



PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Clarence Integrated Care Centre and GP Superclinic

Brought up by Mr Best and ordered by the House of Assembly to be printed.

MEMBERS OF THE COMMITTEE

Legislative Council

Mr *Harriss* (Chairman)
Mr *Hall*

House of Assembly

Mr *Best*
Mr *Green*
Mrs *Napier*

TABLE OF CONTENTS

INTRODUCTION	2
PROJECT DEFINITION	2
NEED FOR THE PROJECT	5
CONSULTATION AND GOVERNANCE	9
EVIDENCE.....	17
DOCUMENTS TAKEN INTO EVIDENCE.....	24
CONCLUSION AND RECOMMENDATION.....	25

INTRODUCTION

The Committee has the honour to report to the House of Assembly in accordance with the provisions of the *Public Works Committee Act 1914* on the -

Clarence Integrated Care Centre and GP Superclinic

The Department of Health and Human Services made the following written submission:-

PROJECT DEFINITION

Primary Objectives

Tasmania's Health Plan recommended the establishment of Integrated Care Centres (ICCs) in major population centres across Tasmania. One major population area identified was the Clarence municipality. The Tasmanian Government through the budget process has allocated \$13million to expand core services at the Clarence Community Health Centre. ICC's are expected to relieve demand pressure on acute services by providing services responsive to the increasing demand from patients with multiple conditions as a result of chronic disease. Clarence Community Health Centre will therefore be developed as an ICC with a focus on providing health services for people on the Eastern Shore with complex conditions and chronic diseases.

The federal Labor election commitment to provide funding for GP Super clinics identified Clarence as a priority for Tasmania. It specifically named an upgrade of the existing Clarence Community Health Centre as a funding priority. Up to \$5.5 million has been allocated by the Australian Government to include a GP Super Clinic on the Clarence Community Health Centre site, which will provide better linkages between General Practice, state funded community health services, other private primary health providers and other community based health services (government and non government).

The Clarence development will achieve maximum benefit in terms of service reform and integration of services both horizontally (between primary and GP services) and vertically (between primary, secondary and tertiary services).

The Tasmanian Department of Health and Human Services has also entered into formal partnerships with both the University of Tasmania and the GP Divisions Network through Memorandums of Understanding that create a mechanism for working together on joint priorities. The redevelopment of current services at Clarence is a recognised priority in both processes and also under the broader Partnership Agreement between the State Government and the University of Tasmania.

The Department of Health and Human Services and the Health Sciences Faculty of the University of Tasmania commissioned Professor John Marley to undertake a

review of the viability of developing the general practice currently operating in Clarence Community Health Centre as an interdisciplinary primary health school (in the context of the Tasmanian Health Plan) and new GP Super Clinic. Professor Marley's report confirmed the fundamental shift which is occurring, that is to promote team-based delivery of Primary Care services in General Practice, in recognition that current service delivery models are unsustainable and the changing role of General Practitioner from one of universal primary care provider to coordinator of primary care. The report acknowledged that integrated models will deliver more efficient access to care, better coordination of care and more comprehensive management of chronic disease, by bringing together skills and input across multi-professional groupings which lead to better health outcomes. Professor Marley identified a revolution in primary health care, with a wave of change which has important implications for educational institutions. The imperative, in his view, is to continue to advance approaches to inter-professional education and identify clinical training experiences that support their evolving curricula. Professor Marley confirmed the Clarence site is able to be developed to provide a major education and teaching centre for medical, nursing and other health professionals in partnership with the University of Tasmania, thereby establishing a core network of new facilities for primary care education and research.

The new Centre will be a cornerstone of Primary Care infrastructure for the Eastern shore. The Centre will incorporate the full range of team-based GP Super Clinic services in an integrated setting with extended Tier 3 Community Health infrastructure.

The new Centre will provide:

- Greater access to care and services for the Clarence and Risdon Vale communities;
- Delivery of the highest quality, multi-professional Primary Care services to the Clarence and Risdon Vale Communities;
- Evidence-based comprehensive care planning for chronic disease sufferers and the elderly;
- Multi-professional care, with a full range of professionals working together to meet the diverse and specific needs of the community;
- Tertiary outpatient services to bring specialist partnership care to the Clarence and Risdon Vale Communities while reducing the demands on outpatient services at the Royal Hobart Hospital.
- Extended scope of practice for Nurses, with Nurse-led Clinics and an opportunity to be the base for a Nurse Practitioner pilot program in Tasmania;
- Diverse, team-based clinical education experiences for students of the University of Tasmania to train a new generation of health professionals;
- Coordinated, vertically integrated education that educates health professionals from undergraduate through to postgraduate training;
- An environment that supports primary health care research to improve clinical practice and population health outcomes;
- The opportunity for the revitalised and restructured Centre to become a national leader in demonstrating innovative models of best-practice health care and an international leader in the development of multi-professional research teams.

General Scope

The project incorporates the construction of a new Integrated Care Centre and GP Superclinic on the site of the existing Clarence Community Health Centre, located at 16 Bayfield Street Rosny Park.

Site Assessment

The Department undertook an initial site assessment process in consultation with the Clarence Council which identified some 9 potential sites in the Clarence area that were then analysed against a range of criteria including, suitability of location, development potential and availability.

With this project being the first of its type in Tasmania, the only comparable projects examples were identified in Victoria, where a number of Integrated Care Centres and Super Clinics had been developed. This identified an initial scope for the project with a floor area of 2,000m² and car parking in the region of 100 vehicles (and an associated 3,000m² area) as a basis for analysing the suitability of sites.

The analysis of the available site identified that the existing site, was the most appropriate location for the new facility. The existing site located in the central commercial hub of Clarence offered significant advantages over the other sites through its close proximity to public transport and parking, appropriate zoning, accessibility, available size and immediate availability.

On identification of the preferred site a more detailed site assessment was then undertaken including full geotechnical analysis, site surveys, traffic surveys and detailed Urban Planning which developed a list of broad principles for the architectural design to consider.

New Facility Details

The new facility will nominally be 5,000m² in area, spread over 3 levels with a further on site car parking allocation for approximately 140 vehicles, on a nominal 7,043m² gradually sloping Lot. The lot is located in the regional centre with a number of major surrounding facilities and significant quantity of existing Council Car parking.

