

**Borders NHS Board****REHABILITATION New Models of Care – Hydrotherapy****Aim**

The aim of this paper is to inform NHS Borders Board of the work that has been undertaken to develop ideas and evaluate options for the provision of water based exercise and hydrotherapy as a Rehabilitation treatment modality across the Scottish Borders and to seek approval to move forward with the identified preferred option.

**Background**

The NHS Scotland 2020 Vision and the National Delivery Plan for the Allied Health Professionals in Scotland, 2012-2015 requires us to look to deliver of more "enabling" services, shifting the focus away from professional dependency and towards supported self-management and resilience, this will be central to achieving better outcomes for people who use services, their families and carers as we strive to address the challenges to demographic change and rising demands on public services.

Hydrotherapy is one of a range of treatment options available to Therapists that aims to enable pain reduction and improve joint mobility, strength, balance, confidence and function. This particular treatment technique takes place in the semi non weight bearing environment of water. The hydrotherapy facility in the hospital is currently used by those who require a warm pool temperature and/or the ability to access the water via steps rather than a ladder or hoist.

There has been consideration of the developments in new models of care. Wider treatment modalities are now available. There is improved efficacy of treatments, for example Rheumatology and pain relief. There are new approaches and opportunities including working with communities, the Third Sector and partners to improve equity & accessibility of service provision.

The BGH Outpatient Department is the busiest department in the hospital with currently up to 69,500 appointments per year including 30,000 new outpatients in 2012. Over the same period there were 135 new patients provided with hydrotherapy treatment and a total 1,370 attendances. The Outpatient department is currently located on the 1<sup>st</sup> Floor of the Hospital. Since the department was created in 1986, there have been significant changes in the way that outpatient services are delivered. The accommodation is recognised as not fit for purpose and requires investment to upgrade, including meeting the requirements of safe patient care and treatment

There is an opportunity to relocate the Outpatient Department to the ground floor, allowing for a complete redesign of the service provision, to link with other outpatients services on the ground floor and to greatly improve accessibility for users of the department. The present Hydrotherapy facility was designed over 25 years ago and is need of

modernisation. The current user population mainly comes from a 10 mile radius of the BGH.

Clinical staff and public engagement groups have been working over the last 5 months to develop and consider a number of ideas and options. The attached paper outlines this work, the process followed and the preferred option identified.

### Summary

This paper outlines the work that has been carried out to identify the most person centred, safe and effective solution to improve access & equity of water based exercise generally and hydrotherapy as a treatment option across the Scottish Borders population.

### Recommendation

- The Board is asked to **note** the work progressed with the development of options for the provision of Hydrotherapy across Borders
- **Approve** the preferred option identified
- **Agree to** meet additional costs for users at the point of service transfer for the duration of that episode of care.
- **Approve** the ongoing development of a Communication & Implementation plan

<b>Policy/Strategy Implications</b>	This is in line with a number of strategies including developing equitable and accessible services which are community based allowing for greater community capacity building and improving health and wellbeing of the local population
<b>Consultation</b>	Staff and Public engagement groups have been established and actively developed the options for consideration and fully participated in the option appraisal process. Information from other Health Boards in Scotland was also gathered to inform the development of the options. Scottish Health Council “considers the engagement carried out so far to be proportionate to the changes proposed.
<b>Consultation with Professional Committees</b>	Area Clinical Forum
<b>Risk Assessment</b>	This was carried out and assessed as part of the option appraisal process
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Fully Compliant
<b>Resource/Staffing Implications</b>	Resourcing and staffing implications were reviewed as part of the option appraisal and will be identified and considered once

	the preferred option has been approved
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**Approved by**

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**Rehabilitation  
New Models of Care**

**Hydrotherapy**

## Contents

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<b>1</b>	<b>Introduction &amp; Context</b>
<b>2</b>	<b>Hydrotherapy</b>
<b>3</b>	<b>Results of activity analysis</b>
<b>4</b>	<b>Participation &amp; Engagement</b>
<b>5</b>	<b>The Option Appraisal Process</b>
<b>5.1</b>	<b>Developing the Options</b>
<b>5.2</b>	<b>Non Financial Option Appraisal</b>
<b>5.3</b>	<b>Financial &amp; Economic Option Appraisal</b>
<b>6</b>	<b>The Preferred Option &amp; Implications</b>
<b>7</b>	<b>Conclusion</b>
<b>Appendix 1</b>	Staff & Public Engagement Groups Membership
<b>Appendix 2</b>	Petition developed by the Borders Patient Action Group
<b>Appendix 3</b>	Equality Impact Assessment Summary
<b>Appendix 4</b>	Timeline of Participation & Engagement
<b>Appendix 5</b>	Option Appraisal Participants
<b>Appendix 6</b>	Positives & Negatives considered for each Option
<b>Appendix 7</b>	Non Financial Option Appraisal Scoring
<b>Appendix 8</b>	Evaluation of the Option Appraisal
<b>Appendix 9</b>	Financial Appraisal
<b>Appendix 10</b>	Economic Appraisal

## 1. Introduction and Context

The NHS Scotland 2020 Vision and the National Delivery Plan for the Allied Health Professionals in Scotland, 2012 -2015 requires us to look to delivery of more "enabling" services, shifting the focus away from professional dependency and towards supported self-management and resilience. This will be central to achieving better outcomes for people who use services, their families and carers as we strive to address the challenges to demographic change and rising demands on public services. Further information can be found here:<http://www.scotland.gov.uk/Publications/2012/06/9095/0>

Allied Health Professionals (AHPs) focus on providing Rehabilitation and re-ablement as a key part of their role and all AHPs including Physiotherapy services will:

- Use each consultation as an opportunity to improve overall health and well-being with people who use their services, focusing on issues such as physical activity, nutrition and mental well-being, and including signposting to relevant resources.
- Work in partnership with the third and private sectors, as well as other agencies, to enhance community capacity building and support early interventions as part of the implementation of the asset-based model and redesigning "enabling" services.
- Work within local planning arrangements to develop and drive implementation of a robust plan for delivering the shift towards increased AHP community-based activity.
- Drive modern and productive working practices and undertake a review of existing working practices with a view to promoting efficiency, productivity and flexibility, with implementation of findings.

NHS Borders is reviewing the current approaches, location and models of care to ensure that AHPs are contributing in the most effective way to providing services that promote health and well being and decrease dependency.

The Borders General Hospital (BGH) Outpatient Department was created in 1986 and there have been significant changes to the way that outpatient services are delivered. It is the busiest department in the hospital with a growing demand, currently provides up to 69,500 appointments per year and is located on the first floor of the Hospital.

During 2012/13 an opportunity arose to relocate the Outpatient Department to the ground floor, allowing for a complete redesign of the service provision, to link with other outpatients services on the ground floor and to greatly improve accessibility for users of the department. The current accommodation on the first floor is recognised as not fit for purpose and requires investment to upgrade, including meeting the requirements of safe patient care and treatment.

The aim is to deliver a relocated and upgraded outpatient department, with accommodation that is fit-for-purpose, developed to meet future needs. It will also provide a much improved patient experience, and an enhanced patient centred approach to care. The project also aims to ensure that other services impacted by this work, including those that are displaced are accommodated in a way that at

least maintains and predominantly improves their environment and service delivery.

Relocation of all Out patient services on to the ground floor of the BGH will offer a more outward looking focus for services. It will provide:

- Greatly improved access for patients and visitors.
- Fit for purpose outpatient accommodation, designed to deliver outpatient services for the future.
- The development of new services (Dermatology)
- Seamless one-stop services (OP, X-ray, Physiological Medicine)
- Reduced patient journey from the front door to the OP Clinic for those with associated medical conditions e.g. cardiac assessment.
- Facilities which will support improved Health & Safety compliance e.g. infection control and Dermatology.

The present Hydrotherapy facility is currently located in the centre of the ground floor of the hospital. It was designed over 25 years ago and is need of modernisation.

Therefore the national developments of new models of care alongside the Outpatient Redesign lead to an opportunity to reprovide hydrotherapy as a treatment option. Physiotherapists have access to wider treatment modalities and new approaches, including working with communities to improve equity and access to services. It would be beneficial for people in the Scottish Borders to have wider opportunities to access water based exercise to maintain their health and well being.

## 2. Hydrotherapy

Hydrotherapy is a rehabilitation treatment modality that aims to enable pain reduction and improve joint mobility, strength, balance, confidence and function in a semi non weight bearing environment. This is one of the treatment options available to Physiotherapists, others include land based exercise programmes; use of gym equipment; analysis of walking pattern and re-education; electrotherapy; joint mobilisation techniques amongst others. This facility is currently used by those who require a warm pool temperature and/or the ability to access the water via steps rather than a ladder or hoist.

A review of evidence suggests that for specific conditions, Hydrotherapy is beneficial as part of an individuals rehabilitation programme particularly around compliance and as early stage intervention or as part of chronic condition management.

*e.g. "The evidence base for hydrotherapy as a treatment modality is sparse and of poor methodology" SIGN Guideline 123 Early Management of Rheumatoid Arthritis (RA) (February 2011) however the limited published evidence does suggest it can effect and maintain an improvement in self efficacy/function, in addition to clinical and psychological gain across the client groups of paediatrics, pain management, Rheumatoid and Osteoarthritis, learning disability and mental health, brain injury and other long term conditions.*

The medical management of inflammatory arthritis has changed significantly in the past 10 years, consequently the numbers of these patients requiring extensive rehabilitation approaches will fall over time as conditions like rheumatoid arthritis are diagnosed earlier, treated better and result in less long term disability.

A study in 2012 used a validated measurement tool – Measure Yourself Medical Outcome Profile (MYMOP) with hydrotherapy users. This tool measures change in the individuals 2 main symptoms; their Activity & Wellbeing “aquatic therapy delivers improvements in patient defined goals in terms of symptom improvement and return to function”. MYMOP is currently being used with users locally, initial results reflect those above.

Research papers comparing hydrotherapy and land based exercise show both of equal value; some indicate that exercise in warm water increased compliance and consequently an improved outcome.



