



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19TH APRIL 2023

REPORT ON: DUNDEE IJB PROPERTY STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB20-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update to the Integration Joint Board (IJB) in relation to the IJB's overarching Property Strategy (DIJB88-2022) approved by the IJB on the 14th of December 2022 (Article VIII of the Minute refers)

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the progress made in implementing the Property Strategy.
- 2.2 Instructs the Chief Officer to bring back progress reports to the IJB on an annual basis.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The costs associated with the work will be funded through a combination of mechanisms and funding sources including within the Capital Plans of both Dundee City Council and NHS Tayside, Government capital funds and specific funding held by the IJB (e.g. GP Premises funding). As neither property budgets or capital budgets are delegated to the IJB, the IJB will need the support of NHS Tayside and Dundee City Council to deliver the strategy.
- 3.2 Access to Capital funding for health and social care specific projects is challenging given the level of capital resources and other priorities identified within both Dundee City Council and NHS Tayside's capital plans. Within Dundee City Council's Capital Plan 2023-28, only £975k of capital funding for health and social care is provided for out of total resources available in the Capital Plan of £133m for 2023/24 with only £55k provided for in 2024/25. Within NHS Tayside's 5-year Financial Plan, £390k is set aside in 2023/24 for health and social care (GP Premises sustainability loan) from a total capital budget of £26.5m. The priorities set out within the Property Strategy will support the IJB in influencing future capital investment in community based health and social care services by the partner bodies.

4.0 MAIN TEXT

- 4.1 A Property Strategy sub-group has been established for the IJB to develop this strategy with the following objectives:
 - To gain best value from our use of property
 - To ensure that health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings
 - To ensure that health and social care services are provided from premises that create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and wider health and social care inequalities)
 - To enhance provision of health and social care services in local communities
 - To ensure that health and social care services are provided from environments that ensure

- the wellbeing of our workforce
- To rationalise our estate in order to reinvest savings into frontline services

4.2 The work on the property strategy outlines a range of actions which include the need to:

- Agree a process for loans, leases and funded modifications.
- Agree a programme of works in relation to GP premises, within the context of their local community
- Look at areas that are underserved and explore options
- Build on existing work to use clinical space more creatively
- Scope out the clinical space requirements for planned care provision in the community
- Replace Constitution House
- Scope out space requirements for community-based services
- Scope out the need for clinical space within care homes and day services
- Grow partnership shared work spaces and opportunities for coworking in Dundee as a key part of our premise's strategy
- Identify IT solutions to some of the barriers to partnership working and progress implementation to ensure improving access and using our space and staff resource efficiently

4.3 Since the Property Strategy was agreed considerable progress has been made to invest in premises that will support us to deliver our Strategic Commissioning plan. Work undertaken to date or in progress includes:

- Work is progressing towards the development of a new business case to meet the needs of the Non-Acute Care in Dundee Programme including the re-provision of accommodation at the Kingsway Care Centre, Royal Victoria Hospital. A new project manager and health care planners have been appointed to support the work.
- A group has been convened, which meets fortnightly, to oversee the replacement of Constitution House and a Strategic Needs Assessment is underway. Discussions are progressing to look at Wallacetown Health Centre but additional accommodation will be required.
- Recruitment to the Property Manager's post will commence shortly
- Family Medical Group will move to their consolidated premises in Douglas on the 1st May 2023
- Additional space has been identified for the GP practice in Whitfield and lease negotiations are ongoing on a commercial basis for undergraduate training and supporting increasing clinical capacity.
- Discussions are underway around possible bases for East and West Hubs to support the community MDT approach. A business case has been developed and a strategic needs assessment is underway.
- Phase 2 of the refurbishment of Broughty Ferry Health Care Centre has been scoped and architect plans and initial costings are being prepared.
- The development of clinical space at MacKinnon Health Centre is complete but IT access still requires to be resolved by BT Open Reach.
- The development of a Community Wellbeing Centre in the city centre is now complete and discussions are ongoing regarding the lease agreement.
- A number of projects to support improved space utilisation in practices have been progressed and are summarised in appendix 2
- A public consultation has been undertaken on the GP premises strategy and is attached as Appendix 1 with an overview below:

The 4 criteria set approved in the GP Premises Strategy are reviewed in light of what respondents have told us.

- i. Look towards a community focused model delivering health and social care

Patient responses indicate that this is the model they would like DHSCP to work towards; with a GP practice building that is part of the community. The focus groups also drew out the need for a

wider service provision within the building, hosting psycho-social services and activities in addition to health. Use existing groups across the city to support co-production.

- ii. Ensure premises are of good quality and fit for purpose.

The responses suggest the GP premises estate across Dundee is largely up to standard with a few exceptions. The major issue is that of privacy at reception. Where there are individual issues at a practice, the primary care team will pick those up and work with practices to address them.

- iii. Provide support to general practice to enable sustainability.

Focus groups discussed the challenges facing GPs and practice nurses which demonstrated the public are very well aware of the workforce challenges in general practice including a lack of GPs and nurses into the professions, compounded by those who are retiring.

There was little knowledge of practice ownership and the implications however a handful of suggestions were around the creation of GP super practices or wellbeing hubs which had been seen to work in other areas.

Respondents recognised the importance of patient behavioural patterns and the social and environmental context. We heard a high number of suggestions for self-monitoring and meeting spaces for group approaches to wellness.

There was recognition and understanding of the need for multi-disciplinary teams to support the GP and practice nurse. The responses suggest a lack of knowledge around what other care is available within the primary care and therefore a key action is to address that.

Within Dundee, there is work ongoing on GP practice sustainability. The findings here will be shared to support that work and the enacting of a sustainability action plan for Dundee which includes Premises Leases and Loans.

- iv. Ensure appropriate geographical coverage across Dundee.

There were some concerns raised about the ability to travel and the cost of travel. Overall citizens of Dundee are largely happy to travel with many preferring to travel in order to remain with the same practice their family has been with across several generations. Geographical coverage was not seen as a pressing issue by those who responded. There should of course be awareness of those who do not have easy access to transport.

These findings and actions will sit alongside and be part of other work within the primary care work programme.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Resources pressures, including the absence of dedicated capacity focused on the implementation of the Property Strategy on behalf of the IJB as well as access to Dundee City Council and NHS Tayside capital and property related revenue funding, will significantly delay the implementation of priorities and actions.
Risk Category	Governance, Legal
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Work is underway to establish and recruit to a temporary dedicated Property Strategy post to support the implementation of the IJB strategy, including through collaborative work with Dundee City Council and NHS Tayside. • The completion of elements of the workplan that are associated with statutory duties, including health and safety considerations will be prioritised. • Continuing to set out community based health and social care investment requirements to the partner bodies.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	With the mitigating actions in place, it is deemed that the risk level is acceptable

7.0 CONSULTATIONS

7.1 The Property Strategy Short Life Working Group, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

Vicky Irons
Chief Officer

DATE: 23 March 2023

Jenny Hill, Head of Health and Community Care
Julia Martineau, Programme Manager Primary Care, Dundee HSCP



Dundee HSCP

Public Consultation on

General Practice Premises Strategy

Date of document: 23 March 2023

Version: 1.0

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With thanks to the Citizens of Dundee and Focus Group attendees

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Introduction

The Dundee GP Premises Strategy was approved by the Dundee Integrated Joint Board (IJB) in October 2022. The approval included a requirement to consult with the citizens of Dundee to capture their views on GP Premises of the future and to assess if their views were aligned with those set out in the GP Strategy.

The consultation has been completed and the findings are shared here. The document includes the methodology so that the learning here can support public consultations in the future.

GP Premises Strategy

Dundee has 23 practices providing care to a population approaching 171,000 people. The purpose of the GP Premises Strategy is to provide:

- meaningful information on the current GP estate portfolio
- signpost to future GP premise requirements
- set out key recommendations and next steps.

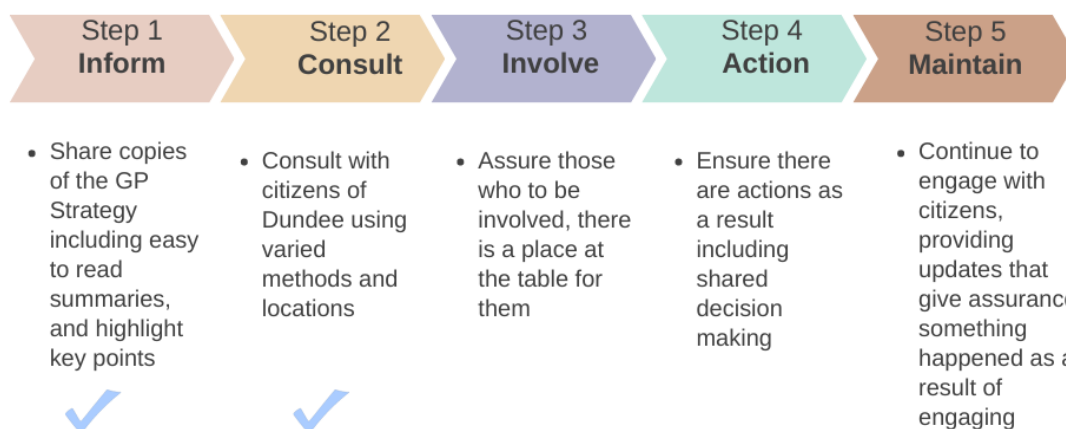
The GP Premises Strategy identified four broad criteria to guide the GP premises work programme which are:

- i) Look towards a community focused model delivering health and social care.
- ii) Ensure premises are of good quality and fit for purpose.
- iii) Provide support to general practice to enable sustainability.
- iv) Ensure appropriate geographical coverage across Dundee.

In order to move this Strategy to being action focused, 13 recommendations were given. These included an immediate action to hear the views of the citizens of Dundee on the GP Premises Strategy.

Our Engagement Approach

There are 5 key steps in engaging with the citizens of Dundee about GP Premises and this document covers Steps 1 and 2.



This was a coordinated approach to gather views in an appropriate and efficient way, providing as many citizens as possible an opportunity to voice their views. Citizens should be assured of ongoing

and meaningful engagement and continued dialogue as part of the GP Premises work programme, as reflected in Steps 3 to 5.

Methodology

Plan

An engagement plan was developed around 4 key tasks:

- Identify stakeholders
- Create awareness about the GP Premises Strategy
- Create as many opportunities as possible for citizens to feedback
- Analyse and feedback on findings.

Identifying Stakeholders

A wide selection of groups across Dundee were contacted for their views on the GP Premises Strategy. It built on previous DHSCP stakeholder engagement work.

