%) - Water (%)	30,981 square miles (80,240 km ²) 97% 3%
Coastline	7,330 miles (11,800 km)
Land borders	England 96 miles (154 km)
Highest point	Ben Nevis 1,345 m (4,413 ft)
Lowest point	Atlantic Ocean, 0 m
Longest river	River Tay 120 miles (190 km)
Largest inland body of water	Loch Lomond 27 square miles (70 km ²)
Climate:	Temperate, Subarctic, Tundra
Terrain:	mountains, hills, forest, bog, urban
Natural resources	iron, zinc, potash, silica sand, coal, fish, timber, wildlife, petroleum, natural gas, hydropower



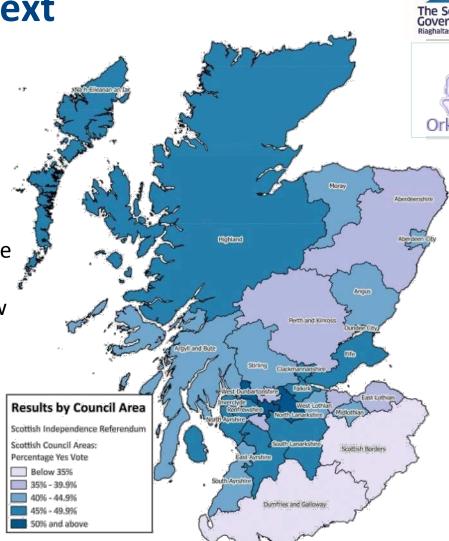




The size of IAs varies depending on council boundaries:

Most NHS boards have two or more IAs within their boundary, but there is a range up to six IAs for NHS Greater Glasgow & Clyde.

Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley.



A & National Service Scottish

National Services Scotland

NHS Shetland

Six NHS boards have one single IA .

Highland are only area to use a lead agency model. NHS leads on adult services and Council leads on children's services.

Scotland's 31 Integration Authorities (IAs) responsible for local Health & Social Care

2002

Community Care and

Health (Scotland) Ac

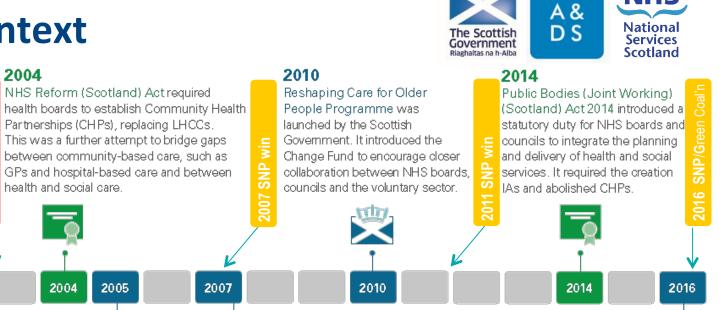
but not duties, for NHS

boards and councils to

introduced powers,

work together

more effectively.





1999

1998 Scotland Act

1999

Seventy-nine Local Health Care Cooperatives (LHCCs)

2002

were established, bringing together GPs and other primary healthcare professionals in an effort to increase partnership working between the NHS, social work and the voluntary sector.

2005

Building a Health Service Fit for the Future: National Framework for Service Change set out a new approach for the NHS. It focused on more preventative healthcare, with a key role for CHPs in shifting the balance of care from acute hospitals to community settings.

2007

Better Health, Better Care

set out the Scottish Government's five-year action plan, giving the NHS lead responsibility for working with partners to move care out of hospitals and into the community.

2016

All integration arrangements set out in the 2014 Act, including the creation of 31 new IAs, had to be in place by 1 April 2016.

1 April

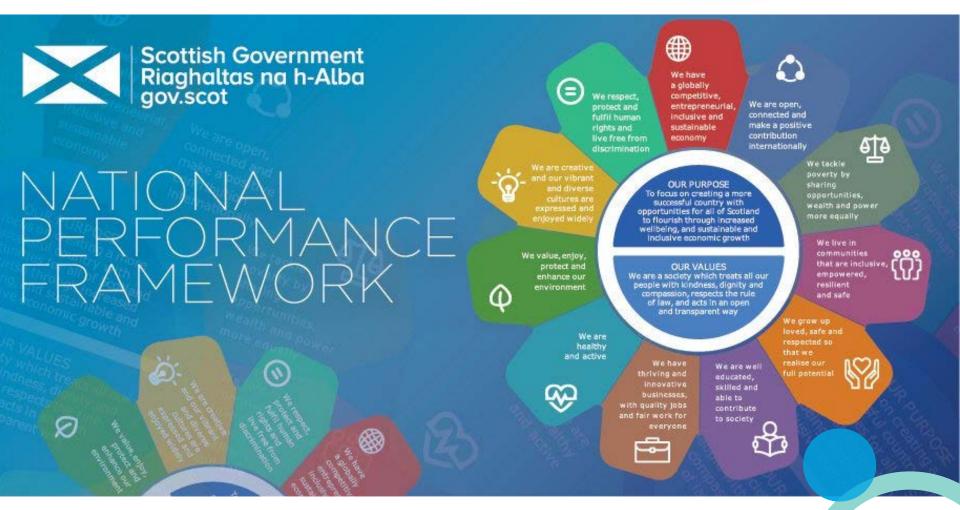
1999 re-established Scottish Parliament... then consistently electing left-of-centre governments





2010 everyone is able to live longer healthier live at home, or in homely setting...





