



**6** IHP completes "turning-point" medium-secure unit for Dorset Healthcare Trust

**7** Celebrating **ten years** with the **framework**: Laing O'Rourke wins 2013 BBH award



news, views and information from ProCure21+

# plusnews

February 2014



## Transparent partnership gives 'excellent value'

Lister Hospital's £24m redevelopment phase benefits from ProCure21+ open book approach

**East and North Hertfordshire NHS Trust is coming to the end of a four-phase capital redevelopment programme known as 'Our Changing Hospitals'**, designed to improve clinical outcomes while reducing costs. The entire programme has spanned nearly six years and a long list of new and redeveloped facilities, has been undertaken using a mix of traditional design-and-build and ProCure21/ProCure21+ methods, with

the lion's share of value being routed via ProCure21. "We had already used ProCure21 on previous works, and this was almost an automatic decision for us – we can see huge benefits in terms of value for money, but also the open book arrangements meant we could develop a superb working relationship with our PSCP," says the Trust's associate director of clinical reconfiguration Barbara Jenkins.

*continued on page 2*



**top** Reception area in the new endoscopy unit at Lister Hospital  
**above** External view of the new elective admissions unit at Lister

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Standardisation: poised to deliver **exciting new developments**, including the **national rollout** for PSCMs and the NHS • Diary **dates** • Projects **completed** last quarter • Dorset medium-secure unit **up and running** • Laing O'Rourke delivers latest NTW scheme and wins **Building Better Healthcare award** • Interserve and Mid Cheshire Trust **celebrate long relationship** with new theatres and CCU • **FAQs** on early warnings and PM agreement



**Above** Bed-to-bed transfer in a mocked-up standardised room: Standardisation programme due for national rollout, page 4



above Aerial view of the entrance to the new Emergency Department

## video



**East & North Herts NHS Trust** director of strategic development Stephen Posey, **IHP** senior project manager Andy Broumpton and scheme financial lead Peter Rossiter-Norwood comment on the Lister redevelopment scheme and why ProCure21+ was key

Watch the video on the [ProCure21+ website](#)

The PSCP delivering most of Our Changing Hospitals' final phase is Integrated Health Projects (IHP), the joint venture between Vinci Construction and Sir Robert McAlpine. The Phase 4 scheme comprises a new theatre block, a new emergency department with adjacent diagnostic facilities and fracture clinic, a new ward block, an endoscopy unit and an elective admissions unit as well as ward refurbishments. It also includes a new chemotherapy unit, built as a joint-sponsorship project between the Trust and Macmillan Cancer Support Services.

From the outset, says IHP's senior projects manager Andy Broumpton, the biggest challenge was affordability – where use of the ProCure21 framework was “very important in allowing us to undertake several rounds of value management in a spirit of co-operation.” As a result, the specification of various components across Phase 4 was changed to reflect better value for money, and savings that would continue into the operational phase. Self-cleaning render was specified for the external walls, to realise operational savings, while elsewhere in the phase, changes to canopy designs made for savings in the construction phase. Altogether, the Trust and PSCP worked together to reduce the cost of the scheme by £4.5m overall – which represents around 10% of the overall cost – to bring the scheme within affordability ranges.

As part of the value management exercises, IHP has also used some standardisation of components across the various projects that make up Phase 4 of the Our Changing Hospitals programme. “For instance, the original specification was for SIPS panel external wall construction, but we've substituted a light-gauge galvanized steel framing system instead,” says Andy Broumpton. “It's more cost-effective to begin with, but also, because we've been able to specify that system for all the projects in Phase 4, we've been able to make some very significant economies of scale by use of greater buying power. That was a major element in the value engineering exercise.”

