



Appendix 1

ANGUS HSCP

General Practice Premises Strategy 2023-2026

Date of document: October 2022

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Introduction

The supporting information contained in this document is intended to provide:

- current position of GP estate portfolio
- sign posting to future GP premises requirements
- next steps – key intentions

Angus has 15 practices based over 12 sites providing care to a population of 116,040 people. ¹

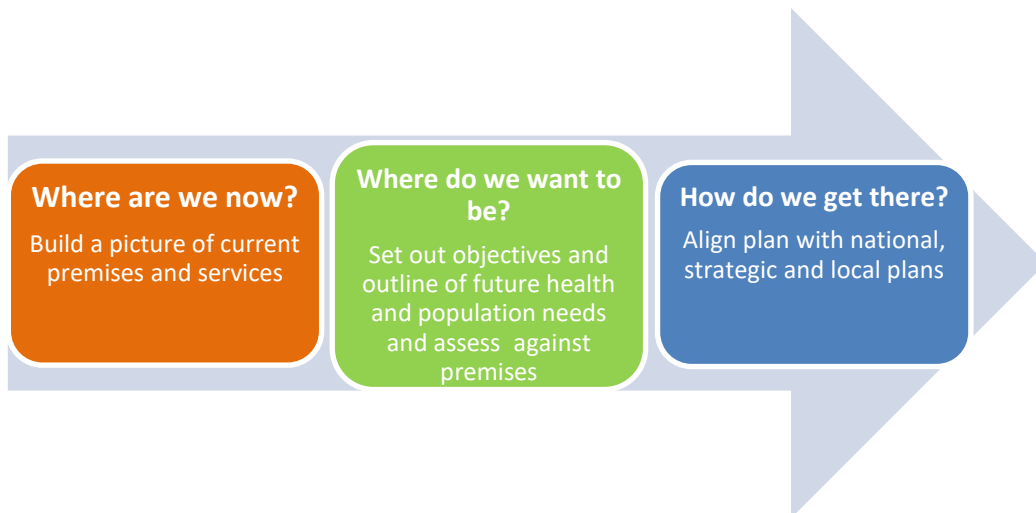
This document has been developed using information drawn from various sources; details are included in the appendix. They are:

- National, regional and local plans
- 2018 GMS Contract and Memorandum of Understanding (MoU) 1 & 2
- Angus Health and Social Care Partnership Primary Care Improvement Plan
- Population and health statistics for Angus
- Angus GP Practice survey responses January and June 2022

This document does not explicitly include other primary care premises but considers relevant co-dependencies from a strategic and operational perspectives.

Approach

This document covers three questions:



¹ ONS – UK (2018)

Our Vision:

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

We believe that planning should be increasingly based on a model of co-location of general practices with the wider enhanced and integrated Multi-Disciplinary Teams (MDTs).

MDT capability has expanded significantly over recent years in line with the requirements of the 2018 GMS contract. The specific resources based at each site may vary depending on need, but teams include pharmacy, social prescribers, mental health peer workers, listening service, vaccinators, integrated health & social care teams and community treatment and care services. Ideally, all integrated sites should be designed to support undergraduate and postgraduate students to build future workforce resilience.

OUR VISION

Healthier Angus served by integrated, multidisciplinary, and co-located teams providing equity of care

OUR VALUES

Honesty, Integrity, Professionalism, Respect, Empathy and Compassion

Planning & Delivering Care Locally

Phased shift away from GP owned/leased premises

Review environments of care that meet the needs of the population

Premises being core to the provision of person centred care

Reduce inequality and inequity of outcomes

Provide equitable access to health and social care provision

Maximising Operational Integration

Right care, right place, urgent and unscheduled health and social care redesign

Co-located Integrated Multi Disciplinary Teams (MDT)

