



AGENDA ITEM NO 9

REPORT NO IJB 65/20

ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 28 OCTOBER 2020
ANGUS PRIMARY CARE UPDATE - PREMISES
REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

To provide members with an overview of the emerging Primary Care Premises priorities and risks associated with the Primary Care Improvement Plan as requested at the meeting of the Integration Joint Board on 26 August 2020.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) Note the contents of the report for information.
- (ii) Notes the progress made to date.

2. BACKGROUND

Angus HSCP continues to implement the Angus Primary Care Improvement Plan as previously approved by the Integration Joint Board. The services prioritised for reconfiguration in the Primary Care Improvement Plan and associated 2018 GMS Contract are vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional clinical and non-clinical services including musculoskeletal physiotherapy services, community mental health services and community links workers (social prescribers).

Whilst Primary Care Premises priorities and risks in relation to the Primary Care Improvement Plan are not exclusively related to GP Premises, the drive for sustainable models of general practice is at the heart of both the 2018 GMS Contract and all supporting strategies, including the Primary Care Improvement Plan. Challenges related to GP workforce availability are well documented nationally, with challenges recruiting locally resulting in two Board (2C) run practices within Angus. It is recognised that premises issues are a factor in GP recruitment challenges and that measures to address the GP recruitment and retention issues are required alongside the wider measures being taken through the Primary Care Improvement Plan to create a long-term sustainable model of general practice.

The National Code of Practice for GP Premises, published by Scottish Government in November 2017, describes the planned shift, over 25 years, to a new model in which GPs will no longer be required to provide their own premises. As approximately two-thirds of GP premises nationally are either GP owned, or leased by GPs from third parties, this move is intended to significantly enable the sustainability of general practice. The code describes the measures being taken to enable NHS Boards to gradually assume responsibility from GP contractors through a combination of:

- (i) Sustainability loans to support GP contractors who own their own premises.
- (ii) For GPs who lease their premises a planned transition over the next 15 years) to a position where the health board will assume responsibility for negotiating and entering new leases or taking on an existing lease through a lease assignment.
- (iii) NHS boards providing suitable alternative premises where the GP Contractor no longer wishes to enter into a new lease with a private landlord at the end of their existing arrangement.

The code outlines principles which Health Boards and HSCPs should follow in relation to GP Premises:

- (i) Have regard to their statutory duty to provide or secure the provision of primary medical services in their area.
- (ii) Have regard to the needs of the population in their areas.
- (iii) Have regard to their budgets.
- (iv) Consider whether assistance is an efficient and effective use of their resources.
- (v) Have regard to their HSCP's plans for primary care.
- (vi) Share their plans with practices through the local consultative bodies.
- (vii) Have regard to the level of co-operation and information they receive from GP contractors.

The current and future configuration of both general practices and wider premises utilised by service providers will influence modelling of services in the short term with regards the Primary Care Improvement Plan and wider Angus Health and Social Care Partnership Strategic Commissioning Plan. In the medium to long term, the service requirements should inform and drive premises planning within primary care and wider premises and infrastructure planning across our partner organisations.

Regionally, primary care premises planning is progressed through the regional Primary Care Premises and Infrastructure Group, chaired by the Interim Associate Medical Director for Primary Care and with representatives from the three HSCPs within Tayside, Primary Care Services, and colleagues from NHS Tayside's Property Services. The group reports into the NHS Tayside Asset Management Group and informs NHS Tayside's Regional Asset Management Plan and Estates Asset Management System. In recent years, this group has struggled to access sufficient managerial and technical capacity to develop the likes of a regional Primary Care Premises Strategy. Solution to this continue to be pursued.

NHS Tayside is one of the six Health Board areas contributing to the North Regional Asset Management Plan, the current version of which covers 2018-2028 and all sectors of the health service. The scale of the challenge nationally and the need for change is clearly articulated at a North of Scotland level within this plan.

3. CURRENT POSITION

Community and primary care services within Angus are delivered through a combination of GP Practices, Health Centres and Community Hospitals as summarised below:

Cluster	Site	Overview
South West	Monifieth Medical Practice	Practice list size-10234 Leased premise- lease expiry 2029 Base for Monifieth Integrated Care Services
	Carnoustie Medical Group	Practice list size- 13152 Leased premise- lease expiry 2031.
	General SW Cluster comments	No additional primary care sites in cluster.
South East Cluster	Arbroath Medical Centre	Practice List Size-9113 Practice owned premise. Limited scope for expansion.
	Springfield East	Practice List Size-4426 Leased premise- lease expiry 2029
	Springfield West	Practice List Size-7595 Leased premise- lease expiry 2029
	Abbey Practice	Practice List Size-6236 Board run practice within Board owned building with limited space for expansion
	Friockheim Health Centre	Practice List Size-3701 Board owned building. Minor works completed to support PCIP implementation in 2019/20
	General SE Cluster Comments	A range of primary care services delivered through outpatient services in Arbroath Infirmary where Community Treatment and Care Service for Arbroath is developing. Limited capacity within existing footprint
	North East Cluster	Annat Bank – Links Health Centre
Castlegait- Links Health Centre		Practice List Size-4785 Leased premise- lease expiry 2024
Townhead- Links Health Centre		Practice List Size- 6718 Leased premise- lease expiry 2024
Brechin Health Centre		Practice List Size- 8717 Board owned premises. Significant upgrade to building underway to support service delivery

	Edzell	Practice List Size-2551 Leased premise- lease expiry 2030
	General NE Cluster Comments	Community Treatment and Care Services being developed within outpatient services in Links Health Centre and in Stracathro Hospital, recognising some limitations of latter due to location. Planning commenced with partners to progress planning re Links Health Centre lease expiry and future requirements. Angus HSCP Priority for 2020-2024 Integrated Community Care facilities within Fordmill
North West Cluster	Kirriemuir Health Centre	Practice List Size- 8836 Board owned. Insufficient clinical consulting space. Current Angus HSCP priority both to address outstanding backlog maintenance and increase clinical capacity.
	Ravenswood Surgery	Practice List Size-3831 Practice owned. Significant sustainability issues particularly with regards suitability of building. Series of SBAR reports since 2018 to NHS Tayside to highlight issue. Small steering group currently scoping future options with Scottish Government support. Currently highest risk priority for Angus HSCP.
	Lour Road Surgery	Practice List Size- 6534 Practice owned. Limited space for expansion.
	Academy Medical Centre	Practice List Size- 9404 Leased premise- lease expiry 2029. Outstanding lease issues related to changes in partnership- options being explored with owner and key stakeholders.
	General NW Cluster Comments	Community Treatment and Care Services being developed within outpatient services in Whitehills Health and Community Care Centre OPD but with very limited scope for

		expansion due to current utilisation. Currently highest risk cluster for HSCP due to sustainability issues.
--	--	--

(*Practice List Sizes as of 1st July 2020)

Other Considerations:

(i) Housing development:

The adopted Angus Local Development Plan(2016) outlines the planned development within Angus, with the annual Angus Council Land Audit provides an annual assessment of the extent and effectiveness of the housing land supply across Angus; and also sets out an estimate of potential new house completions over the next five years. The 2020 Land Audit and the projections for the next 5 years are outlined in Appendix A. All areas show significant planned development. Further planning regarding the impact of such development on health and social care services would be welcomed.

(ii) Learning from Covid-19 Pandemic:

The unprecedented momentum for change triggered by the Covid-19 pandemic, resulted in accelerated modernisation of services, with rapid development of patient centred digitally enabled pathways of care to deliver services as safely and as effectively as possible. The widespread redesign potential provides us with an exciting opportunity to modernise healthcare, founded on evidence based realistic medicine. The resultant models of care, many of which are only just starting to emerge, will alter the demand on our current and future premises requirements. For example, a phlebotomy clinic set up in Arbroath for access by secondary care clinicians to enable remote consultation and review of their patients during the initial peak of the pandemic, has resulted in secondary care phlebotomy clinics being established in all outpatient departments in Angus, increasing local access to tests patients would previously have attended a secondary care clinic for. Increased use of Near Me video conferencing, which has been well received nationally by patients is anticipated to alter the requirement for face to face clinics in outpatient settings, increasing capacity for a wider range of services to be delivered locally. An improvement objective will be developed.

(iii) Training Practice Status.

Many Angus practices are training practices, which it is generally felt improves recruitment and retention to the area. However, there are specific additional premises requirements for training practices, placing additional demands on a strained infrastructure.

(iv) GP Premises Surveys

Scottish Government supported surveys of all GP premises, both NHS owned, and non-NHS owned, to better understand the condition of the GP estate. The assessments for statutory compliance and building conditions have been completed and assessment of space, quality and function are to follow. This will further inform and aid prioritisation for future development

(v) Premises upgrade

There is a significant risk that the available resource to support the innovation of the optimum premises developments is directed toward upgrading infrastructure to current standards rather than development for enhanced service delivery

(vi) Progress to date.

Brechin Health Centre successfully secured capital investment to support a significant upgrade to the building which will significantly improve fabric and function of the building. This work, although delayed has been recommenced and is on target for completion this financial year.