## “the partnership

and transparency of **ProCure21+** has been **fundamental** in enabling our **timetable** to **stay on track** and **deliver** the strategic plan **on time**”

### Barbara Jenkins

Associate director, clinical reconfiguration  
**East and North Herts NHS Trust**

IHP was also able to leverage economies of scale in another area: its own site costs. “Because all the projects within Phase 4 were running simultaneously, we were able to combine our site costs, which



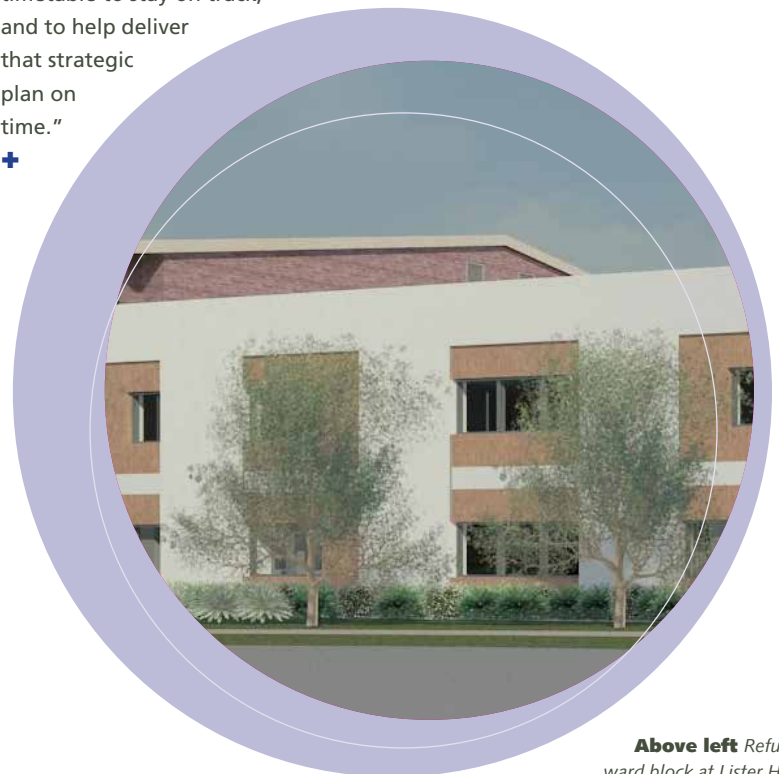
resulted in a £130,000 saving for the Trust," says Broumpton.

All work has taken place on sites adjacent to those providing ongoing clinical services, and has had to avoid disruption, noise, vibration and pollution. This was achieved by careful and intricate planning, which was facilitated by the use of the framework, says Barbara Jenkins: "There have been some real advantages in having excellent communications and the non-adversarial relationship governing this project. For instance, when work began on the new theatre block, a massive concrete block was discovered, embedded in the ground, that required cutting up to remove. That meant a lot of unforeseen drilling, noise, vibration and dust, right next to our functioning operating theatres. We all worked together, with daily dialogue, and we mapped out the times of day that were best, and worst, that this work could happen. The result was that we had very few stoppages of the work, which meant it stayed on track despite this unforeseen finding right at the very start."

Both Broumpton and Jenkins commend the ProCure21 and

ProCure21+ frameworks for the spirit of partnership that they engender. "The most important thing here is the client relationship," Broumpton remarks. "In other types of contractual relationship, you can get situations where the client blames the contractor but the contractor blames the client, and they spend a lot of time arguing about whose fault it is. That time would be better spent getting together and coming up with a plan to resolve the issue, and that's exactly what ProCure21+ allows us to do."

Jenkins concurs: "There are elements of Phase 4 which are crucial to the Trust's overall strategic plan, and which absolutely had to be delivered to timetable. The partnership and transparency of ProCure21+ has been fundamental in enabling our timetable to stay on track, and to help deliver that strategic plan on time."



**Scheme** Lister Hospital projects (part of Phase 4 of 'Our Changing Hospitals')

**Trust** East and North Hertfordshire NHS Trust

**PSCP** IHP

**GMP value** £24m

**Date of completion** November 2014

**Facilities include** New ward block; refurbished and extended Emergency Department; fracture clinic; diagnostic facilities; Elective Admissions Unit; Macmillan chemotherapy unit; operating theatres; endoscopy unit



# Standardisation: all systems go!

The ProCure21+ Cost Reduction Programme is poised to deliver some exciting new developments, starting with a launch for the NHS and supply chain in February

## **February will see the official NHS launch of the ProCure21+ Cost Reduction Programme standardisation initiative.**

Representatives from the NHS will be invited to inspect the results of the last year's hard work, including standardised, repeatable room designs for adult acute single bedrooms with en-suite bathrooms, four-bed multi-bays, and three versions of a consult/exam room. The launch will be attended by Government chief construction advisor Peter Hansford, and there will be a keynote address from Doctor Dan Poulter, Parliamentary Under-Secretary of State for Health.