The new facility will incorporate a significant range of integrated services, incorporating all of the functionality of the existing centre and expanding to accommodate Mental Health Services, Drug and Alcohol Services, Adult Oral Health and coordinated Chronic Care and Ambulatory Care programs. These facilities broadly incorporate:

- Mental health treatment and consulting spaces and critical incident facility
- Drug and Alcohol treatment and consulting spaces and Opiate Pharmacotherapy dosing facility
- GP Superclinic GP consulting rooms, youth facility and consulting facilities for private allied health service providers including dieticians, physio-therapists etc. GP treatment rooms and minor operations surgery facility.
- Children and Family consulting and treatment rooms including speech pathology, immunisation clinics and continence
- Oral health surgeries and laboratory, preparation room and X Ray facilities

- Chronic Disease and ambulatory care services, needle exchange, community nursing offices and clinic treatment space, physiotherapy gymnasium, podiatry, health promotion facility, social work, chemo, dialysis etc treatment facilities, case conference facility and pathology
- University of Tasmania research and training facilities
- General front of house reception and waiting areas, meeting rooms, staff facilities, clean and dirty utilities, general amenities, storage, maintenance, change rooms and staff office areas
- Staff and visitor car parking and staff bicycle facilities.

The development works will be in full compliance with contemporary standards and building codes.

NEED FOR THE PROJECT

Clarence Integrated Care Centre and GP Superclinic Development The Service

The Clarence ICC will include the following programs and services:

- an Integrated Care Service to provide focus on people with complex conditions and chronic diseases, with funding from the State Government of \$13 million
- a GP Super Clinic funded by the Australian Government with up to \$5.5 million
- other aligned community based health services, both government, non government and private.
- outreach into the broader catchments of the Eastern Shore Clarence municipality, and neighbouring local government areas in South Eastern Tasmania.
- a major education, teaching and research centre for medical, nursing and other health professionals through a strategic partnership with the University of Tasmania.

Existing Facility

The existing building on the site was built in 1977 and comprises a nominal 7,000m² site in the middle of the Rosny Park Business District and the building itself is a single level construction of approximately 1760m², which operates primarily as a Community Health Centre, Medical Centre and Children's Oral Health Surgery.

The existing building has been a progression of additions over many years and as such is now a building with significant layout issues including lack of Front of House security, poor inter-relationship between the various service cohorts, narrow and tortuous corridor paths. The existing building configuration and construction does not suit the construction of additional storey's and it has been determined that the most appropriate solution to the site is to ultimately demolish the existing facility and replace with a new modern and well configured facility.

The photo below provides an example of the existing poorly configured client waiting areas with the consult rooms connected direct from this space, providing potential issues in respect of confidentiality and security of staff



This is an example of a consult room which is too small, has a lack of diagnostic equipment, lack of privacy screens for patients and the bed is not moveable and files and equipment poorly stored.



New Functionality

General Configuration

The new facility has been designed with flexibility and encouragement of interdisciplinary inter-relationships to occur whilst retaining capacity for specific service teams to be co-located. In general terms the new building has been designed with 10 pods or service areas. These pods and the associated functionality are outlined below. As part of the sustainability outcomes of the space internal “zen” gardens are provided between pods 1 to 6 which assist with providing an open feeling to the building and providing nearly every space with an outlook and natural light.

Pod 1 & 2 – Chronic and Complex Care & Ambulatory Treatment

3 consult rooms, 2 interview rooms and 4 treatment rooms have been provided as well as the a case conference room for large group patient conferencing. These rooms will

be utilised by a range of primary care health professionals including social workers, podiatrists, health promotions, diabetic consultants, dieticians etc

These rooms are all designed to be multi purpose and are planned for use by other staff & consultants throughout the facility, i.e. mental health or children and family that have a requirement for consulting spaces when their own facilities are booked out.

An 8 cubicle treatment area has been provided for chronic treatment of such conditions as renal patients, and similar intravenous therapy patients. Support spaces such as stores, clean linen and utility rooms are all provided for.

Pod 3 – Mental Health and Alcohol and Drugs

A number of treatment, interview and consulting rooms are provided for the management of mental health clients. A 4 person Critical Assessment Team room is provided for as is the facility for some 20 staff in offices and open plan workstations. A separate sub waiting area with reception and general storage of files and drugs are provided for. This pod is strategically located at the opposite end of the facility from the main reception areas to assist the special client mix in being able to have independent controlled access to this pod and to retain discretion for the clients.

Pod 4 – Oral Health

8 oral health surgeries for dental treatment of children and in future adults have been allowed for. These surgeries are located around general stores and a specific sterilisation laboratory and preparation space which is configured to operate in a lean to dirty work flow pattern. A staff and client toilet block is provided for as is an office and separate reception area which overlooks a sub waiting area that is for both dental and GP Superclinic clients.

Pod 5 & 6 – GP Superclinic

The GP Superclinic is configured to have the ability to operate as a self sufficient facility to accommodate the extended hours that is potentially required from the space. The configuration of this pod is with its own reception and large waiting area in which an emergency triage space is provided and a space to undertake youth related health education programs. The main consulting pods consist of some 10 consult rooms and 4 treatment rooms for both GP and nurse practitioners. The treatment spaces are for the potential use of specialist private health practitioners. A 5 bay treatment cubicle with nurse station is incorporated within the space as is a larger mini operations room in which minor surgery can be undertaken. Two additional smaller sub waiting areas, change rooms, toilets, clean utility spaces and offices for the Practice Manager are all incorporated within the two pods.

Pod 7 – Physiotherapy, Children and Family

The central pod provides two specific clinical consulting rooms for the Children and Parenting Services for delivery of child health services with adjacent stores. A large physiotherapy space is provided with a number of concealed treatment cubicles and a gymnasium that is capable of opening out into the adjacent courtyard, integrated within this space is a 25m rehabilitation walkway. Also within this space is the main front of house female, male and disabled toilets, cleaners rooms and lift and stair access to the upper level meeting and staff spaces.

Pod 8 – Front of House and Cafe

The ICC front of house pod consists of the main reception and work areas, with the work area being of adequate size to enable electronic document management systems to be installed and operated. Adjacent to the main reception is the needle exchange facility which allows discrete external access for the client group and an adjacent pathology space. There is a large waiting area which also incorporates a children waiting area with baby change facilities. At the main entrance to the building there is a proposal for a Café which provides an opportunity for both clients and the general public to access a range of health promotions and for clients to relax in a more informal and less clinical environment whilst waiting for their appointments.

Pod 9 – Group Meeting, Staff and Education

Pod 9 is the upper level zone in which group client programs will be managed from with the provision of 4 small meeting rooms of nominally 30m² each and 2 larger meeting / activity rooms of nominally 60m² each. Support amenities spaces are provided in the adjacent area with this area being accessible by both lift and stairs from the main reception and entrance Pod 8 below. Teaching and research facilities for the utilisation by a range of teaching and research professionals from the University of Tasmania and undergraduate health professional students are provided for with open plan workspaces.