Group Name	
Advocacy Together	Grove School
Balcarres Home	Healthy Minds Network
Beehive	Keep Well Team
BSL /Interpreters	LCCP (Local Community Planning Partnerships)
Care at Home Providers Forum/ Independent/OPS	LD Group
Community Health Inequalities Service	NHST Website
Carers Centre	Parent to Parent
College and University Students	Pensioners Forum
Community Health Advisory Forum	Polish Society
Dundee HSCP colleagues, service users and carers	Scottish Refugee Council
Dundee HSCP Website	Social Work Students
Dundee Partnership Bulletin	Tayside Veterans
ESOL English for Speakers of Other Languages	The Corner
Faith Organisations	The Day Care Forum
Green Health Partnership	West End Blethers

Focus Groups

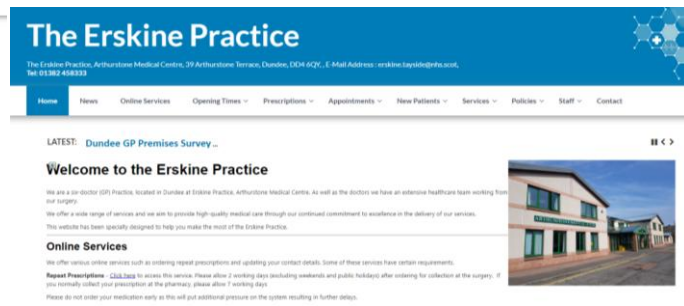
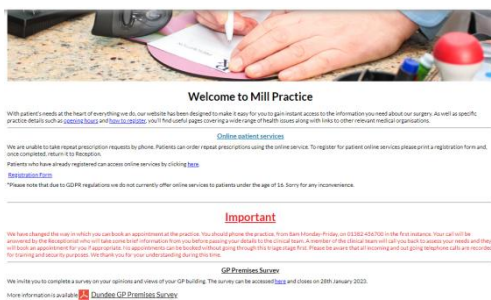
Previous consultation work by DHSCP with citizens had highlighted a preference for patient engagement to be done through existing groups rather than setting up new meetings. This engagement work took place in December and January so there was also an awareness of asking people to come out on colder, shorter days. Groups that were visited commented that utilising existing meetings was the most convenient and we should continue to do that going forwards.

Creating Awareness

General Practice Buildings and Websites

Practices were provided with information which included suggested wording for their web page, a QR code and a link to the patient survey.

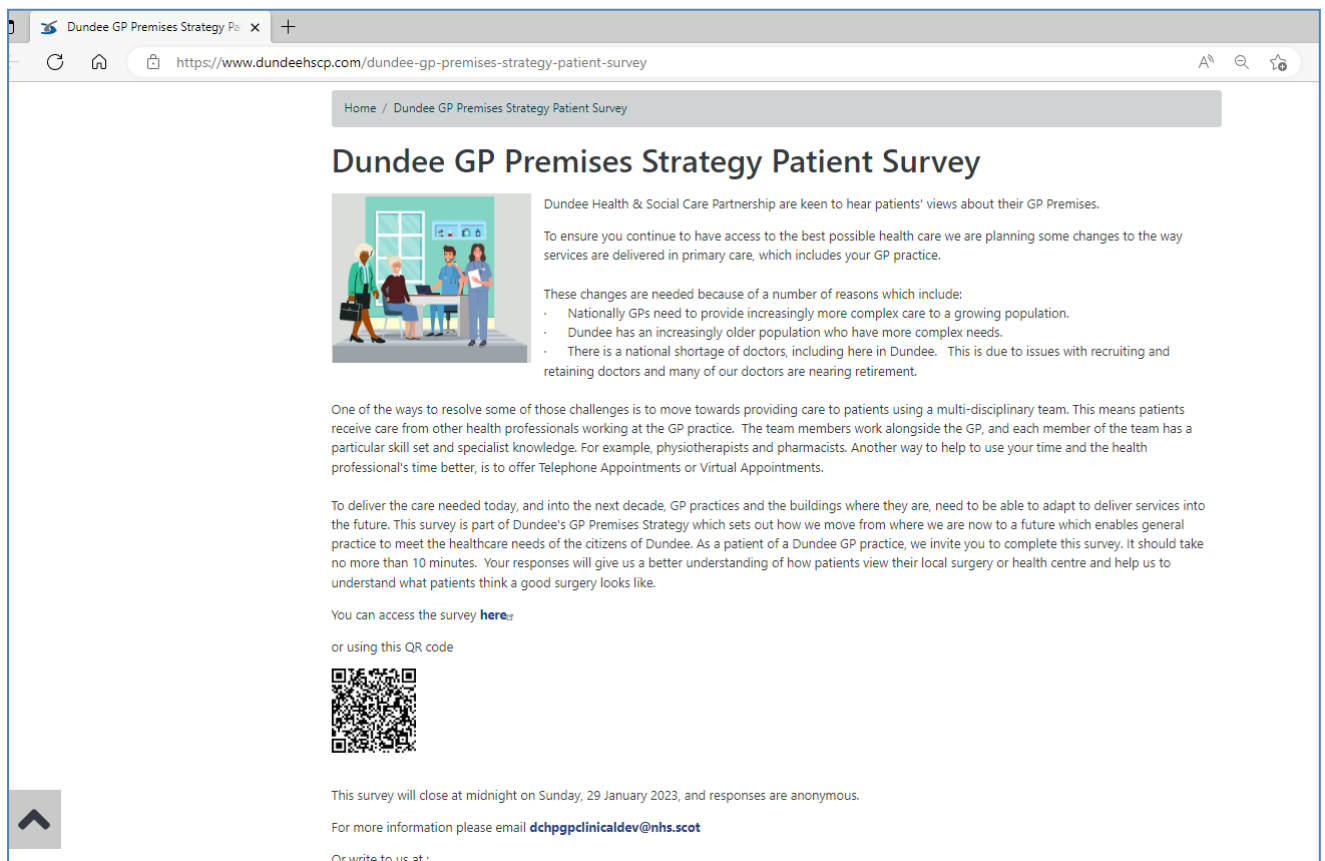
Practices were also provided with hard copies of posters, leaflets and survey and completed surveys to be collected at the end of January.



A check in early January, found only two practice websites displaying details about the survey so a further prompt to practices was circulated and a second check suggested practices had not engaged.

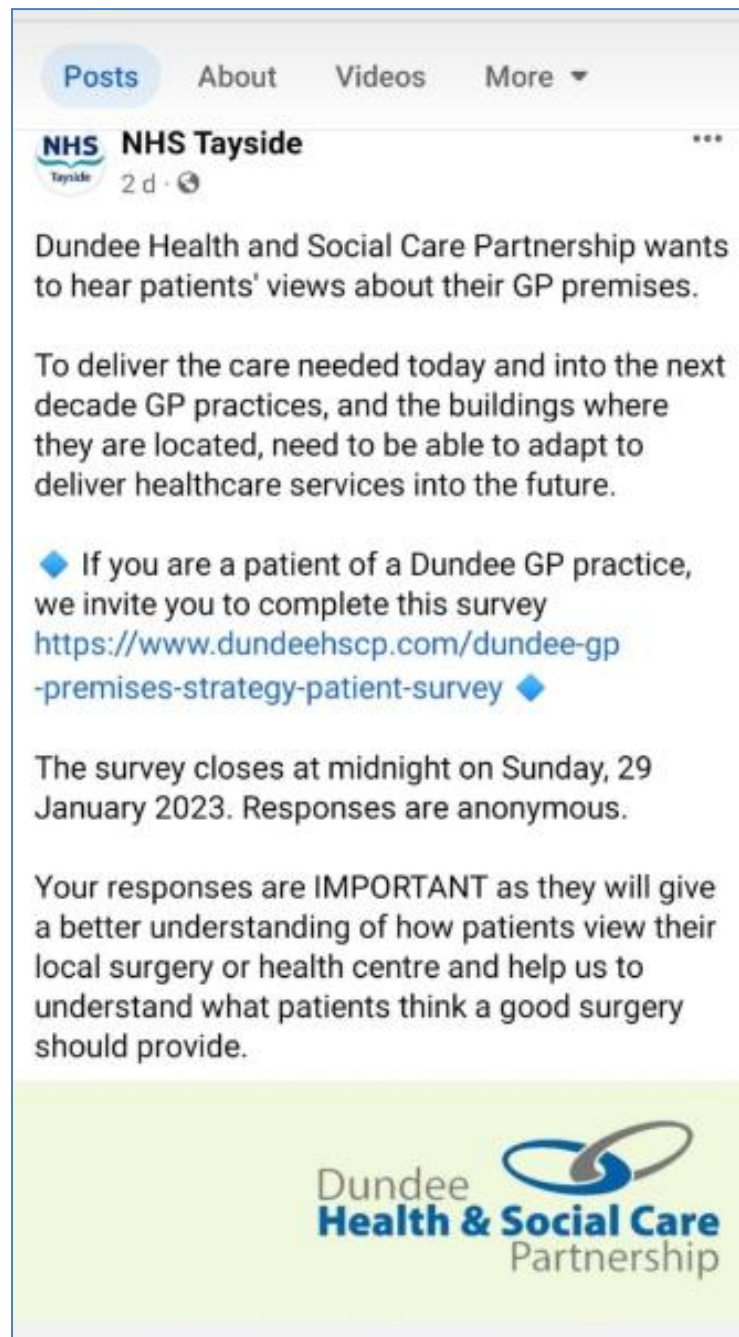
Dundee Health & Social Care Partnership (DHSCP) Website

The GP Premises Strategy together with details on how to link to the Survey was posted on the DHSCP website between 12 December 2022 and 31 January 2023.



NHS Tayside Facebook

NHS Tayside promoted the survey by providing a link to the DHSCP website. The comment function was turned off to avoid receiving lots of messages about GP services eg inability to get a GP appointment. The post below was scheduled on the social media platforms twice weekly during January 2023.



Poster

A poster was widely distributed and displayed at each of the community centres across Dundee. The poster included the QR code, together with other ways to give views. Each centre also had hard copies of the survey and freepost envelopes available.






SHARE YOUR VIEWS ON YOUR GP PREMISES



WE INVITE YOU TO COMPLETE A SURVEY TO SHARE YOUR VIEWS ABOUT YOUR GP BUILDING

Survey closes Midnight on Sunday, 28 January, 2023

SHARE WITH US....

-  What do you want from your GP building?
-  How does your GP building make you feel?
-  What other services should be co-located with your GP?
-  Access - transport to and ability to move within the building?
-  What ideas do you have for the future of GP services?

Use the QR Code below to access an online version of the survey.

Request a copy of the survey by emailing dchpgpclinicaldev@nhs.scot

Write to us: Dundee GP Premises Survey, Room 11, Maryfield House, Mains Loan, DUNDEE. DD4 7BT

Pick up a survey at Reception.



Dundee Health & Social Care Partnership

Information Leaflet

The information leaflet was produced with input from two focus groups. They had suggested it be available both electronically and in paper copy to enable access for all. The focus groups recommended that citizens be able to make contact outside the boundaries of the survey questions so both an email and a postal address was provided. The content of the leaflet is shared overleaf.

The leaflet was provided at the start of each meeting and helped to keep Focus Groups to stay on topic and it proved useful to be able to refer to it to bring the conversations back to topic.


Side 1

What else can you do?

Complete a survey:

Paper version - copies available

Online version - use the QR code below:



Survey closes midnight on Sunday, 28 January 2023

Contacts

Email: dchpgpclinicaldev@nhs.scot


Write to us:

Dundee GP Premises Survey,
Room 11,
Maryfield House,
Mains Loan,
DUNDEE,
DD4 7BT

Your views matter, thank you.

DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP

PATIENT VIEWS ON GENERAL PRACTICE PREMISES



December 2022

Side 2

Introduction

Dundee Health & Social Care Partnership are keen to hear patients' views about their GP Premises.

