



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

**REPORT ON:** DELIVERY OF GENERAL MEDICAL SERVICES FOR PATIENTS REGISTERED WITH INVERGOWRIE PRACTICE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB42-2023

**1.0 PURPOSE OF REPORT**

This report outlines the current position with Invergowrie Medical Practice and the options for ensuring continuity of care for those patients registered with the practice. The Perth and Kinross Integrated Joint Board will also be asked to comment on the issues contained within this report prior to submitting to NHS Tayside for decisioning making.

**2.0 RECOMMENDATIONS**

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

- 2.1 Notes the current position with Invergowrie practice and the termination date of their GMS contract with NHS Tayside on the 23 June 2023
- 2.2 Notes the options explored for ensuring ongoing care for those patients currently registered with Invergowrie Medical Practice
- 2.3 Notes the preferred option is to disperse patients to other practices in Errol and Dundee, with the majority of patients registered with Ancrum Medical Practice, whose staff currently also provide care in Invergowrie Medical Practice, and
- 2.4 Provide comment for NHS Tayside to take into account in their decision making.

**3.0 FINANCIAL IMPLICATIONS**

- 3.1 Primary Medical Services is largely funded from Scottish Government General Medical Services (GMS) funding, with additional funds for locally agreed services delivered by practices. As this funding is predominately based on population, the funding would move with patients regardless of the preferred option. Some of the options would be likely to have a greater impact on finance than others. However, finance specifically was not included in the scoring for the options appraisal as it is not seen as core to the decision-making process in this context, but was part of the resource criteria, noted at 4.5.2, along with staffing.
- 3.2 The recommendation to disperse patients across a set of practices is one where the recurring provision of services can be managed within the available long term GMS funding streams. There will be some recognised short term costs of managing new patients, including an additional allocation for Ancrum practice for 2 years, equivalent to the allocation that Invergowrie Medical Practice receives currently. Most of this will also be managed within national GMS funding streams with a small time-limited local augmentation of national funding required. This is primarily to support the additional work for practices to register and support new patients in a short period of time. There may also be some additional funding required for premises improvements in those practices who have an increase in patient numbers.

## **4.0 MAIN TEXT**

### **4.1 Practice Context**

- 4.1.1 Invergowrie Medical Practice provides general medical service care under a GMS 17c agreement, which offers a degree of flexibility from the standard 17J GMS Contract, and which was introduced to enable a practice with a small patient list, less than 1000 patients at the start of the agreement, to be viable. The agreement is currently held by General Practitioners (GP's) from Ancrum Medical Practice, for around 1800 patients. Patients registered with Invergowrie Practice predominantly live across the Carse of Gowrie, with around 300 also living within the Dundee city boundary. The practice has experienced difficulties over the last few years with the recruitment and retention of GPs. The practice has managed to obtain some locum cover and salaried sessions and had for a period additional support from a Career Start GP placed there as part of NHS Tayside's GP recruitment and retention programme. The recent resignation of one of the 2 remaining GP partners means there is now only one GP partner for both Ancrum and Invergowrie practices which have a combined list size of 5500. From a sustainability perspective it is preferable to have GP Partnerships rather than single handed contractors as this offers more resilience. The Invergowrie practice remains in a position where it has been unable to secure a stable GP workforce to ensure ongoing safe and quality person-centred care if staff are working over both Invergowrie and Ancrum sites.
- 4.1.2 The average Scottish practice has a list size per whole time partner of approximately 1500 patients. In order to provide a good service to its 1800 patients, ideally Invergowrie would therefore operate with 1.2 WTE (whole time equivalent) GPs. In December 2022 the remaining GP partner at Invergowrie Medical Practice submitted a letter resigning their GMS contract. NHS Tayside has responded, noting a termination date for Invergowrie's GMS contract of 23rd June 2023 at 6pm. It has been agreed that to ensure the safe and efficient transfer of care for patients to new practices the Invergowrie practice will not see patients from 16 June at 6pm.
- 4.1.3 In the interim, the practice team is working with salaried GPs and medium term locums to ensure that the practice will be able to provide a safe service to patients up until the contract termination date on 23rd June 2023.
- 4.1.4 There are a small number of staff who work in Invergowrie, including receptionists and a nurse, with most staff working across the two practices.
- 4.1.5. In considering the future of the practice, the IJB and NHS Tayside Board members are asked to take into consideration how care to patients is best maintained, and the risks to practices, and local health and social care services, can be minimised. Although the majority of patients live in Perth and Kinross, if the Invergowrie practice is not sustained, patients are likely to be registered with a Dundee practice, or Carse Medical Practice, and so is likely to impact on Dundee and Carse residents.