Appropriately trained & skilled workforce

Prevention & Early Intervention

Supporting & promoting self management & self care

Robust Long Term Conditions management

Digital Infrastructure

Promote blended approach to care provision using technology

Develop systems that facilitate seamless MDT working

Primary Care Strategic Priorities

Commitments in support of Strategic Priorities

Workforce

Improving recruitment of GPs by reducing premises risks

Ensure supportive environment for training and newly qualified staff

Supporting the health and wellbeing of the MDT team

AHSCP Workforce Plan

Medium Term Financial and Strategic Planning

Maximising available resources

Balancing investment and disinvestment

Delivering financial sustainability

Primary Care Improvement Plan & NHS Tayside Asset Management Plan

Collaboration

Co-designing solutions using quality improvement with the GPs and health and social care providers

Co-designing solutions with the third and independent sector and the population

Clinical Partnership Group & Communication & Engagement Plan

Infrastructure and Technology

Modernising health and social care facilities

Maximising the potential of digital solutions

AHSCP Digital Plan

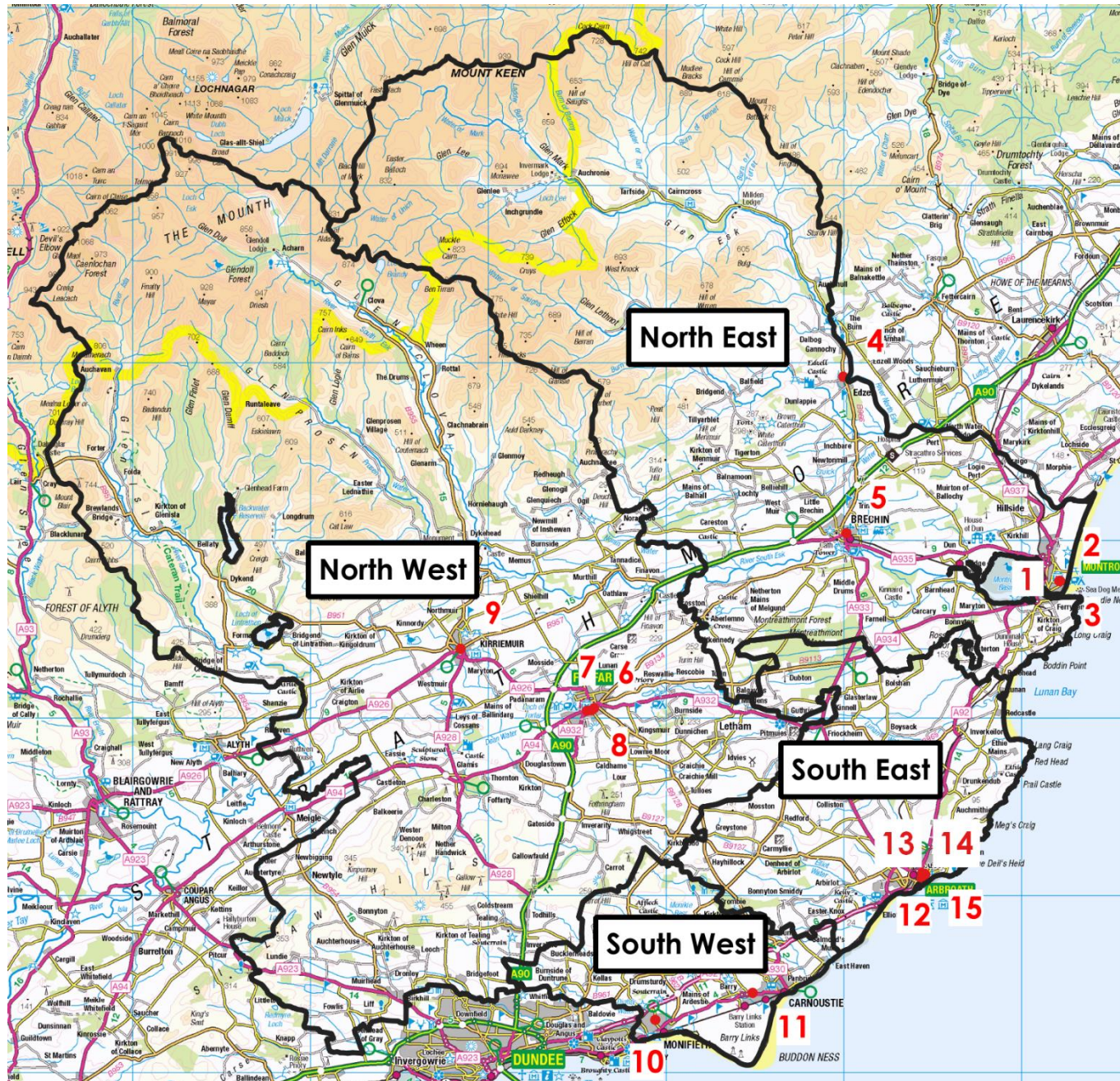
Primary Care Strategic Enablers

Commitments in support of Strategic Enablers

The "Engine" Room work that will deliver the changes

Summary

This document reviews key directives and initiatives from central and local government and their impact upon general practice premises. Contextually, the document highlights the findings of an online survey of the Angus Practices which showed that front-line staff, while in agreement with the ambitions/objectives of the Primary Care Improvement Plan, identified significant potential hurdles which may be encountered in the delivery phase. The challenges faced by General Practices have led to the identification of key intentions. The implementation of these will support Angus practices in delivering high quality services, and align with local, regional and national ambitions.