This is the start of a wide-scale rollout for the standardised room design and components, across the NHS. Trusts engaging with the ProCure21+ framework for capital procurement will be encouraged to consult with their PSCPs early in the process, to embed the principles of standardised design within their projects – and achieve significant cost-savings as a result. Some of the savings demonstrated so far include up to 37% on hard flooring, and 27% on suspended ceilings.

## **Accelerated but thorough**

The development process to this stage has been accelerated but thorough. A literature review was conducted with MARU to collate some 150 studies to identify design principles that are linked to improved patient outcomes. A patient workshop and assessment of previous schemes were then used with the evidence base to prepare the first draft of the repeatable designs and standardised components. Expert Review Panels were held in London and Leeds, at which clinicians, designers, hospital facilities staff, patient representatives and other stakeholders reviewed and commented on the repeatable designs. Following this, a technical review was conducted in October, at which a group of design and construction professionals considered achievement of the brief and the utility of the designs. The designs have been mapped out in 'real-space', and real-life functions and processes were tested against the real-space model: "so we have thoroughly tested, for instance, that a trolley can be wheeled in, and sufficient staff can perform a trolley-to-bed transfer easily, with sufficient space," says ProCure21+ PSCP programme director David Kershaw.

All this work was then pulled together to produce high-quality final designs. These designs and the associated standard components are now being



**above** Members of the Cost Reduction Programme Technical Review Panel carry out a bed-to-bed transfer in a mocked-up standardised room, to test feasibility of real-life functions

used as the basis for confirming the commercial analysis and associated cost savings: "We are confident that they will make a significant contribution to the 14% average savings required by the Government Construction Strategy – and more besides, as great levels of standardisation are achieved."

### Fully BIM-compliant

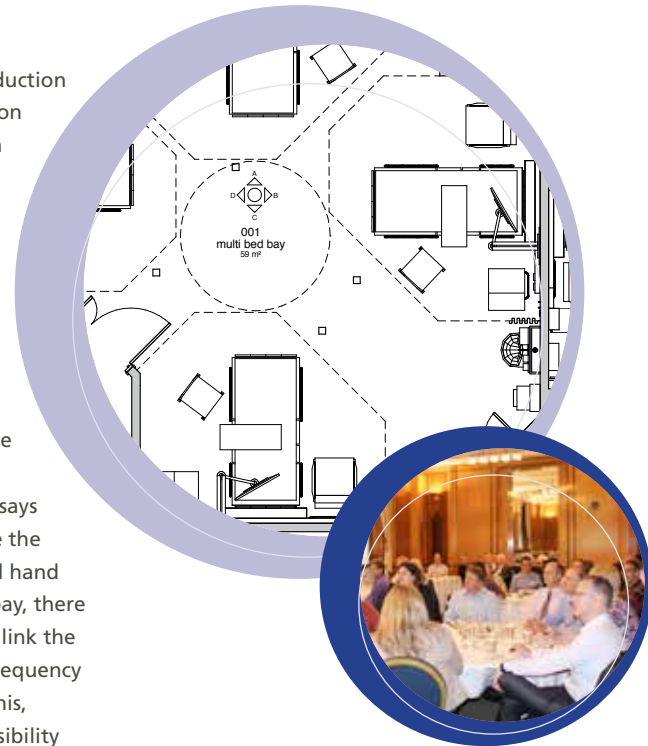
Working with these designs is also essential, says Kershaw, to produce a set of 3D models that can be used in discussions with clinicians and stakeholders during the planning and design stages of a construction scheme: "The development process is fully BIM-compliant," he says, "so a computer-based 3D rendered model was the best solution – it allows all stakeholders to get an immediate idea of the physical space and layout they're working with, and the arrangement of components within it. That's invaluable at consultation stage, because it helps to secure buy-in to the concept." The 3D model will be presented on iPads, using the device's movement tracking facility: "essentially so you can stand in a space, hold it up and turn around, and what you see on the screen will be what you'll eventually see in the finished space," Kershaw explains.