### **4.2 Wider Context**

- 4.2.1 It is widely acknowledged that General Practice across the UK is experiencing a period of extreme difficulty which has been exacerbated by the pressures linked to Covid and post Covid recovery. Within Tayside, there are currently four practices operating under Section 2c arrangements with staff employed by NHS Tayside. A number of other practices in Tayside have gaps in GP staffing. A recent Tayside survey was undertaken with practices late in 2022. This highlighted that of 61 practices 23 currently have at least 1 GP vacancy, some have more than one, and 17 practices had been trying to fill a GP vacancy for at least 6 months with no success. In addition there were also a significant number of GPs who indicated they were planning to retire in the next 2 years. There are vacancies in the 2c practices across Tayside, in some cases with a number of vacant posts which have been difficult to recruit to. The recent dispersal of patients from Ryehill Medical Practice had an impact on practices in the area of Dundee closest to Invergowrie and a number of those practices have had closed lists over the past few months because of their lack of capacity to take any additional patients.

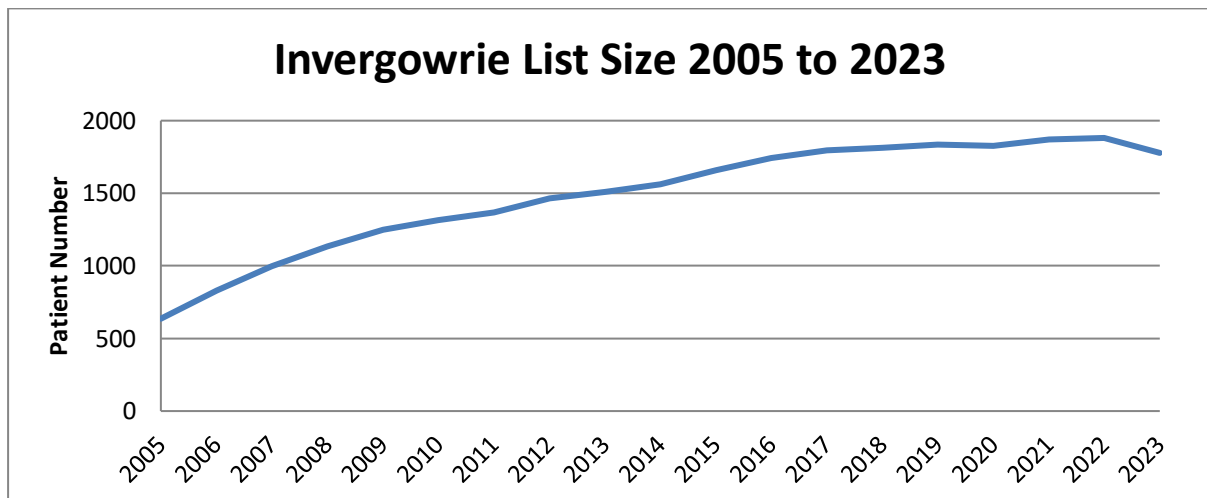
4.2.2 General practices have a number of ways in which they can manage their registered population. This includes changing the area they accept patients from (change to the boundary of the practice) and, with agreement from NHS Tayside/Primary Care Services, temporarily stop accepting new patients (operating a closed list). In Tayside in the last 18 months 17 practices have had closed lists, some on 2 occasions, reflecting the workforce pressures on the practices at that time point. A number of these practices with closed lists cover part of the area the Invergowrie practice covers.

4.2.3 In 2018 the Scottish Government introduced a new GP contract aimed at encouraging more GPs to enter the profession, to reduce the exit of retiring GPs and to reduce the workload of existing GPs so that they can manage their existing practice populations. Patients when contacting their practice may now be offered an appointment with another health professional who is skilled in a particular area of care and who can assess and plan their care. These services have been described within the Primary Care Improvement Plan and include physiotherapists, mental health practitioners and pharmacists. However, there are also local and national workforce challenges for these professions resulting in care which could be delivered by other professionals often remaining with the GP.