What views do you have about the condition of the building and the possibilities for improvements and potential for alternative services and uses?

Your Views

To help us deliver the services you need, please share your views on the following by completing a survey.

- What do you want from your GP building?
- How does your GP building make you feel?
- What other services should be co-located with your GP?
- Access - transport to and ability to move within the building?
- What ideas do you have for the future of GP services?

Points to Consider

The pressure on NHS from limited funding and increasing demand for health care means buildings need to offer good value for money,

Workforce challenges mean looking at new ways of working and the building is an important part of being able to change.

Research shows environment impacts on our health so think about layout, location, and decoration.

Survey

The survey was set up on Microsoft Forms. It was reviewed by GP Cluster Leads and by Public Health colleagues. The hyperlink and QR code to the survey were shared in as many ways as possible including:

- Dundee HSCP website and NHS Tayside Twitter
- University of Dundee and Abertay University Newsletters
- Local groups
- Colleague distribution emails

Response Rate

Survey:

There were 474 survey responses giving a return rate of c.0.25%.

Note 3 responses were received beyond the closing date and are not included in the analyses.

As a comparison there were 58 responses to the recent survey on the Strategic Plan.

Focus Groups:

In total there were 91 people who attended a focus group discussion.

Inclusivity

A key part of this public consultation was to hear the views from as many individuals as possible, across a wide variety of health and social needs. The groups that responded to an offer to meet or share information and materials were:

Deaf Users/British Sign Language (BSL)

The poster was reworked by the BSL team to ensure it was BSL friendly and the information circulated by the BSL Team on their Facebook page, via their WhatsApp group and posted to home addresses.

Two Focus Groups were held with deaf citizens – one during the day and the other in the evening. The sessions were supported by NHS Tayside BSL interpreters. An interpreter request form was submitted to the NHS Tayside Interpreter and Translation Service to support both meetings. DHSCP supported the costs of the service and the venue (Dundee Carer's Centre).

Veterans Group

Veterans First Point Tayside based at Kings Cross were approached. They thought that many veterans would appreciate the opportunity to give their views on GP premises. The information leaflet and link to the survey was shared at their Business Meeting on 9 January, 2023.

Students

The views of young adults were sought by placing the following article in the January 2023 Newsletter of the two universities of Abertay and Dundee.



Dundee Health & Social Care Partnership wants to hear patients' views about their GP premises.

To deliver the care needed today and into the next decade GP practices, and the buildings where they are located, need to be able to adapt to deliver healthcare services into the future.

We are keen to hear the views of young adults in Dundee so if you can spare a few minutes we invite you to click the link to the [Dundee GP Premises Survey](#) or use the QR Code below.



Your responses are important as they will give us a better understanding of how patients view their local surgery or health centre and help us to understand what patients think a good surgery should provide.

This survey will close at midnight on Sunday, 29 January 2023, and responses are anonymous.

For more information on the GP Premises Strategy Dundee visit Dundee Health and Social Care [Dundee Health & Social Care Partnership](#)

Older Adults

Several of the focus groups included older adults. The age range on the responses to the surveys shows views from the older population are represented.

Multi Faith and Multi Cultural

Contact was made with a number of groups and the information and survey circulated to them.

Learning Disability

A focus group meeting drew out the views of this cohort of patients.

Carers

Contact was made with carers including an offer of a face to face meeting but this was not possible.

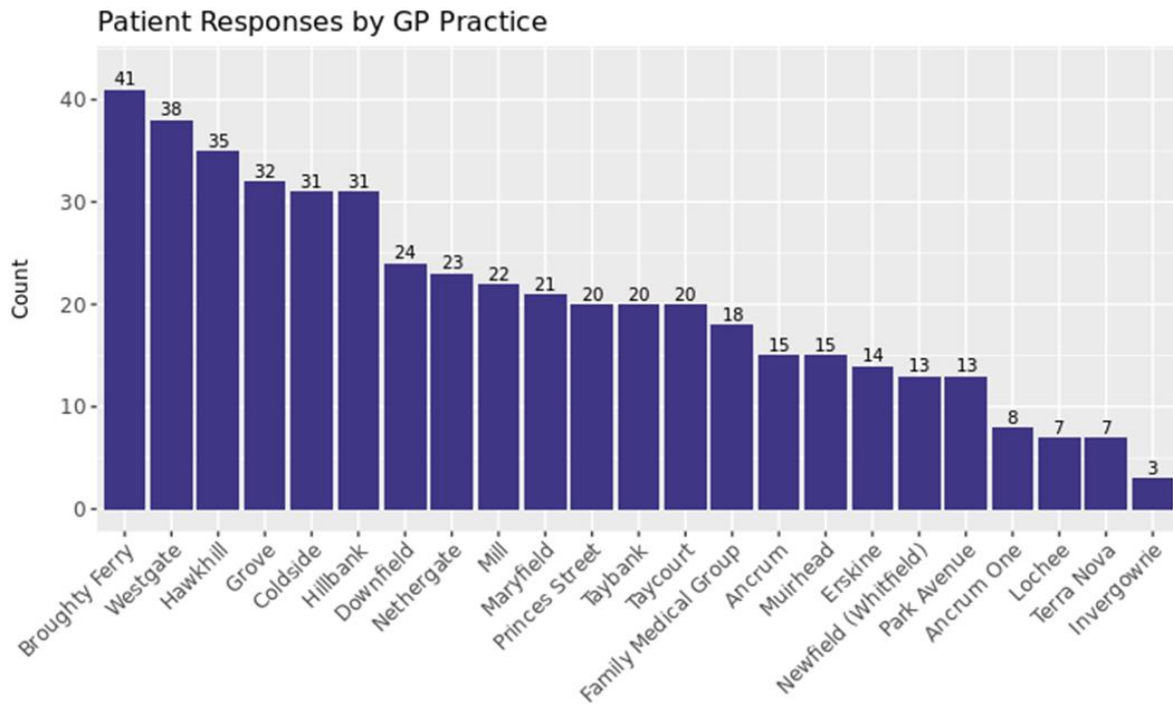
Parents

There was no response to email correspondence to visit groups. However as there are several groups who meet in community centres where information about the survey was displayed, parents would have had an opportunity to respond.

Findings

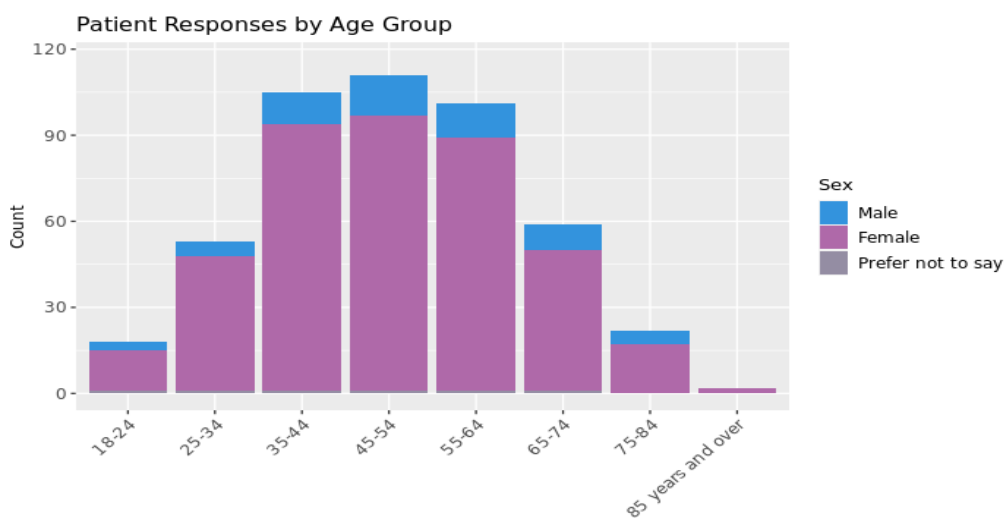
Total responses analysed were 471. There were responses received for all 23 practices. The graph below shows Broughty Ferry received the highest number, followed closely by Westgate, Hawkhill, Grove, Coldside and Hillbank.

Practice Responses



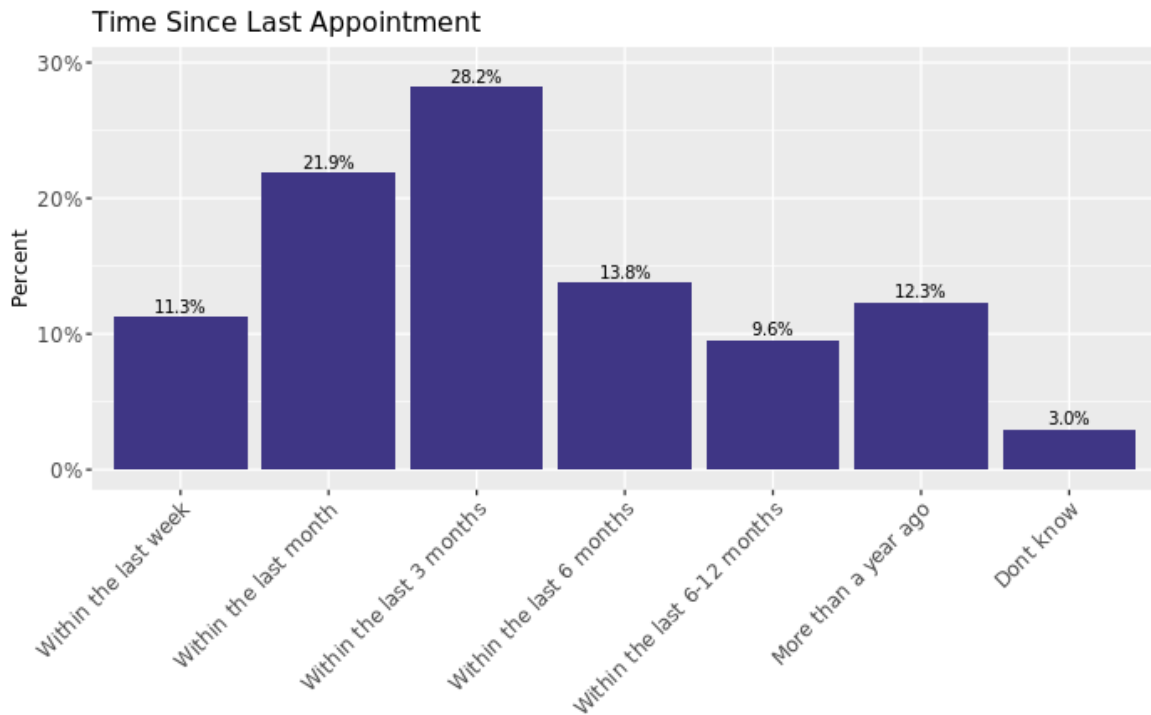
Patients by age and sex

There was a good range of responses across the ages and 86% of the patient responses being female (n=406). The most common ages of responses were between 35 and 64 years.