**Angus GP Practice Locations
List Sizes as at July 2022**

| Point | Name | Cluster | List Size |
|-------|-----------------------------|------------|-----------|
| 1 | Annat Bank | North East | 5987 |
| 2 | Townhead Surgery | North East | 6940 |
| 3 | Castlegait Surgery | North East | 4794 |
| 4 | Edzell Health Centre | North East | 2707 |
| 5 | Brechin Health Centre | North East | 8649 |
| 6 | Academy Medical Centre | North West | 9318 |
| 7 | Lour Road | North West | 7052 |
| 8 | Ravenswood Surgery | North West | 4562 |
| 9 | Kirriemuir Health Centre | North West | 8799 |
| 10 | Monifieth Health Centre | South West | 11108 |
| 11 | Carnoustie | South West | 13096 |
| 12 | Abbey Health Centre | South East | 6726 |
| 13 | Arbroath Medical Centre | South East | 9174 |
| 14 | East Practice (Springfield) | South East | 4685 |
| 15 | West Practice (Springfield) | South East | 8483 |

Produced by Information Team,
Angus Health and Social Care Partnership
September 2022

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Where are we now?

Geographical Spread

Following the closure of Friockheim Health Centre on 31st May 2022 there are now 15 practices in Angus, split into four clusters: the South-East (4 practices), South-West (2), North-East (5) and North-West (4). The geographical spread of GP practices across Angus is within town or village centres.

Three practices in the North-East cluster (Annat Bank, Townhead Surgery and Castlegait Surgery) are located within Links Health Centre, Montrose. Two practices in the South-East cluster are also co-located (Springfield East and Springfield West) at Springfield Medical Centre, Arbroath. The remaining 10 practices are in separate buildings.

