



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 26 OCTOBER 2022**  
**GP PRACTICE PREMISES STRATEGY**  
**REPORT BY GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

The purpose of this report is to provide members with the emerging strategic direction for GP Practice premises in Angus 2023-2026.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board: -

- (i) Approve the strategic direction for GP Practice Premises Strategy Angus.
- (ii) Recognise that consultation and engagement regarding the draft strategy is planned for November 2022.
- (iii) agree to delegate authority to Angus HSCP Executive Management Team to approve the Angus GP Practice Premises Strategy subject to consultation.
- (iv) Approve the Direction, as attached (Appendix 3) and instructs the Chief Officer to issue Direction to NHS Tayside.

**2. BACKGROUND**

A premises strategy for Angus GP Practice estates is currently in development (Appendix 1). The purpose and focus of this document is to set out key principles and requirements that will be used to inform the identification of premises and improvement priorities to support sustainable and resilient General Practice taking into account local population needs.

This strategy is deliberately focussed on General Practice premises and it is intended to be an enabling strategy to support and inform discussions regarding capacity and estates strategies for core primary care medical services.

The new GP contract 2018 and related Code of Practice for GP Premises articulates a shift to move General Practice towards a service model which does not entail GPs owning their own practice premises. Scottish Government planning assumptions is that this transition from GP owned to Board owned premises will be gradual and take place over a 25-year period.

Nationally two thirds of premises are owned by GPs or leased by them from third parties with GPs receiving contributions from Health Boards towards the cost of these premises. In Angus eight practices are GP leased, three are Practice owned, three are Board owned and one (with the recent lease assignation of Academy Medical Centre) is Board leased.

The continued existence of GP owned/leased premises has potential consequent impacts on recruitment and retention thus increasing the risk of practices becoming unsustainable.

Any strategy therefore requires to consider how to accelerate the position to a Board owned GP premises portfolio taking into account primary care strategic objectives, prioritisations and where investment and disinvestment should occur.

### **3. CURRENT POSITION**

The GP Practice estate in terms of both condition of accommodation and adequacy of space is presented in the General Practice Premises Strategy (Appendix 1). All of the Angus practices are based within purpose-built facilities with the exception of Ravenswood, Forfar which is housed within converted residential accommodation.

Existing HSCP priorities for GP premises highlight Ravenswood and Kirriemuir as both requiring immediate action in terms of space and space/physical environment respectively. In the case of Kirriemuir the building (Board owned) is in excess of 30 years old, urgently requires refurbishment and has a lack of adequate consulting room space with limited options for expansion/extension. It is also the only practice in the town.

Prioritisation of leases based upon expiry date is also detailed in the General Practice Premises Strategy (Appendix 1). Dates for lease renewal vary from within the next 18 months (Links Health Centre, Montrose which houses three GP Practices) to 2031. An accelerated lease assignment process is a key requirement of the Angus GP Practice Premises Strategy.

To note one GP/practice has recently written to NHS Tayside asking for their lease (due for renewal in 2030) to be expediated for lease assignment due to retirement plans in 2024.

The future of these practices needs to be considered and planned for with immediate effect given the concerns these issues have on overall practice sustainability and to minimise the impact on patients and existing workforce.

Along with the practicalities of accommodation the Angus GP Practice Premises Strategy requires to realistically reflect the impact of workforce, sustainability, digital infrastructure and population needs.

### **4. PROPOSALS**

Our vision is for a healthier Angus served by integrated, multidisciplinary and co-located teams providing equity of care.

It is recognised that with an increase in MDT working, premises will require to support new ways of working that facilitate more care/services being provided locally.

GP workforce and sustainability is a key driver, in the future we require premises that facilitate seamless MDT working and integrated teams supported by GPs, working as expert medical generalists. Despite these workforce challenges it will be important to maintain (as a minimum) single primary care sites in each of our seven towns augmented with satellite services in our more rural village locations.

Developing digital systems that facilitate the seamless working of extended MDT teams linked to GP Practices is fundamental to the delivery of Angus Primary Care Strategy.

Increased digitalisation is changing the way people wish to access health care. In the future an increased number of appointments will be delivered remotely using applications such as Near Me, this too impacts upon the requirement for accommodation. A blended approach to the use of technology will be commonplace.

Getting the patient to the right place, first time and through digital channels where clinically appropriate is a key objective along with ensuring that digital technology supports joint working, sharing of information and streamlining patient pathways where this crosses over multiple organisational boundaries.

Key intentions for future premises actions have been identified (Appendix 1). Angus HSCP will work in partnership with NHS Tayside to develop a process for lease assignments, loan requests, refurbishment and capital developments which reflect the strategic direction as set out in the Angus GP Practice Premises Strategy and recognise that there are opportunities for investment and disinvestment as this work progresses.

## 5. FINANCIAL IMPLICATIONS

The existing annual or revenue funding for Primary Care premises is currently contained within the IJB's share of overall GMS funding. Further, the Capital funds to support developments in Primary Care would routinely be sourced via NHS Tayside's capital planning cycle. Generally the issue of financial responsibilities for the provision of premises is at the interface of the responsibilities of NHS Tayside and Angus IJB as demonstrated by the Integration Scheme.

The strategy outlined in the attached appendix describes a series of changes that would require investment (be that Capital, one off or annual revenue) and will have a series of financial implications over the duration of its implementation. Due to their nature, should any annual/revenue implications arise, these will have to be built into NHS Tayside's and the IJBs long term strategic financial planning as appropriate. It is clear however that beyond the responsibilities of NHS Tayside's with regard to premises provision, the IJB may need to consider making some one-off commitments to support the delivery of the local aspects of this strategy where that is intended to support GP sustainability, in that context it is important to note the IJB retains a "Property Reserve" within its overall reserves plans. While there are already a number of impending calls on that funding, that reserve may be able to facilitate some of the one-off costs (costs that may emanate from this Primary Care Premises Strategic Plan).

Additionally at March 2022 Angus IJB has a GP Premises and Transformation ear marked reserve of £0.384m funding to support Angus GP Practice Strategy delivering on sustainability, digital infrastructure and provide good value for money

## 6. RISK

Delivery of the Angus GP Practice Premises Strategy is dependent upon NHS Tayside who, as the contractually responsible body, must also commit to the priorities and actions described. Recent premises projects have evidenced some of the challenges involved as prioritisations are not always aligned.

## 7. OTHER IMPLICATIONS (IF APPLICABLE)

Not applicable.

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required in relation to the GP Premises Strategy (Appendix 2).

## 9. 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	
	Angus Council	
	NHS Tayside	x
	Angus Council and NHS Tayside	

**REPORT AUTHOR:** Jillian Galloway, Head of Community Health and Care Services  
Lisa Prudom, Service Manager Primary Care

**EMAIL DETAILS:** [tay.angushscp@nhs.scot](mailto:tay.angushscp@nhs.scot)

List of Appendices:

Appendix 1 Angus GP Premises Strategy 2023-2026  
Appendix 2 GP Practice Premises EQIA  
Appendix 3 Angus GP Premises Direction