2019...live longer healthier lives supported by self-management in your local community...

Clinical context



 ⁶ NHS Scotland performed 1.5 million hospital procedures
 4 million outpatient attendances, 17 million GP consultations, employed 150,000 FTE staff in year 2016-17 "

Place Based Infrastructure



The assessment of design quality is an integral part of the business case approval process which aims to ensure that the outcomes of designed development projects meet the Government's strategic objectives and expectations for public investment."



We help project teams establish a strategic brief based on service and local needs, capturing the voice of users to influence outcomes. This is the 'Design Statement' described above.

We can help in assessing early options and concepts for building and landscape. We provide assistance with setting sustainability and technical standards etc.

We can support teams in considering detailed design aspects, energy use etc.

lessons

successes. informing





NHSScotland Design **Assessment Process**

Part of the Business Case (Financial) Process since 2010

Applies to all physical investments over circa f₂m

Single process, but establishes project specific standards based on local needs.

Staff & community engagement at its heart.

REVISED & EXPANDED EDITION

The DESIGN of EVERYDAY THINGS





Pull out key Business Objectives

> Walk through a 'day in the life'

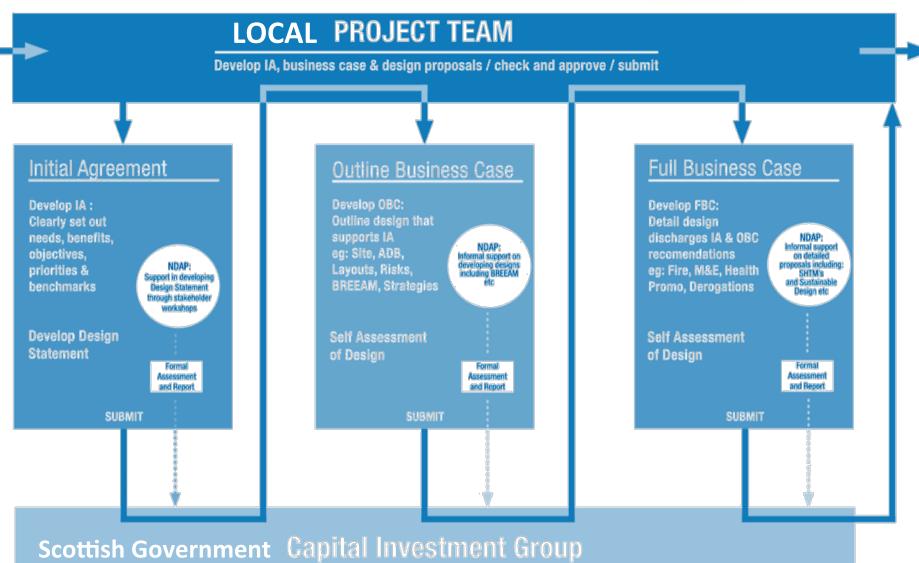
Capture short statements on key attributes

increase 'bang for the buck'

find views of what success <u>might</u> look like

> Map this into YOUR processes





Consider IA / Business Case including level of support from NDA!











1.3 On entering the facility through the public entrance(s) there must be an immediate point of welcome and onward direction with routes to services being clearly legible.

The experience should be 'uplifting' and stress free in order to enhance a sense of wellbeing and value.

The layout and use of reception points (both human and electronic) must:

- not require you to repeat the same information at more than one reception point.
- aid easy access to additional services whilst visiting the facility
- allow confidential discussions.
- provide distinct identity to places where help can be sought such that it is clear where to go, and the nature of the help available there.
- Feel personal, rather than part of a pre-determined and inflexible system

Some views of what success might look like





You should preferably be able to see your destination (service reception and/or waiting area) from the main entrance area with interim journeys being as short as possible. Depending on the number and variety of services incorporated, there is likely to be the need for more than one reception point as the nature of interactions varies from check-in for appointments, through straightforward discussions (such as reporting housing faults) to sensitive personal enquiries, and these are therefore best handled separately. However legibility of where you go for transactional or more sensitive discussions must be clear, and should not be confused by multiple choices of essentially similar functions in the same area.





2.2 The layout of the facility must encourage close and easy working both within groups and between them, and flexibility in use to allow change over time.

Some views of what success might look like



 Working areas to be grouped by activity type (consulting/interview spaces together; desk based working together), rather than by service discipline, with spaces designed to be able to be used by a broad range of disciplines.

 Furniture and other storage systems (IT & physical storage) to be designed to support both data security, and the location flexibility required of staff such that they can be effective in their work environment "a place to store my stuff right by where I'm working".



• Circulation routes must be designed to allow staff to transfer easily and quickly between their work environments (consult to desk and back again) and to allow team's location to change over time as working groupings and the scale of groups change.