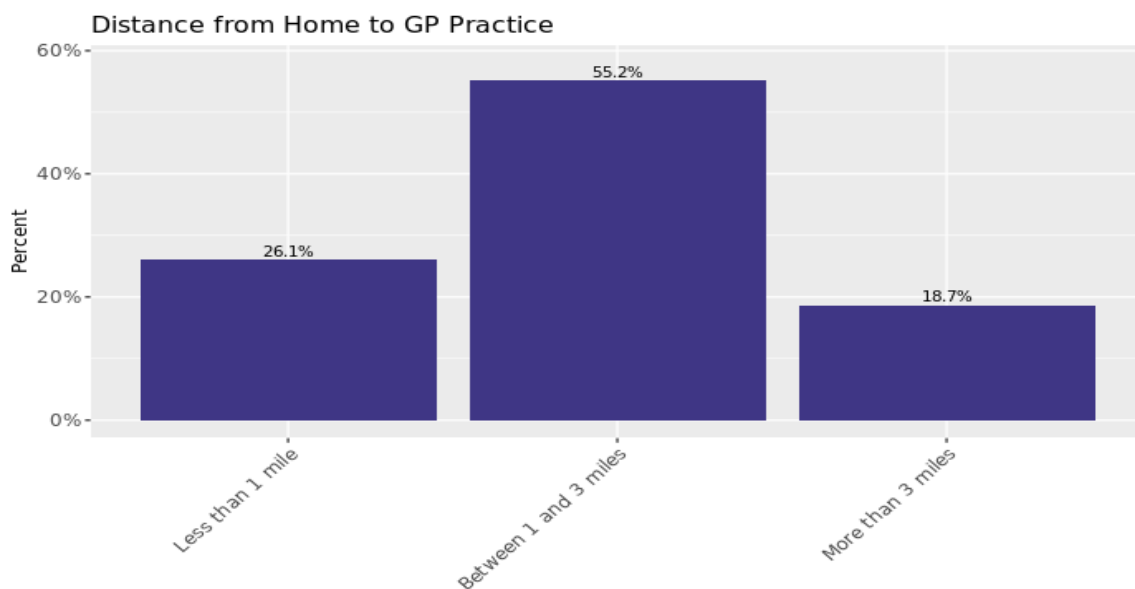
Time Since Last Appointment

Patients were asked how long had it been since their last appointment and almost two-thirds of patients had an appointment within the past 3 months. A small number 11% had an appointment in the past week.



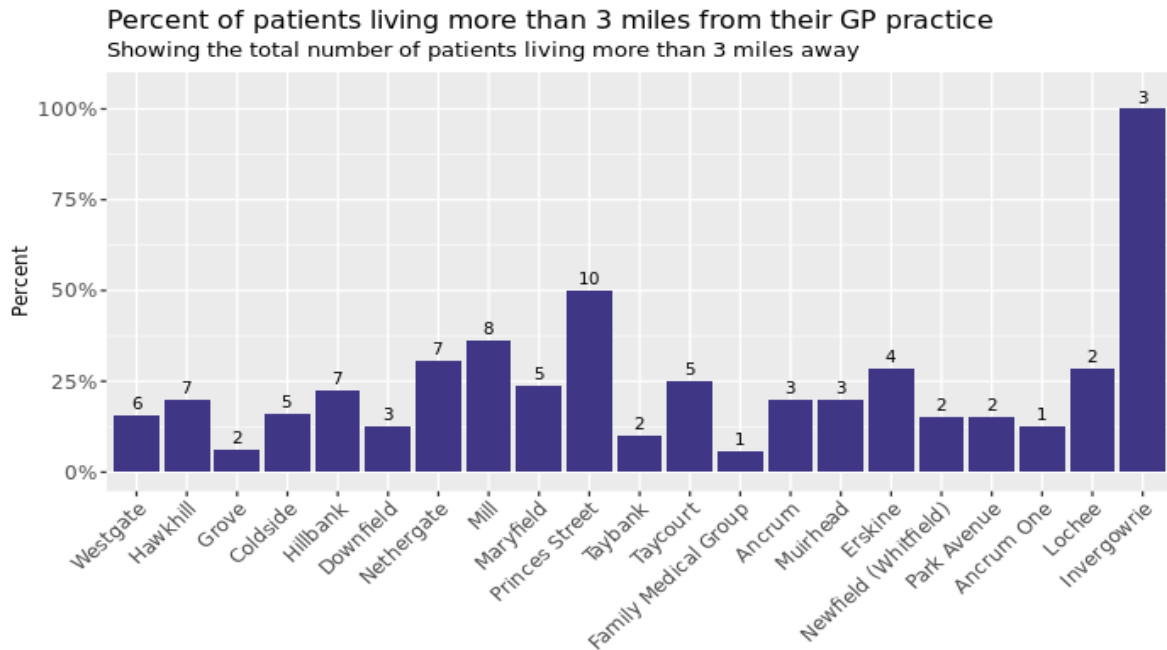
Distance from Home to GP Practice

Just over a quarter of the responses said they live within a mile of their practice. It is recognised that the distance is a subjective measure but the findings below suggest patients' willingness to travel. Focus group conversations suggest this is linked with wishing to remain with the same practice across the generations.



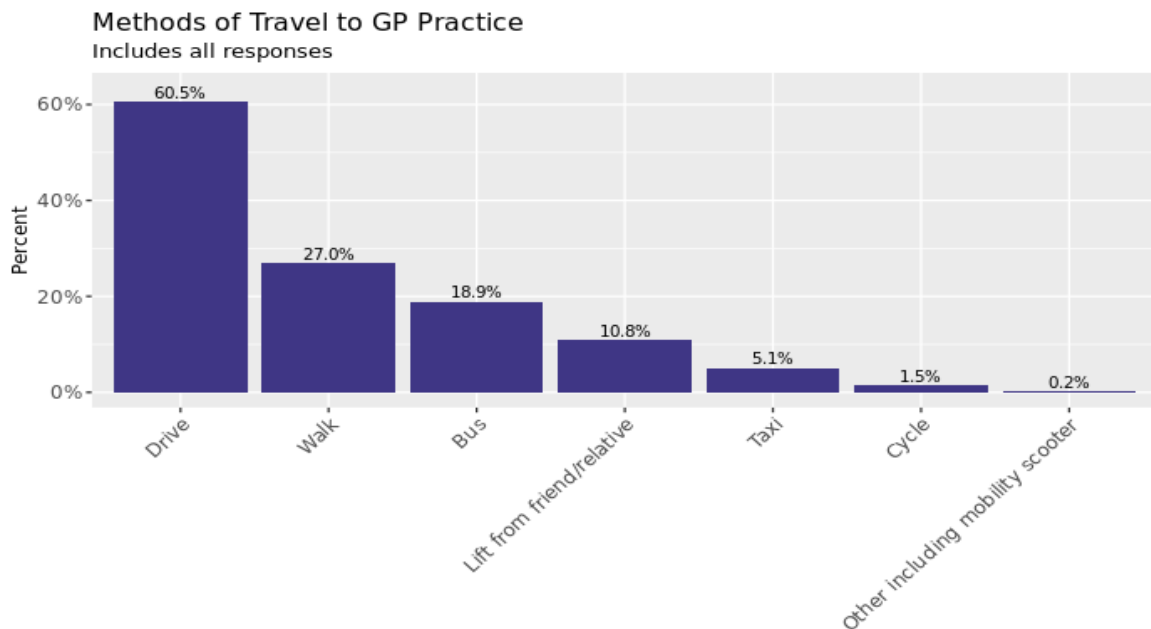
Patients living more than 3 miles from their practice

Princes Street had the highest number of patients living more than three miles away, with 10 patients (50% of those surveyed). Note some practices had small numbers of responses to the survey.



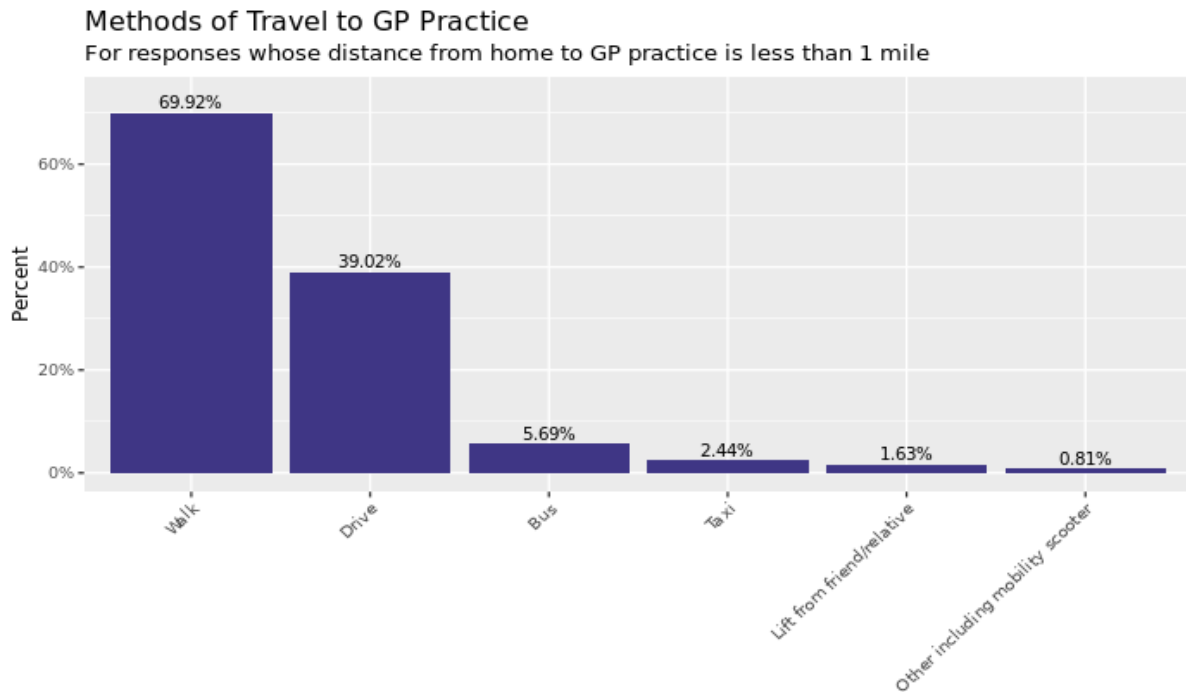
Methods of Travel to GP Practice

The distance is likely to play a role in the finding that 60% of patients drive to their GP Practice and 27% walk. Note patients were able to select multiple options.



