



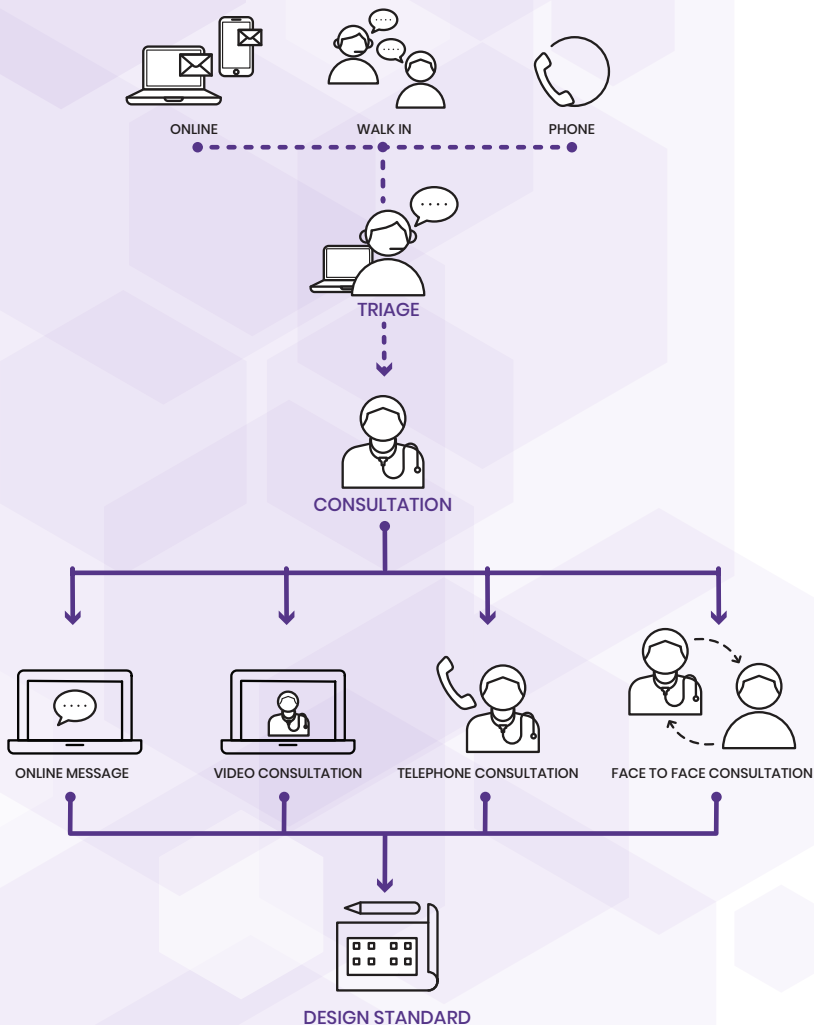
CASTLE GATE
PROJECTS

Digitally Enhanced Primary Care



Digitally Enhanced Primary Care

An Introduction

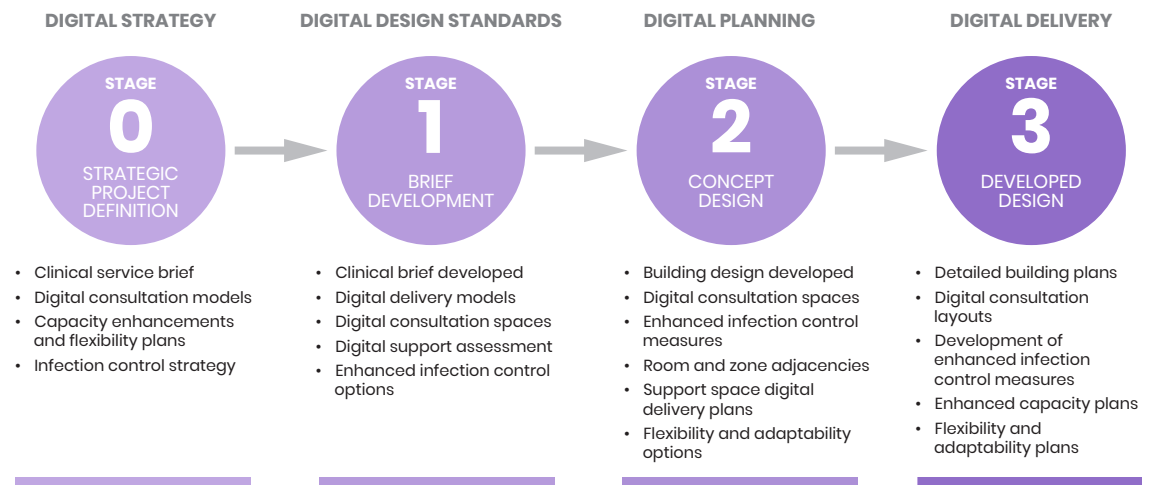


The NHS total triage model is at the heart of the process but has evolved to recognise that in a post-COVID-19 world, patients will look to, once again, have more direct access. The model includes all forms of patient contact; these can be supported by algorithmic triage software to help direct patients to the most appropriate form of consultation. The triage model links directly into the **Design Standards** to ensure the most flexible, adaptable and appropriate space options are considered.

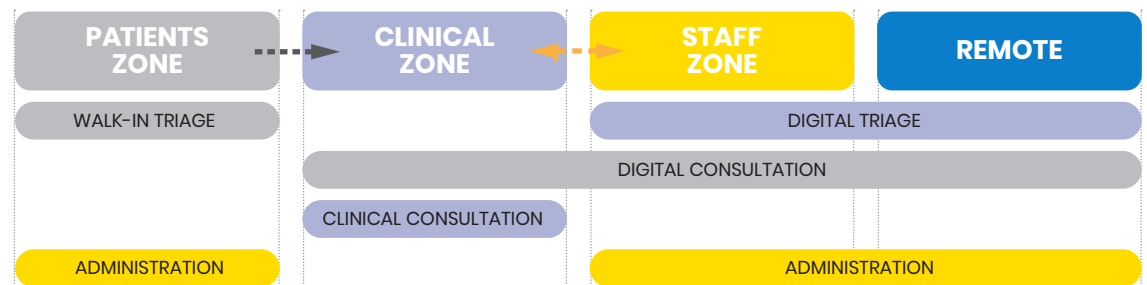
Our integrated Health Planning process ensures individual primary care facilities are developed to support the full range of clinical services needed now and in the future. The COVID-19 pandemic has created an opportunity to advance our plans on how to effectively and confidentially deliver digital clinical and support activities. We call this **Digitally Enhanced Primary Care**.

Digitally Enhanced Primary Care fully integrates into the Health Planning assessment, delivering additional flexible access for patients, better support for clinicians and enhanced clinical capacity but minimising the required building area.

We have developed our **Digitally Enhanced Primary Care Model** to integrate into every stage of the Health Planning/Design process to ensure it fully supports the clinical delivery model. It will be developed as part of an individual project brief and includes **Enhanced Infection Control** options and ability to respond better to any future epidemics/pandemics.



Digital consultation is facilitated through our bespoke set **Design Standards** developed to build upon the best practice set out in NHS NHB 11. With a specific set of Digital Consultation Spaces, the **Design Standards** support both enhanced clinical capacity as well as offering service flexibility throughout a building.