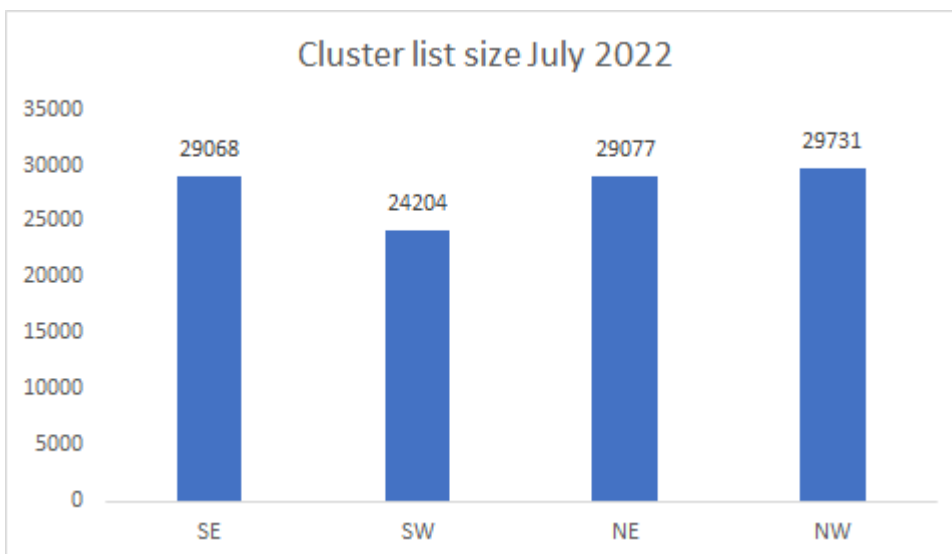
Muirhead Medical Practice, although in Angus, is aligned with Dundee HSCP. Conversations regarding Boundary alignment between Angus HSCP, GPs and others are ongoing.

As well as sharing regional HSCP boundaries with Dundee and P&K we also have an inter Health Board boundary with Grampian, and for our Northern Practices this brings its own unique challenges i.e. familiarisation of different Health Board referral pathways, guidelines and ways of working, different I.T. systems, communication challenges.

Clusters

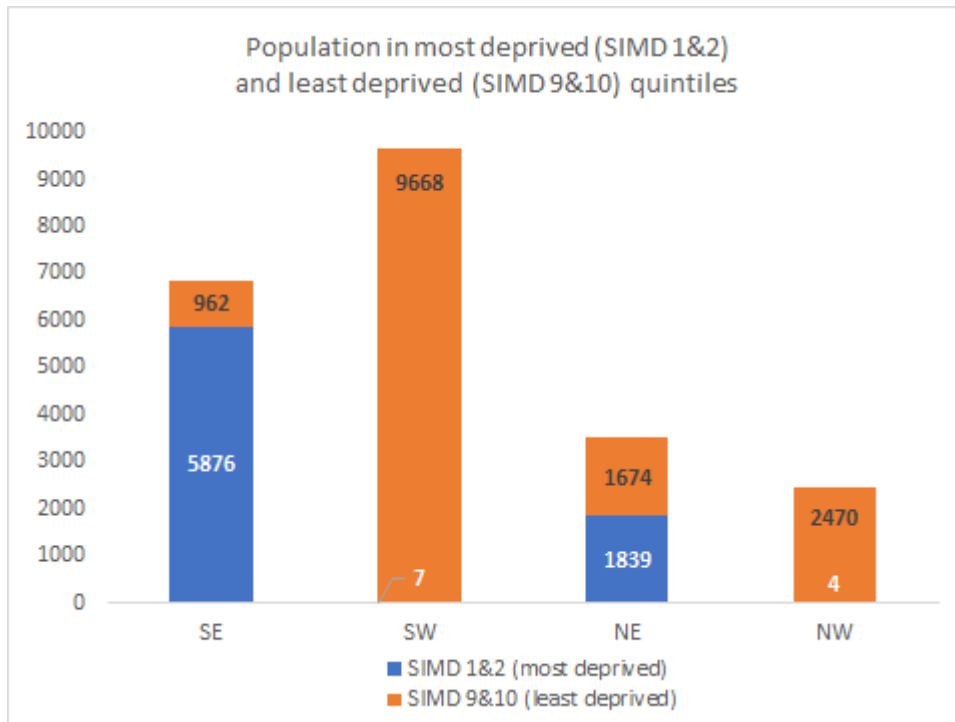
The four clusters are comparable in list size (Table 1) but have significant differences in Scottish Index of Multiple Deprivation (SIMD) quintiles, with the South-East cluster containing the most deprived population (Table 2) as illustrated below. This impacts on service demand and provision across the localities.

