



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
26 OCTOBER 2022

**REPORT ON:** GENERAL PRACTICE PREMISES STRATEGY

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB76-2020

**1.0 PURPOSE OF REPORT**

1.1 The General Practice (GP) Premises Strategy sets out the position and ambition for GP premises. It identifies the priorities, provides criteria on the management and investment in GP property and includes recommendations and actions across the next 20 years.

**2.0 RECOMMENDATIONS**

It is recommended that the IJB:

- 2.1 Notes and approves the Dundee General Practice Premises Strategy as set out in Appendix 1 to this report.
- 2.2 Approves the release of £150,000 of funding from reserves to support the establishment of a premises programme manager post over a 22 month period as outlined in section 4.6.5 of this report.
- 2.3 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 the Primary Care Improvement Programme fund, Scottish Government capital funds and reconfiguration of current budgets held by the IJB.
- 3.2 Each element of 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 It is recommended that the IJB utilises some of its reserves to support the establishment of a premises programme post on a fixed term basis at an estimated cost of £150,000 to enable the work on the strategy to be progressed.

**4.0 MAIN TEXT**

4.1 This GP Premises Strategy provides a building block for the wider NHS Tayside premises strategy.

This document sets out three questions:

- 1. Where are we now?
- 2. Where do we want to be?
- 3. How do we get there?

4.2 Where are we now?

This section includes:

- Geographical study of population dispersal of those registered to GP practices in Dundee, along with new build plans and GP premise locations.
- A Dundee GP Practice Survey, which saw all 23 practices respond, provides insights into the current challenges including leases, workforce and lack of space prohibiting progress with Primary Care Improvement Programme projects.

#### 4.3 Where do we want to be?

This includes a review of key documents and initiatives that guide the GP premises strategy. They range from the national level, such as General Medical Services Contract; to the Tayside level such as the Tayside Strategic Plan; to the Dundee level including the Dundee City Plan.

#### 4.4 How do we get there?

In this section the document moves to a more practical footing setting out the criteria on which to determine a work plan to delivery on the IJB's agreed priority areas:

- Health inequality.
- Early intervention and prevention.
- Localities and engaging with communities.
- Models of support/pathways of care.

##### 4.4.1 There are 4 high level criteria to support decision making. They are:

- A community focused model for delivery of health and social care.
- Premises that are of good quality and fit for purpose.
- A sustainable general practice service.
- Appropriate geographical coverage across Dundee city.

#### 4.5 Thirteen recommendations have been distilled out and ordered in terms of priority. Each recommendation has a stated action and owner. These actions will move the GP Premises Strategy to a work programme to support the delivery of what is needed.

#### 4.6 The suggested immediate actions are:

**ACTION 1:** The Primary Care Improvement Programme is a national priority with deliverables due by 31 March 2023 so identify as quickly as possible the barriers and progress the opportunities. (Owner: Shona Hyman).

**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, apply an agreed process including risk, clinical need and functionality. (Owner: Gail McClure)

**ACTION 3:** Set out a programme of works with key tasks and timeline. (Owner: Primary Care Premises and Implementation Group)

**ACTION 4:** 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 etc

##### 4.6.1. Current Work Programme:

- Broughty Ferry Health Centre refurbishment, commences summer 2022
- MacKinnon Centre – change of room usage to commence after Broughty Ferry as room being used to support Broughty Ferry decant
- Westgate Car Park extension to increase provision of spaces
- Broughty Ferry Health Centre accommodation review which has some primary care funds but not been progressed. Clinical management team to establish services needing to be housed.

#### 4.6.2 Work plan across next 5 years

- To have dealt with leases and loans and funded modifications to premises including room additions and IT systems
- To have put forward options that look at new builds in areas that are underserved
- To support applications that use funding for achieving 'net zero' for example installation of ground source pumps and LED lighting.
- To have submitted a Strategic Assessment for Scottish Government capital investment - see Appendix 2.
- Continue a programme of work to maintain the quality and standards of current buildings

#### 4.6.3. Work plan next 5 to 10 years

- New build work

#### 4.6.4. Work plan next 10 to 20 years

- To have reviewed the changing population and health requirements and put in place plans to meet needs
- To reduce the carbon footprint through the provision of services that is accessible to patients by foot or bicycle.

#### 4.6.5 Programme Management

In order to drive forward the GP Premises Strategy in addition to other elements of the IJB's evolving Property Strategy; additional capacity is required at a management level. It is proposed to establish a Programme Manager Post at a cost of approximately £150k for an initial 22 month period. It is proposed that this is funded through utilising IJB reserves over that period and the IJB is asked to earmark reserves for this accordingly.

### 5.0 POLICY IMPLICATIONS

- 5.1 This report has not been screened for any policy implications in respect of Equality Impact Assessment however it is recognised that the work programme will require Equality Impact Assessments to be undertaken.

### 6.0 RISK ASSESSMENT

The GP Premises Strategy does not contain an explicit risk assessment however the document does identify the key risks and these are detailed below:

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Strategic and operational
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
<b>Mitigating Actions (including timescales and resources )</b>	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.
<b>Residual Risk Level</b>	Likelihood 2x Impact 3 = 6 (Moderate Risk)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 2 = 2 (Low Risk)
<b>Approval recommendation</b>	Given the impact of the mitigating actions this risk is deemed to be manageable

<b>Risk 2 Description</b>	A lack of strategy may prevent good decision making when reviewing lease renewals for premises.
<b>Risk Category</b>	Strategic and operational
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources )	Agree action2 in the Strategy to enable rationalisation of premises and lease process to be prioritised.
<b>Residual Risk Level</b>	Likelihood 2x Impact 4 = 8 (High Risk)
<b>Planned Risk Level</b>	Likelihood 1x Impact 4 = 4 (Moderate Risk)
<b>Approval recommendation</b>	Given the impact of the mitigating actions this risk is deemed to be manageable

<b>Risk 2 Description</b>	A lack of 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.
<b>Risk Category</b>	Strategic and operational
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 3 = 9 (High Risk)
<b>Mitigating Actions</b> (including timescales and resources )	Clear vision for general practice, opportunities and clarity on risks and opportunities available to GP joining a Dundee practice
<b>Residual Risk Level</b>	Likelihood 2x Impact 3 = 6 (Moderate Risk)
<b>Planned Risk Level</b>	Likelihood 2x Impact 3 = 6 (Moderate Risk)
<b>Approval recommendation</b>	Given the impact of the mitigating actions this risk is deemed to be manageable

## 7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

The document was circulated to the following colleagues and groups for review and comment:

- Cluster Leads include GP Sub members 28 July 2022
- DHCSP Management Team 5 August 2022
- Primary Care & Infrastructure Plan Group 19 August 2022
- Property Strategy Short Working Life Group 23 August 2022
- Dundee HSCP Primary Care Clinical Management Team 19 August 2022

The work programme will include consultation with the citizens of Dundee.

## 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 The GP Premises Strategy provides the list of documents that have informed in – see page 32

Vicky Irons  
Chief Officer

DATE: 30 September 2022

### **REPORT AUTHORS**

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Only to be completed if a direction is required



## DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	
3	Date from which direction takes effect	
4	Direction to:	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	
6	Functions covered by direction	
7	Full text of direction	
8	Budget allocated by Integration Joint Board to carry out direction	
9	Performance monitoring arrangements	
10	Date direction will be reviewed	

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# **Dundee HSCP**

## **General Practice Premises Strategy**

**Date of document: 30 September 2022**

**Version: 1.0**

**Document Owner: Dr David Shaw, Clinical Director, DHSCP**

**Document Lead Author: Julia Martineau, Programme Manager, Primary Care DHSCP**

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# 1. EXECUTIVE SUMMARY

## 1.1. Introduction

The Dundee General Practice (GP) Premises Strategy is intended to provide:

- meaningful information on the current GP estate portfolio
- sign posting to future GP premise requirements
- key recommendations and next steps.

Dundee has 23 practices providing care to a population approaching 171,000 people.

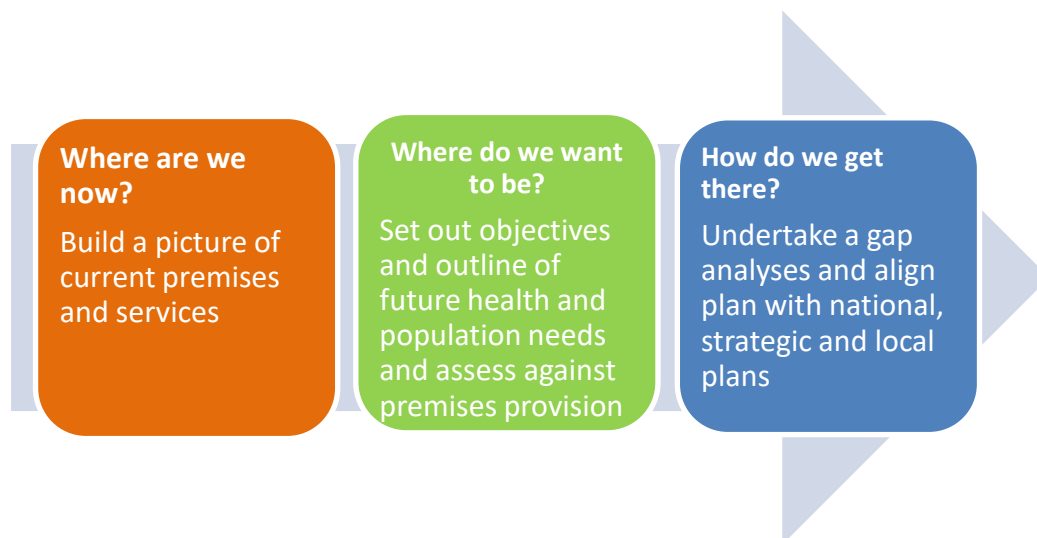
This Premises Strategy draws on a number of sources, details are included in the appendix. They are:

- National, regional and local visions
- National health care drivers
- GP contractual levers
- Dundee Health and Social Care Partnership (DHSCP) Primary Care Improvement Plan
- Population and health statistics for Dundee
- Dundee GP Practice survey responses

The scope of the strategy is GP premises. It excludes other premises providing primary care services.

## 1.2 Approach

This strategy will cover three questions:

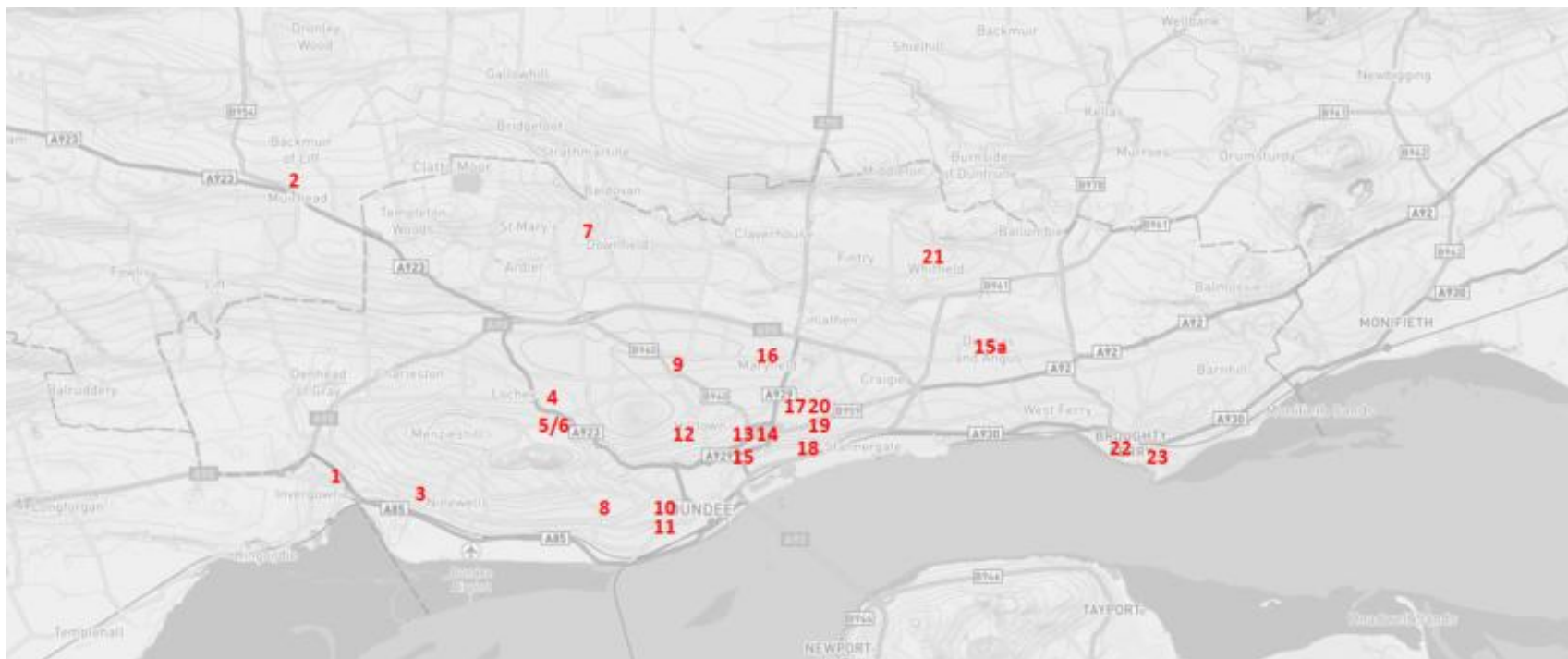


## 1.3 Summary

This document reviewed key directives and initiatives from central and local government and their impact upon general practice premises. In parallel, the findings of an online survey of Dundee practices reflected back from the front line both an agreement with the ambitions but also hurdles to deliver them. Four broad criteria have emerged on which to assess work programme priorities:

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

In order to progress the work, 13 recommendations are set out giving immediate and longer term actions to move this strategy to be action focused.



