



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
20 APRIL 2022

REPORT ON: DELIVERY OF GENERAL MEDICAL SERVICES - RYEHILL MEDICAL
PRACTICE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB69-2022

1.0 PURPOSE OF REPORT

This report outlines the current position with Ryehill Medical Practice, and the options for ensuring continuity of care for those patients registered with the practice.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current position with Ryehill practice and the termination date of their GMS contract on the 30th June 2022
- 2.2 Supports the option to disperse patients across other practices as outlined at paragraph 4.5.4, and instructs the Chief Officer to make a recommendation to NHS Tayside to approve this option.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Primary Medical Services is largely funded from Scottish Government General Medical Services 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 small 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. 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 a significant number of new patients in a short period of time. There may also be some additional funding required for premises improvements in those practices who have a large increase in patient numbers.

4.0 MAIN TEXT

4.1 Practice Context

- 4.1.1 Ryehill Medical Centre is a long established practice in the West End of Dundee of around 5500 patients. 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. Over the last 18 months the practice, the Dundee Health & Social Care Partnership (HSCP) and the Primary Care Department have met on several occasions to work out how best to manage the situation. However, the 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.
- 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 5500 patients, ideally Ryehill would therefore operate with 3.5 to 4 WTE (whole time equivalent) GPs, (although given the higher than average student population this can perhaps be slightly lower). The two remaining partners are both part-time and, in light of the inability to recruit additional medical time, regard their partnership as not currently sustainable. Accordingly, the partners submitted a letter resigning their General Medical Services (GMS) contract. NHS Tayside has responded, noting a termination date for Ryehill's GMS contract of 30th June 2022 at 6pm.
- 4.1.3 In the interim, the GP partners are working with a salaried GP 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 30th June 2022.
- 4.1.4 The practice currently also has gaps in its nursing workforce and the HSCP are working with the practice to provide temporary and limited support on a short term basis.
- 4.1.5. In considering the future of the practice, the Integration Joint 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

4.2 Wider Context

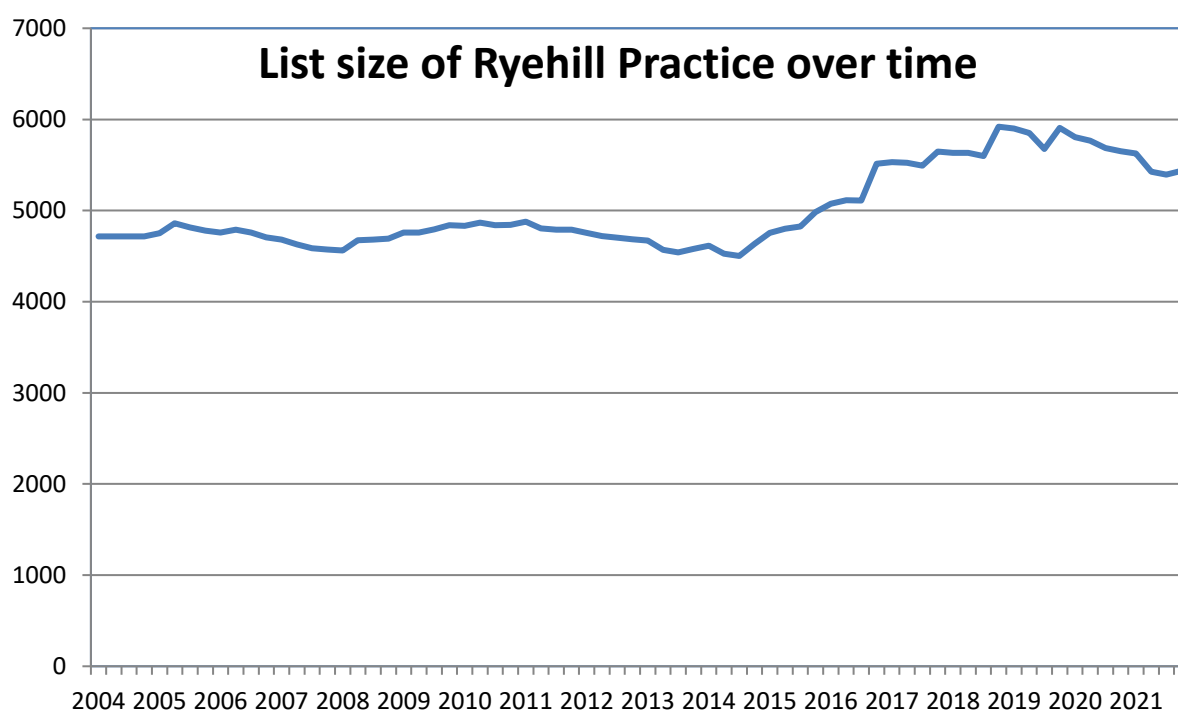
- 4.2.1 It is widely acknowledged that General Practice across the UK is experiencing a period of extreme difficulty. Within Tayside, there are currently five practices operating under Section 2c arrangements ie directly provided by NHS Tayside, with staff employed by NHS Tayside. Retirement of previous partners and an inability to recruit to replace them is one significant factor in a number of these practices having become managed as 2c practices. Currently it is also of note that Angus HSCP has a practice whose contract terminates in May 2022. A number of other practices in Tayside have gaps in GP staffing. In Dundee a survey was undertaken with practices late in 2021. This highlighted that of 24 practices 13 currently have at least 1 GP vacancy, some have more than one, and 6 practices had been trying to fill a GP vacancy for at least 6 months with no success. In addition there were also 15 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 current staffing position across all GP practices highlighted above is the predominant reason why the recruitment position within Ryehill was unable to be resolved.
- 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 - a boundary - and also they can, with agreement from NHS Tayside/Primary Care Services, temporarily stop accepting new patients. In Dundee in the last 3 years 9 practices have had closed lists, some on 2 or 3 occasions, reflecting the workforce pressures on the practice at that time point.
- 4.2.3 In order to help address these issues, the Scottish Government introduced a new GP contract in 2018 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. These services have been described within the Primary Care Improvement Plan. Patients when contacting their practice will 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. This includes physiotherapists, mental health practitioners and pharmacists. However, there are also challenges in delivering this workforce and there are also gaps in the workforce in each of these services. This means that care which could be delivered by other professionals often remains with the GP.