Design Standards – Room Options

Strategies to maximise flexibility and adaptability

	GENERIC PATIENT/CLIENT CONTACT SPACES	DIGITAL CONSULTATION SPACES	SUPPORT SPACES
8m ²	Interview Room with CWHB (8/G/001) Interview Room without CWHB (8/G/002)	1 Clinician (8/D/001) 2 Clinicians (8/D/002) 2 Clinicians Meeting Room x3 (8/D/003)	Clean Utility (8/S/001) Dirty Utility (8/S/002) Disposal Hold (8/S/003) Cleaner's Cupboard (8/S/004) Near Patient Testing (8/S/005) 1-person Office (8/S/006)
12m ²	Interview Room with CWHB (12/G/001)	2 Clinicians Privacy Screens (12/D/001) 2 Clinicians Meeting Room x4 (12/D/002) 2 Clinicians Privacy Booths (12/D/003)	Clean Utility (12/S/001) Dirty Utility (12/S/002) Disposal Hold (12/S/003)
16m ²	Consult/Exam Room (16/G/001) Treatment Room (16/G/002) Group Room (16/G/003) Minor Procedure Room (16/G/004) Podiatry Room (16/G/005) Physical Therapy Room (16/G/006) Dental Treatment Room (16/G/007)	1 Clinician Consult/Exam Room (16/D/001) 3 Clinicians Consult/Exam Room (16/D/002) 3 Clinicians Consult/Exam Room (16/D/003) 3 Clinicians Meeting Room x6 (16/D/004) 2 Clinicians Privacy Booths (16/D/005)	
32m ²	Large Group Room (32/G/001) Free Movement Exercise Room (32/G/002)	2 Clinicians Meeting Room x12 (32/D/001)	
Open Plan		Clinicians Privacy Booths (OP/D/001) Clinicians Enclosed Acoustic Pods (OP/D/002) Clinicians Privacy Screens (OP/D/003) (All units can be used in clusters)	

- The new digital consultation spaces fully integrate with HBN standards allowing multilocational use.
- To maximise flexibility the spaces retain the HBN building rhythm, ensuring all the spaces are interchangeable.
- Interchangeability from appointment level to a system wide change. Health planning determines flexibility required, design standard ensures future flexibility.
- Furniture solutions and use of confidential IT form part of the overall model.
- Ensures minimal works required to change digital/consult examination spaces into treatment/minor procedures to accommodate increased secondary care services.
- Multiple digital delivery options available, driven by clinical need, practice size, building size, multiple tenants and practice staff profiles. We have developed four base clinical digital models to respond to the different service delivery demands.
- A base accommodation model is developed, this can digitally reconfigure to significantly increase capacity. Population growth and additional service demands accommodated with no additional accommodation.
- Digital delivery is not just about clinical services but how it can support patient and support zones. Health Planning will consider how digital services/working can support the requirements.
- The individual rooms and how they are arranged can provide a more resilient infection control/pandemic design solution.

Enhanced Capacity Assessment

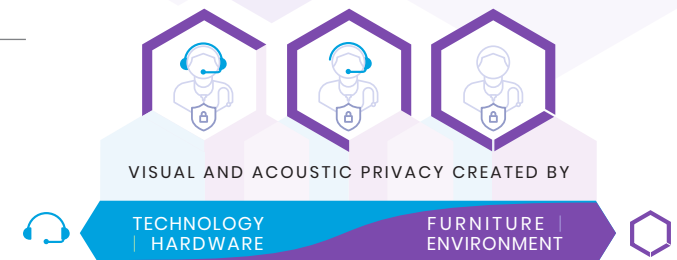
Building clinical capacity to support enhanced services



The capacity assessment diagram demonstrates:

- Even with a 'fixed-building layout', by increasing digital services clinical capacity can be significantly increased.
- The flexibility to respond to service changes, that day, next week or in the future.
- Use of multi-functional spaces or change of furniture or minor changes to room functionality can provide more space for enhanced community services.
- Face-to-face and digital consultation mix can vary to meet clinical needs, the spaces can flex between digital, examination and treatment to match the changing demands.
- The individual rooms and how they are clustered and zoned can provide a more enhanced infection control/pandemic design solution.

ENSURING PRIVACY AND CONFIDENTIALITY

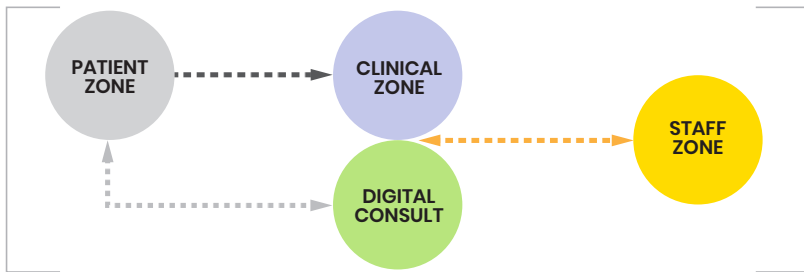


Visual and acoustic privacy can be delivered by:

- **technology** – noise-cancelling headsets, computer privacy screens, virtual backgrounds
 - **furniture** – acoustic desk screening
 - **physical environment** – the space you are in ... or a mixture, suit specific requirements.
- Online, telephone and video consulting require different privacy levels. Shared spaces will work better with more digital privacy.