### 3. Results of Activity Analysis

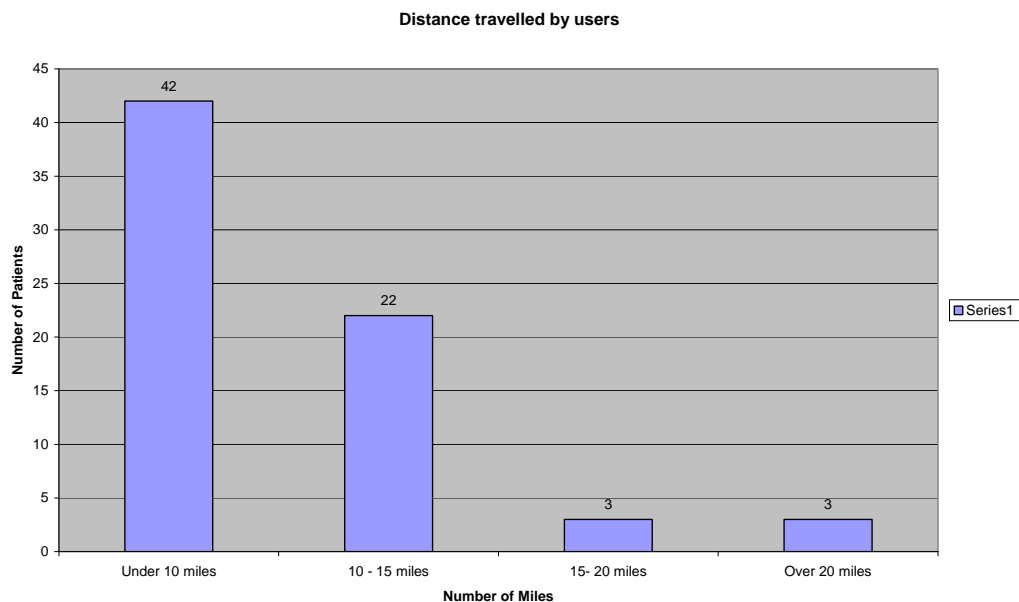
#### Current usage

**Table 1** below shows a snapshot of contacts per client group using the current facility in November 2012.

Client Groups	Contacts
General Hydrotherapy	580
Mental Health	14
Learning Disability	52
Neurology	1
Paediatrics	303
Palliative care	1
Rheumatology	349
Womens Health	70

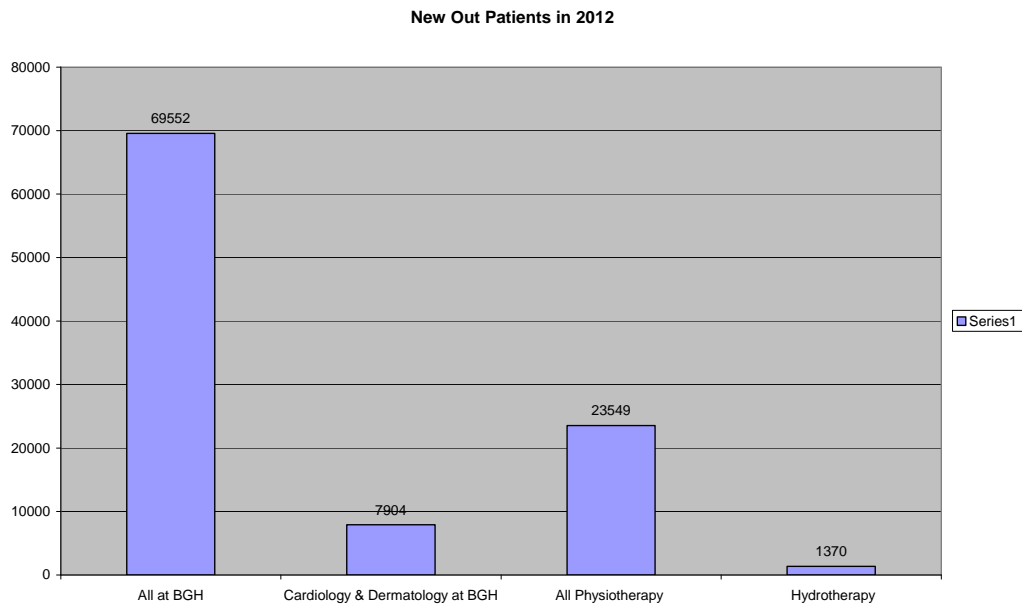
Examination of the residency location of current pool users show that 60% live within a 10 mile radius of the BGH, 91% within a 15 mile radius. This demonstrates that the pool is inequitably accessed by the whole Borders population.

**Graph 1** below shows a snapshot of the distance travelled by new pool users during a 3 month period in 2012.

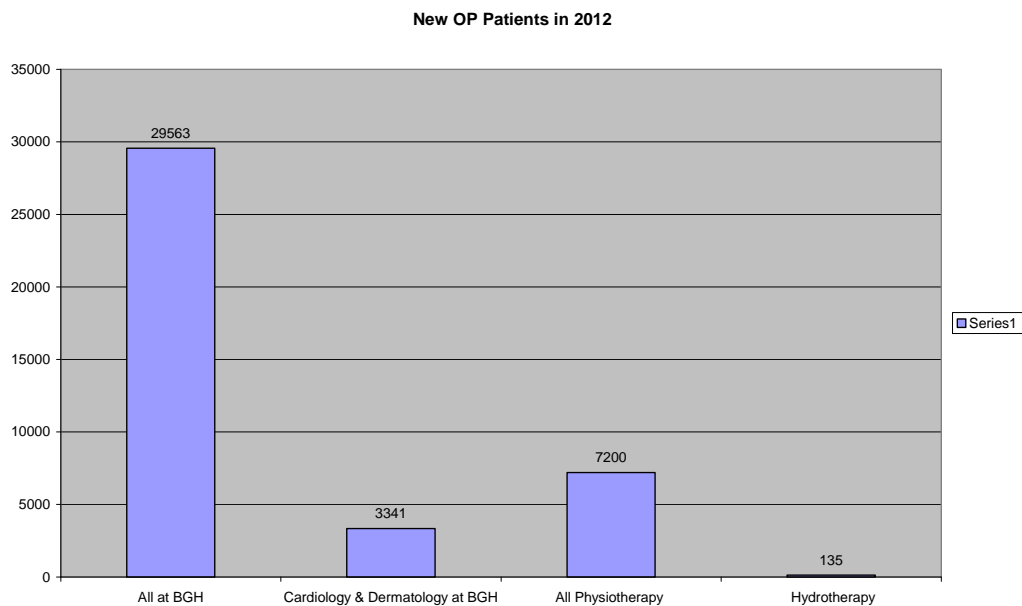


Hydrotherapy is one rehabilitation treatment option available to Physiotherapists, in most cases this is on an outpatient basis. Physiotherapy is one of many out patient services NHS Borders delivers. A patient may attend an out patient department on more than one occasion during a year. The average number of sessions for general out patient Physiotherapy is four, for Hydrotherapy the average is ten sessions.

**Graph 2** below highlights the number of appointments in these different departments during 2012:



**Graph 3** below highlights the number of new patients who attend these different departments in 2012. These are people who have attended for the first time during any episode of care:

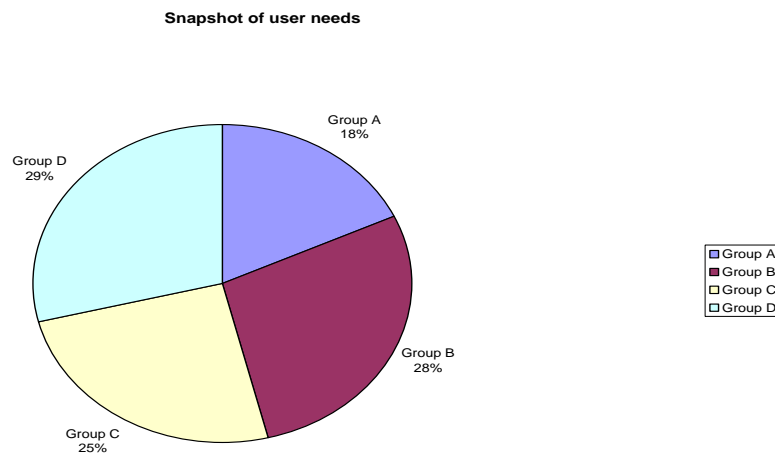


There are 3 pattern types of hydrotherapy treatment:

Those who require ongoing treatment, patients in blocks of treatment who will re-attend (long term conditions) and patients who are receiving a single treatment episode.

The bullet points & graph below show a snapshot sample of users during one week of January 2013:

- **Group A** - 18% can use other mainstream facilities immediately but may need physiotherapy support to attend initially and for review
- **Group B** - 28 % could also use other facilities but only if there were more substantive changes made e.g. hoists and changing facilities)
- **Group C** - 25 % are paediatric cases and could be relocated.
- **Group D** - 29 % would require a more specialised facility



In the most recent 12 month period, factoring for clinical expertise and individual/small group interventions, current usage sits at 62.5% based on a 5 day week service (8.30am – 4.30pm) which equates to 2256 treatment slots.

Other data collection has included discussions with six other NHS Boards nationally. These indicate varied use of this treatment modality, two have no NHS based provision the other four have looked at available capacity in their facilities, which for some is the subject of review and consideration.

Some of these who have retained hydrotherapy facilities have looked to open up access to the public to support self management groups etc. Others have looked to use local pools with minimal Physiotherapist input. Subjective feedback suggests that pool access is a recurring issue as is the ability to access warmer water temperature for specific conditions e.g. neurological & rheumatology. This community based approach has provided more equitable geographical access to a wider patient base and has promoted increased patient self management for those who can get into the water.

## 4. Participation & Engagement

In order to take forward consideration of re-provision of the pool facility, two rehabilitation engagement groups have been established. The Public Involvement group have met on six occasions so far and were involved in developing the possible ideas and options to provide hydrotherapy and water based exercise in a different way, including the positives and negatives for each. This information was used to inform the Option Appraisal which is an NHS Borders process used to ensure decisions are fully informed and based on robust engagement and evidence. The group discussed the format of Non Financial and Financial option appraisal processes, the decision making process was also explained.

**Appendix 1** Outlines the membership of the Public Involvement Group.

The rehabilitation clinical staff group have also focussed on the development of the possible options and the evidence with regards to hydrotherapy as a treatment modality. Another key aim of the group has been to gather detailed information on the types of patients using the facility, mainly looking at access and water temperature requirements. This has included the development of a user satisfaction survey, and a validated measurement tool known as Measure Yourself Medical Outcome Profile (MYMOP).

Both groups along with other key stakeholders fully participated in the non financial option appraisal. In addition this work has been shared with the NHS Borders Public Reference Group a subgroup of the Public Partnership Forum. This is an expert reference group which advises on service planning and redesign. This group were particularly supportive of the potential to provide wider access in local community settings to a larger number of the Borders people.

From the outset a Borders Patient Action Group (BPAG) expressed concerns about possible changes to physiotherapy and organised a petition of signatures. This was entitled "Save our Hydrotherapy Pool and Gym". It has been agreed for BPAG members to submit their petition formally before the Board meeting on the 2nd May. **Appendix 2** shows further detail of the petition.