All remaining staff, with the exception of the Mental Health and GP's are allocated workspace in the large staff open planned office area, with offices only being provided for senior area managers and the Centre Manager. A large staff room is also provided for staff amenity

Pod 10 – Staff change, storage and Pharmacotherapy

General long term storage and archive spaces, general stores, clean stores, dirty stores and maintenance stores are all provided for on the lowest level of the facility at which level delivery truck access is allowed for. A separate Alcohol and drugs opiate pharmacotherapy space has been provided for to provide separate management of this specific client group. A separate mental health access with lift and stairs to the main Pod 3 is provided from this level to enable discrete access for those mental health clients requesting separate access. Large staff male and female amenities spaces are also provided along with bike spaces to assist in the aim of this building to achieve a Green star rating. A number of undercover and secure car park spots are also provided for, for G plated vehicles such as Community nursing and Mental Health who are regularly out in the community.

External Works

The new centre, being on a "Brownfield" site, will incorporate new on-site parking for staff and client vehicles and service vehicles. An ambulance bay is provided adjacent to the Bayfield street entrance and space has been allocated in the basement level for secure community nursing and similar government vehicles.

The car park will be sealed and will be configured to provide improved access to the existing Clarence Council car parking. The external areas will be landscaped in a manner to assist in sustainable outcomes through minimisation of water use, water harvesting and water recycling and re-use.

CONSULTATION AND GOVERNANCE

Preliminary Consultation

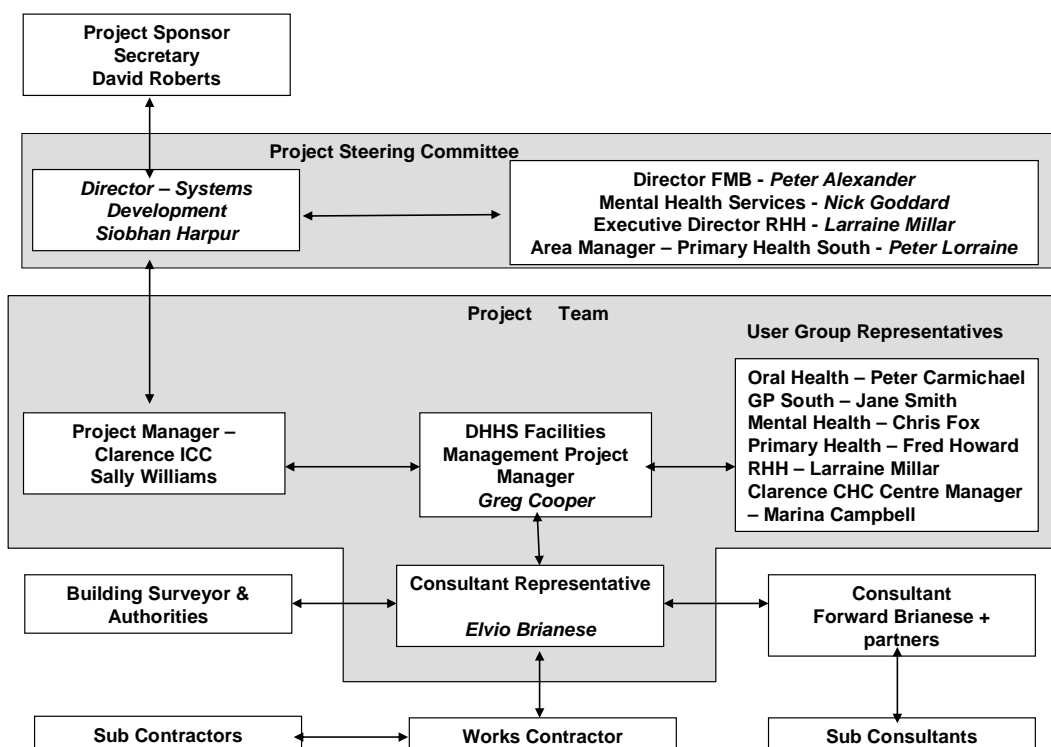
An extensive community consultation process which included Clarence City Council, Clarence Community Health Centre staff, general practitioners, other local service providers and the public was undertaken in the initial six months of the project to ensure all views and concerns were heard.

This process included examining options for an appropriate management structure of the ICC and GPSC and consideration of an appropriate service model to foster integration of services. While the consultation included discussion of the GP Super Clinic forming the first stage of the development in partnership between the Commonwealth and the State, the focus was foremost on developing the services with further consultation to follow around design and construction of the new facility.

Project Control Group

Detailed stakeholder consultation commenced immediately following appointment of the Project Architect – Forward Brianese + Partners. The following diagram illustrates the, Project Control Group (PCG), Project Team and Consultant Team relationships.

Project Coordination/Governance Structure



The Project Control Group and Project Team have been meeting on a regular basis to enable the project to evolve in line with the project timeline, the aim being to enable

an adequate consultation phase while still allowing sufficient periods for documentation and procurement of the project. The Project Control Group oversees the progress of the project. The Project Manager and Project Team report to the PCG to enable the PCG to track progress, provide guidance and issue formal approvals at key milestone points of the project.

This approach was identified during the initial consultation phase to maintain the project momentum to effect tendering of the project by the end of 2009. The tender date is based on working back from the required completion date of the Stage One Contract of July 2010.

Consultation with Service Stakeholders

Consultation has continued to occur with all key services groups, other internal stakeholders and associated services.

Design Approval

The Project Control Group at its April meeting endorsed the project schematic design however the subsequent cost estimate report identified a significant budget over-run. Subsequently the building plan has been reduced through a Value Management Process to the current configuration and fits within the budget. Final sign off of the developed plans is currently being provided by all members of the Project User Group with the intention of obtaining full approval by 11th September 2009.

At this meeting all desired project outcomes were tabled, discussed and then reviewed for compliance with the endorsed project brief. Participants tested for adequacy in planning, design and budget and maximising value by improving the relationship between various services and related functions. The review included a value management basis and the outputs assigned a relative priority to identify opportunities for cost savings.

This consultative approach has resulted in a design that allows all of the desired outcomes to be resolved and provides sufficient flexibility for future expansion.

ADDRESSING THE NEED

Design Philosophy

The new complex is to bring together a number of State Health Care departments including those directly associated with the Royal Hobart Hospital with a new GP Super Clinic initiated through the Australian Federal Governments scheme to provide these facilities across the country.