BIM will be used by PSCPs and the supply chain to streamline design, supply, construction and costing processes, but Kershaw is clear that further down the line, this information can also be passed to the NHS client at handover time, "where it will be very useful in terms of maintenance and facilities management in the operational phase of the building's life."

Coming up next, the Cost Reduction Programme has begun work on a repeatable bedroom design for mental health facilities. The team also aims to commission its own research to sit alongside feedback from users and post production evaluations, as part of the development of future revisions to the Mark I designs. "The literature review showed us that there are gaps in our knowledge," says Kershaw. "For instance, while the HBN recommends two clinical hand wash basins for a multi-bed bay, there is no clear evidence found to link the number of basins upon the frequency of hand washing." Beyond this, the team is preparing for feasibility studies on the benefits of developing repeatable designs for clean and dirty utilities, emergency rooms and operating theatres before proposing further development later this year.

David Kershaw is clear about the future stages of the Cost Reduction Programme: "We will demonstrate that these designs and components are rooted very firmly in a strong evidence-base. The National Framework Agreement will be used to help embed these initiatives, because that will encourage NHS clients to

engage with standardisation of rooms and components earlier in the process. There's work to be done in communicating the enormous benefits in adopting these designs, and 2014 is our year to do that." +



**top** A repeatable room plan

**above** Delegates at the Expert Review panel held in London

## Launch events

**Tuesday February 25th**

**For PSCPs and supply chains**  
Grange Tower Bridge Hotel, London

**Wednesday February 26th**

**For NHS Clients**  
Grange Tower Bridge Hotel, London

For more information, please contact ProCure21+ via [julian.colaco@dh.gsi.gov.uk](mailto:julian.colaco@dh.gsi.gov.uk)

## Dorset medium-secure unit up and running with ProCure21

**Principal Supply Chain Partner IHP used the ProCure21 framework to get a new medium-secure mental health unit for Dorset Healthcare Trust**

up and running – from white paper to operational site – within 18 months. At the launch event in December, the town mayor Philip Eades joined the Trust's director of mental health services James Barton, saying "This is a fantastic asset for the people of Poole, and we should be very proud indeed."

The new facility has upgraded the medium-secure mental health provision at St Ann's Hospital, bringing privacy and dignity standards into line with current guidance and creating four new wards and single-room accommodation together with assessment, treatment and support rooms.

The construction phase of the project achieved no reportable accidents on-site for IHP. Staff, local community and

director personnel at the facility were said to be "amazed" at the quality of the build, remarking that the new facility marked "a turning-point" for the Trust in delivery of improved patient outcomes.

IHP project manager Rod Nutbourne's team were praised by regional managing director Dave Smith: "A first-class result, evidenced by excellent feedback from the Trust." +

## Diary dates

### HefmA National Conference

14-16 May • Brighton  
[www.hefma.org.uk/conference](http://www.hefma.org.uk/conference)

### NHS Confederation Annual Conference & Exhibition

4-6 June • Liverpool  
<http://conference.nhsconfed.org>

### IHEEM Healthcare Estates Conference & Exhibition

Dates to be confirmed  
[www.iheem.org.uk/Conference](http://www.iheem.org.uk/Conference)