An **Equality Impact Assessment** has been completed in conjunction with the Public Involvement, Equity & Diversity departments and clinical staff. Health & Inequalities were considered as part of this process. Initial findings show that there would be improved equity of service provision with negative impact on a small number of in-patient users (2-3 people per year). There would be positive impact for the wider Borders population to support self management and for those 70, 000 people accessing Outpatient services in the BGH.

**Appendix 3** shows a summary report.

Engagement with the Scottish Health Council (SHC) locally and nationally has been proactive and productive. The SHC observed the Option Appraisal Process and have facilitated an evaluation based on their national guidance in partnership with the Planning & Performance Team. They have ensured NHS Borders have adhered to the CEL 4 (2010): Informing, Engaging and Consulting people in developing health and community care services, our own locally agreed Process (outlined below) for Co-ordinating Public/Patient Engagement and worked within their national guidance on service change and impact assessment. All documentation and processes have been shared, fully discussed.

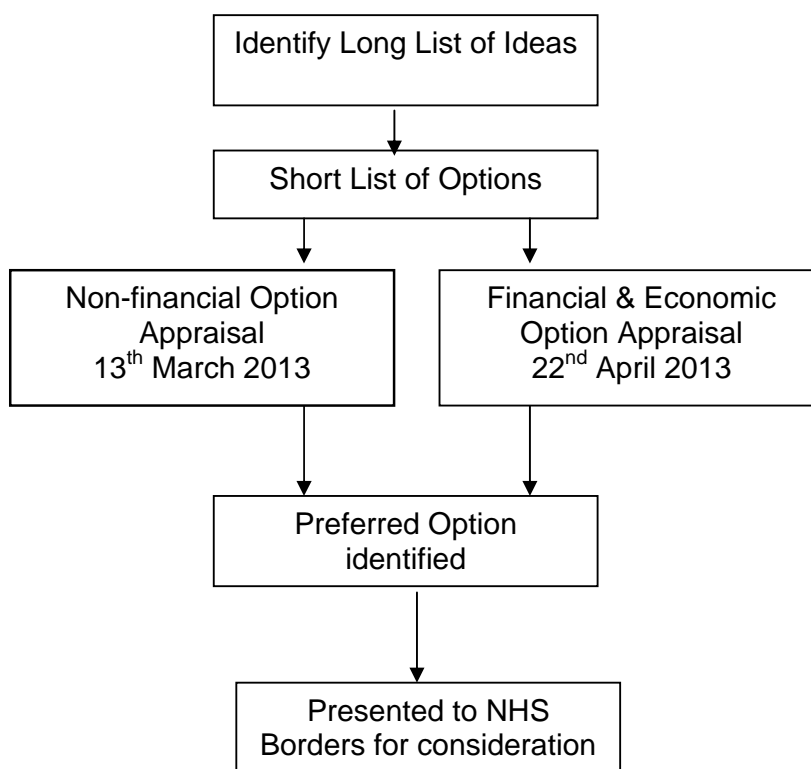
Scottish Health Council “considers the engagement carried out so far to be proportionate to the changes proposed

A timeline of the Participation & Engagement Process is shown in **Appendix 4**.

## 5. Option Appraisal Process

The diagram below outlines the option appraisal process that has taken place as part of this review.

The process is compliant with the Scottish Government Guidance on Informing, Engaging and Consulting people in developing health and community care services issued as CEL 4 (2010) and NHS Borders locally agreed Process for Co-ordinating Public/Patient Engagement.



## 5.1 Developing the Options

An initial scoping exercise identified a number of ideas for consideration in the provision of rehabilitation. In total, nine were identified. They were:

- a) Status quo (no change)
- b) Build a new pool on the BGH site funded by NHS Borders
- c) Build a new pool on the BGH site with externally fund raised money.
- d) Build a new pool on an alternative central Borders site with fund raised money.
- e) Utilise Jedburgh proposed Hydrotherapy pool
- f) Utilise local private pools
- g) Improve access to Borders Sport and Leisure (BSLT) pools
- h) Utilise hydrotherapy pools out with the Borders area
- i) A combined option of utilising Jedburgh & BSLT pools

The following ideas were discounted:

**Option d)** Build a new pool on an alternative central Borders site with externally fund raised money. This was discounted as there was no site option identified within the timescales.

**Option f)** Utilise local private pools. This was shown to be potentially costly for the public when continuing with self management rehabilitation regimes; access to the buildings was often insufficient and transport to the rural/remote locations was an issue.

**Option h)** Utilise hydrotherapy pools out with the Borders area. This would incur a large amount of travel time and cost for patients, carers and staff. Whilst it may be considered suitable on a short term basis or to meet an individual patients needs it would not provide good Borders wide equitable access.

## 5.2 Non Financial Option Appraisal

Following the identification of proposed options a non financial option appraisal was carried out on the 13<sup>th</sup> March 2013. The participants who took part can be found in **Appendix 5**.

The criteria used to score & weight the different options were compliant with the CEL 4 (2010): Informing, Engaging and Consulting people in developing health and community care services and our own locally agreed Process for Co-ordinating Public/Patient Engagement. They are outlined in **Table 2** below. The NHS Borders Option Appraisal processes are consistent with the Scottish Health Council national guidance and their training on Option Appraisal practice.

Each option was assessed in turn using a scoring range of 1 – 5.

**Table 2** below shows the criteria and weighting.

Criteria	Definition	Weightings
Patient Safety	- No increased risk for patients or lowers any existing risks	30%
Equity of service	- Provides a service for all Borders patients as required - Service delivered in most appropriate environment - Timely response for all patients	20%
Ability to deliver quality service contributing to rehabilitation across NHS Borders	- The quality of care has a positive effect on the patient, family and carer - Delivers a safe service that achieves identified standards and key elements	15%
Accessibility	- Provides suitable and appropriate access in and out of the pool - Patients have access to parking facilities	15%
Resource Utilisation	- Effective use of scarce resources including staff	10%
Ability to Deliver	- Is this option sustainable and will it allow the service to grow and meet future demands - Can this option be delivered within a timescale which does not result in a significant break in service provision	10%

**Table 3** below shows the scoring criteria used.

Score	Description
1	Not compliant / consistent with criteria
2	Only limited compliance with criteria or significant limitations / compromises
3	Partial compliance with criteria, but with some limitations / compromises
4	Compliance with criteria, although with some minor limitations / compromises
5	Fully compliant with criteria

The list of options which were appraised were as follows:

- Option 1:** Status Quo (no change) – the current facility whilst adequate for use is in need of modernisation. Data shows that the majority of users of this facility live within a 10 mile radius. The majority of the Physiotherapists who use this pool are based in the BGH, some clinical staff travel in to see their patients. Patients use this pool to access the clinical expertise of staff; because of the increased water temperature or because they are unable to get in to the water in a local pool.
- Option 2a:** Build a new pool on the BGH site funded by NHS Borders – there are currently no funds identified for this option. Attaining funds would be considered in conjunction with other service priorities across NHS Borders. A new build pool would be fit for purpose. It would not improve access across the region.
- Option 2b:** A new pool on the BGH site would be built by an External Charity through fundraising with the completed asset being donated to the NHS Borders estate. The land on which the pool building would be place would gifted by NHS Borders to the External Charity. A new build pool would be fit for purpose. It would not improve access across the region. Fundraising has not commenced.
- Option 3:** Utilise Jedburgh Hydrotherapy pool – Jedburgh Leisure Facilities Trust (JFLT) have identified land and have out line planning permission to build a combined training/Hydrotherapy pool. Their business case is being progressed but details the pool will be provided with a specification including variably controlled water temperature and a depth gradiated floor. A new build pool would be fit for purpose. It would not improve access across the region.
- Option 4:** Improve access to local pools – Ladder stair access is the most common access option at present in BSLT pools. The availability of steps during accessible times would improve access options across the region promoting self management and preventative options for the Borders population.
- Option 5:** Combine Options 3 & 4 (Utilise Jedburgh Hydrotherapy pool & Improve access to local pools)

The Option Appraisal took place on the 13<sup>th</sup> March 2013. There were representatives from Public Involvement Group and BPAG, medical, AHP staff, BGH and Primary & Community Services. The appraisal was observed by the Scottish Health Council. Attendees were balanced across 2 groups and during the appraisal a consensus view was sought, but if this was not possible, the majority view was accepted if required. Any assumptions, or concerns, made during this process, were noted. An indicative list of positives & negatives for each option, previously developed by the Public Involvement group and the clinical staff rehabilitation group, was available to inform the discussion and is available in **Appendix 6**.



**Table 4** below shows the results of the non financial option appraisal

<b>Option</b>	<b>Score</b>	<b>Rank</b>
Option 1: Status Quo (no change)	675	4
Option 2a: Build a new pool on the BGDH site funded by NHS Borders	710	3
Option 2b: Build a new pool on the BGDH site with externally money fund raised	710	3
Option 3: Utilise Jedburgh Hydrotherapy pool	790	2
Option 4: Improve access to local BSLT pools	625	5
Option 5: Combine options 3 & 4 (utilise Jedburgh Hydrotherapy pool & improve access to local pools)	880	1

The scoring for both groups can be found at **Appendix 7**.

An **Evaluation of the NHS Borders Non Financial Option Appraisal Process** with all participants has been completed in agreement with Planning & Performance & the Scottish Health Council. Whilst the overall feedback was very positive there are some learning opportunities to consider. **Appendix 8** gives further detail.

#### **Conclusion of Non Financial Option Appraisal**

The preferred option that emerged from the non financial appraisal process was : Option 5: Combine options 3 & 4 (utilise Jedburgh Hydrotherapy pool & improve access to local pools)

## 5.3 Financial and Economic Appraisal

There are two aspects to this process. A financial appraisal is the ultimate determinate of affordability. The economic appraisal determines the value for money provided. Value for money is demonstrated by measuring the ratio of overall costs to non-financial benefits for each option. It does not always follow that the option offering the best value for money will be affordable; hence the need to consider affordability as a parallel assessment criteria.

The financial appraisal included in this document is based on the use of traditional capital resource.

The financial and economic appraisal was reviewed against the format of the key Scottish Capital Investment Manual (SCIM) elements. The presented information is compliant to the requirements of the SCIM.

### Capital and Revenue Costs

The main elements covered within the financial appraisal for the options considered were:

- Capital construction costs.
- Professional design and consultancy fees.
- Staffing costs.
- Other non-pay revenue costs, including any additional capital charge implications.

The total capital construction cost included in the options considered include a 10% optimism bias as a contingency to reflect the early stages of the proposed design and the potential for costs to change as the specification is finalised.

