

4. Appendix 2 – Feasibility Study Template

The Owners or Operators of Health Facilities are required to provide a Feasibility Study as part of the licensing applications described in these Guidelines. A feasibility study is required only for facilities at RDL 3 to 6. For primary care and ambulatory care, facilities defined as RDL 1 and 2, a feasibility study is optional and recommended, however it is not mandatory.

The template which appears on the following page may be completed and used for this purpose. Alternatively, if a separate, Feasibility Study has already been prepared by specialists, then its conclusions without further elaboration may can be inserted into the template and submitted along with a full copy of the original Feasibility Study.

The Feasibility Study which is prepared as part of the Schematic application may be re-checked, updated and re-submitted as part of the detailed submission.



Insert Health Facility Name

Feasibility Study Template

Date:	<dd.mm.yyyy></dd.mm.yyyy>		
Version:	<1>		
Prepared by:	<enter author="" name="" of="" the=""></enter>		
Contacts:	<enter and="" author's="" company="" email="" name,="" telephone="" the=""></enter>		
Prepared for:	<owner operator="" or=""></owner>		
Contacts:	< enter the Owner or Operators name, telephone and email>		
Application Status:	<choices are="" detailed="" or="" schematic="" submission=""></choices>		
Facility Type: <as -="" 11="" a="" appendix="" facility="" part="" per="" see="" standard="" the="" types,=""></as>			
General Hospital		Radio Diagnostic Centre	Dental General Clinic
Specialty Hospital		Diagnostic Centre (Multiple Specialities)	Company Clinic
Oncology Centre		Medical Laboratory	Hotel Clinic
Rehabilitation Centre		Dental Laboratory	School Clinic
Day Surgical Centre		Hospital (Inpatient) Pharmacy	Drug Store
Fertility Centre		Community (Outpatient) Pharmacy	Relaxing Massage Centre
Renal Dialysis Centre		TCAM Centre	Special Needs Centre
Polyclinic		General Clinic	Air Ambulance
Specialty Clinic		Optical Centre	□ Home Health-care Agency
Convalescence House		Beauty Centre Salon	□ Telehealth

<Optionally insert project perspective>



Table of Contents

<Provide a table of contents and page numbers>

1 – Executive Summary

<One page free form text for executive summary. Try to incorporate a short paragraph related to

each of the subjects that follows>

Name of the project and introductory text

The author of the Feasibility Study

Location- provide a small diagram or map

Key features

Key quantities, numbers, size

Timeframe for delivery

Total Capital Cost

2 – Strategic Context

<Briefly describe the strategic context of the proposal>



3 – Investment Objectives

<Briefly Describe the Investment Objectives>

New Facilities and Services (if any)

Existing Facilities and Services (if any)

Problems and Opportunities

4 – Needs Analysis

Health Service Catchment

Population Numbers

Geographic Definition

Population type

Health Service Demand Assessment

st by the chosen unit e.g. KPU's such as Acute Beds, Sameday Beds, Operating Theatres, LDR

Birthing Rooms etc. or activity measures such as Beddays, Admissions, Separations, Episodes,

Operations, ED Presentations P/A etc.>

Health Service Supply Assessment

< list by the chosen unit e.g. KPU's such as Acute Beds, Sameday Beds, Operating Theatres, LDR Birthing Rooms etc. or activity measures such as Beddays, Admissions, Separations, Episodes, Operations, ED Presentations P/A etc.>

Permissible and Restricted Health Services (if any)

<Quote any guidance from the DHA in relation to any restricted health services such as Centralised or Regional services. Describe compliance or otherwise >

Identified Health Service Gap

< list by the chosen unit e.g. KPU's such as Acute Beds, Sameday Beds, Operating Theatres, LDR Birthing Rooms etc. or activity measures such as Beddays, Admissions, Separations, Episodes, Operations, ED Presentations P/A etc.>

5 – Competitive Landscape

<Briefly Describe the competitive landscape>

6 – Proposed Services and Facilities

< list by the chosen unit e.g. KPU's such as Acute Beds, Sameday Beds, Operating Theatres, LDR Birthing Rooms etc. or activity measures such as Beddays, Admissions, Separations, Episodes, Operations, ED Presentations P/A etc.>.>

< Demonstrate that the proposed services and facilities are within the identified service gap>

<Optionally, prepare and attach a Clinical Services Plan (CSP). Make references to the CSP (if any)

in this section.>

Make reference to the completed Pro-forma from Part A- appendix 15 – Pro-forma for the proposed Service Lines and DRG's. Provide the completed proforma in the Appendices.

