



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
17 APRIL 2024**

REPORT ON: GENERAL PRACTICE PREMISES STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB16-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this Report is to update the IJB on the recommendations and activities that were outlined in the General Practice (GP) Premises Strategy and associated consultation.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

2.1 Notes the progress made to date.

2.2 Instructs the Chief Officer to continue to provide progress reports to the IJB on the implementation of the GP Premises Strategy on an annual basis.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the work completed has been funded through a combination of mechanisms and funding sources including the Primary Care Improvement Programme fund, Scottish Government and NHS Tayside capital funds and reconfiguration of current budgets delegated to the IJB.

3.2 Each element of future work will require detailed work up and cost benefit analysis before progressing if needed to public consultation, building warrant and planning application stages.

3.3 The current national and local position with regards to capital funding may impact on work going forward. The Scottish Government has noted that it will not have funds available in the same way for the foreseeable future to support capital development and therefore any new builds which are being planned or would have been planned on this basis are unlikely to progress. It is also unclear at this stage any impact this may have for general practice lease acquisition as there is often a capital element to these leases.

3.4 Loans to support sustainability of practices is also unclear currently. Several Dundee practices have applied for Scottish Government loans however with the restricted financial position nationally as noted above, the Scottish Government is unable to confirm when existing loan requests will be supported or when further rounds of funding will be made available.

4.0 MAIN TEXT

4.1 The General Practice (GP) Premises Strategy set out the position and ambition for GP premises in Dundee. It identified the priorities, provided criteria on the management and investment in GP property and included recommendations and actions across the next 20

years. The GP Premises Strategy was approved by the IJB in October 2022 (DIJB76-2022, Article XI of the minute refers). A key recommendation was to undertake a Public Consultation and this was delivered to the IJB in April 2023 (Report DIJB20-23, Article VII of the minute of meeting of 19th April 2023 refers), which has informed the work. This GP Premises Strategy provides a building block to support primary care delivery and, along with the Dundee General Practice Strategy, forms part of the wider NHS Tayside Primary Care Strategy.

4.2 The GP Premises Strategy set out 4 key broad criteria which was reviewed and assessed with Dundee Citizens and agreed as the key areas of focus. They were:

4.2.1 **Look towards a community focused model delivering health and social care**

Patient responses indicated that this is the model they would like DHSCP to work towards with a GP practice building that is part of the community. This links to the 20-minute neighbourhoods outlined in the Dundee City Plan. Progress towards this goal includes one of the practices (Newfield) setting up a community cafe and they will be assessing the services and activities that are most valued by those who use it. Family Medical Group have also developed significant links to local community groups and are working closely within the Douglas area, particularly since they consolidated on to one site in Douglas.

The focus groups were clear that consultation should use existing citizen groups to support co-production and to develop person centred services. The Primary Care Team had already recognised the value of citizen feedback, securing it in the development of the subsequent General Practice Strategy. Patients remain at the heart of what we are doing with views on newly developed information about services available within practices being sought.

4.2.2 **Ensure GP premises are of good quality and fit for purpose.**

One of the areas flagged up by citizens was lack of privacy at reception. Where possible, and within funding constraints, work to improve the reception area at Broughty Ferry and Muirhead is at the design stage. However a number of practices continue to highlight that there are ongoing challenges with the fabric of buildings, including in several NHS Tayside buildings. Clinical delivery of services has been impacted in NHS owned buildings in particular due to issues with water ingress and heating systems failure.

4.2.3 **Support to general practice to enable sustainability.**

Public consultations found citizens have a good understanding of the challenges that general practice is facing and how that translates to a significant risk in their sustainability. A significant programme of work, led by the Programme Manager for Primary Care Services NHS Tayside, has been established to focus on sustainability. It includes the development of a Sustainability Framework Risk Matrix which surveys practices and enables data to be collected that can be scored, interpreted, and identify the comparative risk status of each practice across NHS Tayside. The survey is on its second iteration and is improving visibility and awareness of sustainability risk to general practice at practice, cluster, HSCP and NHS Tayside level. Dundee HSCP Primary Care Team Manager is also focusing on sustainability of practices and the implementation of local actions, of which buildings is one small, but critical, element.