Table 1



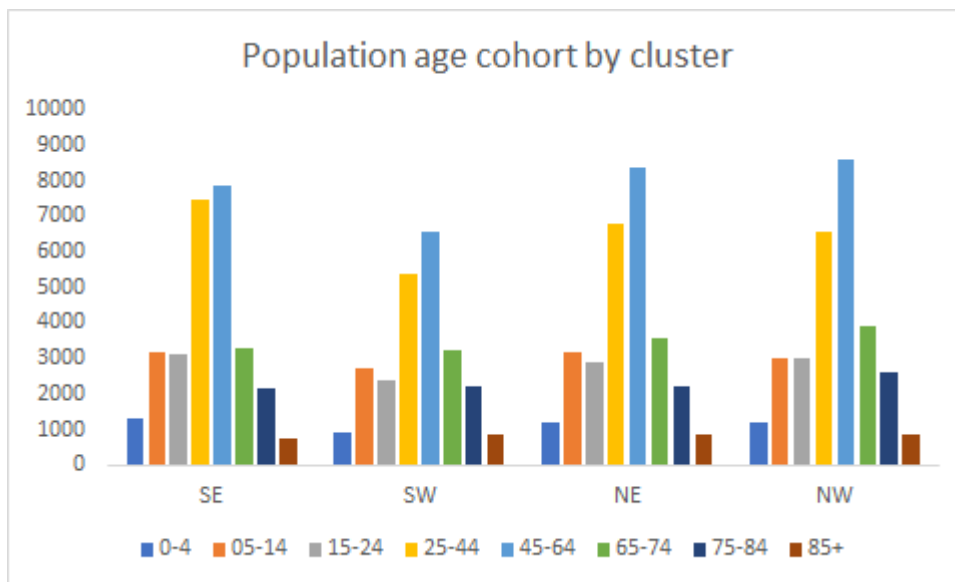
Data provided by Public Health Scotland

Table 2



Data provided by Public Health Scotland

The graph below shows the population age cohort who are registered with a practice by cluster.