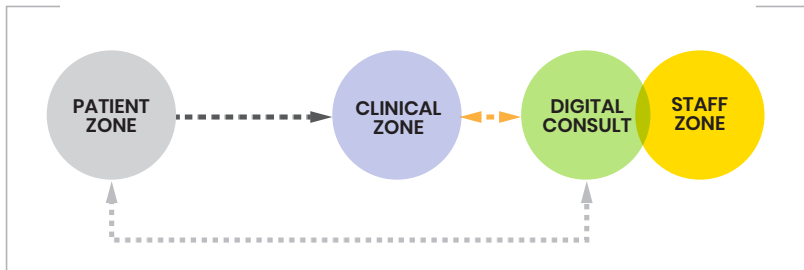
Zonal Clustering – Clinical Services

Four 'base' Clinical Zone variations to support a variety of clinical delivery options



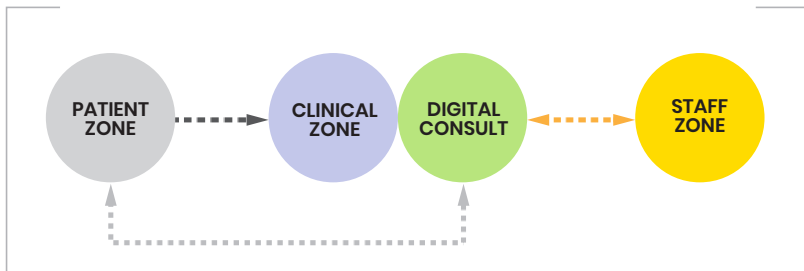
REMOTE DIGITAL

- Digital services could be in a separate location/another surgery/rented office
- Digital services could be in a dedicated zone within the building
- Adjacency to patient area/core circulation adds flexibility of use



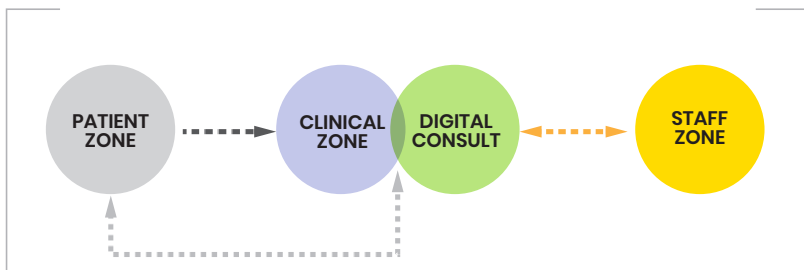
STAFF INTEGRATION

- Digital services located within admin area
- Digital spaces could be dedicated or shared use
- Use of Booths and Pod solutions in open plan offices to be considered
- Adjacency to patient area adds flexibility of use



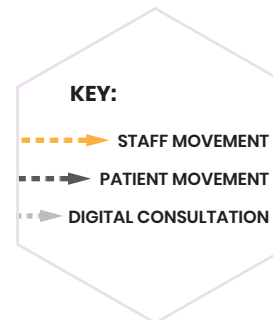
CLINICAL SUPPORT

- Digital services located within clinical zones
- Dedicated or shared use digital spaces
- GP-led digital with instant support to nurse-led examination
- Spaces can be adapted to patient contact spaces



CLINICAL INTEGRATION

- Digital services and patient contact spaces integrated
- Capacity can be flexed with furniture solutions
- GP digital with instant support to nurse-led examination



Projects to be planned around three core zones:

PATIENT ZONE:
waiting, reception, public toilets etc.

CLINICAL ZONE:
consultation, treatment and clinical support spaces

STAFF ZONE:
administrative functions, staff welfare and storage

Room adjacencies within zones and the connection between zones is critical to service delivery.