4.3 Practice Characteristics

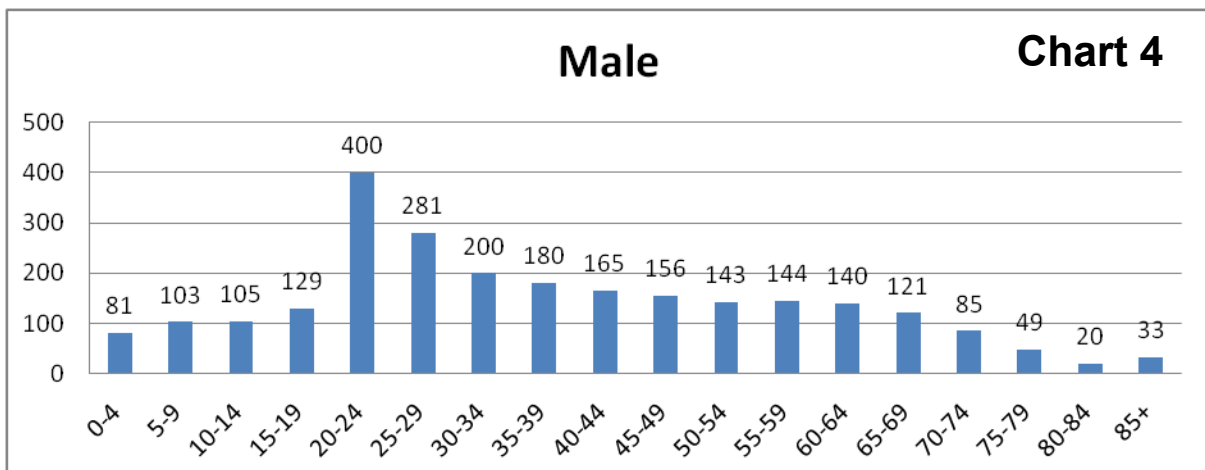
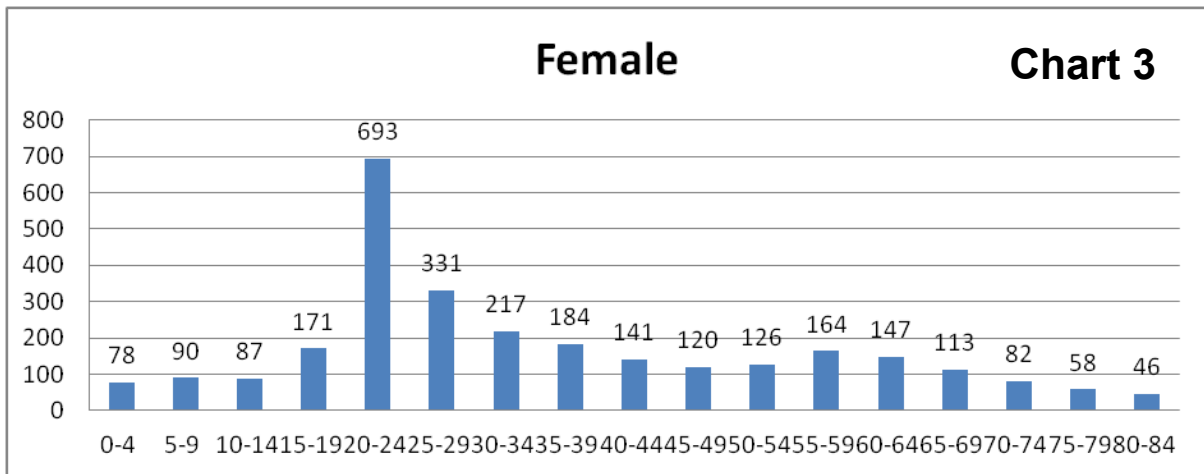
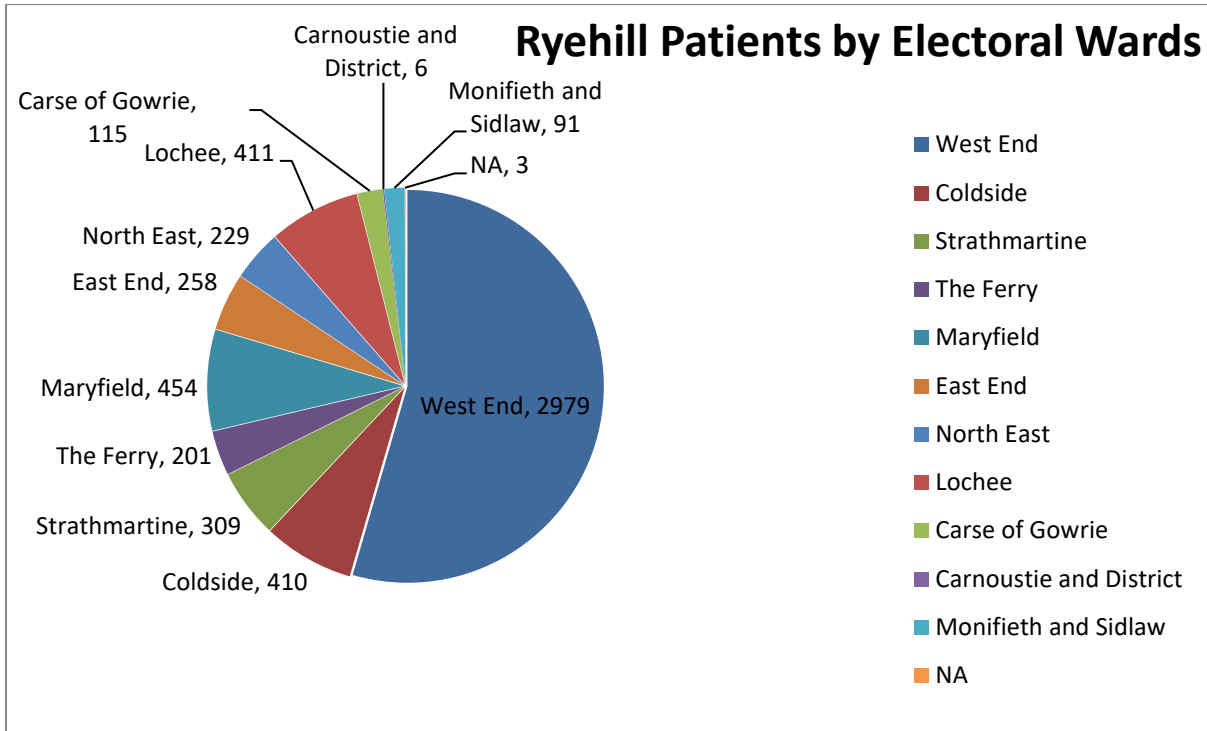
- 4.3.1 The population registered with Ryehill practice increased until 2020 and since then has reduced slightly as shown in Chart 1 below.

Chart 1



- 4.3.2 The practice is less deprived than the Dundee average, with the majority of the practice population living in the West End. A chart showing the practice population distribution is below. The practice has traditionally had a high number of students registered with it and this is clearly seen in charts 2 and 3 below which show the high number of people in the 20-30 age group. This does impact on the type of clinical care the practice predominately deliver.

Chart 2



4.4 Assessment

- 4.4.1 The practice has been unable to recruit to GP posts for some time, and a further GP leaving has led to the current partners being 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 30th June 2022.
- 4.4.2 The practice is based in Ryehill Health Centre which is an NHS Tayside owned building. A number of other teams are based there, or deliver services from the building. These services will remain there.
- 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 the city there is no immediate solution as the system is finding it challenging to deliver services, which has been exacerbated by the covid pandemic in a range of ways. In addition to ensuring care for those registered with Ryehill 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 the city given that many people live in another part of the city from the practice they are registered with.