Practice	Cluster	List Size
1. Invergowrie Medical Centre	C3	1881
2. Muirhead Medical Centre	C4	8102
3. Westgate Medical Practice	C4	12944
4. Lochee Health Centre	C3	3965
5. Ancrum Medical Centre	C3	3613
6. Ancrum One	C3	4772
7. Downfield Surgery	C3	8502
8. Hawkhill Medical Centre	C4	11862

Practice	Cluster	List Size
9. Coldside Medical Practice	C3	9181
10. Taycourt Surgery	C4	9526
11. Nethergate Medical Centre	C4	7567
12. Hillbank Health Centre	C3	7934
13. Erskine Practice	C1	7689
14. Mill Practice	C1	8535
15. FMG – Wallacetown H.C	C1	9482
16. Maryfield Medical Centre	C1	6135

Practice	Cluster	List Size
17. Terra Nova	C1	6095
18. Princes Street	C2	8963
19. Taybank	C2	9404
20. Park Avenue	C1	4926
15a. FMG – Douglas (Branch)	C1	
21. Newfield Surgery	C1	4204
22. Grove Health Centre	C2	6075
23. Broughty Ferry H.C.	C2	9231

**Figure 1: Map Showing Dundee General Practices Locations**  
 Data from Public Health Scotland GP Workforce & Practice Pop April 2022  
 (note Ryehill dispersals from 01.07.22 are included where relevant)

## 2. WHERE ARE WE NOW?

### 2.1 Geographical Spread

There are 23 GP practices in Dundee. The geographical spread of GP practices across Dundee is uneven, with only 3 practices north of the Kingsway A90 road and a group of practices located within the Stobswell area. Please see map on page 5.

### 2.2 Clusters

The Dundee practices form 4 clusters and their geographical grouping across the city is illustrated below:

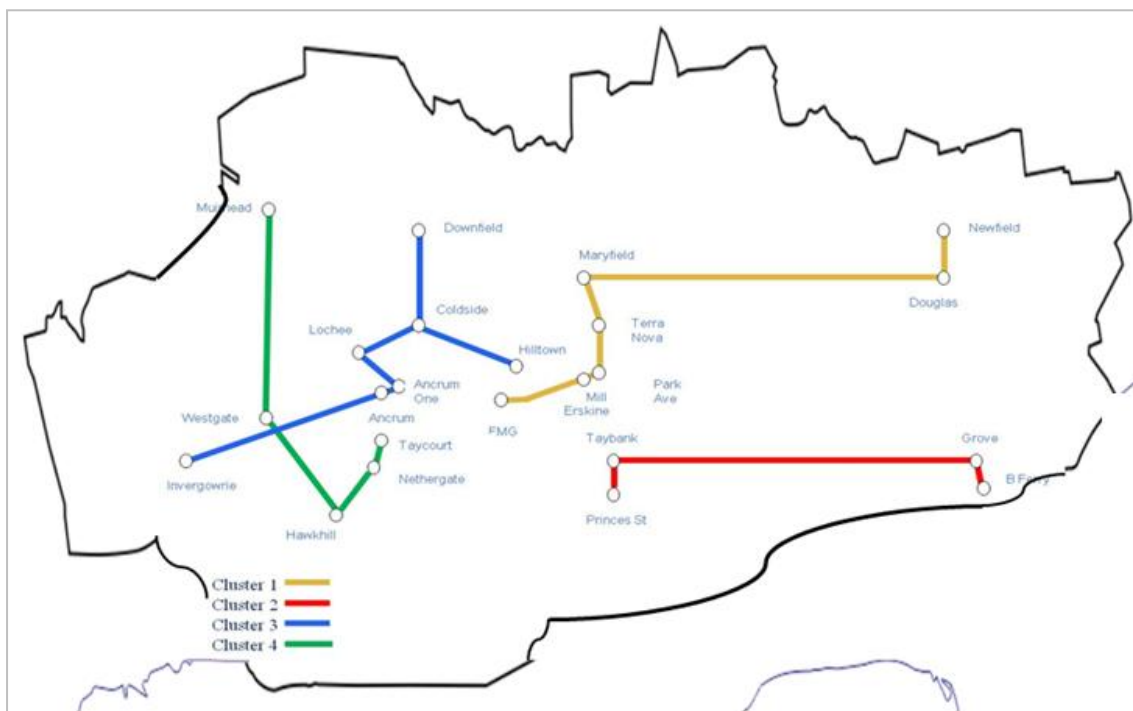


Figure 2

The 4 clusters vary in both list size and population characteristics as the charts below illustrate. This in turn impacts on the demands on services and the service provision.

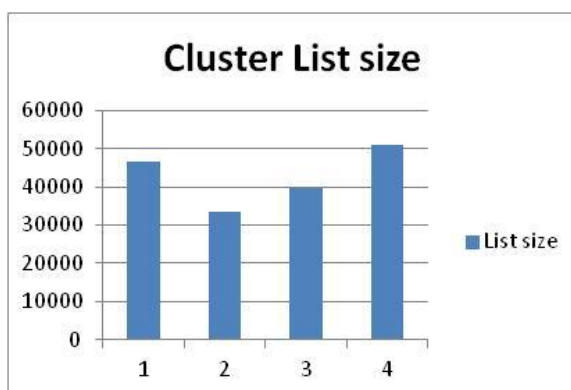


Figure 3

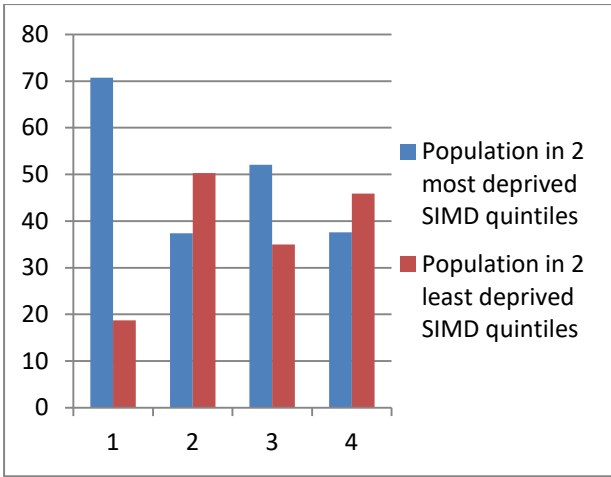


Figure 4

The graph below shows the % of each age cohort who are registered with a practice in each cluster. The demographics demonstrate further the differences between the clusters. Data is based on rates per 1000 practice population and was provided by Public Health Scotland.

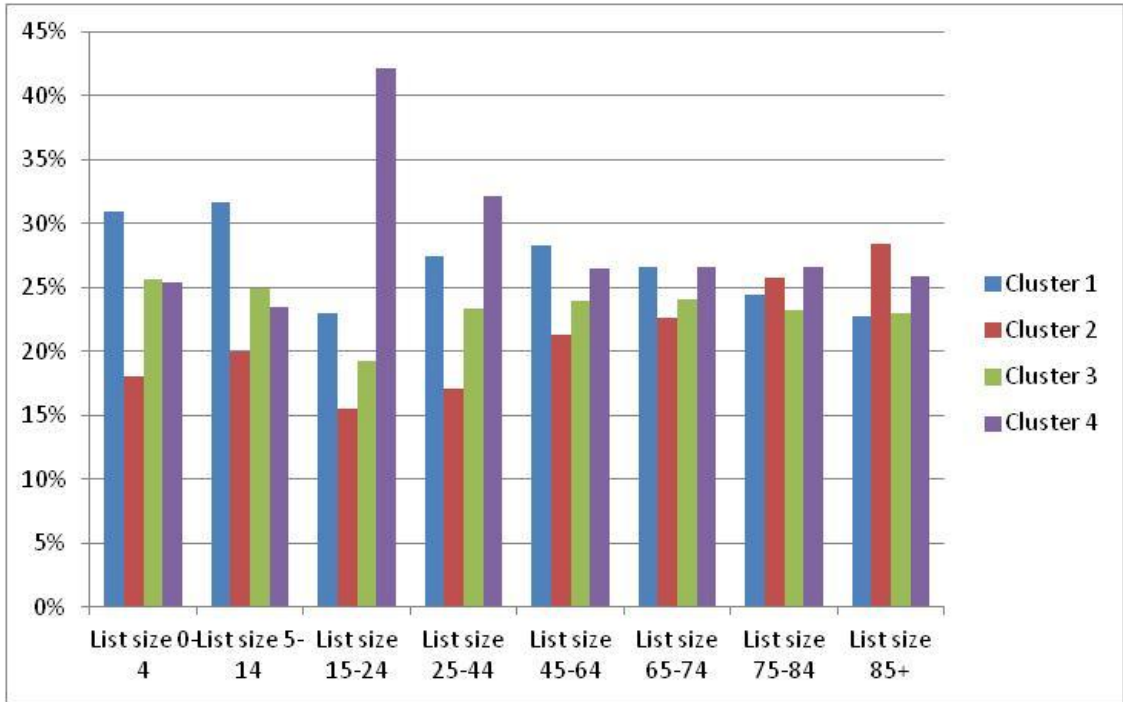


Figure 5

**2.3 Recent Practice History**

In the chart below the changes in general practice across Tayside are shown along a timeline. Analysis from GP Online in April 2022 found that small GP practices nationally have halved in number since 2015. Locally, we have seen Lochee and Maryfield practices moving to 2C status, meaning the practices are now operated by NHS Tayside. The remaining 21 practices are classed as 17J practices meaning they are GMS standard, nationally negotiated.



It is increasingly evident that smaller practices, those of <5000 patients, are becoming less viable. They tend to be single handed rather than partnership so lose the economies of scale of a larger partnership and are more challenging for those working in them as there is no one to share the load.

The closure of practices increases the patient number at the remaining, neighbouring practices. In Dundee, the Ryehill practice was the most recent closure on 30 June 2022.

Other mechanisms used by practices to help manage capacity are (i) Closing a list for the short term, for example, until a GP vacancy is filled and (ii) Changes to a practice boundary which restricts new patient registrations. Historically in Dundee, practice boundaries have been wide but practices have increasingly been reducing their boundary to help manage their practice list size and to reduce travel time for home visits.

The chart below shows the changes to practices across Tayside between 2004 and present day.