It has been the agreed design approach with all major stakeholders to create a centre that incorporates all of the services within the one greater facility to provide a seamless health care service though the GP Super Clinic will be readily and separately identifiable from the ICC. Any patient on entering the building will have visual connectivity with the reception desks of both the GP clinic and the ICC so that should they not have an existing file or otherwise prior instruction on attendance, they can be directed to the most appropriate reception and if necessary the Triage Room prior to receiving a consultation or treatment.

A number of early planning meetings were undertaken with the Project User Group members and through this body the initial identification of the various groups and their potential association with those groups with the strongest linkages was identified. As part of this early design phase bubble diagrams of the various relationships were developed as per the Figure 2 below.

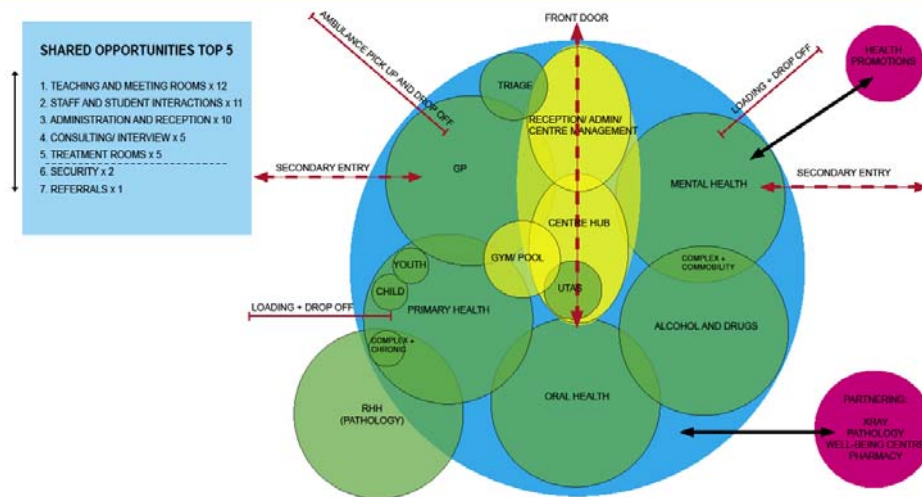


Figure 2

The centre is to have a welcoming non clinical ambience that will provide a sense of security while at the same time conveying the quality of the health care professionalism and integrated technical support systems available.

As the centre is a new facility within the Clarence commercial neighbourhood the design approach responds to the project Urban Design Report in providing an appropriate scale of building to each street frontage, breaking the long elevations down to mirror typical development lot proportions. Similarly it will incorporate a 'public place' with open air dining and beverage facilities along the northern side of the building as a first step toward the north west zones integration with a potential future public space envisaged by the urban design consultants.

Vehicle, bicycle and public transport access has been given high priority to ensure all staff and patients are able to attend the facility with minimum inconvenience. On site car parking has been provided for, including undercover lockable basement car and bicycle spaces.

External materials and finishes are to be chosen to create a warm, inviting community facility while combining robustness with low maintenance characteristics suited to a coastal city environment.

Indigenous planting will be applied to car park landscape, the Zen courtyards and the gabion walls. This later treatment will assist in filtering the air as it passes into the sub floor plenum area. Visual connectivity to the Zen Gardens is provided for through the external screen fence to outwardly express the inner nature of the centre and encourage its use as a supporting community place.

The plan layout of the centre establishes a primary entry at the north of the site closest to the on site and council car parks where it is also convenient to have off street drop

off and pick up and taxi/disabled vehicle access and parking. At his entry point waiting areas and reception counters for both the GP Clinic and the ICC are located. Beyond this reception area the building is divided with the main ICC facilities being located in the Pods on the west side of the building and the GP clinic and Oral Health in Pods to the east side of the building.

As expanded on elsewhere in his document this configuration provides privacy to patients in terms of the services they are using, easy way finding, abundant natural light, and most importantly functional cohesion of each service area.

The subdivision of each Pod is modular to facilitate maximum interchangeability of the rooms from consultation and interview through to full medical treatment. Space has also been provided for within the Pods and rooms to enable this centre to provide for its tertiary education role for both doctor and nurse training.

Within the centre of the building a courtyard off the gymnasium treatment area provides the required 25 metre path with a paving surface suitable for patient rehabilitation and assisted training activities as an allied suite of facilities. This same space could also provide for alternative community functions outside its health care functional use.

Special consideration has been given to alternative entry (some discrete) for Mental Health and Drug and Alcohol Department patients. Drug users' needle exchange and Pharmacy departments each have their own separate entry points and another entry has been provided for after hours approved access and Mental Health patients' entry from the southern end of the building. Partial close off of the Centre has been provided for to facilitate the different hours of operation of departments so that only those departments that may be in operation are accessible to patients or others not having after hours access approval.

In providing for briefed meeting space, consideration has been given to the use of these spaces by the greater community where it does not compromise the function of the centre. To this end the office meeting areas have been arranged to provide access from an open public stair off the main entry area to some meeting rooms while preventing access to the adjoining spaces.

Sustainable design has been holistically integrated with the whole design and this has been separately elaborated on elsewhere in this report.

Architecture & Interiors

This facility will provide essential health services to Clarence and its adjacent areas within the greater Hobart metropolitan area. The services provided are across all age groups and will include for people with a range of disabilities, those suffering from the effects of substance abuse, people with age related problems and chronic illnesses.

The design of this building therefore has been based on providing ease of access in meeting DDA requirements as well as Ambulance trolley access.

Personal privacy has been considered as well with the division of the building into treatment Pods that are accessed off an internal corridor link and not directly off the main waiting areas.

Between the Consultation/Treatment Pods is located what has been referred to as Zen courtyards. They provide natural light to enter the spaces within the Pods but this name seeks to convey the design concept for these spaces to be quiet, reflective areas as well, that are viewed as a person walks along the internal link corridors or waits in the sub waiting areas over looking them.

It is intended this connection with a pleasant natural environment will contribute to a patient's positive experience in attending the centre and in so doing support the Health Promoting Programs the centre will offer to its patients. It is also intended this relief from the internal clinical environment will be equally positive for the medical and support staff at the centre.

Colour and natural materials will also be used extensively to enliven and enrich the internal environment to create a homely atmosphere to help reduce the stresses often accompanying a visit to a medical centre.

The planning has been carefully arranged for easy way finding and colour will also be used to define Pods for their easy identification within both the GP clinic and the ICC.

Materials selection will also be for durability ease of cleaning and as noted under ESD for minimal off gassing to improve indoor air quality.

The above concepts have been established in close consultation over many workshop sessions with the User Groups and guided by the Project Steering Committee.