7 – Options Generation and Evaluation



Options Considered

<Briefly Describe one or more options considered for private facilities>

<Briefly Describe a minimum of 4 options considered for public facilities. Option 1 must be:

Do Nothing, keep safe and operating>

Options Evaluation

<Provide a simple and short evaluation matrix>

Option Recommended or Adopted

8 – Project Costing

<Refer to an attached Costing Report with all the required details, or complete this section with the minimum requirements of costing>

Capital Cost

<Provide a simple table with the required minimum information complying with the methodology

used in Part F Appendix 1- Capital Costing Guidelines>

NET Construction Cost (NCC)

Departmental (FPU) costs by category:

- New construction
- Major refurbishment
- Minor refurbishment
- Travel and Engineering costs
- Building Shell and Site Conditions costs;
- Bulk Earthworks
- Fire Compartmentation
- Demolition Works
- External Works
- Façade
- Infrastructure Services



- Landscaping
- Roof
- Site Preparation
- Special Provisions
- Sub Structure
- Super Structure
- Transportation Services
- Civil Works
- Outbuildings
- Project Specific Costs

Gross Construction Costs (GCC)

Add the following to NCC:

- Preliminaries Costs
- Contractors Margin
- Design Contingency
- Locality Factor
- Project Agreement

Total Project Costs (TPC)

Add the following to GCC:

- Construction Contingency
- Consultants Fees
- Authority Charges
- Other Charges
- Add the cost of Furniture, Fittings, Fixtures and Equipment (FF&FE):
- Group 1- Supplied and installed by the builder
- Group 2- Supplied by the client, installed by the builder
- Group 3- Supplied and installed by the client
- Group 1T- Transferred and installed by the builder
- Group 2T- Transferred by the client and installed by the builder
- Group 3T- Transferred and installed by the client

Notes:

Supply and Installation cost of Group 1&1T should be included in the NCC

Supply cost of Group 2 should be in included in TPC



Transfer cost of Group 2T should be include in TPC

Installation cost of Group 2&2T should be included in NCC

Supply and Installation cost of Group 3&3T should be included in TPC

Total End Cost (TEC)

Add escalation to TPC to arrive at TEC

Transition Costs

<Provide the transition costs with a short description, if any>

Decanting Costs

Temporary Facilities Costs

Recruitment Costs

Change Management Costs

Opportunity Costs

<Provide opportunity costs, if any>

Income loss

<u>Income gain</u>

Recurrent Cost



<Provide a short summary of the anticipated running costs>

<u>Human Resource (HR) costs</u>

- Doctors
- Nurses
- Medical Support
- Hotel Services
- Admin and Clerical

Goods and Services (G&S) Costs

- Administration
- Domestic Supplies and Services
- Drugs
- Equipment Leasing
- Food Supplies
- Medical & Surgical Supplies
- Motor Vehicle Expenses / Travel
- Other Goods and Services
- Patient Transport (Incl. Ambulance)
- Rental Accommodation
- Repairs Maintenance and Renewals
- Support & Special Services
- Utilities
- Insurance and Legals
- Other

Total Recurrent Costs

<Sum of HR and G&S for the first year of operation and escalate to 4 following years of operation.>

Life Cycle Cost

<Provide Life Cycle Costs and NPV analysis of all options, only if required in writing by the client or

the DHA in writing.

9 – Revenue and Profitability

<For Private Facilities, Provide a summary of the expected revenue and profitability based on the

services proposed>



<For Public Facilities, replace this section with a discussion of Public Benefit>

Revenue

Profitability

10 – Options Evaluation

<Provide a tabulated Options Evaluation matrix and include the mandatory requirements>

Options Matrix

Options name and short description (Min.1 for Private and 4 for Public facilities)

Summary of KPU's for each option

Summary of SOA (as a Minimum, state total GFA)

Cost Summaries (including Capital, Transitional, Opportunity, Recurrent and Life Cycle)

Revenue and Profitability

Short remarks in the context of the Investment Objectives

Short remark under each of the evaluation criteria

Short discussion of the expected risks and risk mitigation

Options Selection

<Free form text to briefly describe the reasoning for selecting one option>

Financial Appraisal

<At the written request of the Health Authority, provide an independent Financial Appraisal and

refer to is in this section. Provide the full copy in the appendices>

11 – Funding Strategy

<Provide a short description of the funding strategy>



Capacity to Fund

<Refer to the evidence of capacity to fund the project and provide the evidence in the appendices>

12 – Procurement Strategy

<Provide a short description of the procurement strategy (method of delivery) including the

minimum mandatory requirements>

Timeframe and Staging

<Provide a table of key dates or a bar chart>

Contract Type

<Nominate the intended contacting methodology (which may change later)>

Governance Structure and Reporting

<Provide a short outline of the Governance Structure>

13 – Feasibility Self-check

<Provide a completed and signed Feasibility Study Self-Check table>

14 – Appendices

<Provide all the items which are referred to the appendices in the body of the Feasibility Study

including externally sourced reports such as costing and proof of capacity to pay.