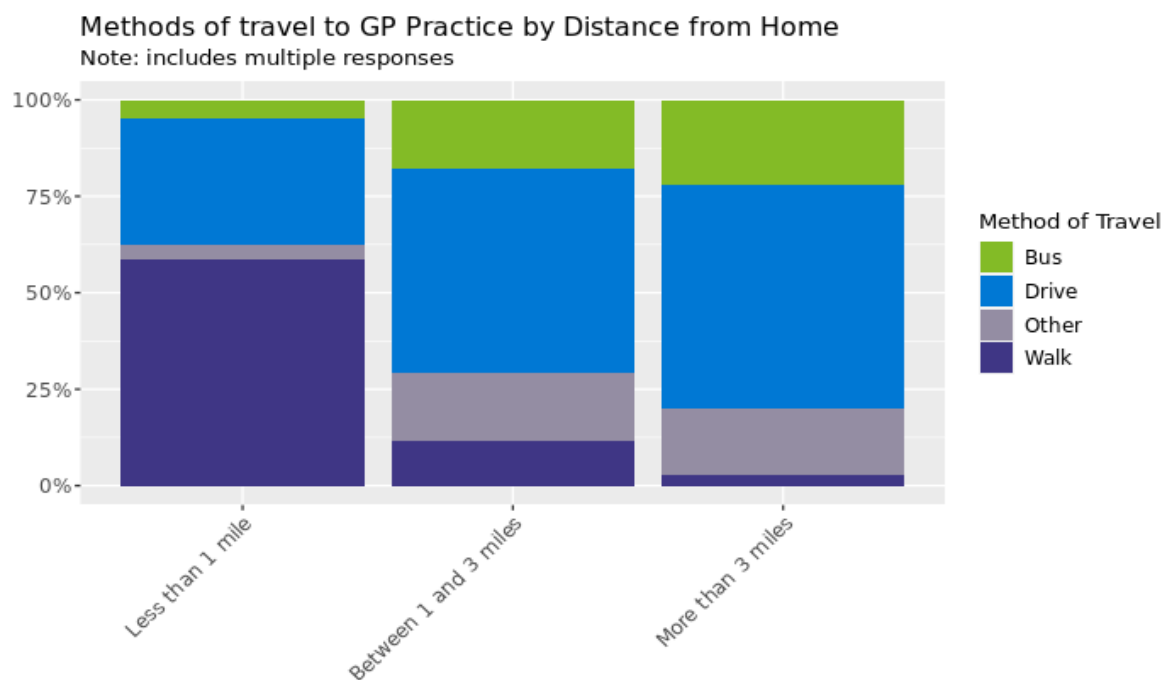
Methods of Travel to GP Practice if living within one mile

For those patients who live within one mile of their GP practice, 70% opt to walk with just over a third driving to their GP practice. This suggests that '20 minute neighbourhoods' would be a healthier option for citizens and a greener option for the city.



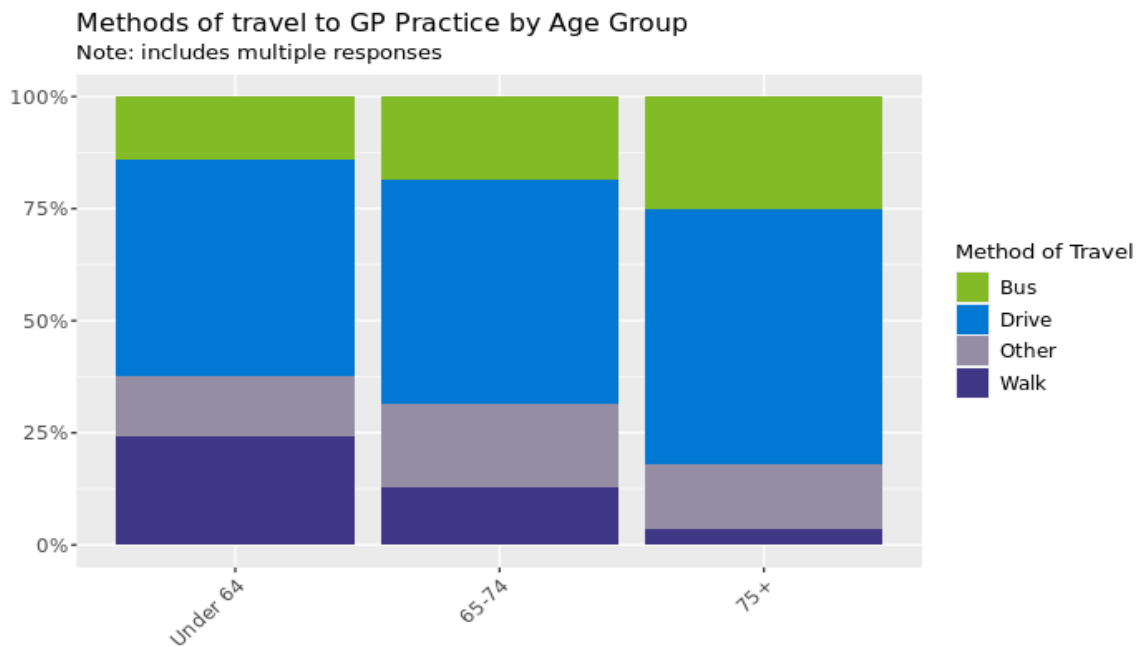
Methods of Travel to GP Practice by Distance from Home

The percentage of patients driving to their GP practice increases with distance required to travel from home, from 33% for those within one mile to 58% for those more than three miles away



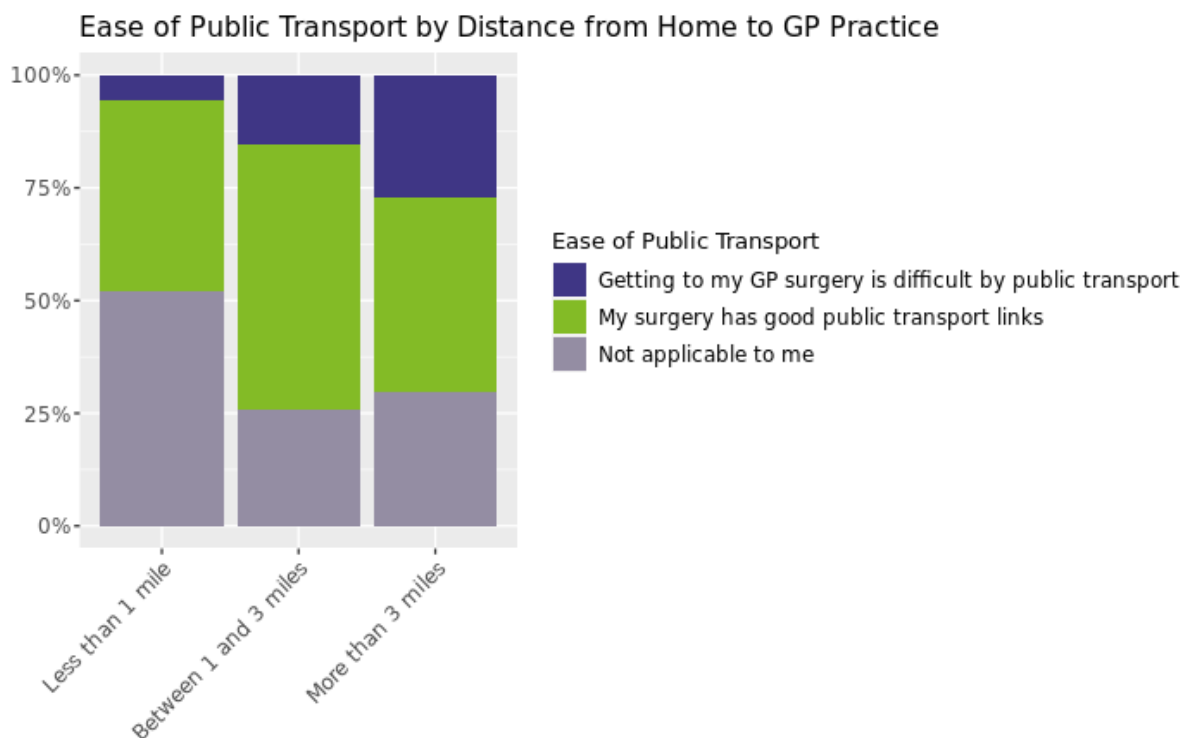
Methods of Travel to GP Practice by Age Group

Those aged 75+ are more likely to drive (57%) or take the bus (25%) to their GP practice than younger patients. 24 individuals take a taxi, 5 of which were over 65. There is an increasingly older population, which could be a factor alongside distance.



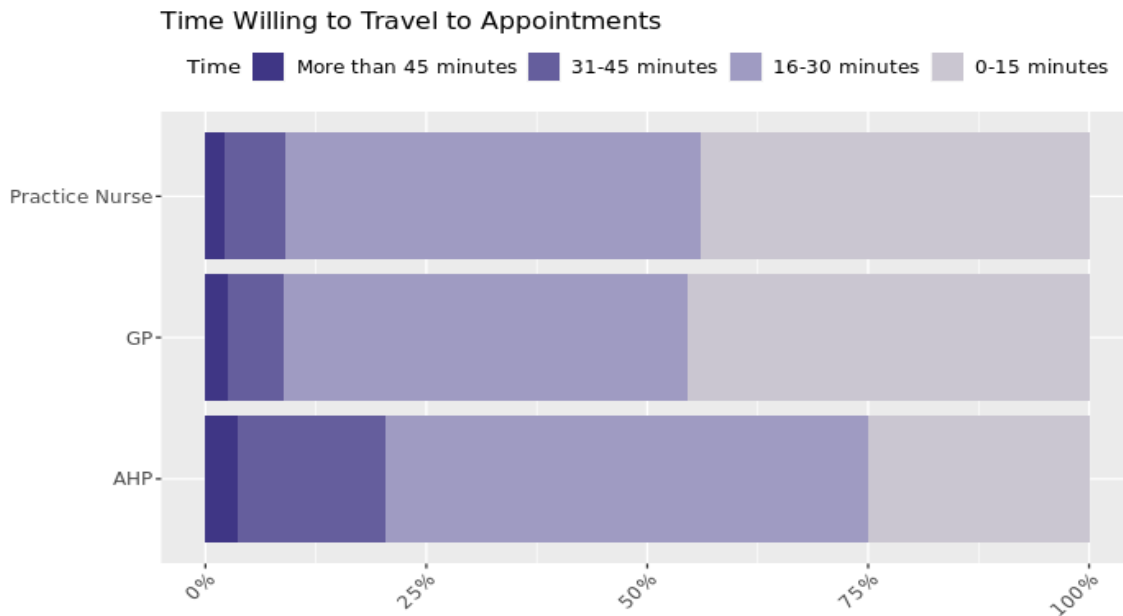
Ease of Public Transport

Over 15% reported getting to their GP by public transport was difficult. 27% of those living more than three miles away found public transport difficult.



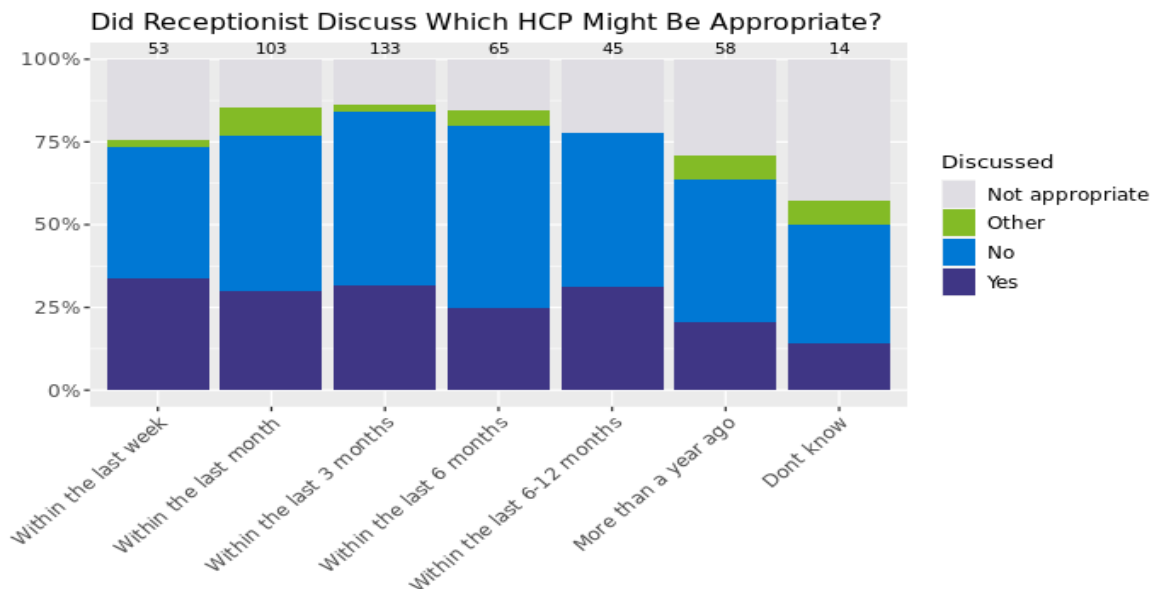
Time Willing to Travel to Appointments

The results found patients are more willing to travel for at least 15 minutes to see an Allied Health Professional than to see a GP or a Practice Nurse. 20% of patients were willing to travel for over 30 minutes to see an Allied Health Professional, compared with 9% to see a GP or a Practice Nurse.