Data provided by Public Health Scotland Apr-Jun 2022

Recent Practice History

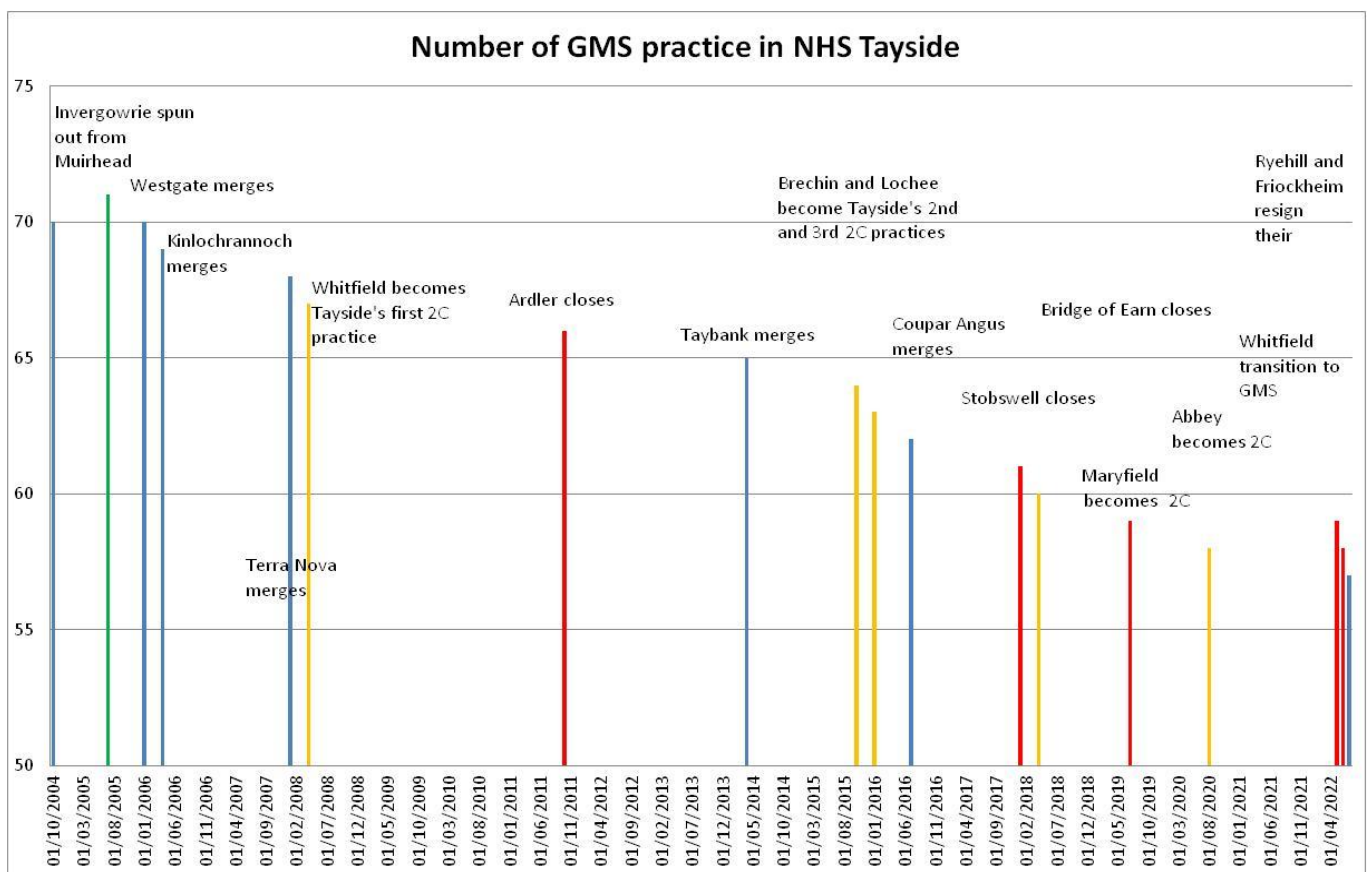
It is becoming increasingly evident that GP practices, are struggling to face the challenges deriving mainly from capacity issues and the inability to attract and retain workforce. Small practices are particularly vulnerable to sustainability issues.

The closure of a practice leads to an increase in patient numbers for the remaining neighbouring practices, who themselves may be already be under pressure. For instance, following the closure of Friockheim Health Centre in May 2022 (after failing to successfully recruit replacement partners), approximately 3500 patients were reallocated to practices across Angus.

Three practices received significant numbers of patients - Abbey Health Centre (Arbroath) received an additional 494 patients, Ravenswood Surgery (Forfar) 613, and Arbroath Medical Centre 931. The majority of Friockheim patients allocated to Ravenswood reside in the village of Letham.

In order to support continuity of service to patients, the provision of a GP satellite service based in the Letham Health & Wellbeing Centre is currently being considered. Most of the patients allocated to Arbroath Medical Centre reside within Friockheim village. Friockheim Health Centre building is currently non-operational, and discussions are ongoing to determine how this space can be best developed and utilised for the provision of various planned care services. This would allow some services to be provided locally thus reducing the need for the local population to travel to receive all of their care.

The chart below shows the changes to practices across Tayside between October 2004 and April 2022.