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 and Dundee 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: The feasibility of achieving the option by June 2022, and the sustainability longer term, as well as maintaining safe and effective care were seen as critical factors.
- To ensure all patients currently registered with Ryehill 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 West End area
 - The solution ensures that ALL patients within the Dundee 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
 - The solution ensures best use of resources (particularly staff)
- 4.5.3 The options seen as being closest to achieving the objectives noted in 4.5.2 were allowing the practice to close and dispersing patients across other practices, or merging with another independent practice. No practice to date has approached the current GP partners to propose a merger. A number of the options listed in Appendix 1 are linked to a 2c practice in a range of ways, including creating a new 2c practice, or linking to one or more current 2c practice partially or wholly. As noted in section 4.2.1 there are currently 5 practices which are run directly by NHS Tayside, of which 3 are in Dundee. There are significant ongoing challenges with recruiting and retaining staffing levels across the 5 practices. This has an impact on access to and quality of patient care. Adding to the patient component of this with uncertainty as to whether clinical staff would transfer from Ryehill risks impacting further on this instability.
- 4.5.4 Therefore the option which best meets the objectives noted in section 4.5.2 is to allow the practice to close and disperse patients to a small set of practices, local to where patients live

and which have sufficient capacity to provide a continued good standard of access to care. Recognising that practices all remain under significant pressures, the working group have worked with practices to identify which practices could potentially accept new patients. A number of practices have noted that they may be able to register new patients, to varying degrees. If this option is progressed the group will work with these practices as there are a number of constraints, such as space in buildings and car parks, which would require to be addressed

- 4.5.5 Access to care locally is a key a factor for many patients. However, many people stay with their practice despite moving across the city. Over 40% of Ryehill patients live out with the West End including some who live out with Dundee. People who are registered with the practice would receive a letter asking them to register with a named practice, but would have the choice to register with an alternative practice. A range of factors would be considered in this process particularly where people live, to try to ensure local access where possible. This will be facilitated if a number of practices across the city are involved.
- 4.5.6 If the option noted in 4.5.4 is approved, services which can be delivered by other teams in the Health Centre 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. For those who do not live in the West End there is likely to be a location more local to them currently.
- 4.5.7 If the practice does close, Dundee HSCP and NHS Tayside would hope to retain these skilled staff in Dundee across clinical, management and administrative roles. For those staff that are employed by the practice NHS Tayside would offer an opportunity to be considered for suitable posts via the skills register.

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 Ryehill Medical Practice. After reviewing a range of options the Dundee Integration Joint Board are asked to support the recommendation that patients are dispersed to a small set of practices, local to where patients live and which have sufficient capacity to provide a continued good standard of access to care. The Chief Officer would make a recommendation to NHS Tayside in relation to this option for their approval.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	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.
Risk Category	Operational
Inherent Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6

Mitigating Actions (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.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the context this risk should be accepted

7.0 CONSULTATIONS

The General Manager for Primary Care, the Head of Service, DHSCP, the Chief Finance Officer, DHSCP and Angus HSCP (as a hosted service) and the Clerk were consulted in the preparation of this report. Practices have been involved in the 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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Appendix 1 List of options

Option	Descriptor	Summary
1a	Operate the practice as a 2c practice	Significant gaps on an ongoing basis across the 2c network for GP staffing. A further 2c practice would potentially destabilise this further impacting on care across all 2c practices.
1b	Operate as a 2c practice with a closed list with a view to closing once list has reduced to a certain number for dispersal	As for 1a. No advantage to extending the time to close the practice if that decision was taken. Increases uncertainty for patients.
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.
3a	Merge with another independent practice	Would support continuity of care for patients as would retain their own GP, but possibly from another site. Maintains wider stability for practices. However no practice has approached the Ryehill GPs to look at this option.
3b	Combine with a 2c practice	Similar to 3a – a merger - but as not independent businesses not technically a merger. Notes from 1a apply re staffing capacity. If current Ryehill staff were moving to the combined practice it increases both workforce and demand. Given the reason for contract terminating is lack of GP capacity it increases the gap within 2c practices.
4	Reshaping boundaries of existing 2c practices and disperse within new boundaries, everyone out with Dundee with be dispersed to practices in their own area.	Some dispersal could impact negatively on practices, along with a significant increase to patient numbers and workload for the 2c practices which they would not have the capacity to meet. Would support people accessing general practice within their locality
5	Tender process	Potential to retain a practice on current site but may not retain staff. No local practice has suggested an interest in this and previous tenders in this context have not been successful. Cannot achieve within the timescales.
6	Partial dispersal of patients to a size to allow the practice to continue	Discounted as not seen as viable by the practice
7	Other GMS practices to provide support to enable practice to continue	Discounted as no practices have offered to provide support on an ongoing basis

Each option was considered against the following objectives.

1. To ensure all patients currently registered with Ryehill 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 West End area
3. The solution ensures that ALL patients within the Dundee 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
7. The solution ensures best use of resources (particularly staff)