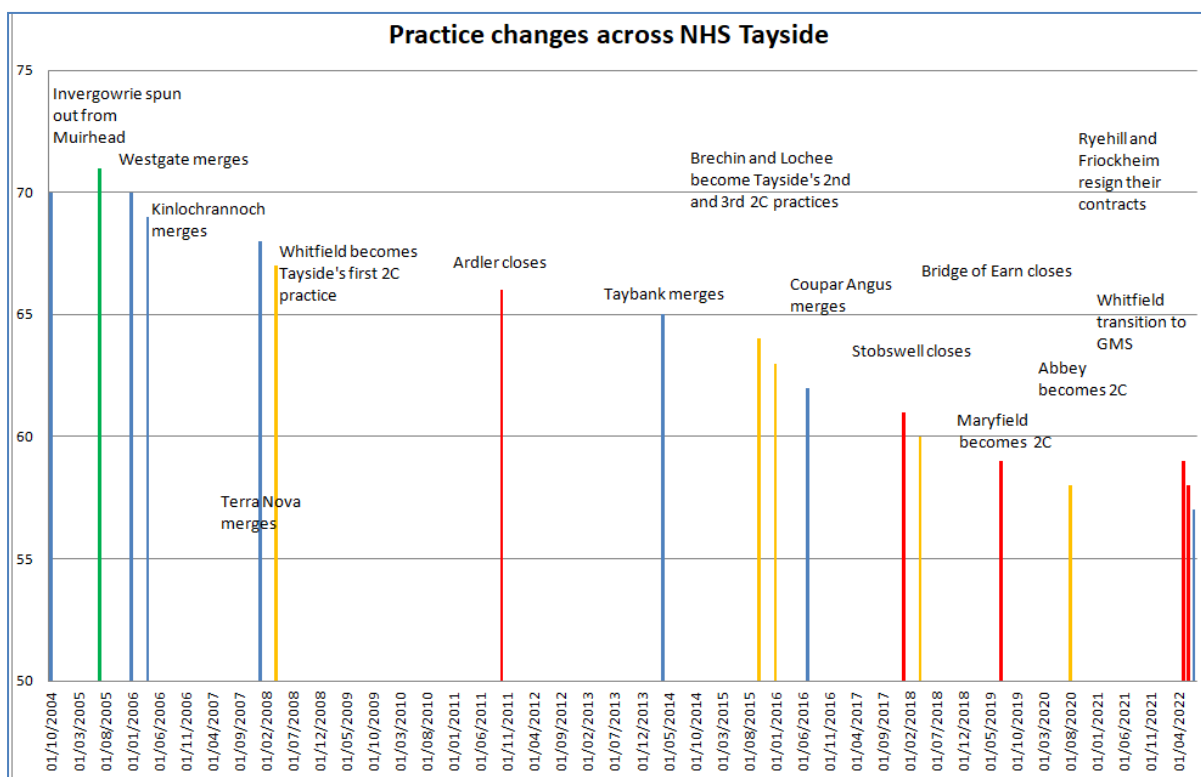


Figure 6

## 2.4 Practice Survey Results

A picture of Dundee GP premises is provided by the results of an online survey undertaken in June 2022. Please click link for a copy of the [Dundee GP Premises Survey](#) or see Appendix 1.

All 23 practices in Dundee responded and the results are shared below.

- a. 15 of the 23 practices are based within purpose built facilities.
- b. The Practice responses to questions about space availability and suitability at their premises are shown in the pie charts below:

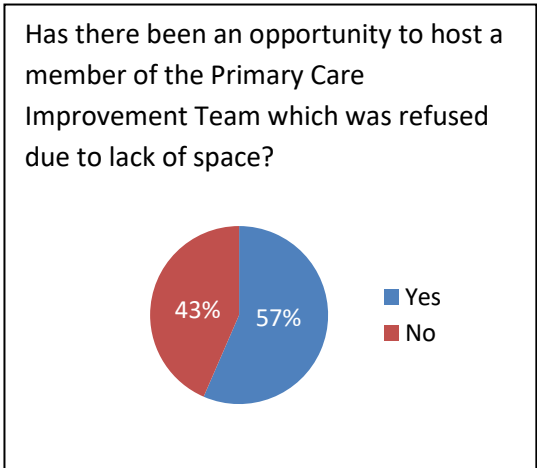
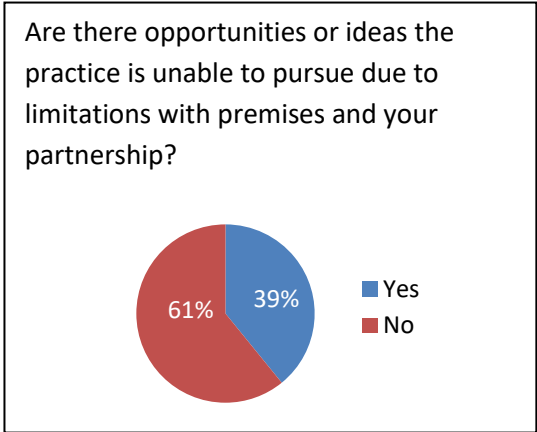
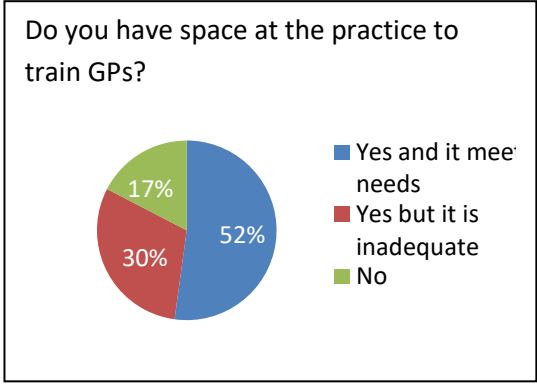
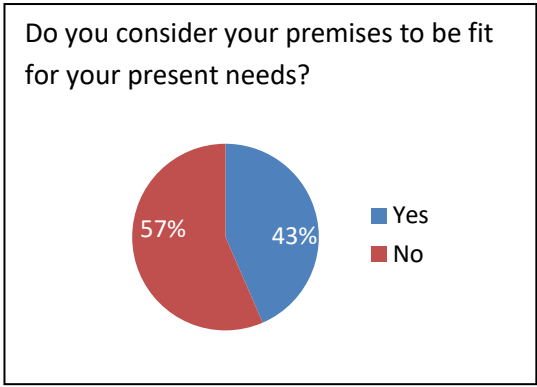


Figure 7

- c. Where practices said yes a member of the PCIP (Primary Care Improvement Plan) team was refused due to lack of space at the practice they were asked to say which PCIP members.

Practices were able to select more than one member type. The graph below shows there were a total of 15 missed opportunities to move forward with the PCIP work programme.

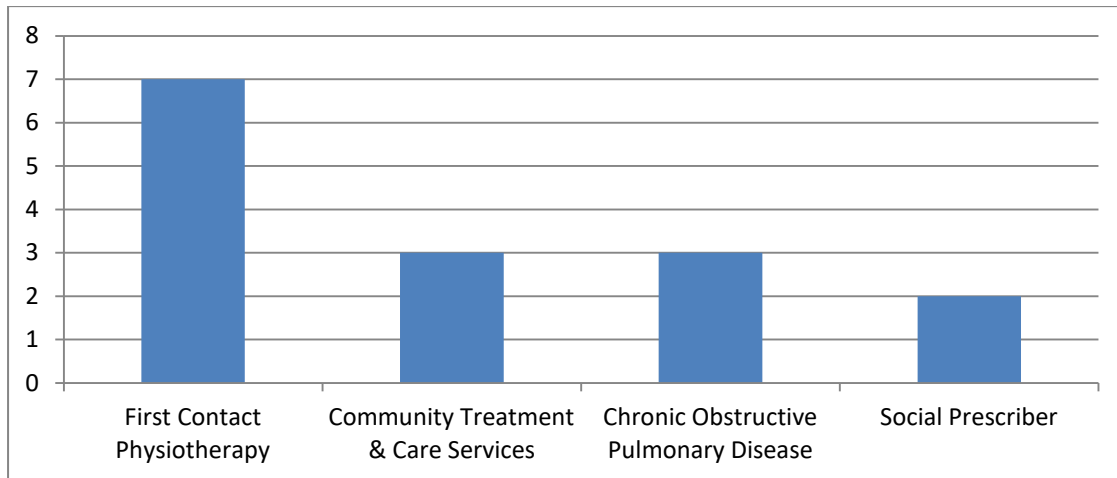


Figure 8

d. Practices were asked about modifications needed to their premises now. Practices were able to select more than one modification and the results are shared in the graph below:

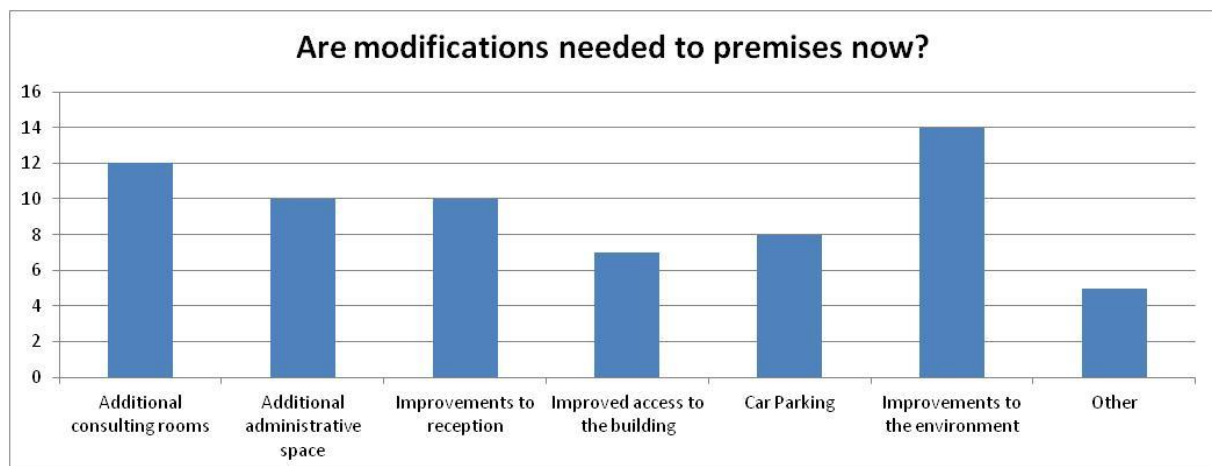


Figure 9

e. The pie chart below shows the practice tenure type with 74% of Dundee practices still owned or leased by GPs.

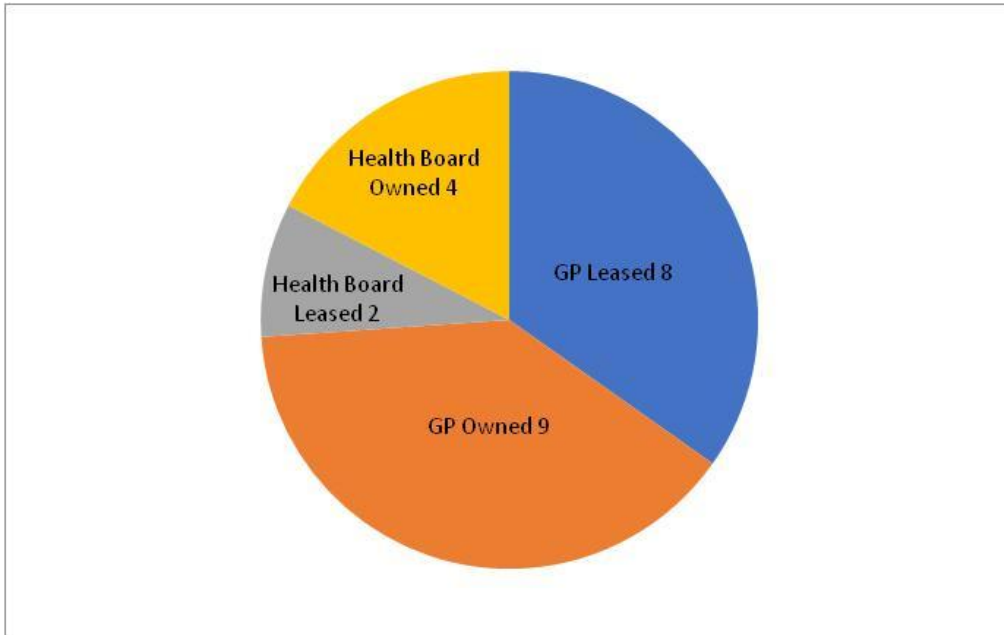


Figure 10

f. The graph below shows the leases due to expire up to 2036.