The revenue costs of the options considered have been based on a draft monthly schedule of hydrotherapy sessions which will be provided from the various pool locations.

### Financial Appraisal

**Appendix 9** details the full financial appraisal for the options considered.

**Table 5** below presents a summary of the capital financial appraisal information contained within appendix 9

CAPITAL COSTS					
	New build at BGH - NHS Capital Funding	New build at BGH - External Charity	Jedburgh Pool	BSLT Pools	Jedburgh & BSLT Pools
OPTIONS	Option 2a	Option 2b	Option 3	Option 4	Option 5
Construction Total	£911,213	£911,213	£45,000	£30,000	£75,000
Plant & Equipment					
Total	£240,000	£240,000	£0	£0	£0
<b>Total Capital Cost</b>	<b>£1,151,213</b>	<b>£1,151,213</b>	<b>£45,000</b>	<b>£30,000</b>	<b>£75,000</b>

The most expensive option is the new build option at BGH as detailed in Option 2a and 2b.

**Table 6** below present summaries of the revenue financial appraisal information contained within Appendix 9

<b>REVENUE COSTS</b>						
		New build at BGH - NHS Capital Funding	New build at BGH - External Charity <b>Option 2b</b>	Jedburgh Pool	BSLT Pools	Jedburgh & BSLT Pools
	<b>Baseline</b>	<b>Option 2a</b>	<b>Option 2b</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>
<b>Total Staffing</b>	£40,340	£40,340	£40,340	£36,655	£36,820	£36,810
<b>Total Supplies</b>	£20,319	£56,851	£20,319	£10,684	£8,964	£10,314
<b>Total Revenue Cost</b>	<b>£60,659</b>	<b>£97,191</b>	<b>£60,659</b>	<b>£47,339</b>	<b>£45,784</b>	<b>£47,124</b>
<b>Increase in Revenue</b>		<b>£36,532</b>	<b>£0</b>	<b>(£13,320)</b>	<b>(£14,875)</b>	<b>(£13,535)</b>

Option 2a increases revenue costs by £36,532 per annum. Option 2b is cost neutral with Options 3, 4 & 5 reducing the revenue costs on an annual basis.

## Economic Appraisal

**Appendix 10** details the full economic appraisal for the options considered.

**Table 7** below presents a summary of the economic appraisal information contained within appendix 10

<b>Economic Appraisal</b>						
		New build at BGH - NHS Capital Funding	New build at BGH - External Charity	Jedburgh Pool	BSLT Pools	Jedburgh & BSLT Pools
	<b>Baseline</b>	<b>Option 2a</b>	<b>Option 2b</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>
<b>Annual Cost</b>	<b>£55,120</b>	<b>£102,721</b>	<b>£102,721</b>	<b>£47,133</b>	<b>£43,953</b>	<b>£50,461</b>
Weighted Non-Financial Indicators	675	710	710	790	626	880
Cost per Benefit Point	<b>£82</b>	<b>£145</b>	<b>£145</b>	<b>£60</b>	<b>£70</b>	<b>£57</b>
Rank	<b>4</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>1</b>

Through the economic appraisal the option which delivers the best value for money, from the considered options, is Option 5. Option 5 delivers an equivalent annual cost of £50,461 with a cost per benefit point of £57 compared with a baseline line of £82.

## Financial & Economic Appraisal Ranking

The ranking of the financial and economic appraisal calculations were as follows in **Table 8**:

Option	Revenue Impact per Annum	Equivalent Annual Cost	Cost per benefit point	Rank
Option1: Status Quo (no change)	No impact	£55,120	£82	4
Option2a: Build a new pool on the BGH site funded by NHS Borders	Increase £36,532	£102,721	£145	5
Option 2b: A new pool would be built on the BGH site by an External Charity and gifted to NHS Borders for use.	No impact	£102,721	£145	5
Option3: Utilise Jedburgh Hydrotherapy pool	Reduction £13,320	£47,133	£60	2
Option 4: Improve access to local BSLT pools	Reduction £14,875	£43,953	£70	3
Option 5: Combine options 3 & 4 (utilise Jedburgh Hydrotherapy pool & improve access to local pools)	Reduction £13,535	£50,461	£57	1

The financial and economic appraisal information results in Option 5 being the preferred option in terms of affordability and value for money.

## Conclusion of Financial and Economic Option Appraisal

### Capital

The preferred Option 5 will cost £75,000 in capital resource. This option is considered affordable as this level of resource has been identified as part of the SGHD capital allocation to NHS Borders. The Board is required to formally approve the capital costs of the preferred option.

### Revenue

NHS Borders will receive a reduction in revenue resources for the preferred option of £13,535 per annum.

The preferred option 5 is affordable in terms of capital and revenue.

## 6. The Preferred Option and Implications

The option appraisal process ultimately combined the financial and non- financial appraisals to determine a preferred option. The outcome of this process was the identification of one preferred option, which is detailed below in **Table 9**:

Option	Non Financial Appraisal Rank	Financial & Economic Appraisal Rank	Final Rank
Option1: Status Quo (no change)	4	4	3
Option2a: Build a new pool on the BGH site funded by NHS Borders	3	5	3
Option 2b: Build a new pool on the BGH site with externally money fund raised	3	5	3
Option3: Utilise Jedburgh Hydrotherapy pool	2	2	2
Option 4: Improve access to local BSLT pools	5	3	3
Option 5: Combine options 3 & 4 (utilise Jedburgh Hydrotherapy pool & improve access to local pools)	1	1	1

### **Full Option Appraisal Conclusion**

**Option 5 has emerged as the preferred option following the full Non Financial and Financial and Economic Appraisals.**

**Preferred Option: Utilise Jedburgh Hydrotherapy pool and improve access to local Borders Sport & Leisure pools.**

- To utilise the new Training/Hydrotherapy pool at Jedburgh for those who require access to increased water temperature.
- To utilise BSLT Pools for those for whom access into the water has been an issue.

The pool at Jedburgh is an independent Community Trust. They have plans to build a Hydrotherapy/Training pool in addition to the current 25 meter pool on site. Included in this proposal are new accessible changing facilities and adjacent parking. It is planned that the pool temperature could be varied within a short time span that the pool floor would be gradiated and the water depth could be varied according to the need of the group using the pool at any given time. They have outline planning permission in place.

Borders Sport & Leisure Trust (BSLT) have six pools, two already have hoist access. NHS Borders would look to install a further hoist in a third pool. The current facility of ladder access into the water is a barrier for many people who wish use water as a means to self manage a condition or have a more active lifestyle. NHS Borders would aim to purchase graduated steps for four pools which BSLT would ensure were available during agreed times.

With both organisations we would look to enter into relevant service level agreements e.g. access times. NHS Borders would offer clinical expertise to advise on the layout of changing facilities & pool side access. Jedburgh and BSLT staff would be offered training regarding the support of individuals with reduced mobility and on how to give direction for someone carrying out their own self management and/or preventative exercise programme. When using a pool it is required that there is always a land based staff member. Jedburgh & BSLT have indicated their staff would be able to carry out this function on many occasions.

A regular programme of activity would be developed and reviewed to meet the demand of the provision of this treatment option.

The preferred option would mean that:

- Physiotherapists using Hydrotherapy or water based exercise as a treatment option would travel to different locations on a sessional basis. They would continue to offer assessment and treatment to meet an individuals needs whilst promoting self management and resilience. Leisure services staff would be offered training to support people attending the pool for self management or preventative rehabilitation.
- Equity of access within local communities would be increased for those who can use water based exercise as a means of improving and sustaining their health & wellbeing.
- The out patient department at the BGH could be improved to provide accommodation which is fit for purpose designed to deliver out patient services for the future improved access; the development of new services & facilities which support improved health & safety compliance.
- There would be the opportunity for the development of patient led self management groups and the potential to develop future services incorporating telehealth

## Potential Risks/Challenges

A number of areas must be considered as the preferred option is taken forward:

- **Gap in service:** Should this occur due to the Jedburgh development project not progressing as originally indicated; delays in developing improved access to local pools or as a result of the out patient redesign at the BGH, then there would be a reduction in the Rehabilitation options available to Physiotherapists and consequently patients. An individual needs assessment for users at that point in time would indicate if alternative rehabilitation methods could be used or if an alternative temporary solution was required e.g. use of an out of area pool. There would be associated travel costs associated with this.
- **Transport:** At the point of service transfer there may be a small number of patients who will be using patient transport. In discussion with the Scottish Ambulance Service those who meet the standardised needs assessment and national criteria would be able to request continuation of this service.
- **Service level agreement:** The capital grants made to Borders Sport and Leisure Trust and Jedburgh Leisure Facilities Trust will secure facilities for use of both NHS patients and the wider public who find accessing standard pools difficult. Patients receiving treatment sessions from NHS Borders therapists in the Hydrotherapy facility at Laidlaw Memorial Pool in Jedburgh will not be charged for access to the pool or facilities for those treatment sessions.

Access to Borders Sport and Leisure Trust facilities and charging schemes are still being negotiated but the principle of NHS Patients (those receiving treatment from a therapist during that pool session) not being charged will be maintained

## 7. Conclusion

We are reviewing the current approaches, location and models of care to ensure that AHPs are contributing in the most effective way of providing services which promote health and well being and decrease dependency. Using a range of community providers will secure a wider geographical and more equitable service for those for whom water based exercise would enhance their rehabilitation. It would provide both options of warmer water and improved access into water across the region. This will also facilitate community capacity building and partnership working with the Third Sector and statutory partners

This option will improve equity for the wider Borders population giving them the opportunity to access facilities for better "enabling" services, shifting the focus away from professional dependency and towards supported self-management and resilience, this will be central to achieving better outcomes for people who use services, their families and carers as we strive to address the challenges to demographic change and rising demands on public services. This is consistent with national strategy and guidance within the AHP National Delivery Plan CEL 27 (2012) and Health Promoting Health Services CEL 1 (2012).

The BGH Outpatient Department is the busiest department in the hospital with currently up to 69,500 appointments per year. It is located on the first floor of the Hospital. Since the department was created in 1986, there have been significant changes to the way that outpatient services are delivered. The accommodation is recognised as not fit for purpose and requires investment to upgrade, including meeting the requirements of safe patient care and treatment.

The aim of the Out Patient Redesign Programme is to deliver a relocated and upgraded outpatient department, with accommodation that is fit-for-purpose, developed to meet future needs. It will also provide a much improved patient experience, and an enhanced patient centred approach to care. The project also aims to ensure that other services impacted by this work, including those that are displaced are accommodated in a way that at least maintains and predominantly improves their environment and service delivery. Reproviding hydrotherapy would allow for the current space to be utilised enhancing outpatients facilities for a significantly large number of the Borders population. Improving access, providing fit for purpose accommodation, designed to deliver outpatient services for the future; the development of new services & facilities will support improved Health & Safety compliance e.g. infection control & Dermatology.