### 4.3 Practice Characteristics

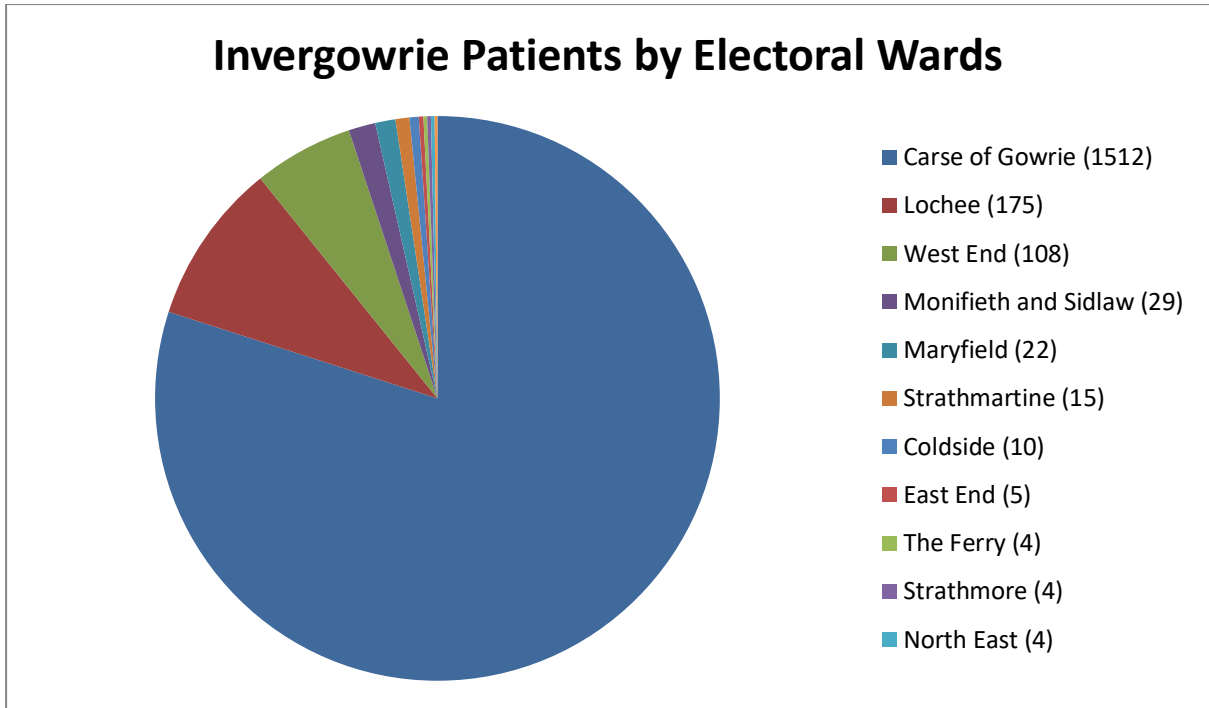
4.3.1 The variation in practice population registered with the Invergowrie practice is demonstrated in Chart 1 below, noting there has been a steady increase in this number since 2005, with a small drop in the last few months since the current GP noted their intention to hand back their contract.