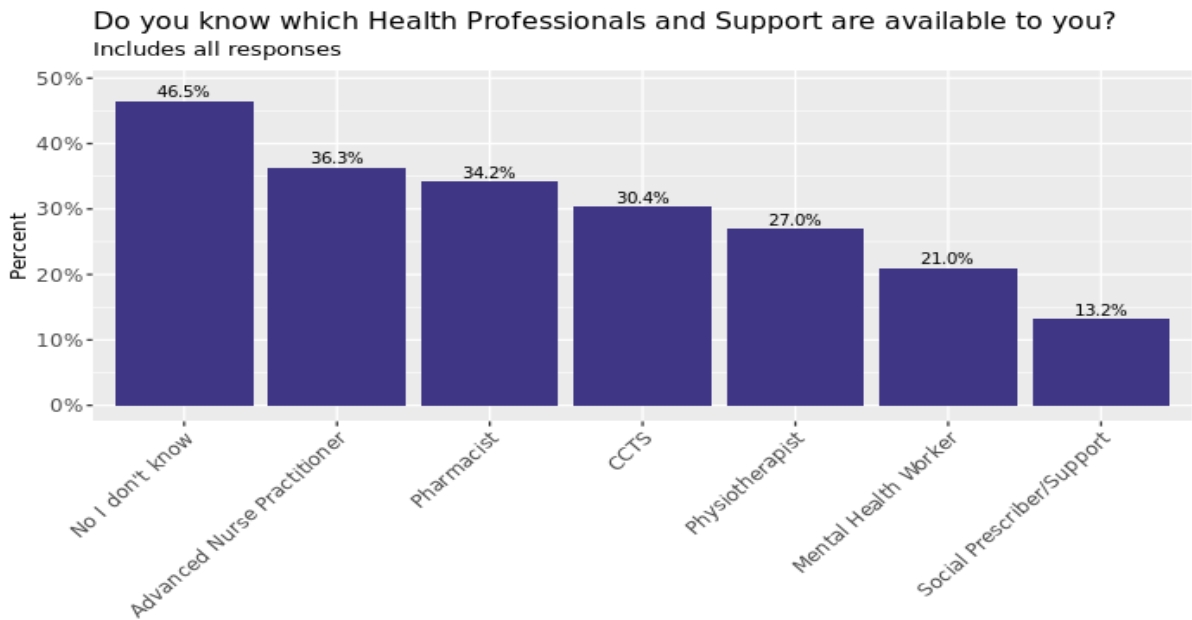
Most appropriate professional

Overall, 29% of patients responded that at their last appointment the receptionist discussed which HCP might be appropriate for their needs. For those last seen within the last week, this was 34%.



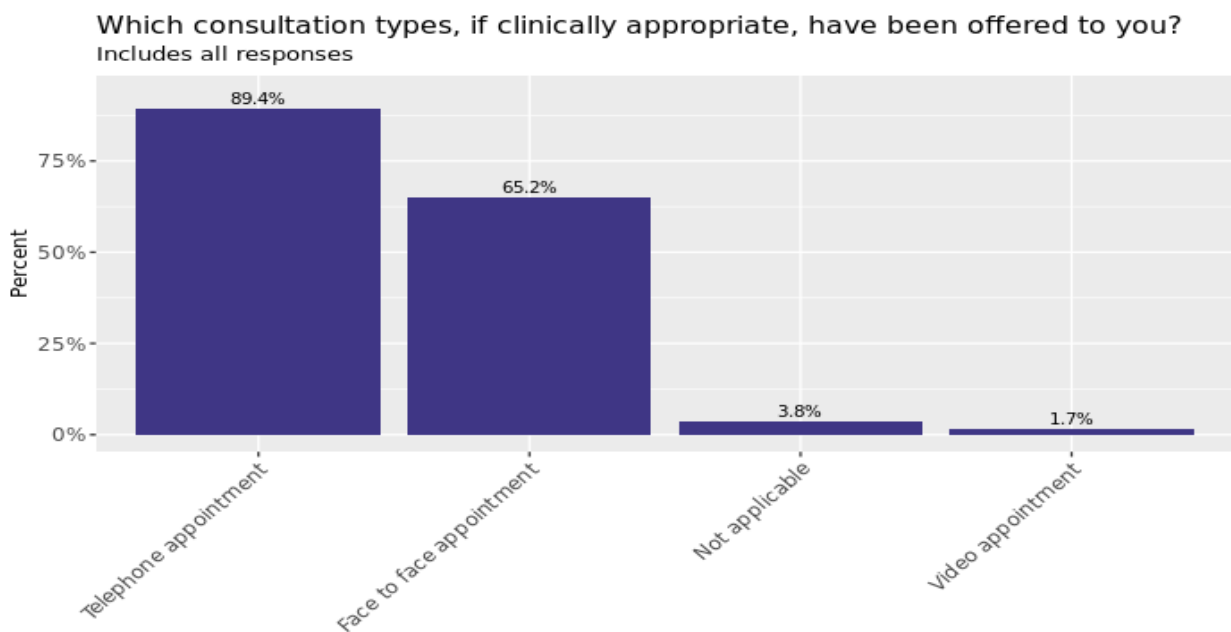
Do you know which Health Professionals and Support are available to you?

Almost half of patients responded that they did not know which health professionals and support were available to them. Note it is not possible to distinguish between a pharmacist in the practice and a community pharmacist on the high street.



Which consultation types have been offered to you?

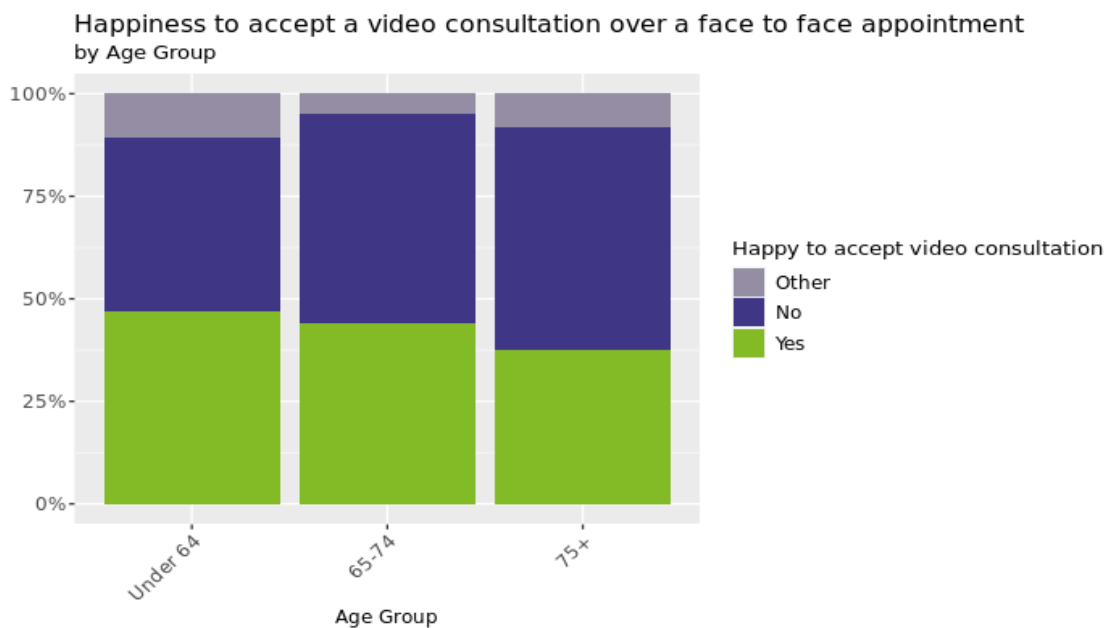
Almost 90% of patients have been offered telephone appointments, while almost two thirds have been offered face to face appointments.



Willingness to accept a video consultation over a face to face appointment

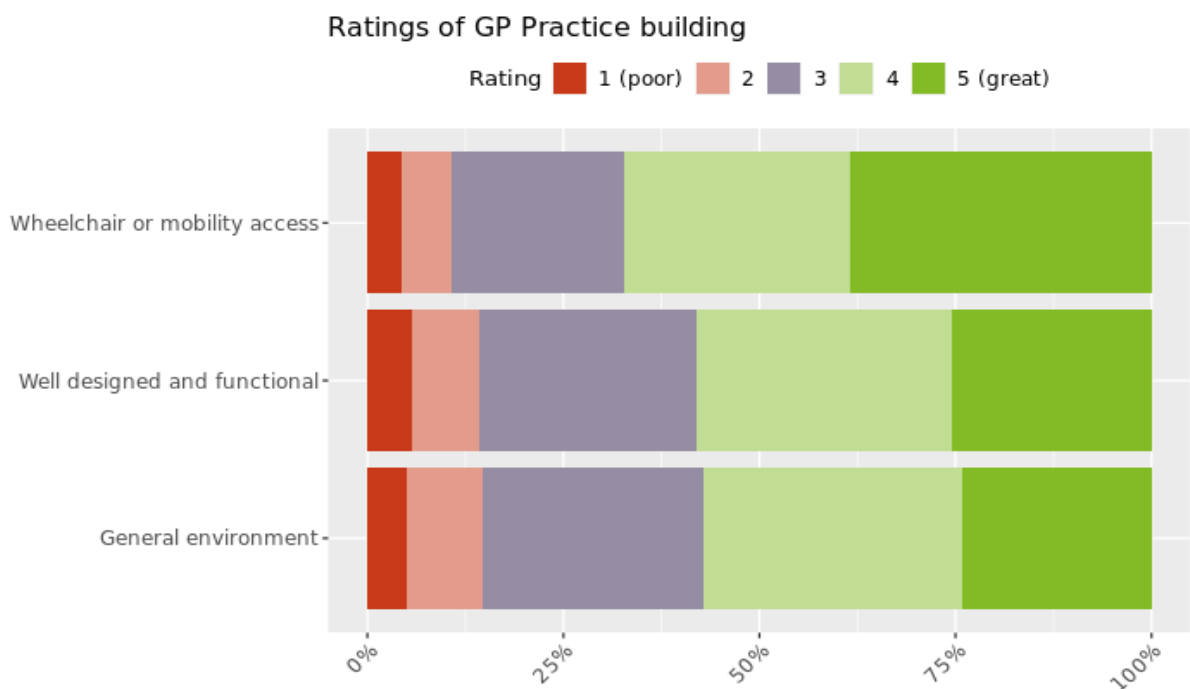
Overall, 46% of patients are willing to accept a video consultation over a face to face appointment.