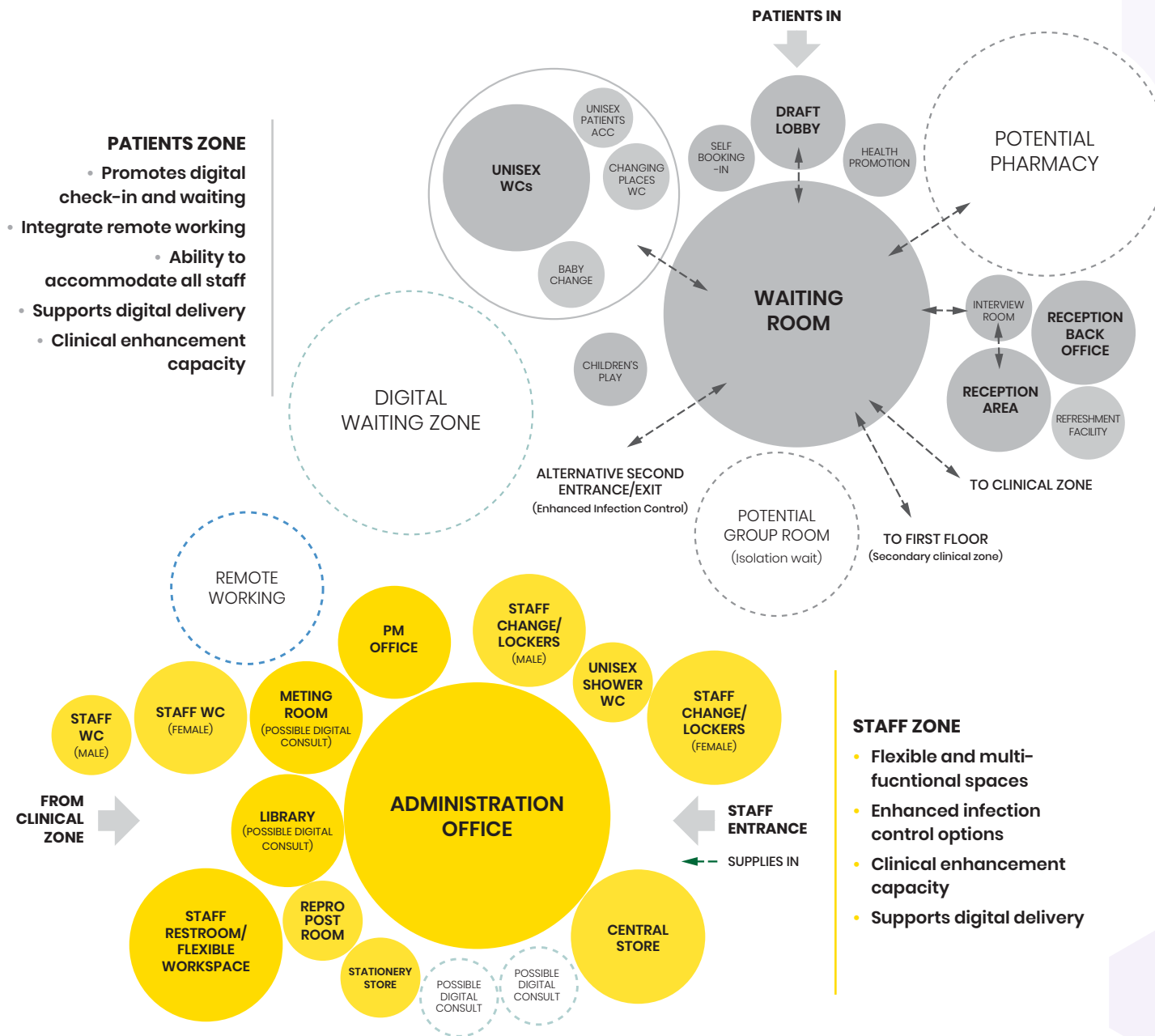
Digital delivery by its nature can be very flexible. Its strategic fit to support the clinical delivery model and any required enhanced flexibility/capacity will be a key consideration to type and location of spaces.