## video



Watch the **Trust's own YouTube video** on the new wards at St Ann's Hospital

## ProCure21 & ProCure21+ projects completed last quarter

Trust	Project title	PSCP	Completion date	GMP £m
Oxford University Hospitals NHS Trust	Extension of Newborn IC Nursery, L2, JRH	Willmott Dixon Holdings	7 October 2013	2.65
Dorset Healthcare NHS Foundation Trust	Redevelopment of St Ann's	Integrated Health Projects	21 October 2013	7.69
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Grimsby Decant Ward - Project 3	Balfour Beatty Group	25 October 2013	0.34
Nottingham University Hospitals NHS Trust	East Block Estates Infrastructure Upgrade	Interserve Construction Ltd	30 October 2013	0.98
Nottingham University Hospitals NHS Trust	C30 Major Trauma Unit	Interserve Construction Ltd	30 October 2013	1.49
Hertfordshire Partnership NHS Foundation Trust	Project 2 - Hub 3 - Colne House, Watford	Interserve Construction Ltd	8 November 2013	1.28
Nottinghamshire Healthcare NHS Trust	Highbury ATU	Balfour Beatty Group	15 November 2013	4.00
West London Mental Health NHS Trust	New Build Training Facility (PMVA)	Willmott Dixon Holdings	22 November 2013	1.77
Basildon and Thurrock University Hospitals NHS Foundation Trust	Project 4 - Winter bed capacity	Balfour Beatty Group	22 November 2013	2.60
West London Mental Health NHS Trust	Secure Perimeter works	Willmott Dixon Holdings	4 December 2013	1.51
Royal Cornwall Hospitals NHS Trust	SRU/Poldark Ward Reconfiguration	Balfour Beatty Group	6 December 2013	1.49

# Laing O'Rourke nets award for Best ProCure21/+ scheme

The latest scheme in contractor's ten-year relationship with Trust has just been handed over

**A flagship dementia care centre for Northumberland Tyne & Wear (NTW) NHS Foundation Trust** has been handed over

by Laing O'Rourke – and the facility, at Monkwearmouth in Sunderland, has won the Building Better Healthcare 2013 award for Best ProCure21+ Project.

The centre, for elderly men with forensic learning disabilities, is the first in the NHS to be accredited to standards set out by the world-leading dementia research centre at Stirling University, and represents a step-change in service delivery for the Trust.

"We are a big Trust with a lot of diverse activity," explains project director Tony Railton, "and we are consolidating our operational sites to optimise delivery of services to patients.

The Monkwearmouth project is part of an overall £60m redevelopment along with a new 122-bed low-secure mental health facility at Ryhope, Tyne & Wear."

Laing O'Rourke began working with NTW Trust during the initial pilot of the original ProCure21 framework back in 2004: "The Trust was very clear about its wish to appoint a PSCP that it could have a long-term relationship with," says Laing O'Rourke healthcare sector leader Stuart McArthur. In ten years, the contractor has delivered 18 projects for the Trust, and McArthur says the group was "very proud indeed" to be awarded the Building Better Healthcare ProCure21+ Award for its work on the Monkwearmouth facility.

Laing O'Rourke project leader Lee Burnikell commends the value that ProCure21+ has brought to the process. "One of the most useful aspects is the direct access that the framework gives to the clinicians and staff, so they can see the design and have access to specialists in the supply chain much earlier in the process, and can therefore influence the design." At Monkwearmouth, meetings with clinicians were structured around a 3D BIM model that enabled input at a fine level of detail, and which also, Burnikell says, gave clinicians a sense of ownership: "It helped to bring everyone on board, because they could see what they were getting,



**above** the exterior of the Monkwearmouth dementia care centre  
**right** interior view of a bedroom at the centre



and had a lot of say in how it would suit them better if we made certain alterations." The BIM model, as well as smoothing the market testing process, has also been handed over to the estates and facilities team at Monkwearmouth, as fully-loaded models for maintenance, accessed via iPads: "The plan was always to have a fully integrated model that would add value into the operational phase as well as the design and build stage," says Burnikell.

In the early days of the framework, Laing O'Rourke staged a series of 25 workshops for NTW Trust personnel, focused on the use of the NEC contract structure, "so every element in the client and the supply chain understood how the contract worked. It's structured to make people communicate openly and early, so there are no nasty surprises. Investing in that very early in the partnership has paid dividends over the years," comments Stuart McArthur. Partly as a result of this early investment, the Trust's relationship with LOR remains robust.

The partnership spirit has informed the Monkwearmouth and Ryhope schemes by allowing a large proportion of work to be undertaken using pioneering off-site construction facilities for large components of the work. Roofs at Ryhope were assembled on large mock-up jigs, pre-tiled and craned into position before being attached to the main building frame. Similarly, bathroom pods were built off-site by an Italian manufacturer, lifted into position and

simply connected to utility pipes to be made operational. Windows at Ryhope were slid into place as pre-built timber frame cassettes. "Overall, it took 15 weeks off the programme – it took us from a 110-week programme at Ryhope to a 96-week scheme, which the Trust signed off as a compensation event," says Lee Burnikell.