4.2.4 **Ensure appropriate geographical coverage across Dundee.**

There is recognition and acceptance of this being a key element of equitable provision however the reality is that since the GP Premises Strategy was approved, 1 practice has since closed (Invergowrie) and a further practice closed in March 2024 (Park Avenue) with patients dispersed to other practices. Every attempt is made to align patients to practices near to their home to support access locally. Dundee practices also have a significant number (circa 30k) of people who live outside the city boundary but who have many services delivered from Dundee, including general practice services. There is an increasing complexity in maintaining this coverage as practices look to prioritise their coverage and workload. It also increases the demand for space in practice as practices increase in size.

4.3 In the GP Premises Strategy were thirteen recommendations which were distilled and ordered in terms of priority. Each recommendation included key actions and an owner and an update on those recommendation deemed to require immediate actions is given below:

4.3.1 **ACTION 1:** Progress opportunities to improve premises and set out a programme of works to maintain the quality and standard of current buildings (Owner: Primary Care Services Manager).

To date the following works are underway or have been completed:

- Broughty Ferry Health Centre creation of 2 additional consulting rooms, commenced March 2024
- MacKinnon Centre – change of 2 rooms to clinical rooms completed and well utilised.
- Westgate Car Park extension to increase provision of spaces completed (to support 2000 additional patients from Ryehill closure)
- Muirhead creation of 2 additional consulting rooms, and new reception and waiting area, designed and works due to commence shortly
- Improved physical access to Princes Street surgery with a new front door (underway).
- Supported a further 3 practices with creation of new clinical rooms (in addition to the above)
- Supporting one other practice to plan the development of improved working space for core team, including reception and admin staff, and clinical staff who are not based in the practice.

4.3.2 **ACTION 2:** DHSCP to take a strategic view on longer term need and viability of individual premises (rationalisation). Where a lease is due to expire, develop and apply an agreed process including risk, clinical need and functionality. (Owner: Head of Asset Management).

A process setting out the steps to be undertaken when a lease is due for renewal has been developed and shared with all HSCP's for comments/observations. Revisions were made and currently it is being tested with a health centre lease in Tayside, where learning will inform the process ready for other leases drawing to a close. In Dundee, a number of leases are due to expire within the next few years with at least 2 practices expressing interest in lease assignation. Practices do not have to ask for leases to be reassigned but we anticipate that the majority, if not all, will do so, either at the point where their lease is due to expire, or sooner if there are implications for recruiting new GP partners. The development of an HSCP based assessment of need of the premise is the first step in this process and this is underway. A tool to support the HSCP assessment has been developed over the last few months and is being tested. There is a significant degree of complexity in this decision making process for an urban area. The uncertainty re future Scottish Government capital investment also links to this as if there are unlikely to be new premises funded in the future the current buildings are likely to require more investment to maintain them as fit for purpose, and there is likely to be an increased requirement for lease assignations and loans.

4.3.3 **ACTION 3:** Complete an Equality Impact Assessment and undertake a patient survey on their views including use of digital/phone appointments, willingness to travel and for which services.

An Equality Impact Assessment was completed and will be updated on an ongoing basis as the work programme rolls out.

An extensive public consultation was undertaken which included surveys, focus groups and visiting citizen groups across the city.

Further consultation is planned for April/May when patients will be consulted on information to be displayed on TVs/screens located in the waiting room of general practices. These TVs are

a 21st century solution as they are connected to media players and provide the following benefits:

- It enables information about services to be presented in more engaging ways so helping to inform and educate patients.
- It offers split screens so several pieces of information can be displayed at once.
- It offers an opportunity to support staff education, particularly with Practice Protected Learning Time which restarted in February 2024.
- It provides opportunities for patient education around prevention and self-management using the technology.
- It can be used for interactive presentations as part of the practice's Patient and Carer Involvement Group meetings.