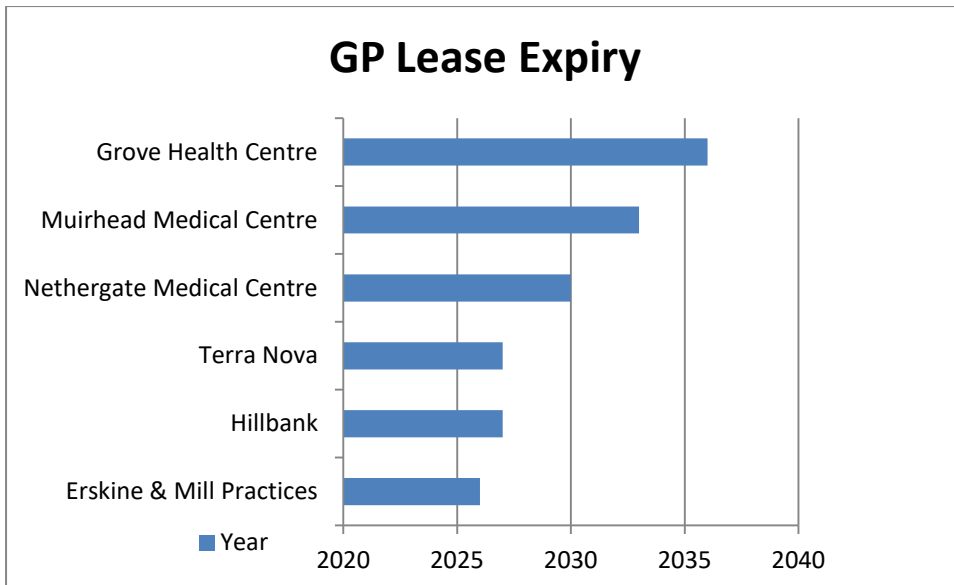


Figure 11

**Loans** – Two practices have GP sustainability loans from the GP sustainability loan scheme agreed in principle. These are free secure loans to support the transition to a model where GP contractors are no longer required to provide their premises and NHS Tayside take on responsibility. As set out in the National Code of Practice for GP Premises (30 Aug 2018), “no GP contractor will need to enter a lease with a private landlord. Health Boards will, over the course of the next fifteen years, take on the responsibility for negotiating and entering into leases with private landlords and the subsequent

obligations for maintaining the premises from GP contractors who no longer want to lease privately”.

**Modifications** - Practices were asked in what year was the last modification or extension to their premises. Three practices did not give a year, but for those who responded, the number of responses by practice and by year-band is shown below. The data suggests 6 practices have not had any work done in over 12 years. This result chimes with an earlier Dundee Survey in April 2022 which found 11 practices reported significant work was needed including workspace requirements.

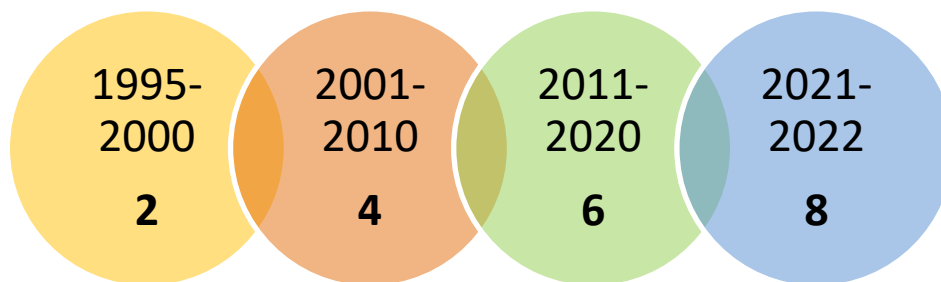


Figure 12

6 practices had successfully applied for grants, relating to the practice building or infrastructure in the preceding 3 years.

## 2.5 Other Factors

### 2.5.1 General Practice Workforce

The GP Workforce and Practice List Sizes (Dec 2021) provides the national picture and the change to workforce has an impact on the premises strategy.

- i) Ageing workforce: Nationally around one-third of GPs are aged 50 years and over, suggesting the move to multidisciplinary teams must continue at pace and this will include a requirement for premises space to enable it.

The chart shows % of All GPs aged 50+ years between 2011 and 2021

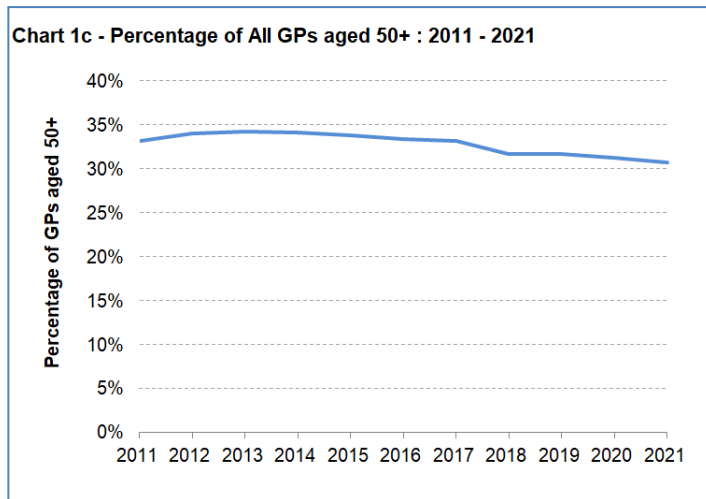


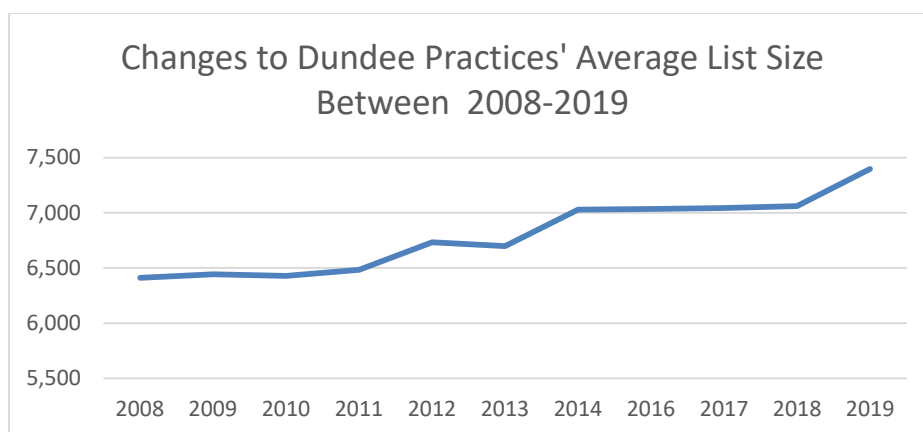
Figure 13: Source: PHS General Practice GP Workforce & List Sizes

The national result is reflected locally with a Dundee HSCP survey undertaken in November 2021 which found 22% of Dundee practices have two or more GP partners over 55 years old.

- ii) The practice nurse workforce is also an ageing population. Data from Public Health 2017 showed all Dundee practice nursing staff falling within the age range 45-54 years meaning those still in post will also be over 50 years of age. The practice nurse role is increasingly important in enabling general practice to provide services as reflected in the Health & Care Experience Survey 2021/22 which reports a 4% increase in respondents who said they received most of their treatment or advice from a nurse.

The same Public Health data showed a younger age profile for Health Care Support Workers who were all aged under 45 years.

- iii) Fewer Practices: The number of practices in Scotland is decreasing. In Dundee 2 practices have closed within the past 5 years. The transfer of patients to remaining practices puts further strain on practices that already have insufficient capacity and space.
- iv) Increasing Demand: The chart below shows the list size for Dundee practices has increased year on year between 2008 and 2019.



Source: PHS General Practice GP Workforce & List Sizes

Figure 14

v)

Changing list sizes

The table below shows list size changes by practice between 2004 and 2022, with a net change of an additional 6,663 patients.

Practice	2004	2022	Difference
Downfield Surgery	6426	8502	2076
Westgate Medical Practice***	10925	12944	2019
Tay Court Surgery	7784	9526	1742
Grove Health Centre	5452	7065	1613
Princes Street Surgery	7675	8963	1288
Muirhead Medical Centre	7047	8102	1055
Newfield Surgery*	3189	4204	1015
Erskine Practice	6776	7689	913
Invergowrie Medical Practice**	1146	1881	735
Ancrum One	4066	4774	708
Coldside Medical Practice	8514	9181	667
Hawkhill Medical Centre	11075	11682	607
Broughty Family Healthcare	8706	9231	525
Ancrum Medical Centre	3212	3613	401
Park Avenue Medical Centre	5043	4926	-117
Mill Practice	8752	8535	-217
Family Medical Group	9704	9485	-219
Hillbank Health Centre	8304	7934	-370
Terra Nova Medical Practice**	6726	6095	-631
Lochee	4872	3695	-1177
Nethergate Medical Centre	8973	7567	-1406
Maryfield Medical Centre	7984	6135	-1849
Taybank Medical Centre	9119	6404	-2715
<b>Net Change</b>			<b>6663</b>

Figure 15

- vi) New ways of working: The changing face of the GP workforce includes an increase in salaried GPs as shown in the headcount by GP designation graph below. This change has implications for premises in terms of the ownership of GP premises buildings and the risk to NHS Tayside in terms of financial costs.

The chart shows national headcount of GPs in post by designation between 2011 and 2021

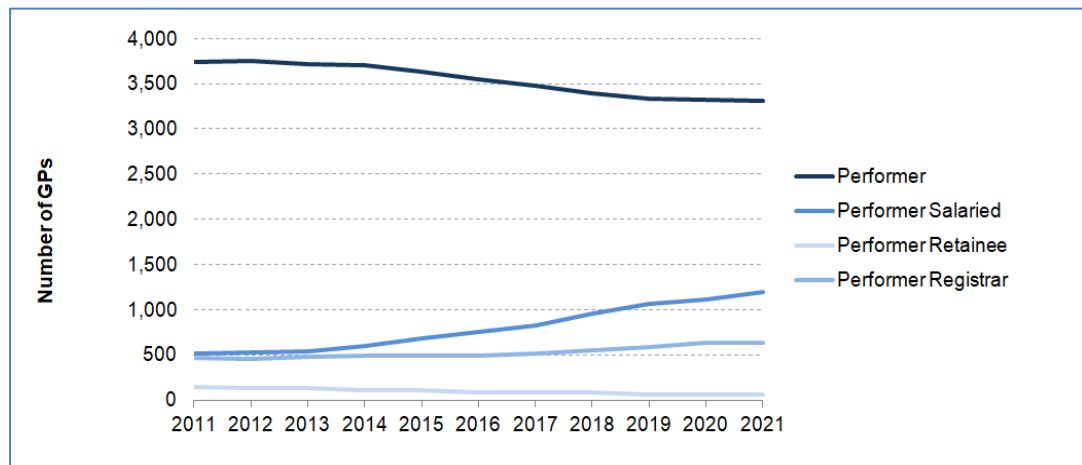


Figure 16 Source: PHS General Practice GP Workforce & List Sizes

- vii) New ways to deliver services: Other changes to the delivery of health care include: An increase in auxiliary services provided by non GP colleagues, for example the delivery of some PCIP services.

There are also changes to the mode of consultation which is being driven by a number of factors including technology, patients and clinicians and the impact of the Covid-19 pandemic. The latter linked to an increase in hybrid consultations (telephone, virtual and face to face). Conversely, these changes to consultation mode enable more remote-based solutions and opportunity to use clerical rather than clinical spaces.