**Chart 1**

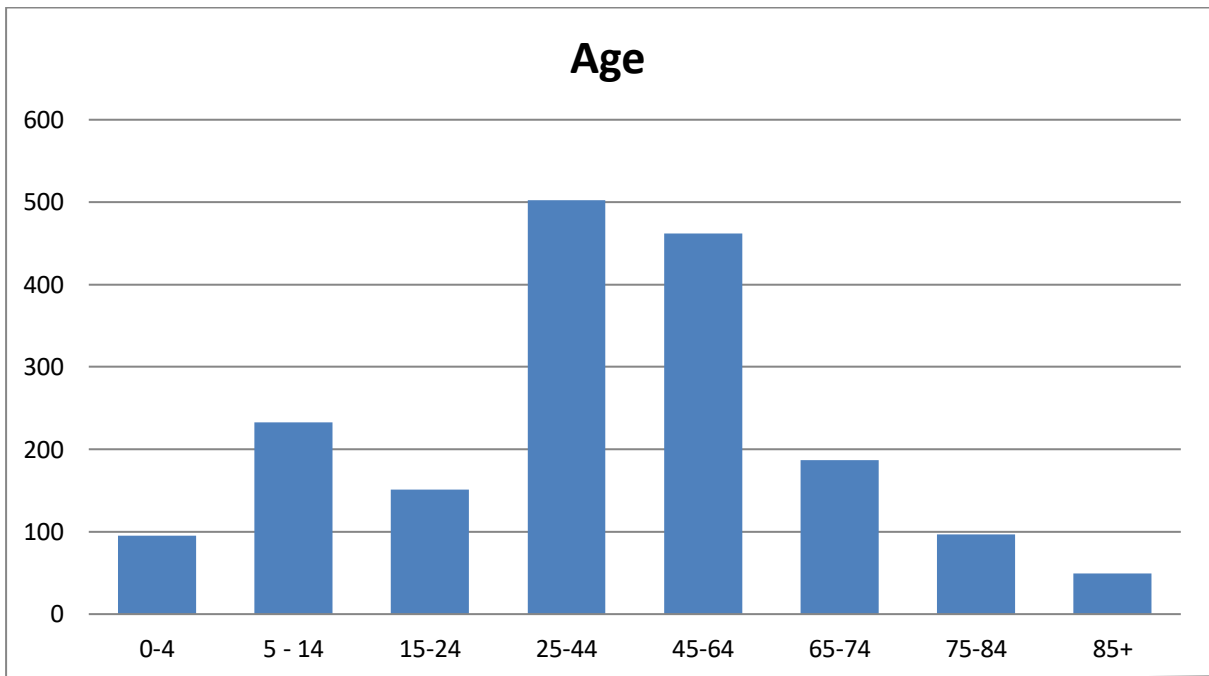


4.3.2 The practice is located within Perth & Kinross Council area, with the majority of the patients living in the Carse of Gowrie area (as show in Chart 2 below). with just over 300 living in Dundee. 95% of the practice population comprises the least deprived deciles (SIMD 7 to 10). The corresponding percentage for Dundee HSCP is 38% and Perth & Kinross is 64%. A chart showing the practice age population distribution is below in Chart 3. 5 % of the patient population are under 5 years of age, 54% are within the age range 25 to 64 and 8.2% are over 75.

**Chart 2**



**Chart 3**



**4.4 Assessment**

4.4.1 The practice has been unable to recruit to GP posts for some time, and a further GP Partner leaving has led to their being a single partner across both Invergowrie and Ancrum Medical Practices. The current partner is unable to safely continue to deliver the quality of care to their

patients they wish to. They have now formally notified NHS Tayside of their intention to hand back their contract. The contract will terminate on the 23 June 2023

- 4.4.2 The practice is based in Invergowrie Medical Practice, which is an NHS Tayside owned building. A number of other teams are based there, including Warfarin management and care and treatment services who provide care such as wound care and taking bloods. It is anticipated that these services will continue but this is still to be finalised.
- 4.4.3 In order to ensure ongoing GMS care for those patients registered with the practice it was agreed to review all possible options to deliver care. Given the current challenges for all staffing across Tayside, but particularly Dundee city and the Carse of Gowrie, there is no immediate solution as the system is finding it challenging to deliver high quality access to GMS, which has been exacerbated by the covid pandemic in a range of ways. In addition to ensuring care for those registered with Invergowrie Practice it is also important not to destabilise other practices in a way that would significantly impact on their ability to deliver safe and effective care. It is recognised that this impact would be across practices in Dundee, and Errol. The Carse Practice in Errol covers a significant area that the current Invergowrie Practice covers, and may be the closest practice for many of the patients. However, this practice covers a large rural area, with ongoing challenges for GP capacity and does not have a secure premise to work from longer term. In Dundee there was a significant impact of moving over 5000 patients who were registered with the previous Ryehill practice to other Dundee practices. This impacted most on those practices towards the west of the city.