Consulting zones to be designed such that consulting rooms grouped into variable configurations to accommodate changes in clinic size, and practice size.

Social space (shared rest/lunch room) in particular must be located such that it's
easily accessible to all staff and attractive enough to encourage use at meal times and
other times.





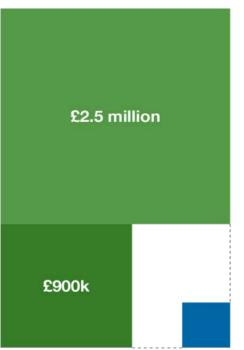


note left on a wheelchair *"To Centre Manager Best designed health centre I've ever seen. A real pleasure to be here. Congrats to Architects and all who assisted them in getting it right."*



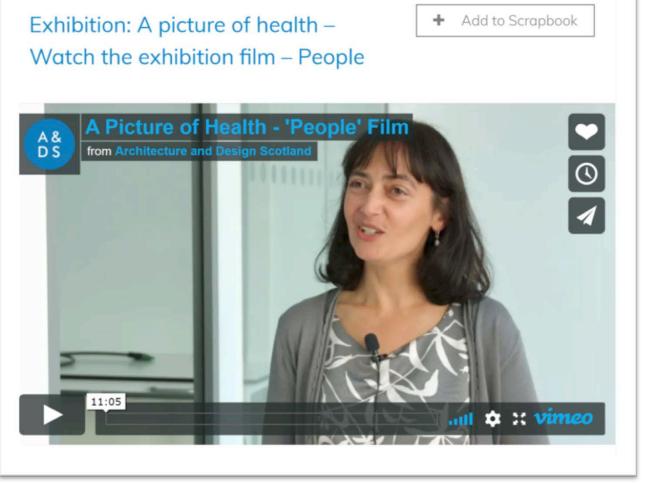
Scottish Futures Trust

Cost & Area metrics to inform future projects Design & Process lessons Benchmarks for quality of place



Design fees in relation to potential Savings from good design

Feedback



https://www.ads.org.uk/watch-the-exhibition-film-people/



Clearer view of outcomes sought from investment.

Clearer view of what might work from range of perspectives, and consistency of this direction into design

Greater skills and confidence in project team to drive benefits

Quicker sharing of lessons between projects nationally

Greater confidence in investment decisions

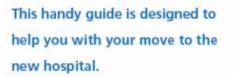


NHS D&G Dumfries & Galloway Royal Infirmary

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- 2 Wards
- 3 Outpatients
- 4 X-Ray
- 5 Theatres, Endoscopy & Short Stay Ward
- 6 Combined Assessment Unit
- 7 Emergency Department, Orthopaedic Outpatients, Out of Hours
- 8 Women & Children incl. Paediatrics, Maternity, Gynae, Neonatal
- 9 Residencies
- 10 Service Yard



Dumfries

& Galloway

Helipad



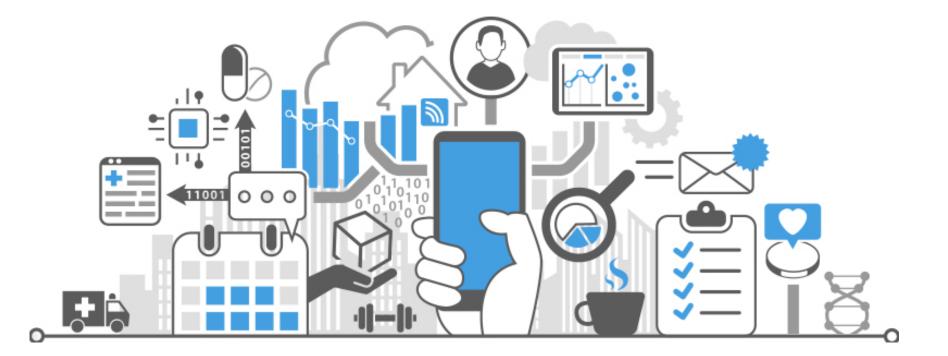


NHS Highland Community Hospital, Aviemore









eHealth 20:20 Vision: everyone's health can be better supported by smarter digital technology

Technological innovation

NHS Highland "Near Me"





What is NHS Near Me?

https://www.youtube.com/watch?v=njl-utBlh5g



NHS Near Me is a new NHS Highland service which aims to provide NHS care close to patients' homes using telephone and video consultations.

In January 2018 the NHS Near Me service hosted its first clinics in Caithness.

Empathetic innovation

NHS GG&C "What Matters to Me"

YouTube

NHS What Matters to Me



"What Matters to Me" - a new vital sign | Jason Leitch | TEDxGlasgow





What matters to Me - a new Vital Sign.

Vital Signs are taken to help assess a person's health. It give clues to possible illnesses.

One of our biggest challenges in healthcare delivery is compassion. Focus is too often on new machines or drugs, at the expense of simple care, or empathy.

https://www.youtube.com/watch?v=H Z1ZvjlKDE

Thank You

Health Facilities Scotland www.hfs.scot.nhs.uk @nhshfs

Architecture & Design Scotland www.ads.org.uk @ArcDesSco