Environmentally Sustainable Design

The Tasmanian Government has set an energy consumption reduction target of 60% across all of its Departments by 2050. We have designed this building with holistically integrated low energy consumption and sustainable features to support this aim. The environmentally sustainable development features of this building include the following:

A low energy usage in floor slab hydronic heating/cooling system that uses solar energy, recaptured heat produced by the building in its normal use and significant integrated thermal mass, for its primary energy sources.

A gabion wall system to the sub floor space that is back filled with bricks recovered from the demolition of the existing buildings forms a major active thermal mass component of the design referred to above. External fresh air passing through this considerable thermal mass is naturally cooled. It is then stored in the below floor cavity space afforded by the natural slope of this site. This tempered air is then filtered and distributed to the building to supplement the other heating/cooling systems provided for to further reduce energy consumption.

On site water harvesting to provide for all non potable water supply requirements including toilet flushing, landscape watering, topping up the hydronic heating/cooling system.

A floor plate design that allows for maximum day light penetration into occupied areas.

Orientation of most occupied areas to face north or south avoiding low angle sun penetration and consequential glare problems.

Sun shading to reduce unwanted solar heat gain in summer has been provided for to all windows except those with direct Southern orientation.

Energy efficient light systems are to be provided for.

Windows to patient consultation, treatments rooms and office areas have double glazed window units.

All unglazed walls, the ceiling and roof cavity spaces are insulated and sealed to greater than building Code of Australia mandatory requirements to minimize external weather influence on the interior temperature.

Solar hot water panels have been included for all potable hot water requirements. This is additional to those panels referred to above providing energy to the heating system.

An ETFE roof System (refer to the following section for a detail description) that allows natural light into the building while providing wind and rain protection has been provided for over the central courtyard. This courtyard becomes a year round patient treatment space while at the same time doubles as a high level enclosure that captures hot air from the pods. This air is then available to be passed through a heat exchanger that recovers energy for reuse in the building.

Materials selection for the project will be based on low off gassing characteristics, low embodied energy and suitability for recycling.

ETFE ROOF SYSTEM:

An ETFE roof System has been provided for over the central treatment courtyard. This system uses a recycled plastic material that is formed into pillows that are filled with air to provide thermal insulation. The material they are made from allows natural light into the courtyard as if it was not there while providing full wind and rain protection (it has now been used on numerous buildings in the UK, Europe and Australia including for major hospital atrium and other enclosed spaces).

In this project it provides a dual function as previously noted allowing us to create a functional treatment space that can be used through out the year unaffected by the weather and also to capture warm air from the building for the energy saving concept noted under ESD.

The provision of this system does have a capital cost implication but this is off set by the long term recurring energy cost savings as well as building costs reductions. In

effect it creates an external space environment that is in fact an indoor space in terms of construction and the following are the construction benefits:

The floor and walls of the courtyard no longer have to be of weather proof construction (materials and detailing) ie. the glazed surrounding walls can be partition systems.

Similarly these walls do not need to have insulation as the ETFE roof provides thermal insulation

The floor does not have to be sloped to drainage outlets and have weatherproof coverings or finishes.

Each of these offsets will help reduce the initial capital cost and then provide the long term recurring energy saving and reduced maintenance cost benefits.

Building Services Design

Mechanical

Mechanical systems are designed to be minimal, with low running costs and reduced maintenance. Design elements include:

General exhaust systems to each amenities space, including sick rooms, toilets and shower facilities.

Specialty air conditioning for areas such as Mini Ops and eight off treatment rooms incorporating HEPA filtration.

Main floor plate to be naturally ventilated via cooled air supply from the sub basement labyrinth storage providing free cooling and pre-cooling of incoming outside air. The system will be a 100% fresh air system, that is, no recirculation of used air.

The air delivery system will utilise the sub floor void with air delivery to each space via wall/floor mounted supply grilles. The supply air will be exhausted through the ceiling space and delivered to the central treatment courtyard to be passed through the air to water heat exchanger for further energy savings.

Heating throughout the building, will be via in slab hydronic heating system. The system will comprise a central reticulation floor heating system connected to evacuated tube solar heating panels with a ground coupled heat pump serving as a booster. During summer conditions, the system will also provide some additional cooling for the building.

An air to water heat exchanger will provide tempering of the outside air during winter operation.

A car park exhaust will serve the basement enclosed car park in order to meet compliance with all relevant codes.

Areas of high occupancy, such as meeting and board rooms, will be provided with proprietary cooling system as required.

Electrical

Lighting

Generally fluorescent with lighting controlled with local switching and occupancy sensors at suitable locations. A master over-ride controlled by the Security system will ensure systems are not accidentally left on during unoccupied times.

Energy efficient down lights to feature spaces

Power

Power services will be designed for patient treatment areas in accordance with AS3003.

Communications

Security Services

Reed switches to be fitted on all external doors.

PIR motion sensors to internal common areas.

Security cameras as necessary.

Data/Telephone Services

An integrated Cat 6A Horizontal structured cabling system in accordance with the DHHS-IT requirements

Hydraulics

Hot and cold water reticulation with hot water from solar hot water systems with electric back up mounted on the building roof.

Hot water flow and return system with thermal insulation of pipe work to provide increased hot water system efficiencies.

Provision of low consumption water fittings to minimise water consumption.

Installation of water storage tanks to harvest local rainfall for toilet flushing and other non potable water requirements within the building, complete with in-line ultra-violet water treatment

Fire

Smoke detection in accordance with the BCA and AS1670.1.

Fire panel interfaced to paging units will indicate to staff where the detector has activated

Manual call point to AS1670.1 to all areas.

PROJECT SCHEDULE & BUDGET

The construction program for the new Clarence Integrated Care Centre Project will need to be conducted in a three stage construction package, due to working on an existing operating site that must be maintained. Fortunately Stage 1 construction can begin on the existing car park with minimal disruption to existing building and service delivery, allowing construction of the new facility without impacting upon the operational capabilities of the existing Community Health Centre.

Due to the tight program some initial consideration has been given to letting a preliminary civil works package, which will undertake initial site preparation for Stage 1 and potentially achieve a two month advancement on the program whilst detailed documentation is being finalised.

The current project status is that the initial design phases are completed and the design and tender documents are being progressed to tender.