Tony Railton says the value that ProCure21+ has added is "unquantifiable but enormous": "Continuity adds immeasurable value, because over the years we've all learned a lot of lessons and all that has been taken on board and used for process improvement – which inevitably has given us an improved end-product. It reduces risk, which is not just programme risk, but governance and delivery and design risk. And we've been able to develop a very sophisticated, dynamic dialogue with the full design team that doesn't require us to go back over old ground – so we're able to explore innovation and dare to do things that we wouldn't normally do, because we have that basic level of trust and partnership built up over many years." +



**above** internal view of patient kitchen facilities at Monkwearmouth dementia care centre



# ProCure21+ Delivering Cost Reduction through Standardisation

National  
rollout

This **free event** is the culmination of work that commenced back in April 2013 - at a similar event that resulted in NHS client support being confirmed for the development of such repeatable designs. Since this event, the PSCPs in collaboration with clinicians, professional bodies (RCN and RCP), designers, estates managers, patient representatives and other interested stakeholders have worked towards achieving a series of standard compliant rooms that through design, consultation, procurement and construction efficiencies have a reduced cost over a comparable room.

## Key speakers

**Dr Dan Poulter, MP**  
Parliamentary Under-Secretary  
of State for Health

**Peter Hansford**  
Government Chief  
Construction Advisor

"in response to the **Government Construction Strategy** that requires Government to **reduce the cost of construction,** the **Department of Health** and the six **ProCure21+** PSCPs have made a **firm commitment** to deliver **savings** of up to **14%** for the NHS by **2015"**

**David Kershaw**  
Programme director  
**ProCure21+ Cost Reduction Programme**

Your **invitation** to the  
national rollout of



# Repeatable Rooms and Standardised Components

## Attendees will:

- **Gain an understanding** of the Government Construction Strategy and the commitment of the ProCure21+ framework to deliver savings for the NHS
- **Gain an understanding** of how the Repeatable Rooms and Standard Components have been developed, the patient benefits and evidence base, what cost reductions can be achieved, and how they could benefit your schemes, NHS business and QIPP targets
- **Discuss the client role**, and help shape how the NHS can best take advantage and implement this cost reduction initiative. Know what to expect from your PSCP
- **Get advanced information** on the next stage of this standardisation and smart-buying initiative, discuss how it will deliver the most benefit and the next steps the framework takes
- **Feed back to the Department of Health** and the Principal Supply Chain Partners to help improve development and implementation
- **Network with NHS colleagues** and discuss other cost reduction techniques



**25 and 26 February 2014 • The Grange Tower Bridge Hotel, London**

To register interest: [info@nkevents.co.uk](mailto:info@nkevents.co.uk)

For further information: [www.procure21plus.nhs.uk/seminars](http://www.procure21plus.nhs.uk/seminars)



## Long relationship adds value for Mid Cheshire Trust

**A ProCure21+ scheme to provide operating theatres (£20.5m) and neonatal critical care facilities (£2.7m) is**

under way at Leighton Hospital in Crewe. The work is the latest in a ProCure21 and ProCure21+ relationship spanning 10 years between Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) and PSCP Interserve – and the PSCP

says that the longevity of the relationship, coupled with the openness and transparency fostered by the ProCure21+ ethos, has added “significant and long-lasting value” to the works undertaken for the Trust. “We simply

wouldn't have been able to work with the Trust for such a long period, and give them so much value over that period, without ProCure and ProCure21+,” says contracts managing surveyor Chris Turton.

The current work at Leighton Hospital will provide, amongst other things, eight new surgical theatres with the most currently up-to-date clinical technology including clean air ventilation and two ‘barn theatres’ which have been proven to greatly reduce infection rates. The theatres are due for handover shortly, with a new maternity ward and neonatal

intensive care unit due to commence in the next fortnight. The work has involved various innovative approaches, including off-site pre-fabricated plantrooms that have saved time over a traditional on-site construction method.

“When a client constantly has to go out to tender, their chosen contractors are always going through a learning curve,” says Turton. “With ProCure21 and ProCure21+ we've been able to stay on board and have come to understand the Trust's requirements and aspirations at a very deep and thorough level, which has allowed us to make intelligent, value-adding decisions about the work we do in partnership with them. Everyone sits around the same table – that's one of the best things about ProCure21+.”