Enhanced infection control options

- Mechanical ventilation to support the reduction of cross infection.
- Infection control systems for auto cleansing
- Contactless door activation and light switches.

Zonal Clustering – Support Services

Maximising capacity and flexibility; minimising space

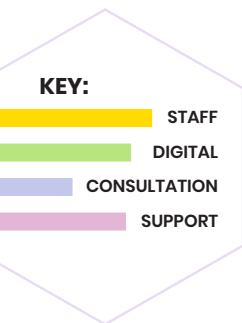
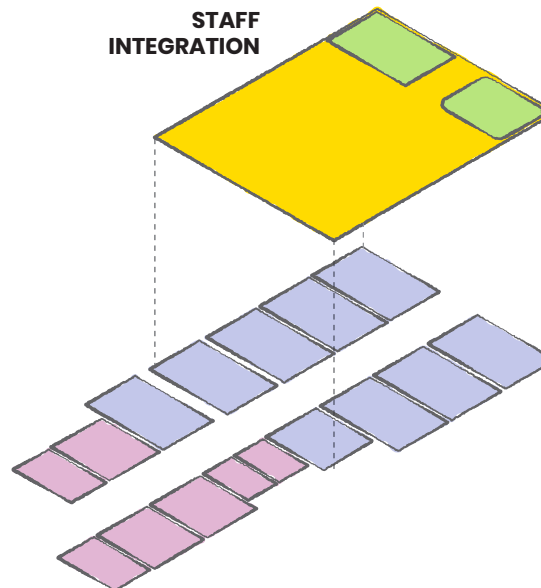
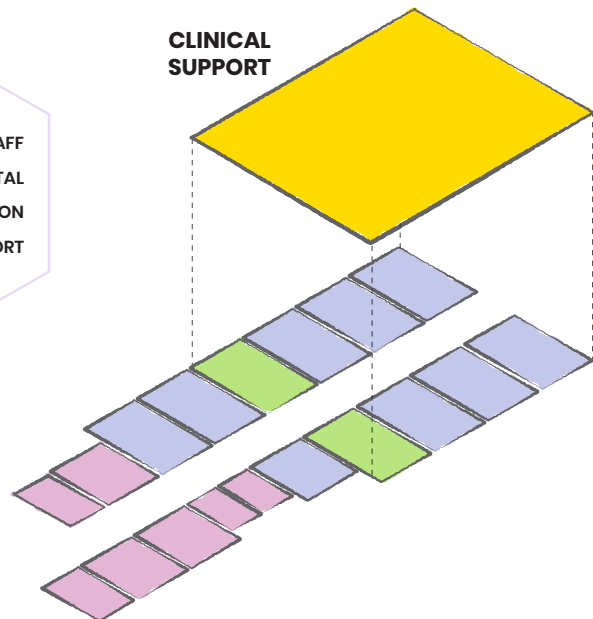
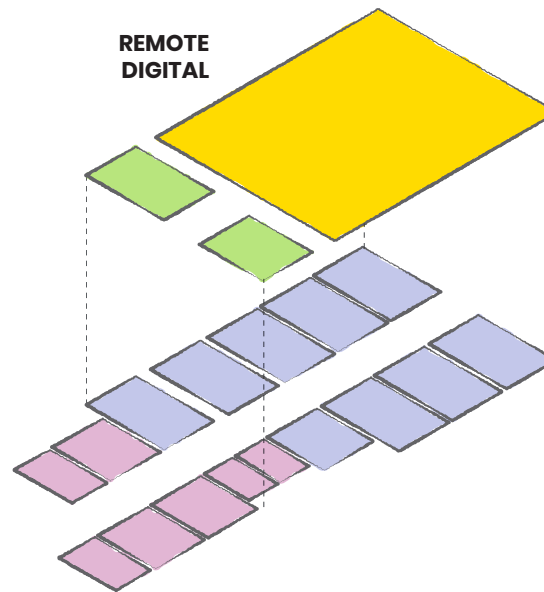
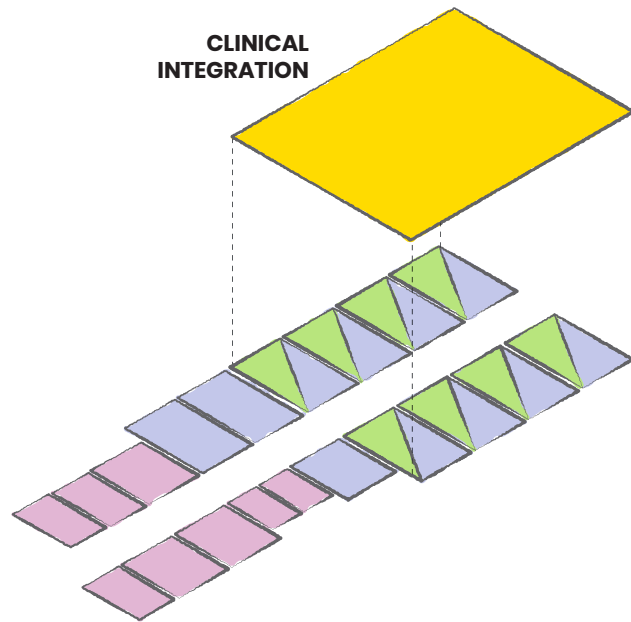