With further work this model of partnership service delivery could be replicated in other areas of rehabilitation. Particularly in the development of patient led self management groups & preventative activities, this would include the use of telehealth technologies.

An implementation & communication plan would be required to ensure timely effective delivery of this option, addressing concerns in relation to potential gaps in service; transport; timescales. We remain committed to the ongoing engagement with third sector partners, clinicians and the public.



## Appendix 1 - Public Involvement Group Membership

This group met on 6 occasions

<b>Membership Specific interest</b>
User of the gym/ Rehab classes
Pool user
Pool user.
Borders Patient Action Group member.
Carer of a pool user
Pool user
Borders Patient Action Group Member
Carer of a pool user
Member of the BGH Participation Group
Carers of a pool user
Public Involvement Officer
Member of Physiotherapy staff
Member of Occupational Therapy staff
Chair

These individuals were approached re participation as they had expressed interest in Rehabilitation developments. The BGH Participation Group was approached directly for a member to be involved.

## Clinical Staff Involvement Group Membership

This group met on 10 occasions

<b>Physiotherapy Special Interest of Members</b>
Hydrotherapy
Paediatrics
Women's Health
Rheumatology
Learning Disabilities
Head of Profession
Chair

All members are Physiotherapists who currently use the Hydrotherapy pool (with the exception of the Head of profession & the chair)

## Appendix 2 – Petition developed by the Borders Patient Action Group

*"Petition developed by the Borders Patient Action Group*

*We have 2153 signatures on our paper petitions and a further 476 on the online petition, making 2629 in all. The online petition you can reach at [http://www.petitions24.com/save\\_our](http://www.petitions24.com/save_our) You should be able to click on this link!*

*and once you are through if you click on COMMENTS you can read all the remarks people have made.*

*The wording at the top of each of the paper petition forms was:-*

### *BGH PHYSIO DEPARTMENT*

#### *SAVE OUR HYDROTHERAPY POOL AND GYM*

*NHS Borders plan to move the physiotherapy department at the BGH into an empty ward which would mean the loss of their facilities ie the gym and the hydrotherapy pool. Please sign to support our campaign to stop these closures.*

*The form had space for name, address, signature.*

*As the petition was mentioned in local papers, I had a fair number of phone calls from concerned people. I sent out forms to those who requested them asking for them to be returned by Dec 1<sup>st</sup> 2012. Several doctors surgeries were happy to place petitions on their counters for their patients to sign. Jean went out and about with petitions to Galashiels, Selkirk, Newtown St Boswells and possibly Peebles. Due to our own health constraints we did not venture further afield. The majority of the signatures were gathered between mid November and mid December."*

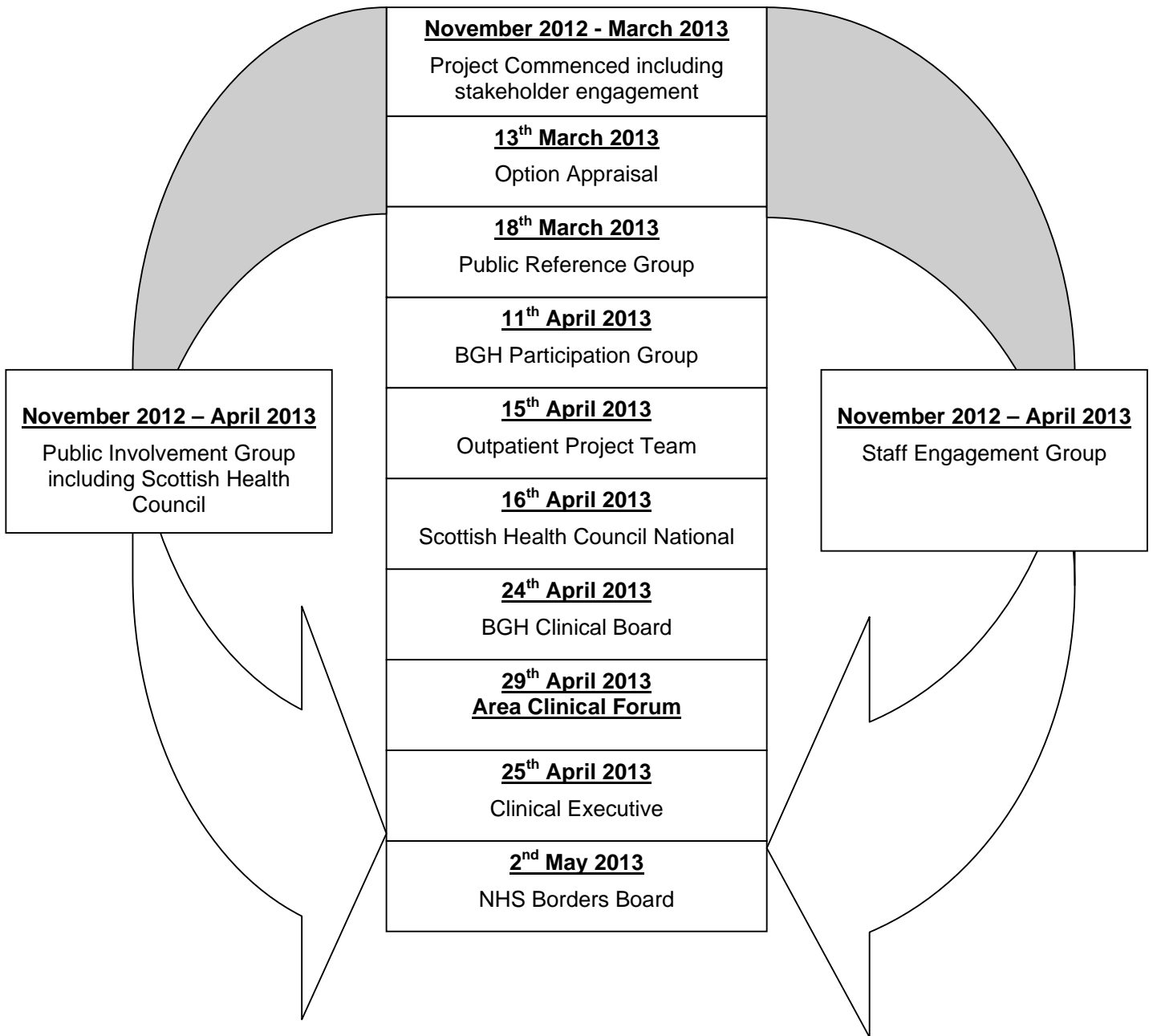
Appendix 3



<b>Equality Impact Assessment (EIA)</b> <b>SUMMARY (Publishing Form)</b>	
<b>Title of Policy/Function/Service:</b>	Rehabilitation Re-provision – Hydrotherapy
<b>Directorate/Department: Head of Service:</b>	Allied Health Professions Karen McNicoll
<b>Telephone No: Email Address:</b>	
<b>Names/ Job titles of Assessors</b>	<b>Jan Beattie; Project Support</b>
<b>Summary of Policy / Service /Function aims:</b>	<p>The BGH Outpatient Department is the busiest department in the hospital with up to 69,500 appointments per year. It is located on the 1<sup>st</sup> Floor of the Hospital. There is an opportunity to relocate the Outpatient Department to the ground floor, allowing for a complete redesign of the service provision. There has also been development in new models of care with wider treatment modalities now available and new approaches including working with communities and equity of service provision.</p> <p>The National Delivery Plan for the Allied Health Professionals in Scotland, 2012 -2015 requires us to look to delivery of more "enabling" services, shifting the focus away from professional dependency and towards supported self-management and resilience, this will be central to achieving better outcomes for people who use services, their families and carers as we strive to address the challenges to demographic change and rising demands on public services.</p>
<b>Strands Impacted:</b>  <b>Please note:</b> If you leave any box blank in this section you will have decided that your proposed service or function has no impact on that particular strand.	Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Race <input type="checkbox"/> Religion or Belief <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Poverty/Social Exclusion <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/>
<b>Summary of key issues arising and decisions made</b>	<p>The current Hydrotherapy pool does not provide equitable access for the whole Borders population. The majority of the current users live within a 10 mile radius – improved access across the region would help address this.</p> <p>There are 2 groups who use the current pool – those for whom increased water is of benefit and those who are unable to get into local pools due to the access- The pool at Jedburgh Leisure Facilities Trust site would provide increased water temperature and Borders Sport &amp; Leisure Trust (BSLT) pools would have improved access.</p> <p>Relocation of all Out patient services on to the ground floor of the BGH will offer fit for purpose and improved health &amp; safety outpatient accommodation, designed to deliver outpatient services for the future –</p>

	Phase 1 is underway There are less than 4 inpatients per annum for whom alternative rehabilitation options would be developed on an individual needs basis.	
<b>Summary of key recommendations</b>	Develop an implementation plan with Jedburgh Leisure Facilities Trust & BSLT to utilise these facilities. Including admission arrangements, training and service development.	
<b>Agreed by</b>	Name: Karen McNicoll	Date: 28/03/13

## Appendix 4 – Timeline of the Participation & Engagement Process



## Appendix 5 – Option Appraisal Participants

### Group 1

<b>Facilitator</b>
Public Member (also BPAG member)
Public Member
Public Member
Hydrotherapist
Consultant Anaesthetist/Head of Planned Care & Clinical Services
Head of delivery Support
Associate Director of AHPs
Deputy Manager Occupational Therapy

### Group 2

<b>Facilitator</b>
Public Member (also BPAG Member)
Public Member
Public Member
Public Involvement Officer
Head of Profession, Physiotherapy
Associate Medical Director; Chair of BGH Clinical Board
Associate Director of Nursing - Acute Services
General Manager

### In attendance

Scottish Health Council  
Project Support Manager

## Appendix 6 - Positives & Negatives considered for each Option

### Option 1: Status Quo (no change)

The Hydrotherapy Pool is located in the centre of the BGH ground floor. It has hoist access; steps up and down into the pool; temperature 35 degrees; changing facilities are behind curtains; a mobile hoist is available.