- Those in younger age groups are slightly more willing to accept a video consultation compared with those in older age groups
 - 46% of those aged under 65
 - 37% of those aged over 75



Ratings of GP Practice building

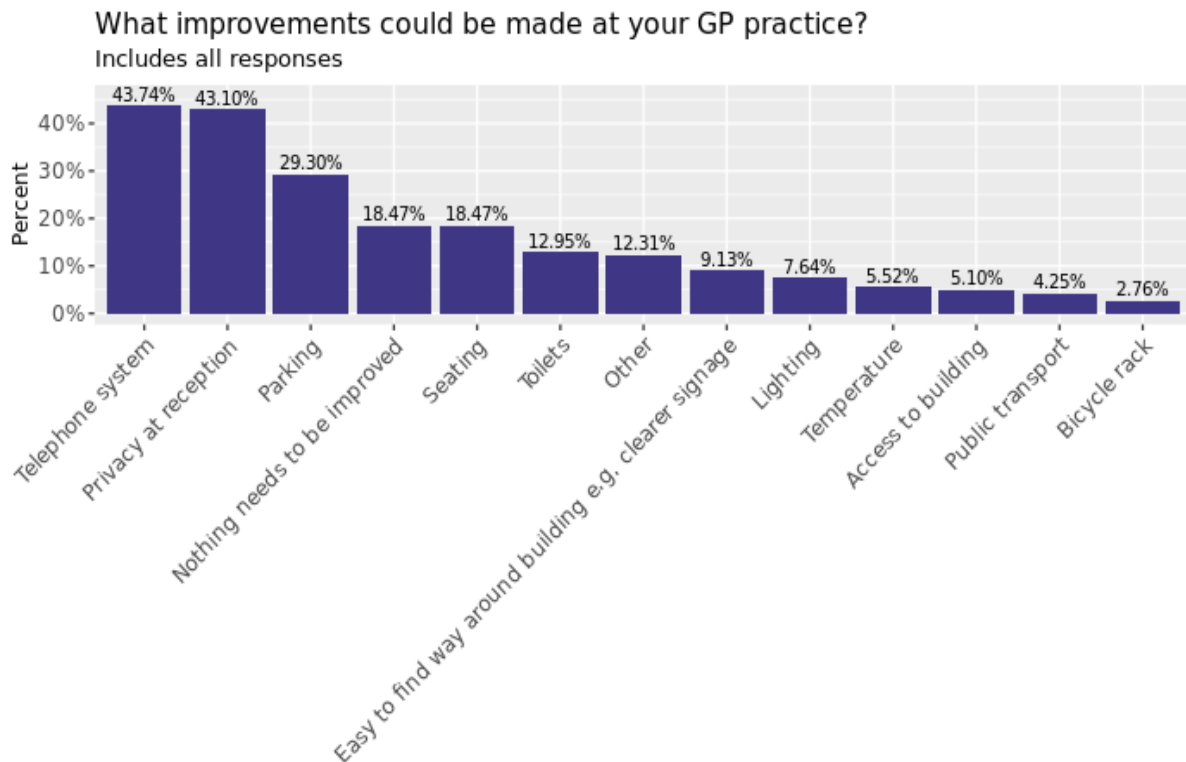
Over half of the patients surveyed rated their GP practice building good (4/5) or great (5/5) for each measure surveyed



Themes around improvements needed

Improvements that could be made at GP Practice

- Almost half the patients surveyed responded that the telephone system and the privacy at the reception area could be improved.
- Almost a third said that Parking could be improved.
- 18% said that nothing needed to be improved at their practice



Respondents had an opportunity to add additional information they thought should be included as part of the GP Premises Strategy.

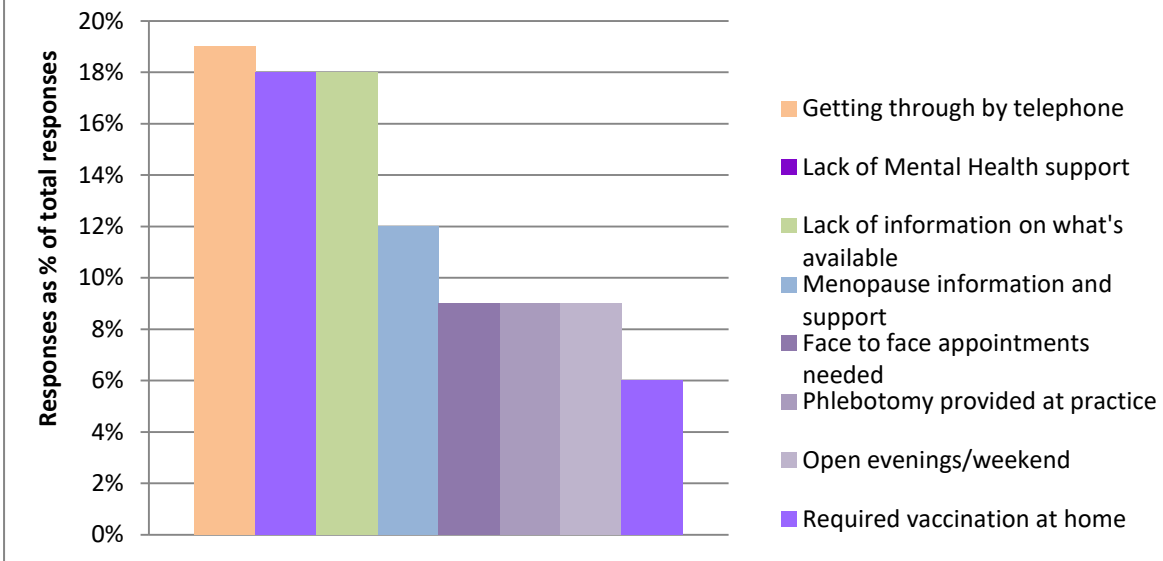
Service Support Themes

The responses highlighted that there were 3 key themes in terms of the services available:

- Time taken for appointment booking telephones to be answered
- A lack of mental health support
- A lack of information on services that are available at the practice.

The other key themes are shown below:

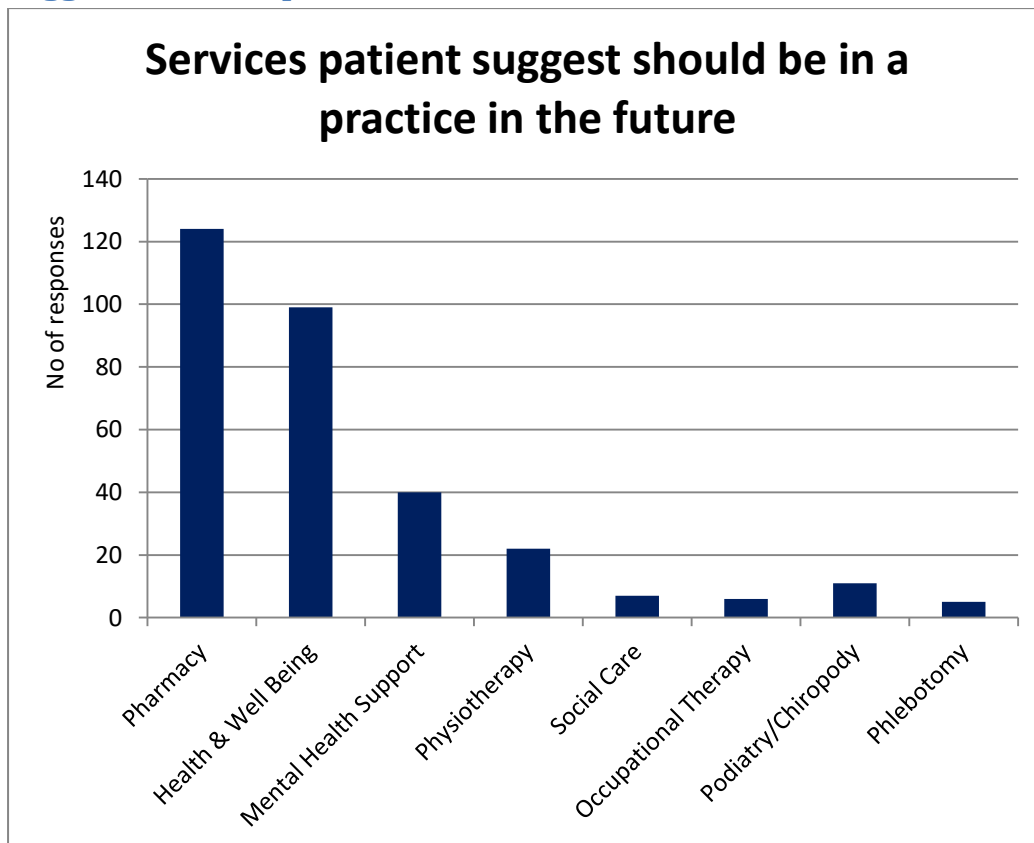
Themes emerging from question about improvements needed



The most common themes are shared in the graph but there were others including: support for autism

- IBD nurses for Crohn's Disease or Colitis
- Information about other services available.

Suggestions for a practice in the future



There were two areas for improvement:

- Providing privacy at reception
- Shared meeting space with 24 responses and suggestions including:
 - Provide information sessions
 - Enable elderly, new mums and support groups to meet
 - Provide a quiet space for those who are anxious
 - Provide a space for children and teenagers to come together

“The model at the Crescent is a helpful template”

Suggested improvements and ideas

Below are a number of ideas suggested by respondents on how GP practices might be improved. Many are about service improvement rather than premises.

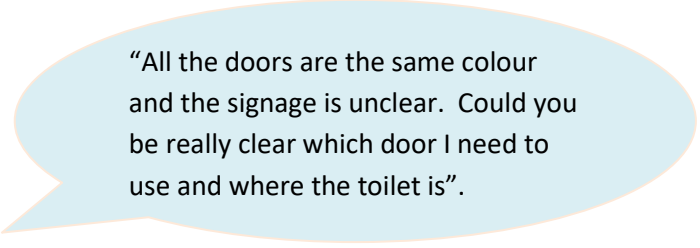


Online booking of appointments would greatly support those who have limited English.

Key Themes

Building

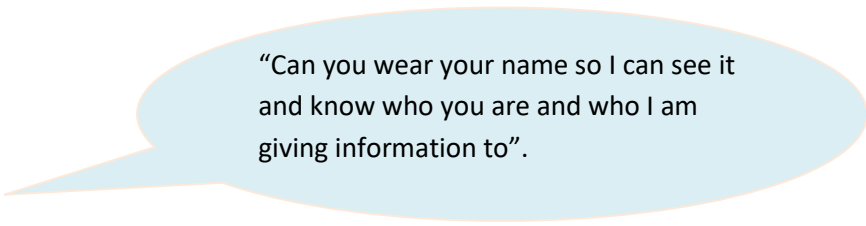
Over half of the respondents rated their practice building as good or great suggesting overall Dundee has well maintained GP Premises. A drill down at a practice level should be done to identify the practices where this was not the case. This will also identify practices with issues around design and functionality, wheelchair and mobility access and the general environment.