Enhanced infection control measures

- Option for one way systems with multiple entrances and exits.
- Hand sanitisation/hand washing locations.
- Mechanical ventilation to reduce cross infections – option for 100% extraction.
- Infection control systems for auto cleansing of high use staff and patient areas.
- Contactless door activation and light switches.
- Furniture design to 'build in' social distancing options.
- Remote/digital check-in via phone app.
- Limit waiting numbers with mobile app with appointment updates "arrive when ready" strategy.
- Deeper reception, use of screens or clear roller blinds, option for remote reception.
- Remote video access in entrance lobby for virus outbreaks/OHH.
- Waiting area design to accommodate social distancing.
- Staff access to changing, showering, toilets, with a separate entrance.

Clinical Adjacencies – Base Digital Options

Enhanced capacity and maximum flexibility



We have developed four base Digital Delivery models

- Intended to support the user engagement process and not be fixed solutions. All four options to be tested and challenged to see which best supports the proposed clinical delivery model.
- Each project may need a mixture of different models to suit the clinical requirements and the multiple building users. The adaptability and flexibility built into the Design Standards will be engrained into any solution, ensuring that the building can respond to change in demand and functionality.
- The diagram indicates a typical two-storey building. Again, the individual project will take into consideration all the other development factors, site size, external environmental issues, affordability, multifunctional use and develop a bespoke solution but using the Design Standard as building blocks.
- Each project will have a flexibility and adaptability plan at its core. This will be developed around the multifunctional use of space but also around the flexibility and adaptability of the building services to respond to all the clinical needs.
- The building services design principles are to be in line with adaptability and flexibility of the Design Standard. The use of decentralised plant and equipment with local controls will be part of the strategy.

Design Standards – Room Layouts

Strategies to maximise flexibility and adaptability



Acoustic desk



Enclosed pod



Personal booth

VISUAL AND ACOUSTIC PRIVACY CREATED BY



TECHNOLOGY | HARDWARE

FURNITURE | ENVIRONMENT



Visual and acoustic privacy can be managed with a mix of, digital technology (noise-cancelling headsets, computer privacy computer screens, virtual backgrounds), acoustic and privacy designed furniture and the physical environment. The reliance on each will vary for each individual situation/need.

Online, telephone and video consulting require different privacy levels, shared spaces will work better with more digital privacy.



Digital Consultation FF&E Options

- Our NHS approved furniture partner, Diamond Interiors, offers a broad range of UK-manufactured solutions and can provide a free design service as part of the options assessment.
- Furniture options will be selected to suit different needs, level of confidentiality and required configurations, taking into account the potential need for enhanced social distancing.
- Adaptability and flexibility of furniture is a key requirement that will inform the best overall options. Consideration will also be given to the ability of furniture to be easily moved between clinical sessions where required. In support of flexible room use, furniture storage may need to be considered.
- Acoustic booths and pod solutions in open plan offices, used for digital consultation, can provide a flexible option enabling more building capacity for “face-to-face clinical services”.