Positives	Negatives
<ul style="list-style-type: none"> <li>- Service could continue to offer at present level</li> <li>- Adequate for use, handy for central Borders population</li> <li>- Limited Physiotherapist travel time/costs</li> <li>- Changing facilities adequate</li> </ul>	<ul style="list-style-type: none"> <li>- Pool size not ideal</li> <li>- Main users central Borders population</li> <li>- Travel costs for patients &amp; carers</li> <li>- Changing rooms need upgraded</li> <li>- Surrounding pool facilities need updated</li> </ul>

<ul style="list-style-type: none"> <li>- Medical back up in an emergency</li> <li>- Good infection control</li> <li>- In patients can access pool</li> <li>- Good temperature</li> <li>- Possible ability to develop a community resources</li> <li>- No cost to change things</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of public awareness that it exists</li> <li>- Pool now isolated from other Rehabilitation services – impact on Physiotherapy Technical Instructor (TI) support/time – impact on time available for in patient services.</li> <li>- Impact on other BGH services now to be emergency responders.</li> </ul>
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Option 1 would allow Hydrotherapy as a treatment Rehabilitation modality to continue in its current format. The facilities meet the needs of those requiring increased water temperature and those who need good access into the water. This option does not provide good equitable access for the whole of the Borders population. Remaining on this site would have an impact on the Out patient redesign.

**Option 2a: Build a new pool on the BGH site funded by NHS Borders**

A new pool would be of an improved design as would changing/shower facilities, a site has not been identified but would ideally have close parking. Planning permission has not been sought.

Positives	Negatives
<ul style="list-style-type: none"> <li>- Facilities would be up to date &amp; fit for purpose</li> <li>- In patients could access the pool</li> <li>- Medical back up in emergencies</li> <li>- Limited travel for staff</li> <li>- Patients “appear” to like the hospital environment</li> <li>- Modern facilities = more economical running costs</li> </ul>	<ul style="list-style-type: none"> <li>- Conflicting priorities for funds with other developments</li> <li>- Funds not in existing budget plans, so long time span</li> <li>- Unclear on an appropriate site, Planning permission may be an issue</li> <li>- Would create a gap in service provision</li> <li>- Not compliant with National delivery plans to promote community based services.</li> <li>- Parking and access</li> </ul>

Option 2a would provide fit for purpose facilities. It would not provide equitable access for those requiring access to water for self management. Funding has not been identified this could lead to a significant delay in service provision.

**Option 2b: Build a new pool on the BGH site with money fund raised**

A new pool would be of an improved design as would changing/shower facilities; a site has not been identified but would ideally have close parking. Planning permission has not been sought.

Positives	Negatives
<ul style="list-style-type: none"> <li>- Facilities would be up to date &amp; fit for purpose</li> <li>- In patients could access the pool</li> <li>- Medical back up in emergencies</li> <li>- Limited travel for staff</li> <li>- Patients “appear” to like the hospital environment</li> <li>- Modern facilities = more economical running costs</li> <li>- May not be a conflicting priority with wider NHS Borders needs</li> </ul>	<ul style="list-style-type: none"> <li>- Conflicting priorities for funds with other developments</li> <li>- Unclear on an appropriate site, Planning permission may be an issue</li> <li>- Would create a gap in service provision</li> <li>- Fundraising could take a long time, and may not get full public support</li> <li>- No current plan for this in place</li> <li>- Parking and access</li> </ul>

Option 2b would provide fit for purpose facilities. It would not provide equitable access for those requiring access to water for self management. Funding has not been identified this could lead to a significant delay in service provision.

**Option 3: Utilise Jedburgh Hydrotherapy pool**

A new pool would be of an improved design as would changing/shower facilities, parking would be adjacent. The pool would double up as a public training pool. Access times for the Hydrotherapist would be negotiated. Pool staff would be offered training in how best to support individuals if they chose to access when the therapist was not present. NHS Borders would offer expert advice on layout; planning; moving & handling and pool temperature etc. A site has been identified; outline planning permission agreed and initial funding streams looked at.

Positives	Negatives
<ul style="list-style-type: none"> <li>- Modern facilities – fit for purpose</li> <li>- Community based</li> <li>- Good parking</li> <li>- Closer for people in Jedburgh area</li> <li>- Joint working with staff – ability to give guidance on Health &amp; Safety/changing rooms etc</li> </ul>	<ul style="list-style-type: none"> <li>- Not in central Borders</li> <li>- Increased Physiotherapy travel time/costs</li> <li>- Less flexibility on pool times</li> <li>- No land based treatment space to combine sessions</li> <li>- In patients couldn't access</li> </ul>



<ul style="list-style-type: none"> <li>- No of Physio returns could decrease</li> <li>- Pool staff could support maintenance work</li> <li>- Temperature control</li> <li>- Good access</li> <li>- Good changing facilities</li> </ul>	
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Option 3 would provide fit for purpose facilities. This option does not provide good equitable access for the whole of the Borders population. It promotes good joint working & community capacity building opportunities.

**Option 4: Improve access to BSLT pools**

A service level agreement would be reached re Provision of steps as well as ladder access to be available at “accessible times”; A hoist facility in a central location. Pool staff would be offered training in how best to support individuals if they chose to access when the therapist was not present. NHS Borders would offer expert advice on improving access to changing facilities.

Positives	Negatives
<ul style="list-style-type: none"> <li>- Improved access for all Borders population</li> <li>- Good car parking</li> <li>- Opportunity for improved self management options</li> <li>- Post acute/rehab – subsidised costs for patients</li> <li>- BSLT Staff able to support individuals ( if trained)</li> <li>- Wider community benefit/community based</li> </ul>	<ul style="list-style-type: none"> <li>- Cooler water temperature, not suitable for all</li> <li>- Less privacy</li> <li>- Physio / Hydrotherapist travel time/cots</li> <li>- Health &amp; Safety Risk assessment would need to be carried out.</li> <li>- No land based treatment space to combine sessions</li> <li>- Changing rooms rarely suitable without improvements</li> </ul>

Option 4 offers good access to water across the Borders region. It does not provide increased water temperature for those who require it. It promotes good joint working & community capacity building opportunities.

**Option 5: Combine Options 3 & 4** (Utilise Jedburgh Hydrotherapy pool & Improve access to local pools)  
As above for 3 & 4

Positives	Negatives
<ul style="list-style-type: none"> <li>- Opportunity for service redesign/modernise</li> <li>- Modern facilities – fit for purpose</li> <li>- Community based</li> <li>- Good parking</li> <li>- Closer for people in Jedburgh area</li> <li>- Joint working with staff – ability to give guidance on H&amp;S/changing rooms etc</li> <li>- Number of Physio returns could decrease</li> <li>- Pool staff could support maintenance work</li> <li>- Temperature control</li> <li>- Good access</li> <li>- Good changing facilities</li> <li>- Opportunity for improved self management options</li> <li>- Post acute/rehab – subsidised costs for patients</li> <li>- BSLT Staff able to support individuals ( if trained)</li> <li>- Wider community benefit/community based</li> <li>- More options for people to do preventative exercise</li> </ul>	<ul style="list-style-type: none"> <li>- Not in central Borders</li> <li>- Increased Physiotherapy travel time/costs</li> <li>- Less flexibility on pool times</li> <li>- No land based treatment space to combine sessions</li> <li>- In patients couldn't access</li> <li>- Cooler water temperature, not suitable for all</li> <li>- Less privacy</li> <li>- Physio / Hydrotherapist travel time/costs</li> <li>- Health &amp; Safety Risks would need to be assessed.</li> <li>- No land based treatment space to combine sessions</li> <li>- Changing rooms rarely suitable without improvements</li> <li>-</li> </ul>

Option 5 would provide fit for purpose facilities & offers good access to water across the Borders region. It promotes good joint working & community capacity building opportunities.

## Appendix 7 - Non Financial Option Appraisal Scoring

### Option Appraisal Scoring

Criteria	Group	OPTION 1		OPTION 2a		OPTION 2b		OPTION 3		OPTION 4		OPTION 5	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
<b>Patient Safety - 30%</b> - No increased risk for patients or lowers any existing risk	1	4	120	4	120	4	120	5	150	5	150	5	150
	2	4	120	5	150	5	150	4	120	3	90	4	120
<b>Equity of service - 20%</b> - Provides a service for all Borders patients as required  - Service delivered in most appropriate environment  - Timely response for all patients	1	3	60	3	60	3	60	4	80	2	40	5	100
	2	2	40	3	60	3	60	2	40	2	40	4	80
<b>Ability to deliver quality service contributing to rehabilitation across NHS Borders - 15%</b> - The quality of care has a positive effect on the patient, family and carer  - Delivers a safe service that achieves identified standards and key elements	1	3	45	3	45	3	45	4	60	2	30	5	75
	2	5	75	5	75	5	75	5	75	2	30	4	60
<b>Accessibility - 15%</b> - Provides suitable and appropriate access in and out of the pool  - Patients have access to parking facilities	1	3	45	4	60	4	60	4	60	4	60	5	75
	2	4	60	4	60	4	60	5	75	3	45	4	60
<b>Resource Utilisation - 10%</b> - Effective use of scarce resources including staff	1	2	20	2	20	2	20	4	40	3	30	4	40
	2	2	20	3	30	3	30	3	30	3	30	4	40
<b>Ability to Deliver - 10%</b> - Is this option sustainable and will it allow the service to grow and meet future demands  - Can this option be delivered within a timescale which does not result in a significant break in service provision	1	3	30	1	10	1	10	3	30	4	40	4	40
	2	4	40	2	20	2	20	3	30	4	40	4	40
<b>TOTAL</b>		<b>39</b>	<b>675</b>	<b>39</b>	<b>710</b>	<b>39</b>	<b>710</b>	<b>46</b>	<b>790</b>	<b>37</b>	<b>625</b>	<b>52</b>	<b>880</b>

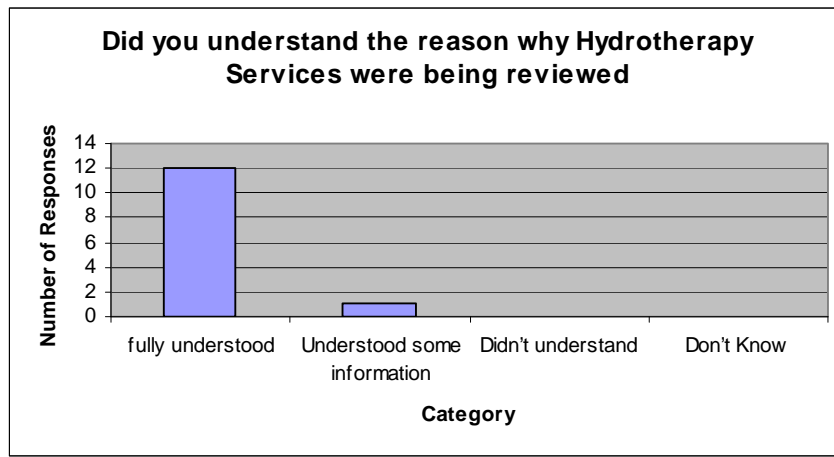
## Appendix 8 - Hydrotherapy Option Appraisal Process Evaluation

An evaluation was carried out following the option appraisal to gather information on attendee's thoughts regarding the process.