- viii) Digital Consultations: The Near Me Tayside Group Short Life Working Group reviewed the use of Near Me technology across Primary Care in Dundee. The group is encouraging the use of Near Me Video Consultations as a further option in the choice of consultation types offered to patients. As the graph shows, whilst this is a valuable consultation tool in certain settings, it appears not to be widely used in Dundee. There is decline in use as Covid-19 restrictions have lifted. Further exploration into increasing uptake within targeted populations such as students may be a useful next step.



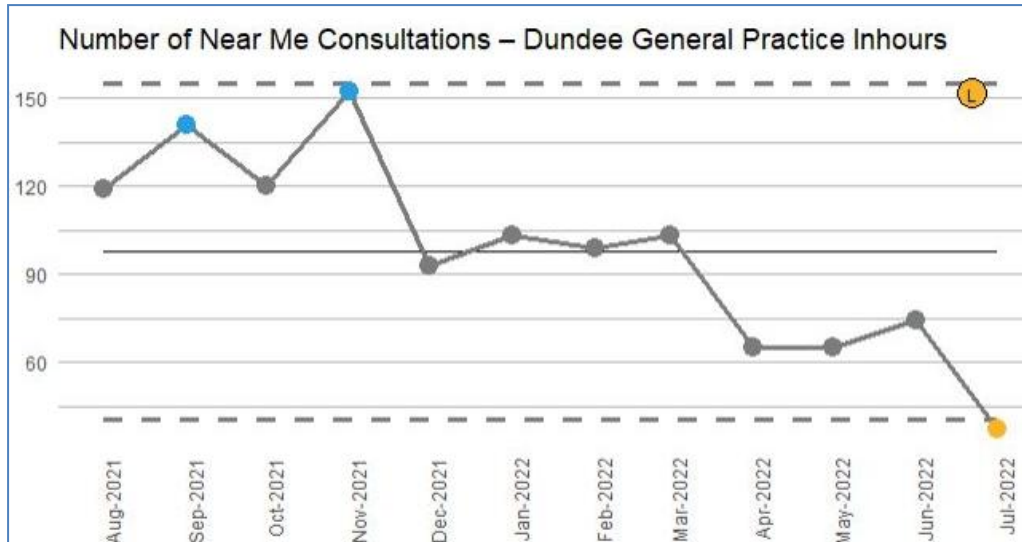
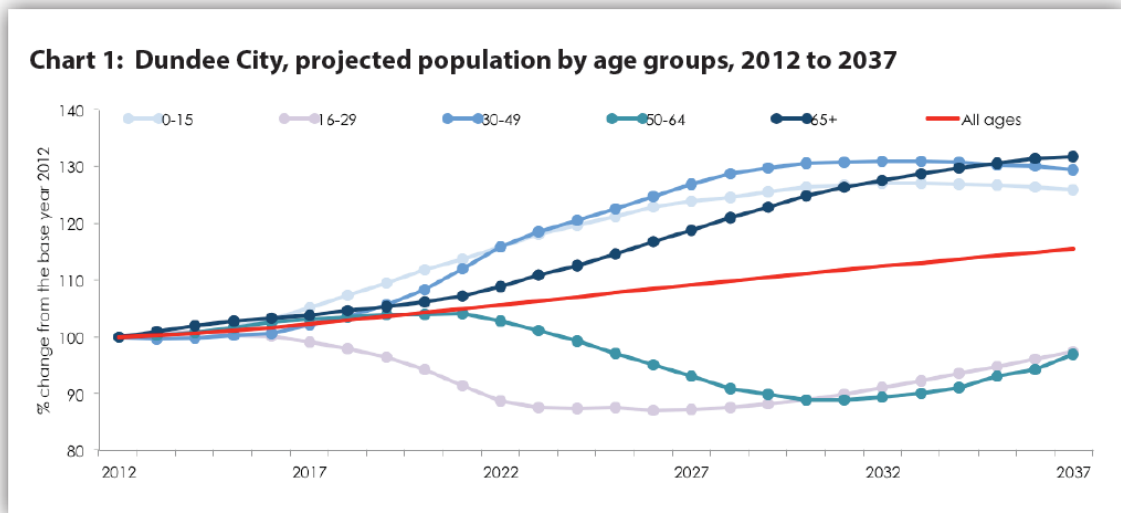


Figure 17

## 2.6 Dundee Population

### 2.6.1 Age Profile

The chart below shows the projected population over the years to 2037, due to both in-migration and increased life expectancy. As the population ages, there is an expectation of an increase of 45% in the population aged over 75 years by 2037. (SNA Data)

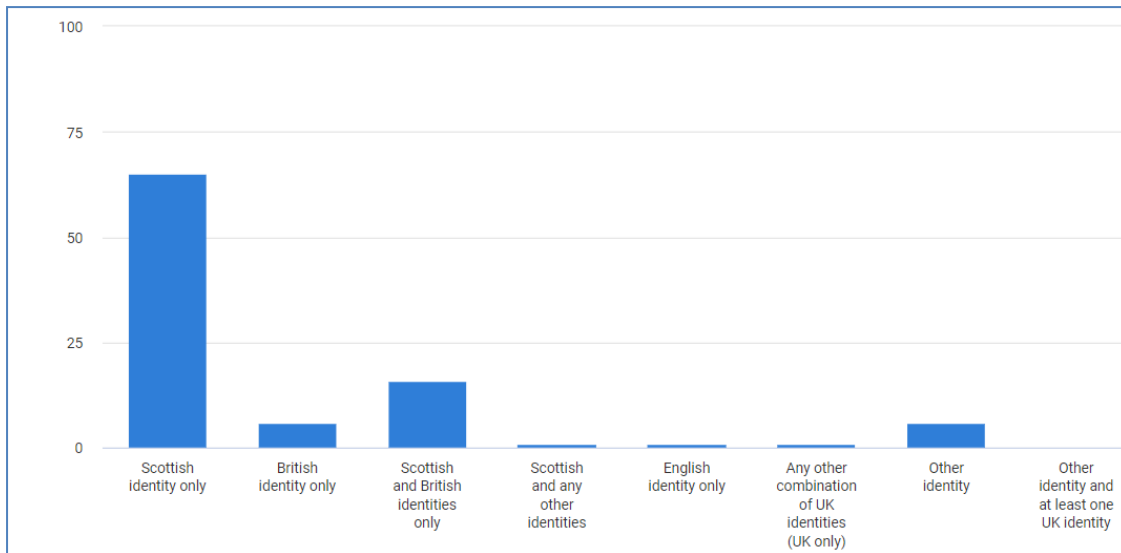


Source: NRS Mid Year Population Estimates

Figure 18

### 2.6.2 Ethnicity

The chart below shows the ethnic minority breakdown for Dundee in 2011:



Source: <https://www.scotlandscensus.gov.uk>

Figure 19

### 2.6.3 Population Spread

The graph below shows the number of people in each area as at June 2020 (source Public Health Scotland).

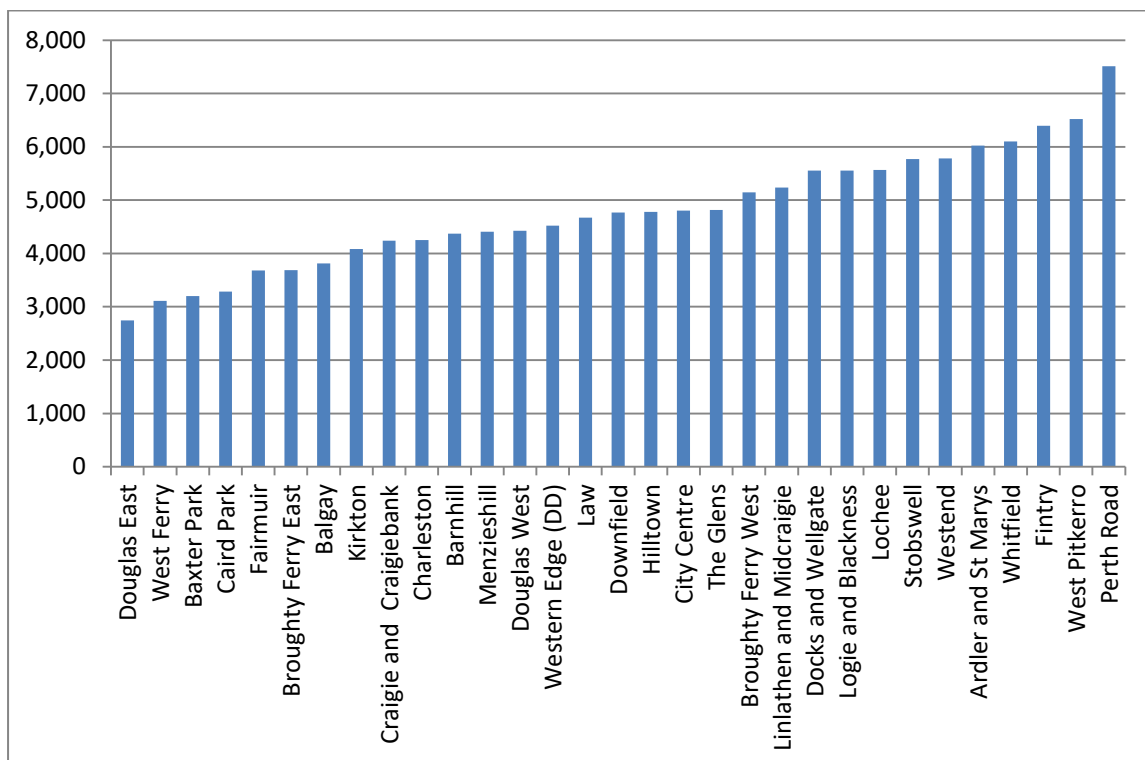


Figure 20

Place of residence: There are approximately 171,000 patients registered with a Dundee GP Practice and 90% of patients registered reside in Dundee with the majority of the remaining patients (>9%)

living in either Angus or Perth & Kinross. The approximate breakdown is provided by Public Health below using 2018 GP practice populations by postcode.

Patients Registered with Dundee GP Practice	Patients place of residence
10734	Angus
154795	Dundee City
12	Fife
5811	Perth & Kinross
271	Other/Unknown
171623	Total

## 2.7 Dundee Health

### 2.7.1 Long term Conditions

The DHSCP Strategic Needs Assessment (SNA) highlights that long term conditions prevalence is higher in Dundee compared with Scotland and the prevalence of 4 long term conditions (cancer, diabetes, depression and asthma) has increased.

Add to that, the data from the SNA shows the numbers of people on registers by cluster. Although clusters vary in population size, it combines to paint a picture of long term condition need and where particular services are needed most.

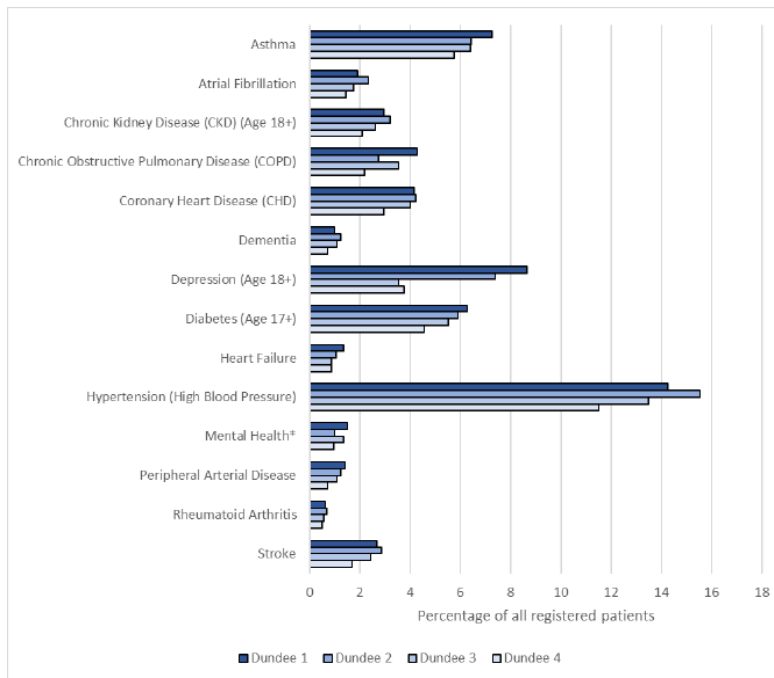
**Figure 45: Numbers of people on GP practice cluster registers for selected long-term conditions**

	Dundee 1	Dundee 2	Dundee 3	Dundee 4
Asthma	3,385	2,126	2,531	3,037
Atrial Fibrillation	896	773	693	770
Coronary Heart Disease (CHD)	1,947	1,394	1,588	1,564
Chronic Kidney Disease (CKD) (Age 18+)	1,378	1,058	1,037	1,105
Chronic Obstructive Pulmonary Disease (COPD)	1,991	903	1,405	1,156
Dementia	464	410	430	375
Depression (Age 18+)	4,032	2,444	1,397	1,977
Diabetes (Age 17+)	2,933	1,953	2,177	2,405
Heart Failure	639	347	344	451
Hypertension (High Blood Pressure)	6,658	5,143	5,343	6,073
Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.	703	325	533	499
Peripheral Arterial Disease	660	403	424	370
Rheumatoid Arthritis	290	220	216	256
Stroke	1,243	949	959	892

Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019<sup>9</sup>)

Figure 21

The SNA provides data on numbers of people on GP practice cluster disease registers, as a percentage of all registered patients. The results are shared in the chart below with hypertension, diabetes, depression and asthma the leading diseases.