Summary Project Timeline	
Project Stage	Completed
Design and Documentation	February 2009-October 2009
Works Tender Advertisement	October 2009

Contract Award	November 2009 (On approval from PSCPW)
Construction Commencement	December 2009
Construction period – Stage 1	7 months (Completion 31 June 2010)
Construction Period – Stage 2	10 months (Completion March 2011)

Project Cost

The approved CIP funding for the redevelopment is \$18,500,000, which is made up of \$13,000,000 from the DHHS Capital Investment Program and \$5,500,000 from the Commonwealth. The cost of the redevelopment is currently advised at:

Description	Sum
Construction Preliminaries	\$1,123,680
Building Works	\$10,113,335
Decanting and temporary accommodation	\$175,000
External Works including site preparation + council car parking cont.	\$1,800,685
Special provisions (Builder costs for staged construction)	\$215,000
Subtotal of Construction Works	<u>\$13,427,500</u>
Art in Public Buildings	\$80,000
Professional Fees & other fees	\$1,570,000
Loose Furniture and Equipment	\$1,000,000
Design Development Contingencies	\$400,000
Construction Contingencies	\$850,000
IT and Equipment	\$500,000
CPI and Cost escalation allowances	\$705,000
TOTAL	<u><u>\$18,532,500</u></u>

The current project costs are provided by the project Quantity Surveyor and are based on reasonable allowances for the complexity of the job, current market conditions, in particular the extremely busy nature of the market with the Commonwealths National Economic Stimulus package in the Education Sector and the ability of the contractor to engage subcontractors in the current construction market. It would be noted that the projects QS estimate is currently marginally over the total available budget allowances, however this will be managed in detailed documentation and tendering.

EVIDENCE

The Committee commenced its inquiry on Thursday, 24 September last with an inspection of the site of the proposed works. The Committee then returned to parliament House whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Sally Williams, Project Manager Clarence ICC
- Peter Alexander, Director Asset Management Services, Department of Health & Human Services

- Greg Cooper, Manager Major Projects, Department of Health & Human Services
- Andrew Grimsdale, Consultant Architect, Forward Brianese & Partners

Overview

Ms Williams provided the following overview of the proposed works:-

We would like to lead you through what is an integrated care centre and what is a GP super clinic because Clarence, as you know, is a little different from the other integrated care centres because it does have the GP super clinic. Greg will talk to you about the building response, building configuration and ESD initiatives.

We are looking at redeveloping the existing Clarence Community Health Centre site as an integrated care centre and we have \$18.5 million available for the capital redevelopment. The project, as you know, is jointly funded by both the Tasmanian and Australian governments and the Commonwealth's contribution is in the form of the GP super clinic, which is \$5.5 million.

Most of you would be aware that the health plan identified the establishment of integrated care centres in major population centres around the State. The first of those to be developed will be Clarence and Launceston.

... The idea behind the Clarence integrated care centre is that it will help to take some of the pressure off the Royal Hobart Hospital's acute services and that it will also provide integrated services across the primary care system and in particular across general practice. The Clarence site also offers a real opportunity to improve training and research for medical nursing and other allied health providers in a partnership with the University of Tasmania. That is in recognition of the changing face of medicine, training opportunities and the opportunity to link those professions together in training. So Clarence ICC really has the opportunity to provide a cornerstone for primary care. As an integrated tier 3 facility it will have that acute service provision as well.

So what is an integrated care centre? Integrated care centres provide a range of health services in a community setting which are obviously needs based. So there will be different services in each integrated care centre. It will provide services at the local level for people with complex health conditions that may have previously had to travel to hospital. It will enable the effective management of chronic health conditions - diabetes and heart disease are obvious chronic conditions - and it will help early identification of relapses and complications.

The Clarence integrated care centre will address a range of gaps in services but it will not address all community needs. Will it provide in-patient care? No, it is not an overnight facility. It is purely an ambulatory facility. So the services that will expand into Clarence will be of an ambulatory nature.

Clarence will provide access to GP services in the way that it currently does, but it will be through the GP super clinic. It will provide a range of other primary health care services, for example dental services and allied health.

It will facilitate access to mental health services, which are going to relocate into the centre. It will provide a centre for clinical education and general practice training in partnership with the University of Tasmania and increase capacity for primary health care research.

The Committee questioned Ms Williams as to why a publicly funded GP service existed in the area. Ms Williams responded:-

It is historical.

...Certainly other general practices in the area say, 'Why does it still exist?', particularly as it loses a lot of money. If it was put into the hands of a private provider or a not-for-profit organisation we would expect it to be able to generate revenue in a way that it doesn't now.

... We know that it loses about \$800 000 a year.

Mr Alexander added:-

We do provide support for GP services in other areas. We have a current example in Zeehan where we will be contracting a private GP provider but we are working with council to provide the premises to attract someone there because it is a remote area. I guess when the bridge came down the Eastern shore was seen as a remote area.

Ms Williams continued the overview:-

It is fair to say that the Clarence Community Health Centre does service a difficult client group, which means that consultations are longer, but we think there are ways that a private provider would possibly manage that better.

In terms of the integrated care centre and the types of hospitalisation we are looking at avoiding, these include diabetes, chronic obstructive pulmonary disease, and ischemic heart disease. Dehydration and gastroenteritis can be treated in an ICC, and soft tissue infections, asthma and leg ulcers. They are all things that people now present to the Royal but if we had the right services in Clarence they may not need to.

When we have been consulting around the services we might include in the integrated care centre we can categorise them under four major headings: primary care services, which includes community health and nursing; complex and chronic conditions; specialist clinics; and education and healthy lifestyle programs. In terms of primary care services, we consulted quite broadly, particularly with general practitioners in the area, around the sorts of services we might provide. It will be a GP super clinic with a minor injuries service. Allied health services will be offered out of the GP super clinic and they may be private providers. In the primary care setting we will still have oral health services but they will be expanded to adult oral health services. Community nursing services will continue.

Youth health service provision has been identified by Clarence City Council as being a significant area of demand in that area and they would like to see that incorporated into the general practice. They are prepared to put some resourcing into that by way of a youth health worker.

With complex and chronic condition services, some of these services could be nurse and allied health led. Diabetes, cardiopulmonary and muscular-skeletal and pain management are services that have been identified across the southern area as services of demand that really should be put into Clarence. That is borne out by the client demographic there now. Mental health services, as we said, will be relocated. Incontinent services are currently really only available from the repatriation centre and we realise that it would be of real benefit to have a base at Clarence as well. These services are going to be supported by a rehabilitation gym.

As to specialist clinics, we are in discussion with the Royal at the moment. They have just started to operate antenatal services those out of Clarence now. Diabetes - obviously - respiratory, cardiac and renal are possibilities. Wound care is a definite and aged care is a definite. Those specialist clinics will expand over time. We have included in the design of the building space for meeting rooms to run antenatal classes, smoking

cessation programs, fit-for-surgery programs and healthy lifestyle classes. We are also working with the Chronic Disease Prevention Alliance for them to run self-management programs out of the building.