He gives an example: “The Trust have had a number of issues with asbestos over the years. By coming to understand that problem, and within the security of our long-term relationship, we've been able to drive down the costs of removing and disposing of asbestos.”

The work at Leighton Hospital has been challenging, but use of ProCure21+ has allowed the Trust and PSCP to jointly tackle the challenges in a spirit of mutual co-operation, according to senior quantity surveyor Jane Baker: “Cost has always been a challenge, and we've worked very hard with the Trust to meet their tight budgets. The ProCure21 process has enabled all parties to develop a trusting relationship where everyone can rely on each other to work together to provide the Trust with their requirements on every aspect to the required quality at the right price.” +



### above

Visualisation of the exterior of Leighton Hospital

**right** Phil Shaw (Interserve) and Tracy Bullock (MCHFT Chief Executive) break ground at Leighton Hospital





# FAQs

DH senior policy & performance manager  
Cliff Jones answers your ProCure21+ questions

**Question** Are early warnings limited to formal written communications between the parties to the Scheme/Project Contract?

The ProCure21+ Template B page 61 refers to:  
13.4 Early Warning/Risk Reduction Meetings  
(i) The ProCure21+ NEC3 contract administration pro forma system is used for formal early warning notifications/risk reduction meeting requests/records. Notifications/records are not to be transmitted verbally or by other communication;  
(ii) The Employer requires the PSCP to limit formal early warning to the procedures stated in this contract.

**Answer** Comment B76 Guidance Note in the ProCure21+ NEC3 Option C Contract Template states: "refer to the Employer's objective regarding solution by discussion". The Employer's objective (Template B page 9) is:

"Instil in all participants in the Scheme that it is essential to good management of a Scheme that use of written communication does not take precedent over verbal discussion of issues as they arise, as in many cases this can result in timely solutions that can then be implemented and recorded by use of the contract procedures.

It follows that preliminary discussion between the Parties is expected as an essential element of the principles of mutual trust

and co-operation that lead to more effective collaboration. Firstly, it is necessary to establish that there is an issue, then collaborate to resolve it. The formal notifications should then be kept to actual issues that require addressing, and relationships can thereby be maintained on an open and transparent basis.

Please note that the ProCure21+ framework provides a means of notification to the ProCure21+ Team regarding issues arising on Schemes/Projects:

"3.2 In order to work together in a co-operative and collaborative manner, the Parties (including the PSCP's Supply Chain and any Professional Advisors appointed by the NHS Client) agree to give, and welcome, feedback on performance and to share information openly and highlight any difficulties without delay."

The ProCure21+ Team may be able to facilitate the identification of the causes, and subsequent resolution of, contract, communication or other issues. There should be no surprises or unexpected issues on Schemes/Projects coming to the attention of the ProCure21+ Team as a result of an issue not being reported and thus being allowed to escalate. +

**Question** As a PSCP developing the Contract templates A and B for the Employer during Stages 2 and 3, how do we ensure that the Project Manager is in agreement

with the Works Information and Site Information documents that we have produced?

**Answer** Contract Data Part one – Data provided by the Employer is contained in Template A / C as a 'Draft Document' to be updated for each Stage following appointment.

Within the draft are statements:

- The Works Information is in: Template B Section 3 Comment B42; Guidance Note: Re-name for the scheme, this is a 'live' document under preparation by collaboration between the Project Manager and the PSCP during Stages 1, 2 and 3.

- The Site Information is in: Template B Section 4 Comment B43; Guidance Note: Re-name for the Scheme, this is a 'live' document under preparation by collaboration between the Project Manager and the PSCP during Stages 1, 2 and 3.

The comments identify that each document is given a reference for each issue. The Project Manager or their Cost Advisor can use the general communication pro forma PF 8 to issue/confirm these documents to the PSCP ensuring the correct document reference is included in the Stage Contract Data update.

Consideration may be given by ProCure21+ to providing a specific Pro Forma for issue of such documents. Feedback is requested by ProCure21+ on this suggestion. +