## **4.5 Options Review**

- 4.5.1 There are a number of options which can be considered when a practice hands back its contract, including merger with another practice, a tendering process to see if another provider would take over the contract, running the practice directly by NHS Tayside (a 2c arrangement), and dispersing patients to other practices. A working group from NHS Tayside, including Primary Care Department, Property and Communications teams, P&K HSCP, Dundee HSCP and Angus HSCP, was established to consider feasible options and agree a recommendation for consideration. These options are outlined in Appendix 1.
- 4.5.2 Part of the process was to agree a number of objectives that informed the options and were considered along with professional judgement to inform a recommendation: These objectives are consistent with those used previously for this process. The feasibility of achieving the option by June 2023, the longer term sustainability and maintaining safe and effective care were seen as critical factors.
- To ensure all patients currently registered with Invergowrie Medical Practice continue to have access to high quality, person centred and safe GP and primary care services
  - The solution retains GP services within the local area
  - The solution ensures that ALL patients within the Dundee and Errol Practices continue to have access to high quality, person centred and safe GP and primary care services
  - The solution is achievable within the timeframe
  - The solution is viable to enable a sustainable long term solution
  - The solution is consistent with the strategic direction for primary care services in Dundee and Errol
  - The solution ensures best use of resources (staff and space)
  - Finance assessment (cost)
- 4.5.3 One of the options which was scored most highly was to offer the contract for tender and this process was implemented, with a submission date of the 10<sup>th</sup> April. Despite three notes of interest no tenders were received. A business merger with another practice also scored highly but no practice to date has approached the current GP partner to propose a merger. Running the practice as an independent 2c practice was not seen as viable given the size of the practice population and the issues nationally with maintaining small, particularly single handed, practices. Also, as noted in section 4.2.1 there are currently four practices which are run directly by NHS Tayside, of which two are in Dundee and two in Angus. There are significant ongoing

challenges with recruiting and retaining staffing levels across the four practices. This has an impact on access to and quality of patient care. While financial implications have been considered under the general resource factor noted above, options in appendix 1 linked to 2c provision will generally cost more to deliver than alternatives that continue to deliver care via non 2c options. However finance is not the key driver as recruitment and sustainability are more critical factors. The key reason for discounting 2c as an option is that to operate the practice safely with holiday cover, at least 2 GPs would need to be recruited, and given the existing recruitment experience with 2c practices, this was deemed highly unlikely to be successful.

- 4.5.4 The Ancrum practice have proposed that they can register a significant number of the current Invergowrie patients with their practice. They feel they are in a position with some recent recruitment to offer ongoing care to patients from the same clinical and administration team, from the site in Ancrum. They have also said that if they can further increase their capacity they would review if they can provide some clinical services from the Invergowrie building at a future time point, noting this will not be for at least 6 months. This proposal is a form of dispersal but given the size of the dispersal to one practice and the current relationship between the 2 practices, it is seen as a different approach within the dispersal option.
- 4.5.5 Therefore the option which best meets the objectives noted in section 4.5.2 is option 2a, to allow the practice to close and disperse patients to a limited number of practices, with the majority being registered with Ancrum, those living in or very near Errol going to Carse Practice, and a small number to other practices local to where they live.
- 4.5.6 There will be people who live local to the practice in Invergowrie who will find it potentially more difficult to access services outwith the village, due to a range of issues impacting on mobility. This may increase requests for home visits, as well as causing inconvenience for those impacted. Not all practices who are likely to have new patients from the practice will be easily accessible by public transport, including Ancrum. However the population of the practice is relatively young and affluent so more likely to have their own transport than is seen in other practices. The Ancrum site is 3.5 miles from the current Invergowrie site. It may also be possible to consider a community approach to transport.
- 4.5.7 If the option noted in 4.5.5 is approved, and noting the points in 4.4.2, services which can be delivered by other teams in the building would be reviewed. For example for patients who have regular blood tests this could be done by the care and treatment services team in the building so that it remains local for those patients living in the area. A key principle of those services being developed as part of the Primary Care Improvement Plan is to deliver locally to people where that is feasible to do so. Given the relatively small numbers of people in the area some more specialist services can not be delivered in this way. Some of the services which are currently delivered on site are underused at a time when there is huge demand that is unmet at other sites and this will be considered in longer term plans. It is also of note that there is a community pharmacy in the village and the expansion of Pharmacy First services nationally can support those who present with a wide range of health issues.
- 4.5.8 If the practice does close, and patients are registered with Ancrum Medical Practice, they have noted they will offer all the staff who are contracted solely to work in Invergowrie contracts with the Ancrum practice. This keeps these skilled staff within the practice team.