“All the doors are the same colour and the signage is unclear. Could you be really clear which door I need to use and where the toilet is”.

Navigation

It appears there is further work to do in the navigation of patients to the right person for their condition. The results suggest reception staff are not having conversations about who in the team is best placed to see the patient. If patients are to be asked questions, there is a linked issue that has been frequently flagged during this consultation, which is the need for greater privacy at reception. Patients are being asked questions about their health so need greater privacy at reception desks.

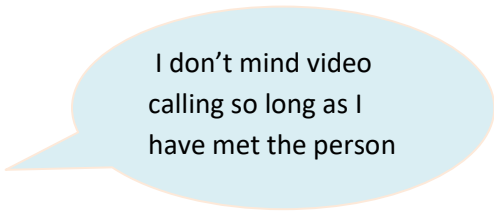


“Can you wear your name so I can see it and know who you are and who I am giving information to”.

Consultation Modes

The results show that a significant proportion of patients would be happy to have a video consultation over a face to face although the responses suggest video consultations are rarely offered. Offering video consultations aligns with the Scottish Government directive ‘Improving the Use of Near Me Video Consulting in GP Practices’ and patient choice and, in terms of premises, video consultations offer a possibility to reduce the clinical space requirements within practice.

Practices have ongoing work on managing patient flow and assessing how phone triage, digital solutions and care navigation can help and useful to see the statistics from HIS (see over) suggesting there is scope for change. A drill down of the responses at a practice level could help identify where practices need further support on video consultations.



I don't mind video calling so long as I have met the person

Statistics from HIS Citizens' Panel for health and social care



Taking photos is difficult and I think you need a good camera on your phone so the doctor can see it.

Travel

Unsurprisingly the greater the distance the patient is from their practice the more likely they are to drive or use the bus and conversely the closer they are the more likely to walk. There were also concerns raised about travel costs. These insights together with the other data on public transport needs to be reviewed against initiatives in the city such as the Low Emission Zone which starts on 1 June 2024 and 20 minute neighbourhoods to ensure equality of access.

Practices of the Future

Respondents saw pharmacy, health and well being and mental health support as a key part of practices in the future. The practice building is seen as being part of a much wider psycho-social-health space.

There were two key areas for improvement which were:

- Privacy at Reception as flagged earlier.
- Shared meeting space for a variety of uses around communication and meeting others.

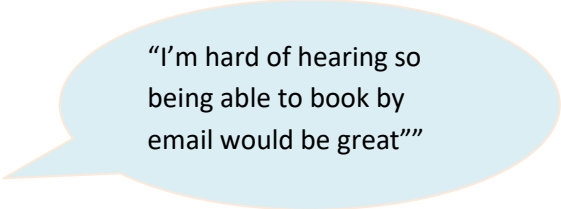
Outside space was mentioned by several respondents and picks up on the Green Health Partnership work being undertaken in Dundee and how the space around the practice can be utilised to provide nature-based activity such as gardening.

Service Support Themes

The top theme is the issue of getting through by telephone. Respondents' frustration at the requirement to call at 8 am to secure an appointment on the same day is high, reflected in both the survey and at the focus groups.

Respondents also flagged a lack of mental health support. PALMS (Patient Assessment and Liaison Mental Health Service) is now implemented with a mental health practitioner linked to every practice. It may be more advertising of PALMS is needed and perhaps further work as this theme links into the Dundee City Plan 2022-2032 outcome that the 'mental health of our citizens will improve through accessible community supports'.

The third most common theme raised was around a lack of information on the services available and where and when. Focus groups reported being unclear on community treatment centres and their role in their health care. This suggests more work is needed on explaining the service provision in Dundee to guide patients and to align with the Scottish Government 'accessing The Right Care from the Right Place'.



"I'm hard of hearing so being able to book by email would be great"

Learning Points from the consultation

Time – There was an under estimation of the time required. This consultation process has taken about 4 months – November to March which included time to identify groups and be included on their agendas. At least a month is needed for posters to be displayed at community centres to ensure all groups have met at least once and had an opportunity to see posters/leaflets. It is recommended that 4 months is allocated for public engagement.

Practices – This consultation took place across one of the busy times for general practice which impacted on their ability to engage and with the challenge of the wider winter messaging to patients. Practice views to be sought on what can be done differently to support general practices.

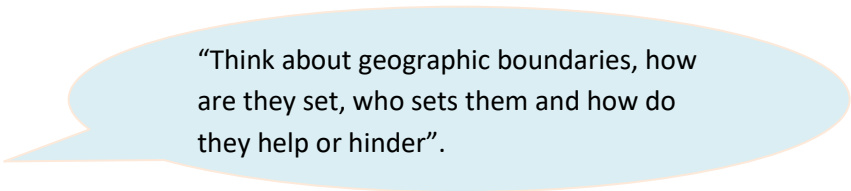
Online - The setting up of the information on DHSCP website, and then linking others to the site is recommended. It saves time in recreating messages but also means only one site needs to be maintained should updates be required.

Use of mixed approach - The majority of responses to the survey were online however there were 47 paper copies suggesting this should also continue to be offered.

Responses - All practices will receive a copy of the feedback for their own practice.

Ongoing Conversations –

Focus Groups welcomed hearing about the proposal and are keen to have more interaction with DHSPC to learn about service provisions and future plans.



"Think about geographic boundaries, how are they set, who sets them and how do they help or hinder".

Conclusion

In response to the request of the IJB for public views, the 4 criteria approved in the GP Premises Strategy are reviewed in light of what respondents have told us.

- i. Look towards a community focused model delivering health and social care

Patient responses indicate that this is the model they would like DHSCP to work towards; with a GP practice building that is part of the community. The focus groups also drew out the need for a wider service provision within the building, hosting psycho-social services and activities in addition to health. Use existing groups across the city to support co-production.

- ii. Ensure premises are of good quality and fit for purpose.

The responses suggest the GP premises estate across Dundee is largely up to standard with a few exceptions. The major issue is that of privacy at reception. Where there are individual issues at a practice, the primary care team will pick those up and work with practices to address them.

- iii. Provide support to general practice to enable sustainability.

Focus groups discussed the challenges facing GPs and practice nurses which demonstrated the public are very well aware of the workforce challenges in general practice including a lack of GPs and nurses into the professions, compounded by those who are retiring.

There was little knowledge of practice ownership and the implications however a handful of suggestions were around the creation of GP super practices or wellbeing hubs which had been seen to work in other areas.

Respondents recognised the importance of patient behavioural patterns and the social and environmental context. We heard a high number of suggestions for self monitoring and meeting spaces for group approaches to wellness.

There was recognition and understanding of the need for multi-disciplinary teams to support the GP and practice nurse. The responses suggest a lack of knowledge around what other care is available within the primary care and therefore a key action is to address that.

Within Dundee, there is work ongoing on GP practice sustainability. The findings here will be shared to support that work and the enacting of a sustainability action plan for Dundee which includes Premises Leases and Loans.

- iv. Ensure appropriate geographical coverage across Dundee.

There were some concerns raised about the ability to travel and the cost of travel. Overall citizens of Dundee are largely happy to travel with many preferring to travel in order to remain with the same practice their family has been with across several generations. Geographical coverage was not seen as a pressing issue by those who responded. There should of course be awareness of those who do not have easy access to transport.

These findings and actions will sit alongside and be part of other work within the primary care work programme.

Premises Works Undertaken in GP Practices 2022 & 2023 within Dundee

Appendix 2

Practice Name	Works Undertaken	Date of Completion	Funding Source
Ancrum One	Converted an existing clinical space to provide two additional clinical spaces	May 2022	GP Premises Bid
Ancrum One & Ancrum Medical Centre	Following removal of the paper medical records converted the current admin work space to allow better usage of the room and provide additional work stations for admin, GPs Registrars etc	March 2023	GP Premises Bid
Broughty Ferry	Converted current non clinical room into two clinical rooms. Converted current office space and adjoining kitchen into new clinical consultation room. Refurbished two existing clinical consulting rooms including inclusion of a footbath. End results are 5 clinical consulting rooms (3 of which are new)	2022	NHS Tayside
Coldside	Changed an open plan office into a double office in the main office hub to facilitate the pharmacy team having access to a dedicated 2 person office space.	April 2022	NHS Tayside
Coldside	Renovation of the current MDT room by creating a separate meeting/service delivery room exclusively for use by DHSCP extended colleagues with reception area	tbc March 2023	GP Premises Bid
FMG	Modifications to the Douglas site including by upgrading the I.T system including additional sockets. This allowed the practice separately to upgraded the phone system which improves access for patients and efficiencies for the clinical team. This has also allowed them to consolidate on one site freeing up Wallacetown Health Centre.	March 2023	GP Premises Bid
Downfield	Remodelled the existing Board Room used at that time solely for meetings into a multi functional space with the ability to hot desk, undertake training and a meeting room. Two desks were added which would benefit the District Nursing team	June 2022	GP Premises Bid
Grove	Converted a room that was used as clinette to a clinic room. Converted a	March 2023	GP Premises Bid

Premises Works Undertaken in GP Practices 2022 & 2023 within Dundee

Appendix 2

	treatment room into 2 consultation rooms. Converted treatment Room 1 into a slightly smaller consultation room with a view to store cupboard being built in place of the clinette. Works will allow additional space for trainees/medical students and support the attendance of attached staff		
MacKinnon Centre	Converted two rooms into clinical rooms	tbc April 2023	NHS Tayside
Muirhead	Convert space previously used for medical records tin new waiting room/reception area. Current waiting room converted to 2 consulting rooms Currently at the stage we have detailed plans and approximate costings. Ongoing discussions if this project will be taken forward	Estimate completion end of 2023	GP Premises Bid
Nethergate	Converted space previously used for paper records to admin space. Added sink and running water to previous admin space to allow it to be used as a clinic space	Tbc March 2023	GP Premises Bid
Newfield	Converted an existing space into a hybrid room for admin and clinical staff to hot desk. A smaller room will be built to accommodate a private space for one staff member.	February 2023	GP Premises Bid
Princess Street	Space previously used for paper medical records developed into two new clinical consulting rooms. Practice indicated this would allow the potential to offer space to CTC, students and wider AHP services.	July 2022	GP Premises Bid
Taybank	Removal of store cupboard to provide additional admin workstations. Relocating store cupboard to space freed up due to removal of paper records.	tbc March 2023	GP Premises Bid
Terra Nova	Converted current admin space and additional space created as a result of removal of paper records to create a larger space for linked services including a smaller private space.	March 2023	GP Premises Bid
Westgate	8 additional parking spaces	March 2023	NHS Tayside

Premises Works Undertaken in GP Practices 2022 & 2023 within Dundee

Appendix 2

Back Scanning	Back scanning of all paper records to allow practices to be paper lite took place in 18 practices with 93,202 files being scanned creating additional space within practices.	March 2023	HSCP – Primary Care Funding

Total Spend: £1,001,070.17