13 responses were received from both staff & public representatives who attended the Option Appraisal.

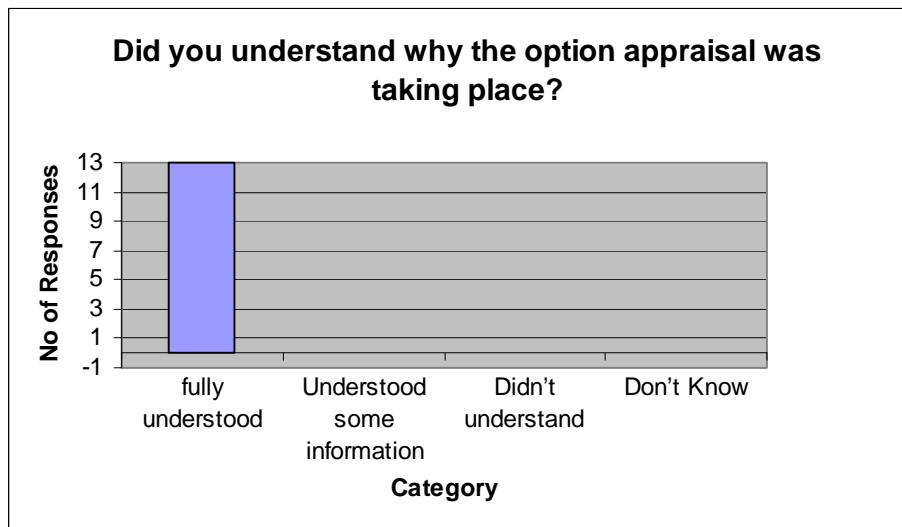
The evaluation form consisted of a number of questions and the following graphs below pull together the information received from the responses.

### ***Question 1 - Did you understand the reason why Hydrotherapy services were being reviewed?***



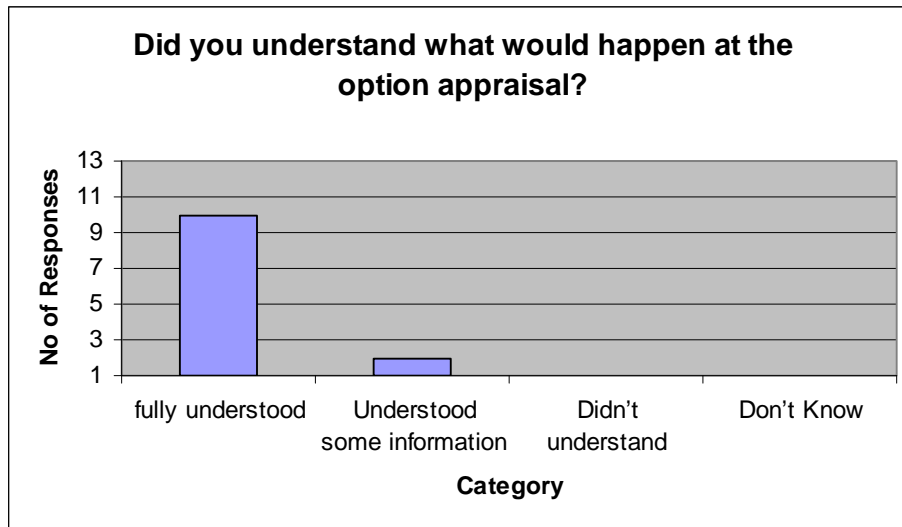
12 people confirmed that they fully understood whilst 1 person felt they only understood some of the information

### ***Question 2 - Did you understand why the option appraisal was taking place?***



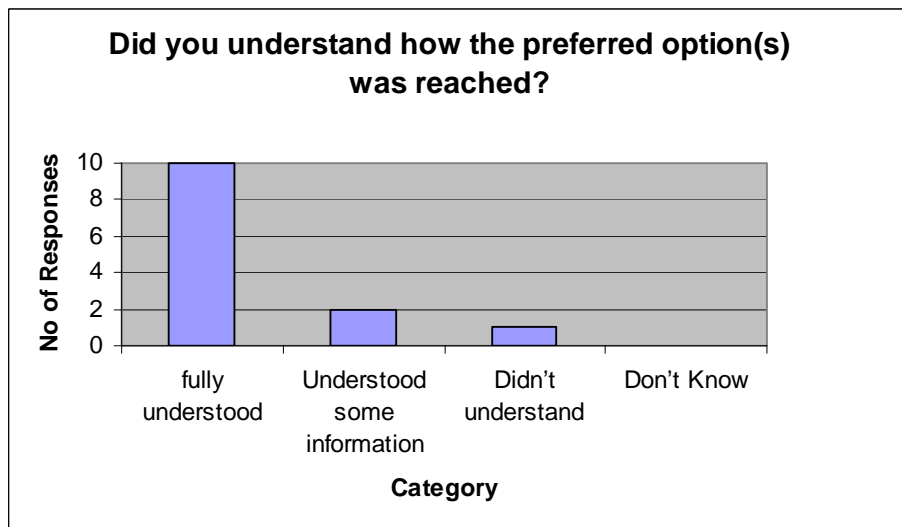
All 13 people confirmed they fully understood why the option appraisal was taking place.

**Question 3 - Did you understand what would happen at the option appraisal?**



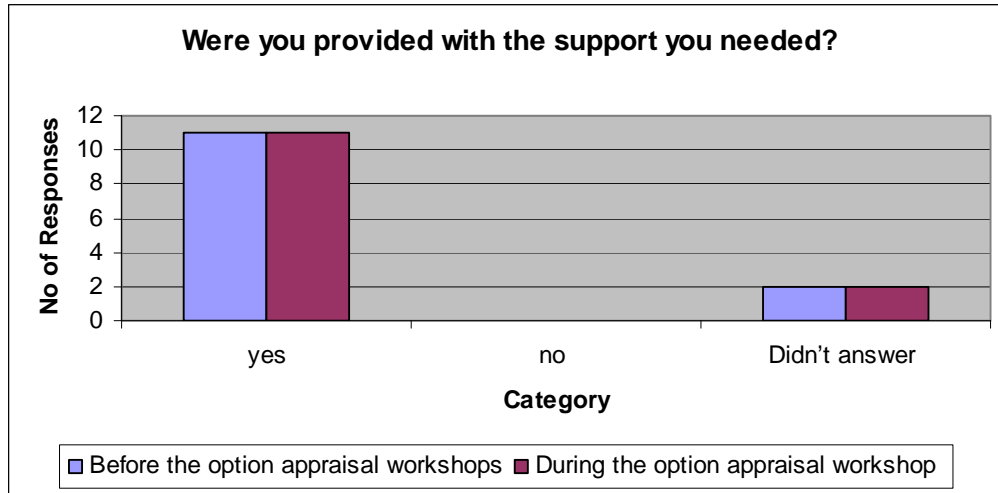
The majority of people fully understood what would happen at the option appraisal, however 2 people only felt they understood some information with 1 person confirming that they didn't know.

**Question 4 - Did you understand how the preferred option(s) was reached?**



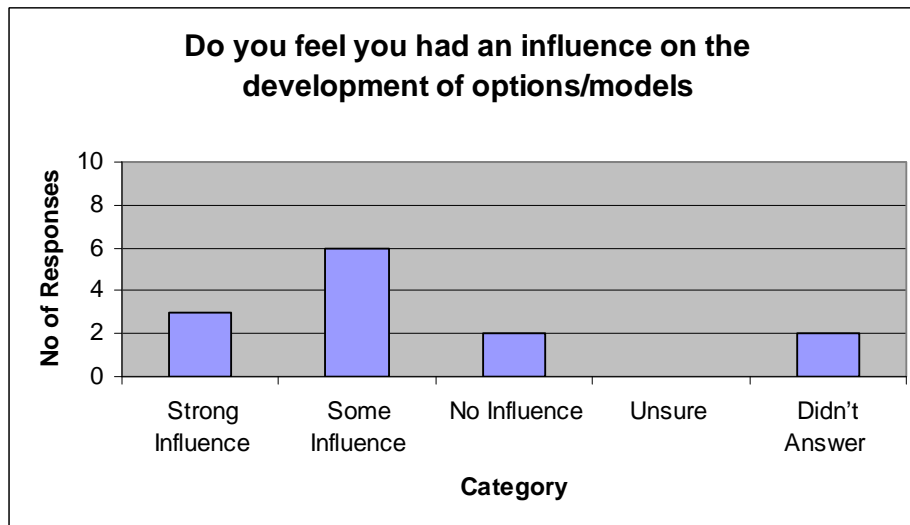
The majority of people fully understood how the preferred option was reached, however 2 people only felt they understood some information with 1 person confirming that they didn't understand.

**Question 5 – Were you provided with the support you needed?**



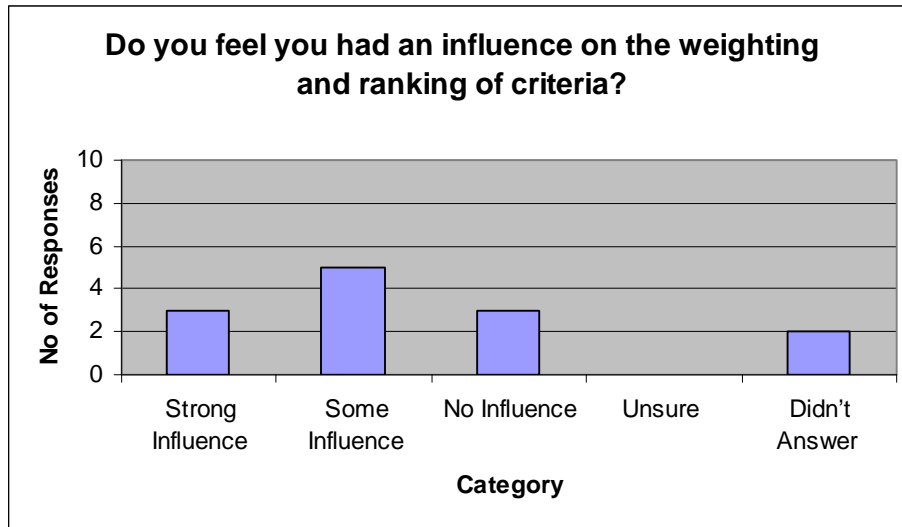
Everyone who answered this question confirmed that they were provided with the support they needed both before and during the Option Appraisal workshop.