... The sorts of factors we were taking into account when we were planning were things such as new technologies which will enable different approaches to care. One of the real limitations at Clarence now is that each service has their own individual client records, so Allied Health Services keep their own, the medical practice keeps its own, and nursing keep their own. In building a new building which is purpose-built we will be able to access the Royal Hobart Hospital digital medical record, we'll be able to align the systems and people will be able to have a single health record and talk in real time, which is going to be quite important if we're looking at transferring some of our acute services into Clarence.

Obviously there are a lot of new ways of delivering services, and chronic disease management is a good example of that - hospital in the home. People are looking to avoid hospitalisation wherever possible, as are we, because of the costs involved. There is a real increase in demand for outpatient services. We have looked at the ageing population profile of Clarence, which has the highest proportion of people aged over 65 in the State, and there is also a very high proportion of high-dependency clients in Clarence. There are also real work force challenges with all of this and we're looking at ways to reconfigure our current work force and how we look at our new service models.

GP superclinics

Ms Williams provided the following explanation of 'GP Superclinics':-

. There has been a lot of conversation about the Commonwealth-funded GP superclinics and what they're all about. It was really important in developing this superclinic in Clarence and within the ICC that we could assure general practitioners in the area that it wasn't going to be in competition with other general practice and that we would try to add value to their existing practice. Part of the work that I was doing was talking to them about what we could incorporate into this general practice that might be of value to them. The minor injury service was the obvious one but, in addition to that, we're thinking along the lines of allied health staff that this general practice might contract or employ who can be subcontracted out to smaller practices that can't afford to take on their own full-time.

So it was really about working with general practitioners in neighbouring municipalities and asking, 'What would be of benefit to you?' This will also be a teaching practice, not just for medical student undergraduates but also for registrars, and we're hoping that consultants might do sessions in this GP superclinic so that general practitioners from neighbouring practices might be able to partake and/or have their clients seen within that setting. So we're trying to look at all those opportunities to see how we can make it worthwhile to them rather than being something that is set up in competition with them - and also that assurance that any clients that were seen in the general practice of the clinic would be referred back to their own practice.

... Interestingly, one of the neighbouring general practitioners who came along to several sessions and had been quite opposed, said, 'You know, I'd actually consider coming and working here after hours if they decide to extend the hours, if you set it up in this way.' So there are opportunities there for them; it's about working with them to find what they are.

So how is the integrated care centre model different to the current community health centre? It will have a much stronger focus on chronic disease management. The current community health centre, like all primary care services, does focus on chronic disease management, but the integrated care centre is trying to target clients at that middle level; as I said to you this morning, somewhere between the acute and the very primary care,

the clients who currently slip through the gaps. It will be able to provide some clinical services that have been traditionally delivered in hospitals, like IV therapy and complex wound management. It will facilitate better communication and transfer of clinical information because it will be purpose-built and will have that infrastructure built into it. A new building will offer us a better layout and we will have new governance arrangements, so the general practice will be moving from within government to being external to government.

The Committee questioned Ms Williams as to how such a transition would be effected. Ms Williams responded:-

What that means is that the department will not be running the GP superclinic. What we are doing at the moment is going through a process with an advisory group to work out how we might place the general practice outside of government. Part of the Commonwealth requirement was that they would give us the money to build the GP superclinic but they do not want the State to run it, so now we are looking at how we might engage an external provider or set up a board external to government to run such a facility. That's the process we're currently going through.

The integrated care centre is a State-run facility, the building will be operated by the State, and the GP superclinic will be a tenant of the building.

Allied health services

The Committee questioned the witnesses as to whether it was intended that the current range of services, including: child and family; speech pathology; OT; social worker; and parenting would continue in the proposed centre. Ms Williams responded:-

... Child and Family Services are one component of what is in that building. Services like social work, OT et cetera, are currently serving much more than the child demographic. So they will need to continue in Clarence, whether or not Child and Family Services choose to move out of the building in the future, which is a possibility.

Mr Alexander added:-

There are two child and family centres planned for the eastern shore: one at Clarendon Vale and one at Bridgewater. We currently have a community health centre at Clarendon Vale and there will be a relationship between the services that we outreach or house there or whatever with Clarence, as a rule, with a place like Risdon Vale. We have a child health capability in Clarendon Vale and that will most move into the child and family centre, but whether it is driven by the relationship with the schools or by the child and family centre's acknowledgment of the services that we are operating, there is a connection across there and we have the south-east manager of Child, Youth and Family Services as our representative on that group. The focus of the Clarendon Vale Child Family Centre will be much more on the social than the health side of things. It is a gathering point for parents; it is a much more social thing. As Deb Leisser, South East Manager, explained it to me she wants the community to see it more as a good place to be than a visit to the doctor. So there will be a lot of ancillary education-type things. They talk about programs like Launching into Learning and good parenting programs, focusing on relationships between the child and the parent rather than between professional health providers and the parent. That is the focus the child family centre will have but our child health people will be represented there so there will be mutual referrals.

Construction costs

The Committee questioned the witnesses regarding the anticipated inflation building index. The following exchange occurred:-

Mr COOPER - Anywhere between 10 per cent and probably up to 20 per cent.

Mr GRIMSDALE - It is wildly variable; there is no set rule at the moment.

Mr COOPER - It places a bit of constraint on anything we do now that we might have had in the pipeline for some time.

Mr GRIMSDALE - Buildings of this type are pretty attractive to contractors but the BER money has lifted it for a lot of the smaller jobs which are difficult to construct. A lot of people want buildings like this to build because it is a good long-term commitment; it is a good single building.

Mr COOPER - We have had to maintain some budgetary precaution because that is the advice you get. The market place is increasing, so we have had to modify our design a little to accommodate that but we are happy with that now. So that has created a bit of delay, which is why we now have a two-stage construction process. We will have an early works component, some civil works where the existing carpark is. That will bring it down to a new level for the future basement. We hope to have that out to tender towards the end of October. That will begin some early works while the rest of the documentation is completed and that should happen in about January 2010. Within the main building we also have that in two stages. The GP super clinic and oral health will be completed by July 2010 and the rest of the building by December 2010.

Mr ALEXANDER - There is some pressure from the Federal Government to have the GP super clinic completed in that time frame.

Mr COOPER - Yes. It also enables us to keep the existing facility operating exactly as it is while we construct the first stage of the building. We can then transfer everybody over into that new building that is within the existing, demolish the rest of it and finish off construction for the rest of the building. So there are no major decanting issues or temporary accommodation that we need to resolve, particularly with clinical requirements, which would be quite an expensive exercise.

