



Camogli Hospital Tristan da Cunha Concept Design and Specification Development

General Points

This is a synopsis of the Concept Design and Specification Development (CDSD) of Camogli Hospital in Tristan da Cunha that was completed for DFID by Evidence on Demand in June 2014. The CDSD will be used in the expression of interest and Invitation to Tender process.

Summary

Tristan da Cunha is a remote island in the South Atlantic that falls under UK Overseas Territories responsibility. The resident population is approximately 270, although visiting cruise ships can very briefly increase the temporary population to approximately 350. 33% of the resident population is over the age of 60, with 12% over 75. The island has an existing small hospital that is no longer fit for purpose; a new hospital more suited to modern medical standards is intended to be built next to the existing hospital. The purpose of this exercise is to create a concept design for the building to give an indication of a possible solution to the requirements. This comprises a preliminary layout of the proposed hospital and surrounding area, and includes the access road, main entrance, footpaths, likely outbuildings, a parking area for the ambulance and other vehicles, the relocation of services and utilities, and a new perimeter wall. A number of outline plans and 3-dimensional illustrations have been provided to assist all stakeholders in understanding the proposals and agreeing on the end product to reduce the chances of costly variations during the tender and construction process.

Key Ideas and Debates

Over the past year or so, a number of proposals have been considered and a great many documents produced to support options under consideration. These have been accompanied with list of requirements; however, neither a detailed specification of the standards required nor the associated infrastructure (roads, paths, outbuildings and services) have been undertaken in detail.

Insight and Findings

The hospital provides primary care, with secondary care limited by the capacity and experience of the Resident Medical Officer and nursing staff, combined with restrictions imposed by the facilities and equipment available at the hospital. Access to more complicated secondary and tertiary diagnosis and treatment is infrequent, provided by referral to appropriate hospitals, usually in Cape Town or by visiting consultants and specialists which, to date, has been limited to dental and ophthalmic specialties. In situations other than a remote island environment, a patient population of 300 would not justify the scale of facilities and services already provided. However, the unique circumstances of Tristan da Cunha must be addressed, particularly the need to deliver primary and selected secondary healthcare for extended periods without the supporting secondary- and tertiary-level referral opportunities that exist in mainland locations. The potential for epidemics and disasters must also be recognised. Any improvement in facilities may also require an appropriate upgrade in terms of human resources and the experience of personnel.

Implications for advisers

Tristan da Cunha has limited design and technical construction capability, so it is planned that the new hospital be developed on a design and build basis to UK standards (or international equivalent) by an international contractor. However, there may be opportunities for the local Public Works Department (PWD) workforce to be involved in some of the construction activities.

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