\*Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.  
 Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019<sup>8</sup>)

Figure 22

### 2.7.2 Dundee Deaths

The Scottish Public Health Observatory is a collaboration led by Public Health Scotland providing a picture of the Scottish population health. The graph below shows deaths at all ages for Dundee compared with Scotland average (the red line) and highlights 9 areas (left hand side, orange bars) that are worse than Scotland with Western Edge (right hand side, blue bar) above the Scotland average.

## Deaths all ages

Intermediate zones compared against Scotland - 2018-2020

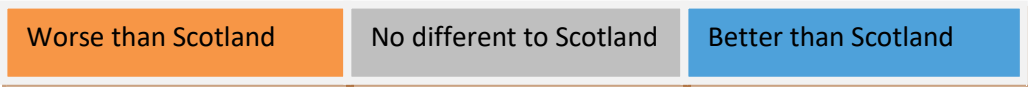
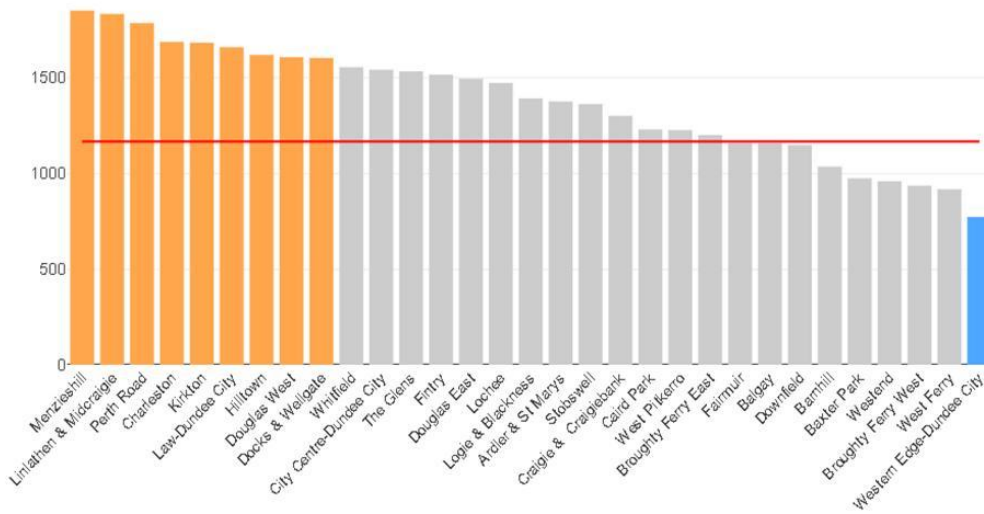


Figure 23

## 2.8 Inequality

### 2.8.1 Ageing Population

The Dundee population is ageing but, as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. These patients have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country. In Dundee there are 188 SIMD data zones of which 70 are ranked within the 20% most deprived in Scotland. (Source SNA).

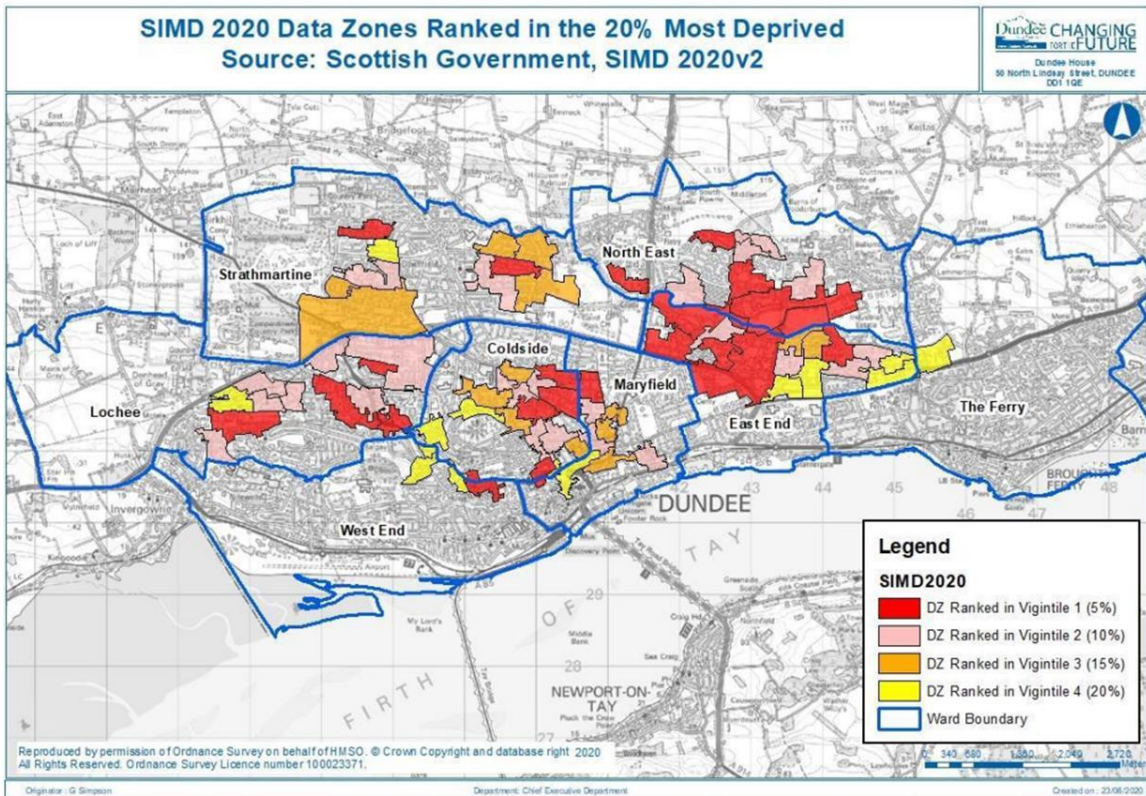


Figure 24

### 2.8.2 Wards/LCPPs

Local Community Planning Partnerships (LCPPs) have been established in each of the 8 Wards in Dundee and there is variation within those LCPP areas:

- Only 3 of the 8 LCPP areas have lower rates than Scotland as a whole for people aged 16-64 who have one or more health condition.
- Only 1 of the 8 LCPP areas has lower rates than Scotland as a whole for people aged 65+ who have one or more health condition.

### 2.8.3 Deprivation

The Strategic Needs Assessment (SNA) noted the East End and Lochee are the LCPP areas with the highest levels of deprivation and have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland.

Data from the Scottish Public Health Observatory (ScotPHO) shows those areas that have the highest income deprivation together with the Scottish average. (Figure 25 below)

## Population income deprived

Intermediate zones compared against Scotland - 2017

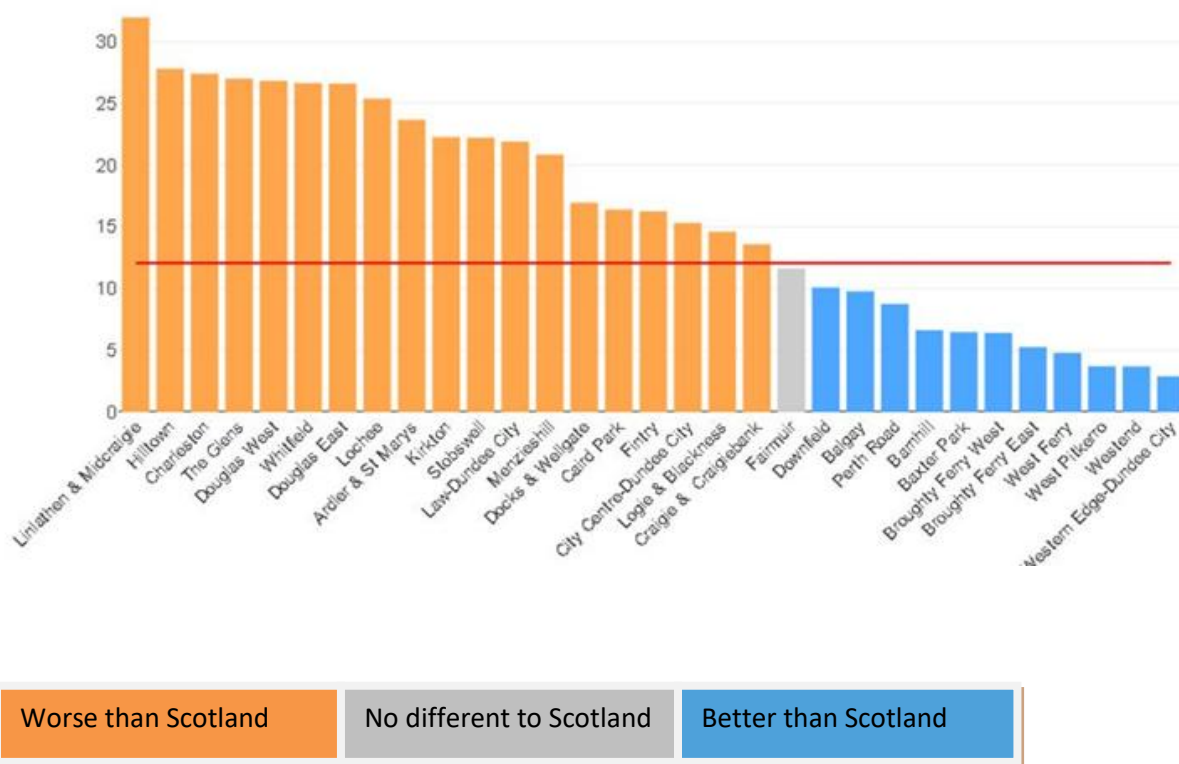


Figure 25

The current picture for Dundee premises from the recent premises survey highlights many are not fit for purpose and is impacting on opportunities for change or innovation. There is need for remedial work to improve the space available and the amenity. This is compounded by increasing demand on services, by the closures of neighbouring practices and an increasingly older population with greater health needs. Premises also impacts on GP recruitment and retention as the profession seeks freedom from premises liability.

## 2.9 Engage Dundee

Engage Dundee 2021 was an opportunity for the people of Dundee to tell us about what is important to them. The survey yields some great insights and included asking respondents “Do you agree that you can access support, information and services where you live about your physical health and well being?”. As the table shows the 825 respondents reflected significant differences in experience which should be taken into account as part of premises decision making.

Ward	% of respondents from that ward
Coldside	74.5%
East End	67.5%
Lochee	55.0%
Maryfield	78.7%
North East	56.7%



Strathmartine	61.2%
The Ferry	No data
West End	84.4%

### 3. WHERE DO WE WANT TO BE?

In this section, the national, regional and local drivers are set out. It is important to draw together the various perspectives and ambitions as part of developing a community focused response to health, care and social needs.

#### 3.1 THE NATIONAL PICTURE

We are seeing significant change to the way general practice services are delivered, including services, workforce and premises and also the programme of work for general practice is set at a national level.