4.3.4. **ACTION 4:** Support practices with improvements that align with the Green Agenda and achieving 'net zero'. For example the installation of ground or air source pumps and 'wee Forest' initiative which the Family Medical Group at Douglas have embraced.

4.3.5 **ACTION 5:** There is ambition for new builds which could explore different ways of working to support a sustainable general practice but in the current financial climate this is not feasible and has not been progressed.

4.3.6 **ACTION 6:** The appointment of a Project Manager to drive forward the GP Premises Strategy and other elements of the IJB's evolving Property Strategy at a cost of £75k per annum on a 2-year contract although agreed by IJB has not been implemented. There have been ongoing challenges in relation to defining the role and a suitable job description being identified to allow this to progress. There has been an NHS Tayside post recruited to which is supporting the lease process in particular and space utilisation linked to this but it does not have capacity to support local priorities. Discussions are underway with NHS Tayside to consider a commissioning arrangement for project management support.

5.0 POLICY IMPLICATIONS

5.1 This report provides an update on the Primary Care Premises Strategy report presented to the IJB in October 2022. The original strategy was subject to an Equality Impact Assessment. As there are no material changes to the original strategy, no further Equality Impact Assessment is required at this time point.

6.0 RISK ASSESSMENT

The key risks identified in the GP Premises Strategy are shared below and it should be noted that the risks have been lowered to their Planned Risk Level due to the IJB approval of both the GP Premises Strategy and the General Practice Strategy.

Risk 1 Description	Agreeing a GP Premises Strategy is key to enabling Dundee HSCP to deliver the Primary Care Initiatives Programme. Without a clear strategy, there is a risk of being unable to secure funding at a local, regional or national level.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Agreement of criteria to enable the work programme to move forwards and to ensure there are ideas in the pipeline so opportunities for additional funding are not lost.
Residual Risk Level	Likelihood 1x Impact 2 = 2 (Low Risk)
Planned Risk Level	Likelihood 1 x Impact 2 = 2 (Low Risk)

Approval recommendation	Given the strategy was agreed this risk will be closed.
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Risk 2 Description	A lack of strategy may prevent good decision making when reviewing lease renewals for premises.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	The Strategy has now been approved. A tool to help assess premises in Dundee has been developed and is being tested which will help inform this process going forward. It has not yet been fully tested and so the risk remains active.
Residual Risk Level	Likelihood 2x Impact 4 = 8 (High Risk)
Planned Risk Level	Likelihood 1x Impact 4 = 4 (Moderate Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

Risk 3 Description	A lack of progress with the strategy may mean that those taking up GP Roles will not join the Dundee workforce as unable to see the future direction of the city or the sustainability of an individual practice.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Clear vision for general practice, opportunities and clarity on risks and opportunities available to GP joining a Dundee practice
Residual Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

Risk 4 Description	Restrictions to Scottish Government capital investment will have a negative impact on both short term and longer term projects to meet the needs identified in the strategy and improve general practice buildings
Risk Category	Strategic and financial
Inherent Risk Level	Likelihood 5 x Impact 4 = 20 (High Risk)
Mitigating Actions (including timescales and resources)	Work with colleagues across the system to review current premises and maximise the use of space we have available to us currently. Identify funding where possible for smaller projects, which can help sustain current premises where otherwise new development would have been required
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the type of risk there is a limited amount we can do to manage this as so it should be noted and accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report. The Dundee Primary Care team have been key to developing this work.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

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REPORT AUTHORS

Dr David Shaw, Associate Medical Director, Dundee HSCP
 Julia Martineau, Programme Manager Primary Care, Dundee HSCP
 Shona Hyman, Senior Manager Service Development and Primary Care, Dundee HSCP