Angus HSCP received additional government funding in 2019/20 of £107,884 to support Premises Improvement Funding with clearly defined priorities for spend. Funding in 2019/20 supported minor works to increase clinical room space at Friockheim Health Centre, Links Health Centre and Kirriemuir Health Centre and back scanning of health records in Brechin

Health Centre. Following much appreciated additional support by Angus HSCP back scanning is also being progressed for all remaining Angus practices, which will significantly reduce administrative storage space within practices and improve utilisation of available space. A further, smaller allocation of £32,365 has been received this year which will be used to support outstanding priorities as outlined above.

The intention with regards the priority areas contained within the Primary Care Improvement Plan as outlined within the 2018 GMS Contract , was that whilst local circumstances and demand would determine where services should safely be located, most would continue to be delivered within or near to GP practice premises for patient convenience and proximity to the wider practice team. The 2018 contract recognised that services might operate from other facilities for reasons such as premises, practicality, or geography. It also highlighted that community treatment and care services should be available for use by primary and secondary care, although highlighting that Primary Care Improvement Funding should only be used to support the direct transfer of activity from GPs and General Practice.

Next Steps:

- (i) Continue to develop the Angus Primary Care Premises Strategy, considering both the requirements of the National Code of Practice for GP Premises and the evolving clinical models of care.
- (ii) Continue to contribute to the development of the regional Primary Care Premises Strategy which will ensure that primary care and wider health and social care premises and infrastructure requirements are clearly articulated and prioritised and that the NHS Boards responsibilities in respect of the Code of Practice are addressed.
- (iii) Continue to work with key stakeholders to find an urgent solution for Ravenswood Surgery potentially in collaboration with the wider cluster. This is our highest risk premises issue at this time.
- (iv) Progress planning to increase clinical capacity at Kirriemuir Health Centre.
- (v) Progress lease review for Links Health Centre in collaboration with NHS Tayside Property Services

5. FINANCIAL IMPLICATIONS

Currently, with the exception of the small HSCP Premises Improvement Funding outlined above, capital allocations and resourcing for primary care premises remains within NHS Tayside. NHS Tayside currently allocates £400,000 annually for primary care capital improvements and to address some maintenance issues across Tayside. The total NHS Tayside capital programme forecast for 2020/21 stands at £32.083 million.

There will be significant financial implications associated with much of the above programme with issues such as lease assignation to Health Boards having a particular impact.

6. RISKS

The majority of risks and governance related to primary care premises lies with NHS Tayside with the HSCPs role advisory in terms of clinical service requirements. However, many of the consequences of inadequate premises planning and investment falls to the HSCP to manage. Whilst a conscious decision was made to plan for delivery of the Primary Care Improvement Plan on the basis of the current premises infrastructure, due to the three year delivery period, there are significant opportunities to continue to improve and develop many of the services through the development and delivery of a more comprehensive premises strategy.

7. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 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 Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside, or Both	Direction to:	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: Rhona Guild, Primary Care Manager/LTC Lead

EMAIL DETAILS: tay.angushscp@nhs.scot

Appendices: Appendix A - Angus Council Land Audit 2020

SECTION 6

ANGUS COUNCIL

HOUSING MARKET AREAS

HOUSING LAND SUPPLY AND POTENTIAL OUTPUT (April 2020)(sites of 5+ houses)

	PROGRAMMING ON EFFECTIVE SITES						Later Years	Constrained Sites	Established Sites
	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025	2020 to 2025			
	A	B	C	D	E				
BRECHIN	10	28	36	32	39	145	287	0	432
MONTROSE	0	0	5	5	24	34	76	8	118
NORTH ANGUS HMA LANDWARD	36	64	76	71	48	295	44	72	411
North Angus HMA Total	46	92	117	108	111	474	407	80	961
ARBROATH	114	61	79	74	81	409	150	9	568
EAST ANGUS HMA LANDWARD	13	13	21	22	0	66	0	0	66
East Angus HMA Total	127	74	100	96	81	475	150	9	634
CARNOUSTIE	0	15	30	30	30	105	145	0	250
MONIFIETH	146	23	3	0	0	172	0	0	172
SOUTH ANGUS HMA LANDWARD	24	16	13	10	10	73	7	412	492
South Angus HMA Total	170	54	46	40	40	350	152	412	914
FORFAR	69	80	91	104	100	444	257	0	701
KIRRIEMUIR	2	10	18	28	34	92	86	7	185
WEST ANGUS HMA LANDWARD	1	24	20	5	5	55	10	9	74
West Angus HMA Total	72	114	129	137	139	591	353	16	960
ANGUS	415	334	392	381	371	1890	1062	517	3469