The key documents, setting out the national drivers on where we want to be are:

##### **National Clinical Strategy for Scotland 2016**

The vision for health and social care services in Scotland up to 2030 includes *‘planning and delivery of primary care services around individual communities’*.

##### **General Medical Services (GMS) Contract in Scotland 2018 (BMA / Scottish Government)**

This GMS contract ‘underpins a new distinctively Scottish Medical Services contract’ as it recognises that general practice is *‘essentially a collaborative endeavour’* with ‘multidisciplinary teams required to deliver effective care’. The refocusing of the GP role as expert medical generalists builds on core strengths of general practice. This will mean tasks currently done by the GP can be carried out by members of the wider primary care team. The contract delivery is underpinned by a Memorandum of Understanding, now in its second iteration, which runs until 31 March 2023.

##### **National Code of Practice for GP Premises 2018 (BMA/ Scottish Government)**

Alongside the move to multidisciplinary teams, the National Code recommends moving general practice towards a service model that does not require GPs to own their premises. To support this transition, the Scottish Government has established *GP Premises Sustainability Funding to assist* those who no longer wish to own or lease premises themselves. It is anticipated this will remove a significant barrier to GP recruitment.

##### **Primary Care Improvement Plans (PCIP)**

Building on both the Contract and the Code, the Scottish Government refocused the GP role as *expert medical generalists*, with general practice at the heart of the healthcare system where *multidisciplinary teams* come together to inform, empower and deliver services in communities for those people in need of care.

To make the vision a reality, and to support the role of the GP, Integration Authorities have a statutory role in commissioning primary care services and service redesign that will deliver the primary care improvement plan with its *six priority services*:

1. Vaccination Transformation Programme



2. Pharmacotherapy
3. Community Treatment and Care Services (CTAC)
4. Urgent Care
5. Additional Professional Roles (eg First Contact Physiotherapy and Mental Health & Well Being)
6. Community Link Workers

Other national policies steer the direction; for example, the six Public Health Priorities (2018) which can shine a light on the Scottish Government direction of travel; for example, the vision set out for Housing to 2040.

## 3.2 ACROSS TAYSIDE

### Tay Strategic Plan 2016-2036

NHS Tayside has set out its response to the national vision with the TAYplan Strategic Plan 2016-2036. This plan, reviewed every 4 years, centres on place and how quality of place is really important for people's quality of life. It states '*community, healthcare, education and sporting facilities are best located at the heart of the communities they serve*'. The plan mentions Dundee's target of 480 new homes per year. Based on an occupation of 2.16 people per house, that is an additional 1036 people per year.

### NHS Tayside Asset Management Update 2020 to 2030

The Asset Plan for Tayside sets out the *current state of primary care premises*, noting the required areas of change are:

- The sustainability of the number of practices
- The anticipated demand to assign leases and properties to the Board
- The significant number of services housed in poor/aged/inappropriate accommodation
- The likely demand for growth to be accommodated in practice with already high demand.

## 3.3 WITHIN DUNDEE

At a local level, the HSCP believes that by working together across organisations the population of Dundee city can be healthier, with fewer inequalities and able to provide high quality, cost effective services that align with the needs of the city's population. This includes moving to a locality based model, where general practice is part of a wider health and social care eco system providing care to members of its community. The details are set out in the Dundee Health & Social Care Partnership Strategic and Commissioning Plan 2019-2022 and extension 2022-2023.

For example, Newfield, Lochee and Invergowrie provide future models of health care provision as they move to a gradual rebalance of care provision that is local to patients, is community focused and is a multi agency approach making the practice at the heart of the community. The services should provide everyone with a good experience, of feeling supported by services that meet both mental and physical needs and act responsibly with the funding available.

The table below shows the areas in metres<sup>2</sup> of each practice, based on the District Valuer's 2018 table top exercise on behalf of the Scottish Government. It gives an overall square meterage based on DV assessment for rent reimbursement purposes. NHS Tayside expenditure on premises is said

to be higher than other areas however this is anecdotal and should be viewed with caution for a number of reasons:

- The floor area may not reflect clinical space.
- There may be a difference between the GMS footprint and the size of the building.
- It may include a branch surgery.
- It may include a large reception waiting area or be a building with lots of corridors.

It is also worth reiterating that with more services looking to move to primary care and increasing multi-disciplinary working, a key enabler will be GP premises that have fit for purpose space. These services include:

Link working: At present 2 practices remain unable to provide space for a Social Prescriber Link Worker.

ii) The PALMS (Patient Assessment and Liaison Mental Health Service) is currently recruiting into posts and anticipates a PALMS clinician in every practice by October 2022 but space is anticipated to be a restriction.

iii) Community Treatment and Care clinics are held across a number of practices and also within the MacKinnon Centre, Ardler Community Centre and Ryehill.

Practice	M <sup>2</sup> (see note)	List Size 2022	M2 per patient
Ancrum Medical Centre - 1	298	3613	0.08
Ancrum Medical Centre - 2	298	4774	0.06
Arthursstone - Erskine Practice	660	7689	0.09
Arthursstone – The Mill Practice	616	8535	0.07
Broughty Ferry Health Centre	486	9231	0.05
Coldside Medical Practice	398	9181	0.04
Downfield Surgery	559	8502	0.07
Grove Health Centre	622	6075	0.10
Hawkhill Medical Centre	964	11862	0.08
Hillbank Health Centre	870	7934	0.11
Invergowrie Medical Practice	76	1881	0.04
Lochee Health Centre	364	3695	0.10
Maryfield Medical Centre	810	6135	0.13
Muirhead Medical Centre	325	8102	0.04
Nethergate Medical Centre	568	7567	0.08
Newfield Medical Practice	137	4204	0.03
Park Avenue Medical Centre	230	4926	0.05
Princes Street Surgery	376	8963	0.04
Tay Court Surgery	267	9526	0.03
Taybank Medical Centre	780	6404	0.12
Terra Nova Group Practice LLP	497	6095	0.08
Wallacetown Health Centre	356	9485	0.04
West Gate Health Centre	785	12944	0.06
Note: PCS have only 2018 desk top exercise by District Valuer for			

Dundee's Joint Integration Board has set out Dundee's broad strategic priorities, and key areas of focus and delivery. These being a response to factors including Dundee's '*low life expectancy, too many people living in deprivation and the health equality gaps between communities*'.

There are 4 key priority areas:

1. Health inequality
2. Early intervention and prevention
3. Localities and engaging with communities
4. Models of support/pathways of care.

The plan includes recognition of *changing patterns of demand* for health and social care including:

- The proportion of over 75 years in Dundee – who tend to be the highest users of health and social care services – will increase significantly.
- The continuing shift in the pattern of illness towards long term conditions, particularly the growing numbers of older people with multiple conditions and complex needs such as dementia.
- An enhanced focus on population wide public health responses to health and wellbeing issues such as obesity, mental health and those with drug use problems.
- Every person and family to have access to enhanced community based provision.

### **Dundee Primary Care Improvement Plan (PCIP) 2021-2022**

The Dundee PCIP takes the six priority areas in the national PCIP and for each area there is a Lead Officer assigned with delivery and managing the risks and issues. It notes *the lack of space within general practice* which impacts on the ability to host First Contact Physiotherapy services, mental health staff and CTAC services. This was reflected in the Practice Survey. It also references an ambition to develop this document to provide a Dundee Primary Care Premises Strategy and to recognise the importance of practice boundaries, and how practices, clusters and teams will link.

### **Dundee City Plan 2017-2026**

Dundee's City Plan is a key part of the premises jigsaw as here the wider economic, environmental and social aspirations for Dundee are captured. It strengthens the case for Dundee's priorities to be a focus on *health inequalities and person centred care*. It also includes an ambition to modernise primary care services with a specific focus on general practice. The city plan supports the Partnership's objective to move towards a property estate of *co-location of general practice with other health and social care professionals* in order to improve integrated care.

Dundee's Climate Action Plan (2019) has set a pathway of transition to a net-zero and climate resilient future by 2045. This will be supported through the provision of community servicing GP premises enabling residents to live within a smaller carbon footprint.

Dundee's City Centre Strategic Investment Plan 2020-2050 includes ambitions around doubling the city centre residential population and exploring activities to ensure more services and facilities are introduced to the city centre including GP, dentists, and psychiatric services. This will contribute to an increase in the footfall which is a consideration for the city centre located practices.

## Finance

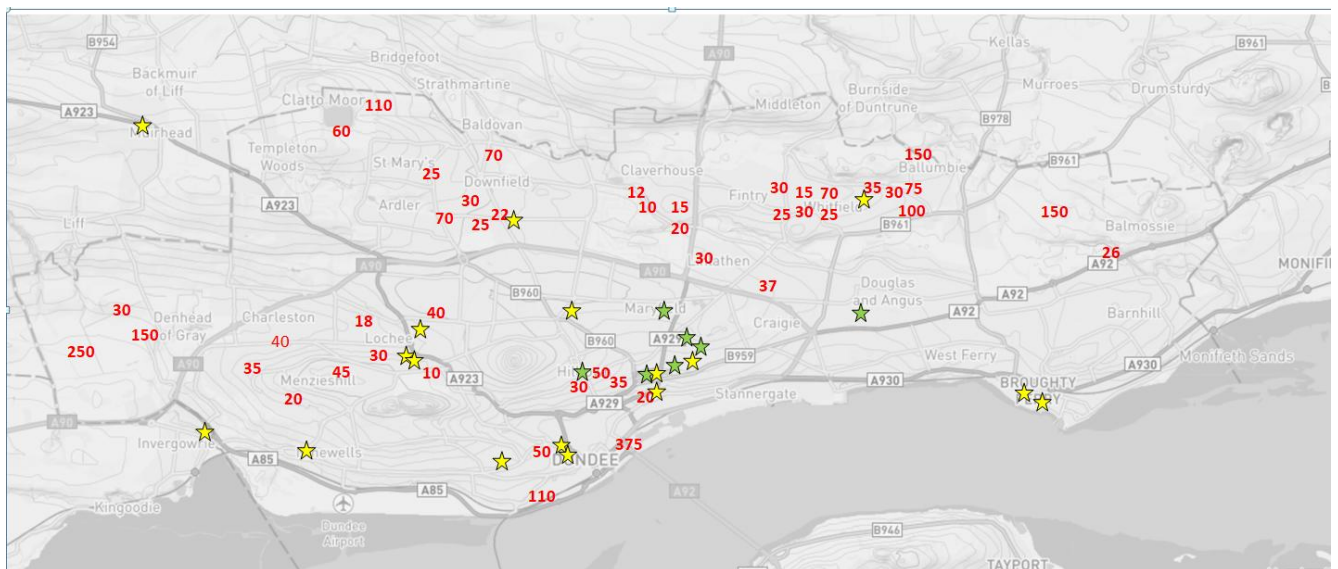
NHS Tayside Performance and Resources Committee receive regular reports on property strategy progress, finance and performance. This GP Premises property strategy must align with the Tayside-wide strategy and its ambitions. It must also support the delivery of key financial targets.

## Dundee Housing

Using information from the Dundee Strategic Housing Investment Plan 2019-2024, the map below shows the new housing planned for Dundee in relation to general practice locations. The boundaries between NHS and Council services are not coterminous.

The Tay Strategic Plan identifies the regeneration/priority areas as:

Hilltown            Whitfield  
Lochee             Mill O’Mains



★	Practices without space issues in 2022
★	Practices with space issues in 2022
00	Number of houses planned to be built

Figure 26

## Workforce Recruitment and Retention

Challenges and ambitions outlined in workforce strategies, including Dundee Council’s Our People and Workforce Strategy 2019-2022, provide the basis for exploring what the premises requirements are for staff groups and teams. The GP premises strategy to be linked in to this ongoing work.

## Environment Policy

The city-wide Sustainable Energy and Climate Action Plan promotes sustainable ways of working and the reduction of carbon emissions. For example, to increase the number of electric car charging points and from 30 May 2024, vehicles not meeting the low emissions zone (LEZ) standards will be excluded from the city area within the A991 Inner Ring Road.