#### **4.6 Conclusion**

- 4.6.1 Given the current demands on Primary Care teams, including general practice, there is not a simple solution to how best to deliver ongoing care for those who are registered with Invergowrie Medical Practice. After reviewing a range of options the IJB are asked to note the recommendation that patients are dispersed to a limited number of practices with the majority of patients being registered with Ancrum Medical Practice to allow for ongoing care from the clinical team.

## 5.0 POLICY IMPLICATIONS

This report has not been subject to a full assessment but this should be undertaken prior to any decisions by NHS Tayside Board.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Practices who have indicated they may be able to register additional patients are unable to create the capacity to do so, and this has a potential negative impact on care for those registering with a new practice and those currently registered with those practices.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Mitigating Actions</b> (including timescales and resources )	The review group has linked closely with practices and wider teams to assess feasibility and additional requirements to make this achievable.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Approval recommendation</b>	Given the context this risk should be accepted

## 7.0 CONSULTATIONS

The Associate Medical Director, Primary Care Service Manager P&KHSCP, Lead GP P&K HSCP and Dundee HSCP, the Chief Finance Officer, Angus HSCP (as a hosted service) and the Clerk were consulted in the preparation of this report. Practices, including via cluster meetings, have been involved in the development and review of options.

## 8.0 DIRECTIONS

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	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

None.

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Chief Officer

DATE: 110523

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Interim AMD for Primary Care NHS Tayside

Shona Hyman  
Senior Manager Primary Care  
DHSCP

Deborah McGill  
Service Manager Primary Care Services  
NHS Tayside



Appendix 1 List of options

Option	Descriptor	Summary
1	Seek new provider through procurement exercise. Invitation to submit a business case	This approach would have brought additional capacity into the system, however no bids were received.
2	Close the practice and disperse patients across other practices	Dispersal to all practices across the city risks destabilising other practices who are already finding workload demands difficult to meet. Dispersal to a smaller number of practices who may have, or can create, capacity would support stability across the city, and support longer term aim that people live locally to their practice.
2a	Close practice and disperse patients to small number of practices, majority to Ancrum Medical Practice	Majority of patients would retain the same clinical team and promote continuity of care. Minimises impact on other practices in Dundee and reduces impact for Carse practice. Increased travel for most people, with access issues for anyone with limited mobility, (unless practice capacity increases and site can be used in future)
3	Combine with an existing 2c practice	Minimises impact on other practices. However there is no specific GP capacity to merge so it would be a patient merger. The practice building may not be retained and people may have to travel some distance to the new practice.
4	Operate the practice as a 2c practice	Would support people accessing general practice within their locality. However a practice of this small size is difficult to staff and sustain. Given staffing issues in other 2c practices over the last few years a stand alone 2c practice is not seen as viable.
5	Business merger with an other independent practice	Potential to retain a practice on current site, assuming the merged practice chooses to do that, but may not retain staff. No other practice has shown interest. Cannot achieve within the timescales.

Each option was considered against the following objectives.

1. To ensure all patients currently registered with Invergowrie Medical Practice continue to have access to high quality, person centred and safe GP and primary care services
2. The solution retains GP services within the local area
3. The solution ensures that ALL patients within the Dundee and Errol Practices continue to have access to high quality, person centred and safe GP and primary care services
4. The solution is achievable within the timeframe
5. The solution is viable to enable a sustainable long term solution
6. The solution is consistent with the strategic direction for primary care services in Dundee and Errol
7. The solution ensures best use of resources (staff and space)
8. Finance assessment (cost)

## DUNDEE IJB SIGNING DOCUMENT

In view of the timescales involved, this Report/Agenda Note was approved by the Chief Officer in consultation with the Chief Finance Officer, Clerk and Standards Officer, Chairperson and Vice Chairperson on the Integration Joint Board.

*Vicky Irons*

Chief Officer

Date 12<sup>th</sup> May 2023

*Dave Berry*

Chief Finance Officer

Date 12<sup>th</sup> May 2023

*Roger Mennie*

Clerk and Standards Officer

Date 12<sup>th</sup> May 2023

*Pat Kilpatrick*

Chairperson

Date 12<sup>th</sup> May 2023

*Councillor Ken Lynn*

Vice Chairperson

Date 12<sup>th</sup> May 2023