Demolition costs

The Committee questioned the witnesses as to whether any consideration had been given to retro-fitting the existing building and building extensions as required. Mr Alexander responded:-

We did, although not in a huge amount of detail. There was some work done in Victoria a few years ago which showed that the refurbishment costs of a building - and they have since gone up - were 85 per cent of the cost of a new build. The 15 per cent that you saved you lost in about three years by not achieving energy efficiencies and spatial efficiencies. The other side of that is in staffing costs and things like that in an inefficient building.

We certainly looked at the site in great detail and the site is ideal to us. That building is in the middle of the site. If we refurbished it we would have to decant a lot of people and some of those are medical services which are very hard to replace and continue their service to the community through the rebuilding program. The level of the building sunk in at that bottom end means that it is wrong floor height for us and we cannot go up on top of it. It also has some quite big courtyards. It is a rambling building and a bit of a rabbit warren and is limited in space. All the health surgeries there are not that old.

They were built since I have been with the Health department and are probably only five or six years old but they were built into the existing ambulance bay, so the amount of oral health service we could provide there was limited by the available space where we used to park ambulances and was not related to demographics. There were a lot of reasons without actually costing - and specifically because a lot of those costs include decanting costs, ongoing recurrent costs and so on - why it makes sense to rebuild.

The Committee sought precise information in relation to the comparative costs of demolition and 'recycling of the existing building. Such information was provided in the memo dated 25 September 2009 prepared by Greg Cooper, Manager, Major Works entitled "Refurbishment of existing premises and demolition costs" which was received by the Committee and taken into evidence.

The memo contained, *inter alia*, the following information:-

The Department's Quantity Surveyor on the project, Stehel Consultants, have provided as part of the current cost plan of the 22nd July 2009 a figure for demolition of the existing building of \$169,975.

The refurbishment of the existing facility would incur a range of additional costs and compromises to the project including;

- *Provision of temporary rented accommodation, assume 500m² of office area for 18 month period (Total of existing building is 1762m², but assume only 1/3 of area being refurbished at any one time) at a net rental of \$300.00/m² equates to \$225,000*
- *Disruption to business continuity, costs of decanting service groups and temporary fit-outs of say \$500.00/m² x 2 fit-outs equates to direct costs of \$500,000 - \$600,000, + unknown indirect costs associated with business disruption and delays in the overall construction program*
- *Risks associated with clients not locating temporary centre*
- *Discontinuity with splitting up of existing centre configuration and potential of additional costs in retaining interface between service delivery teams*
- *Refurbishment of the existing centre would still require significant demolition, but in a more disjointed method that would add significantly to demolition costs. Could potentially have same demolition costs in any part demolition of existing buildings to accommodate full site redevelopment*
- *Existing building is only 1762m², current requirements are for a 5,550m² building. Existing building is not able to be developed for 2 or 3 level construction and is very poorly configured on the existing site where it does not leave adequate space to sympathetically integrate a comparable building into the existing facility.*
- *Significant floor level access issues with existing building being set down some 2-3m from remaining car park floor area would require extensive excavation to what is currently planned for the site*
- *The loss of all existing car parking on site to accommodate the additional building area would incur a \$1,620,000 charge from Clarence Council as an alternative to not achieving the local planning schemes car parking requirements.*
- *Retaining the existing facility will see significant compromises in respect of environmental sustainability and would potentially compromise the configuration of spaces within a the complexity of the existing building.*
- *It is expected that retention of the existing building and construction of new on the remaining land area would then compromise any opportunities for future expansion.*

In general terms the cost of construction of the new building is at an average of \$2050/m², compared with refurbishment costs of the region of \$1,550/m² or a possible

saving of **\$880,000** based on 1760m² of existing building being retained and refurbished. However with inefficiencies in refurbishing of existing buildings being in the region of 10% of the floor area, then an additional 180m² of construction at \$2050/m² would be required, thus adding a further **\$369,000** to the project.

Summary

In summary, by retaining the existing building, new building works still comprises 70% of the project. Poor configuration of the existing building both operationally and its location on the site, potentially increase the project cost by **\$1,664,000**.

The refurbishment option therefore compromises the project in respect of;

- Further reducing functionality of the centre;
- Generating significant business disruption and;
- Imposing future additional recurrent costs

The combination of the above financial and business risks, meant that demolition of the existing building and construction of an entirely new facility was the best option available to the Department.

Solar power

The Committee noted the proposed use of the cylindrical form of solar heat panel and questioned the witnesses as to the comparative efficiency of such units with reverse-cycle hot water systems. Mr Cooper responded:-

A reverse-cycle hot water system is probably about 60 to 70 per cent of a direct electric system, so it only consumes 40 per cent of the electricity. Let's say you had a 10-kilowatt, direct-electric hot water system. It would consume 4 kilowatts. In going to a solar system with electric boosts, that would drop further down to probably one or two kilowatts, so it is half again of a heat pump. You need the electric boosts because it is not available all the time.

We also believe, through our research, that the evacuated-tube type that we are looking at is more efficient than the flat panel versions. Across a typical day you get energy input for a longer period of time because you have the circular tubes, whereas a flat panel, whilst it is more efficient probably at any one time, has less opportunity across a typical day.

... The orientation is still much the same with the 43 degree angle to north and that sort of thing.

DOCUMENTS TAKEN INTO EVIDENCE

The following document was taken into evidence and considered by the Committee:

- Clarence Integrated Care Centre and GP Superclinic – Submission to the Parliamentary Standing Committee on Public Works, September 2009;
- Memo dated 25 September 2009 prepared by Greg Cooper, Manager, Major Works entitled “Refurbishment of existing premises and demolition costs”.

CONCLUSION AND RECOMMENDATION

The need for the Project was clearly established. The proposed centre will incorporate a significant range of integrated services, incorporating all of the functionality of the existing centre and expanding to accommodate Mental Health Services; Drug and Alcohol Services; Adult Oral Health and coordinated Chronic care and Ambulatory Care programs.

The Committee was concerned to ensure that the option of redevelopment of the existing facility had been adequately pursued. Evidence provided subsequent to the hearing satisfied the Committee that the financial and business risks presented by redevelopment were prohibitive and consequently the proposed works are preferred.

Accordingly, the Committee recommends the project, in accordance with the documentation submitted, at an estimated total cost of \$14,500,000.

**Parliament House
Hobart
30 October 2009**

**Hon. A. P. Harriss M.L.C.
Chairman**