## Stakeholder Engagement

**Workforce:** Capturing the primary care health team’s view of the quality of their environment may be useful for a practice to do. An assessment of existing premises to include circulation of space, staff areas, building efficiency, health and safety including slips and trips etc can be done using a tool such as <https://www.sehd.scot.nhs.uk/gpweb/1/index1.html>.

**Patients:** This Strategy does not include the service user perspective and this is a key recommendation.

## 4. HOW DO WE GET THERE?

This strategy sets out the ambitions for Dundee health and social care provision to develop premises that enable and support health and social care services that are the focal point within a community. This will enable residents in Dundee to access the services they need within their own community. The causes of poor health largely lie outside the health system but equitable access to health care is vital. Any reshaping of services will need to meet challenges of health inequality. This includes the requirement of public bodies, under the Fairer Scotland Duty (2018), to actively consider how they could reduce inequalities of outcome in any major strategic decision and to publish how they did it.

General practice premises provide a wide variety of services although not all practices are able to provide all services; reflecting other factors, for example the need for a service to be of sufficient size to develop an expert, robust workforce. It is anticipated premises will be open between 0800 and 1800 Monday to Friday although not all services will be available between those hours. The service provision will be developed having recognised the changing landscape, the need to respond to the needs of the patient within that community and the requirement to face challenges with determination and innovation.

To move this strategy forwards, means selecting where to focus energy and resource. The four criteria identified by this document will help identify the work programme:

Criteria	Activity	Suggestion
Community focused model delivering health and social care	Using Lochee and Whitfield as community model templates, undertake reviews with practices in terms of their readiness and ability to embrace this model.	Shorter term: progress practices that have already begun working towards the model.  Longer term: plan how to move a practice towards the model.
Good quality and fit for purpose premises	Using the GP practice survey responses, work with practices currently unable to deliver Primary Care Improvement services due to premise constraints	Shorter term: contact Primary Care Improvement services to identify where there are gaps in provision and work with practices on finding solutions to enable service delivery.
Sustainable general practice services	Actively work with practices to ensure they operate out of fit for purpose buildings.	Link to current work on lease assignment framework and risk assessments and identify maintenance requirements.

Appropriate geographical coverage	Review the service provision across Dundee.	Review of service provision and unmet need and patient satisfaction.
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A number of recommendations and actions are given below with suggested levels of priority.

## 4.1 IMMEDIATE PRIORITIES

### Recommendation 1: Map PCIP opportunities and barriers

Around 50% of the Dundee practices do not consider their premises fit for their present needs. A similar number of practices flagged that a lack of space hampers opportunities to pursue ideas, the ability to have pharmacy or phlebotomy within the practice and the ability to train GPs when demand for education and training has increased in recent years within Dundee. These examples demonstrate how premises can impact on wider programmes of work eg the PCIP.

**ACTION 1: PCIP is a national priority so need to understand before 31 March 2023 which PCIP opportunities are not being progressed due to premises barriers and agree funding to move forward.**

### Recommendation 2: Plan for lease renewals and loan requests

Dundee HSCP to work in partnership with NHS Tayside to develop a step by step process and plan for lease renewals and loan requests and to expedite these in a timely fashion to minimise the risk to patient services. The next lease to expire is in 2026.

**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, apply an agreed process including assessing if a building is needed and a RAG rating of risks to include clinical need and functionality of building.**

### Recommendation 3: Update planned work programme for 2022/23

Clarity on what work is being done/planned. This should include working towards the ambition of place based or community setting care. This is in contrast with the Strategic Needs Assessment finding that in Dundee many people are not registered with the GP practice closest to their home. Patients choose to travel across the city to attend a GP appointment. Conversely, distance can be a factor in failure to attend appointments so explore at practice level.

#### **ACTION 3: Set out a programme of works**

##### **Current Work Programme:**

Broughty Ferry Health Centre refurbishment, commenced summer 2022.

Mackinnon Centre – change of room usage - room being used to support Broughty Ferry decant

Westgate Car Park extension to increase provision of spaces.

Broughty Ferry Health Centre accommodation review which has some primary care funds but not been progressed. Clinical management team to establish services needing to be housed.

#### **Work plan across next 5 years**

- To have dealt with leases and loans and funded modifications to premises including room additions and IT systems.
- To have put forward options that look at new builds in areas that are underserved.
- To support applications that use funding for achieving 'net zero' for example installation of

ground source pumps and LED lighting.

- To have submitted Strategic Assessment for Scottish Government capital investment - see Appendix 2.

#### **Work plan next 5 to 10 years**

New build work

#### **Work plan next 10 to 20 years**

- To have reviewed the changing population and health requirements and put in place plans to meet needs.
- To reduce the carbon footprint through the provision of services that is accessible to patients by foot or bicycle.

### **Recommendation 4: Address Inequalities**

The Fairer Scotland Duty came into force in April 2018 and places a legal responsibility on public bodies to actively consider how to reduce inequalities in any major strategic decision and requires a written assessment showing how it was done. The Scottish Government's Report of the Primary Care Inequalities Short-Life Working Group (March 2022) recommends a strategy to invest in wellbeing communities through local, place-based action. It recognises health and social care services are most effective when they rest on strong community networks. This will include exploring health needs and engagement with the local population to identify necessary changes and lead to solutions which have been co-designed with the population.

**ACTION 4: 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 etc.**

## **4.2 MEDIUM PRIORITIES**

### **Recommendation 5: Assess potential improvements to premises**

The improvements to the environment particularly accessibility, inequality, sustainability and environmental issues together with positive working environment for the MDT all combined to provide patient centred care in a local context. In the recent practice survey, improvements to the environment were flagged by 14 practices.

**ACTION 5: Use the information from practices to prioritise those and to link to potential sources of funding and timeline of funding availability.**

### **Recommendation 6: Collate data to inform responses to national and local direction**

Obtain reliable information from practices together with robust data from other sources to ensure challenges are understood. It will also provide evidence supporting practice and cluster responses to the National and Tayside-wide directives for primary care services and to changes within the city such as new housing developments on the city boundaries.

**ACTION 6: Link with information teams in Public Health Scotland, NHS Tayside, Dundee Health & Social Care Partnership and General Practitioner Services.**



### Recommendation 7: Produce a practice asset tracker

Have access to update information on practice premises. It is suggested it includes:

Broadly categorising buildings, for example:

- Core – will remain in operating delivery services for at least the next 10 years
- Flex – will provide services for at least the next 5 years
- Tail – will likely be disposed of within the next 5 years

A Maintenance Log which captures the physical condition, functional suitability and maintenance priorities.

Estate Occupancy costs such as Energy, Utility and Taxes (Business Rates, Water Rates)

**ACTION 7: Contribute to the NHS Tayside Asset Management plan.**

### Recommendation 8: Link to Digital Programme

Digital healthcare technologies can improve the efficiency and workflow for healthcare professionals and how patients access healthcare and health information. Close working with the Digital Strategy is needed to recognise opportunities and how to embrace them.

**ACTION 8: Align digital solutions that enable less demand for physical space eg online consultations and ability for workforce to work from other locations including home.**

## 4.3 LOWER PRIORTIES

### Recommendation 9: Ensure renovations meet required standards

Work with practices to ensure that all property and environmental improvements comply with Statutory Compliance for Healthcare. Cognisance for new or existing properties and standards that were fit for purpose at the time of construction which may no longer be considered good practice. Further consideration should be afforded to impending assignation requests to ensure all healthcare standards and requirement for Statutory Compliance are considered to form a full encompassing picture along with prescribed lease and contractual elements.

**ACTION 9: Awareness of all Statutory Compliance and environmental aspects at the time of refurbishment and lease assignation.**

### Recommendation 10: Embedding practices

Support general practice to become more embedded in their local communities which would contribute to the ambition of the 2016 National Clinical Strategy for Scotland of '*planning and delivery of primary care services around individual communities*'. It would also align with the 2019 Dundee climate action plan, by reducing healthcare related travel.

**ACTION 10: Explore the legislative context and the local agreements that would be required to enable practice to timeously move to geographical lists.**



### **Recommendation 11: Map new housing plans with GP practice capacity**

Ensure Dundee City Council Planners and Primary Care is aligned on service provision and impacts of being part of wider health and social care system. Consider too, the wider conflicts between a developing city plan, service capacity, available land use etc.

**ACTION 11: Map new builds and align with key objectives including city centre ambitions to increase footfall.**

### **Recommendation 12: Assess GP and Practice Nurse workforce plan**

Clarify the forecast for GP and practice nurse workforce for Dundee practices and the impact of that on premises to support any mitigation. For example, additional space to expand the MDT.

**ACTION 12: Obtain up to date data on general practice workforce to understand risk and explore mitigations.**

### **Recommendation 13: Premises Efficiency Review**

Review operating costs for premises owned or leased by NHS Tayside to assess where there is potential for efficiency savings. This would include utilisation of space, flexibility of space to meet service needs, economies of scale across several practices, impact on practices etc.

**ACTION 13: Invite 1 or 2 practices to undertake a review which will enable a blueprint to be created of what is useful and a mechanism to do it.**

## 5. References

### National

- The 2018 GMS Contract In Scotland
- Code of Practice for GP Premises 2018 GMS contract
- Primary Care Improvement Plan
- Infection Prevention and Control Standards May 2022
- Public Health Scotland GP Workforce & Practice List Sizes 2011-2021
- GP Sustainability Loan Agreement Jan 2020
- The Fairer Scotland Duty Interim Guidance for Public Bodies March 2018
- Scottish Government Report of PC Health Inequalities SLWG March 2022
- Scottish Government National Clinical Strategy for Scotland 2016-2036

### Tayside

- Tayplan Strategic Development 2016-2036
- NHS Tayside Asset Management Update

### Dundee

- Dundee Primary Care Improvement Plan
- Dundee Strategic & Commissioning Plan 2019-2022
- Dundee City Plan 2017-2026
- Dundee Strategic Needs Assessment
- Dundee Strategic Needs Assessment Data Version 1.0
- Dundee Strategic Housing Investment Plan 2019-2024
- Dundee Health & Social Care Strategic & Commissioning Plan 2016-2021

## Appendix 1 –Copy of Survey

<b>GP PREMISES PRACTICE SURVEY - MAY 2022</b>	
1	Practice Name
2	Practice Code
3	Completed by - Name/Role
4	Are the premises purpose built
5	Do you consider your premises to be fit for your present needs?
6	Are there modifications needed to the premises now?
7	In what year was last modification/extension to your premises
8	What loans and leases are on the premises, include any assignment clauses and expiry dates?
9	Have you successfully applied for any grants relating to the building or the infrastructure in the past 3 years
10	Has there been an opportunity to host a member of the PCIP team which has been refused due to lack of space
11	Do you have space at the practice to train GPs
12	Are there opportunities or ideas the practice is unable to pursue due to limitations with the premises and your partnership. E.g. Co-location of DN or wider health promoting teams

## Appendix 2 – Strategic Assessment Template

PROJECT: GP PREMISES		What are the Current Arrangements: 23 general practices, located across Dundee, provide health care to a population of 171k people. They are running at capacity. In addition, a number of additional premises provide other primary care services including Community Care & Treatment.		
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being considered	
	Identify Links	Identify Links	Prioritisation Score	
Requirement to deliver the PCIP and aspirations in DHSCP Strategic & Comm Plan & Addendum	Enables delivery of a community model of health and social care provision	Person Centred	5	Service Scope / Size Full range of services provided by general practice
Need to ensure sustainability and viability of GP services across Dundee	Improves access to services including meeting future needs	Safe	4	Service Arrangement Integration/co-location of health and psychosocial services
To improve GP premises so they are functionally effective	Ensures workforce feels valued and supported in delivering services	Effective Quality of Care	5	Service Providers GP practices & primary care services including FCP, CTAC
To enable patient equity & equality of access to GP practices for all patients	Enables service delivery closer to the patient and contributes to net zero.	Health of Population	4	Impact on Assets Rationalisation of GP premises
Ability to respond to changing models of care and patient need	Enables opportunity to review economies of scale and shared services	Value & Sustainability	5	Value & Procurement Unknown
	Improves use of digital solution and services meeting patient choice of consultation mode			
		TOTAL SCORE		