**Question 6 – Do you feel you had an influence on the development of the options/models?**



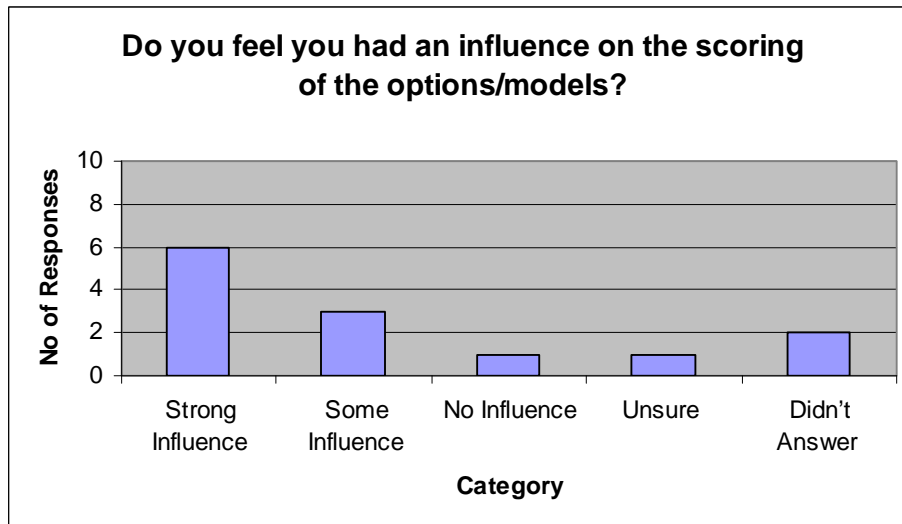
The majority of people who answered this question felt that they had some influence over the development of the options, with 3 people confirming they had a strong influence and 1 person confirming they felt they had no influence.

**Question 7 – Do you feel you had an influence on the weighting and ranking of criteria?**



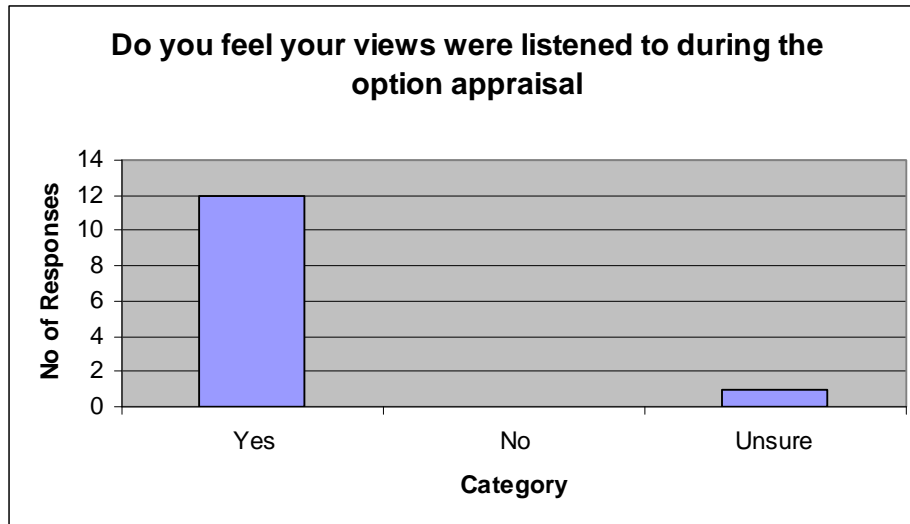
The majority of people who answered this question felt that they had some influence over the weighting and ranking of criteria, with 3 people confirming they had a strong influence and 3 people confirming they felt they had no influence.

**Question 8 – Do you feel you had an influence on the scoring of the options/models?**



The majority of people who answered this question felt that they had strong influence over the scoring of the options/models, with 3 people confirming they had some influence and 1 person confirming they were unsure.

**Question 9 – Do you feel your views were listened to during the Option Appraisal?**



12 people confirmed that they felt their views were listened to during the Option Appraisal, with 1 person confirming they felt unsure.

At the end of the evaluation form there was an opportunity for attendees to provide information on what they felt went well, what could be improved and any other general comments.

**What you felt went well?**

- Very open and participative, well supported/facilitated
- Good facilitation, group participation & discussion
- Plenty useful discussion
- Open debate and accurate answers to statistical questions

**What could be improved?**

- Would have preferred if each person were able to score individually after each discussion
- Not everyone came to the meeting with an open mind
- Individual scoring
- Meeting went on too long and it was difficult to concentrate at the end



- Some aspects of the scoring were too complicated
- Reduce the length of the meeting

### **Any other general comments?**

- Open process and enjoyable
- The development of the options came from the user groups (public & staff) and that seems the most appropriate forum for them to have been developed through. They were shared appropriately more widely following that process. I understood the criteria to be developed based on Quality Strategy and normal Option Appraisal practice therefore I do not have any issue about not being involved in their development. The quality ambitions of patient safety, person centeredness and effectiveness are the right ones to base any criteria on
- This felt like an open and safe place to express views and more importantly to be able to ask questions. It was very well facilitated and had more public engagement than other option appraisals I have been involved in. The facilitators always worked to consensus. There were sometimes personal opinions of staff expressed as if they were facts – so it was helpful when this was pointed out

### **Conclusion**

Overall the participants seemed positive about the Option Appraisal process. One of the key learning points coming through is the need to be more transparent when setting the criteria & weightings, although the ones used during this process were standardised from the Quality Strategy, the participants still felt that they would have preferred to have more influence around them.

In general participants seemed to feel that there was a good debate with everyone feeling able to contribute and being supported to do so.

## Appendix 9 - Financial Appraisal

### Table 5 Capital Costs

OPTIONS		New build at BGH - NHS Capital Funding <b>Option 2a</b>	New build at BGH - External Charity <b>Option 2b</b>	Jedburgh Pool <b>Option 3</b>	BSLT Pools <b>Option 4</b>	Jedburgh & BSLT Pools <b>Option 5</b>
<u>Construction Cost</u>						
Feasibility Cost Plan		£625,000	£625,000	£45,000	£30,000	£75,000
Optimism Bias	10%	£62,500	£62,500	£0	£0	£0
Design Fees	9.5%	£86,213	£86,213	£0	£0	£0
Non-Recoverable VAT	20.00%	£137,500	£137,500	£0	£0	£0
Construction Total		<b>£911,213</b>	<b>£911,213</b>	<b>£45,000</b>	<b>£30,000</b>	<b>£75,000</b>
<u>Plant &amp; Equipment Cost</u>						
Pool Plant		£240,000	£240,000	£0	£0	£0
-						
Plant & Equipment Total		<b>£240,000</b>	<b>£240,000</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
-						
<b>Total Capital Cost</b>		<b>£1,151,213</b>	<b>£1,151,213</b>	<b>£45,000</b>	<b>£30,000</b>	<b>£75,000</b>

**Table 6: Revenue Costs**

EXPENDITURE		New build at BGH - NHS Capital Funding	New build at BGH - External Charity Option 2b	Jedburgh Pool	BSLT Pools	Jedburgh & BSLT Pools
	Baseline	Option 2a	Option 2b	Option 3	Option 4	Option 5
<b>STAFFING</b>						
Hydrotherapist	£26,920	£26,920	£26,920	£31,085	£31,250	£31,240
Paediatric Support	£2,700	£2,700	£2,700	£2,700	£2,700	£2,700
Poolside Assistant	£10,720	£10,720	£10,720	£2,870	£2,870	£2,870
<b>Total Pay</b>	<b>£40,340</b>	<b>£40,340</b>	<b>£40,340</b>	<b>£36,655</b>	<b>£36,820</b>	<b>£36,810</b>
<b>SUPPLIES</b>						
Staff Travel Costs	£0	£0	£0	£5,145	£3,425	£4,775
Pool Running Costs						
Heat Light & Power	£3,000	£3,000	£3,000	£0	£0	£0
Water Chemicals	£1,400	£1,400	£1,400	£0	£0	£0
Daily Water Testing	£3,000	£3,000	£3,000	£0	£0	£0
Machinery Repairs	£1,000	£1,000	£1,000	£0	£0	£0
Pool Cleaning	£1,000	£1,000	£1,000	£0	£0	£0
Hydrotherapy Area Running Costs						
Maintenance	£1,980	£1,980	£1,980	£0	£0	£0
Heat Light & Power	£1,300	£1,300	£1,300	£0	£0	£0
Domestic Cleaning	£2,100	£2,100	£2,100	£0	£0	£0
<u>Capital Charges</u>						
Depreciation - Building & Plant	£5,539	£42,071	£5,539	£5,539	£5,539	£5,539
<b>Total Non-Pay</b>	<b>£20,319</b>	<b>£56,851</b>	<b>£20,319</b>	<b>£10,684</b>	<b>£8,964</b>	<b>£10,314</b>
<b>Total Revenue Cost</b>	<b>£60,659</b>	<b>£97,191</b>	<b>£60,659</b>	<b>£47,339</b>	<b>£45,784</b>	<b>£47,124</b>
<b>Increase in Revenue</b>		<b>£36,532</b>	<b>£0</b>	<b>(£13,320)</b>	<b>(£14,875)</b>	<b>(£13,535)</b>

## Appendix 10 - Economic Appraisal

**Table 7**

	Baseline	New build at BGH - NHS Capital Funding <b>Option 2a</b>	New build at BGH - External Charity <b>Option 2b</b>	Jedburgh Pool <b>Option 3</b>	BSLT Pools <b>Option 4</b>	Jedburgh & BSLT Pools <b>Option 5</b>
Non-Recurring Revenue		£0	£0	£1,470	£2,310	£2,345
Construction - New Build		£911,213	£911,213	£45,000	£30,000	£75,000
Plant & Equipment		£240,000	£240,000	£0	£0	£0
Total Capital Cost	<b>£0</b>	<b>£1,151,213</b>	<b>£1,151,213</b>	<b>£46,470</b>	<b>£32,310</b>	<b>£77,345</b>
EAC Factor		0.0413	0.0413	0.1148	0.1148	0.1148
Equivalent Annual Cost	<b>£0</b>	£47,601	£47,601	£5,333	£3,708	£8,876
Revenue Costs (ex capital charges)	£55,120	£55,120	£55,120	£41,800	£40,245	£41,585
Annual Cost	<b>£55,120</b>	<b>£102,721</b>	<b>£102,721</b>	<b>£47,133</b>	<b>£43,953</b>	<b>£50,461</b>
Weighted Non-Financial Indicators	675	710	710	790	626	880
Cost per Benefit Point	<b>£82</b>	<b>£145</b>	<b>£145</b>	<b>£60</b>	<b>£70</b>	<b>£57</b>
Rank	<b>4</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>1</b>