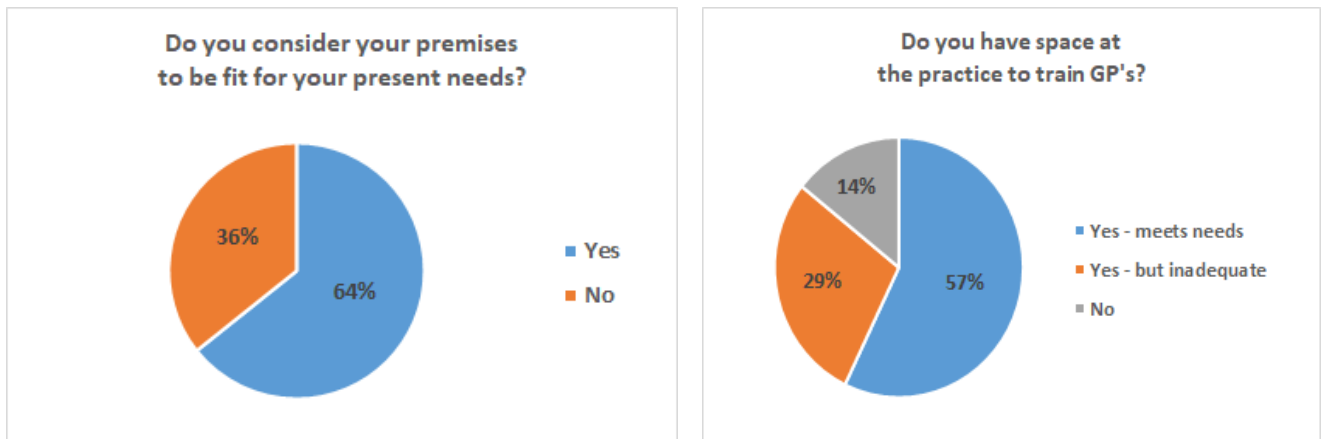


Practice Premises Survey Results

An online survey of Angus General Practice premises was carried out in June 2022. 14 of the 15 practices responded and the results are shown below.

13 of the 14 practices who responded in Angus are based within purpose-built facilities. Ravenswood Surgery (based in converted residential accommodation) is the exception.

The practice responses to questions about space availability and suitability of their premises are shown in the pie charts below:

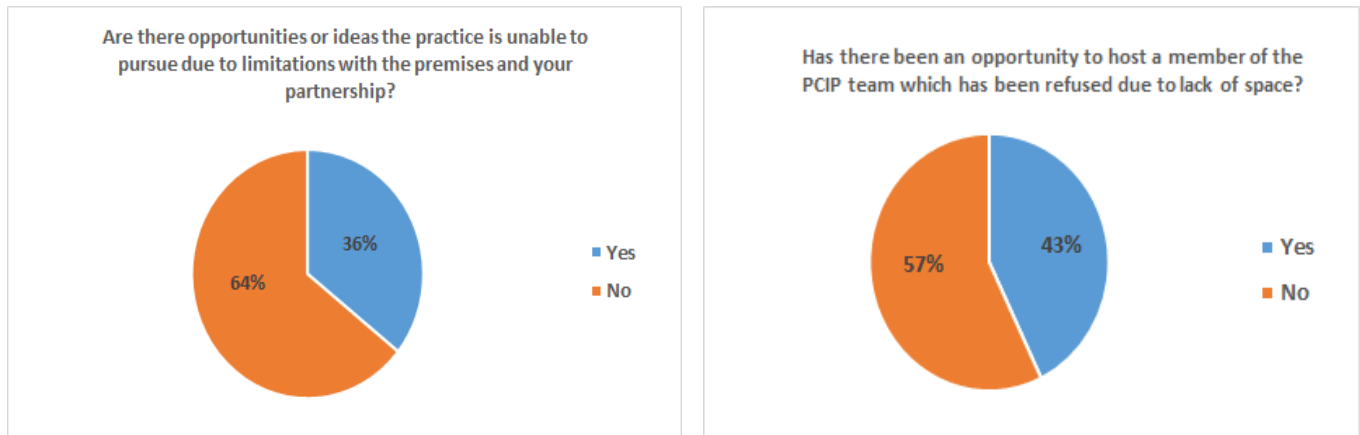


Although 64% of practices described premises as being fit for present needs, this does not reflect the comments made regarding premises having the capacity to accommodate other services in support of multi-disciplinary working and wider integration. Practices require space to host trainees, as there is a national mandate to increase the time GP trainees spend in general practice. This requires an increase in capacity, both in number of trainers and in premises, to accommodate the increased number of training placements. With more practices being encouraged to expand training capacity or become training practices, the need to expand and reconfigure existing space is vital. Providing the right environment during training will increase the likelihood of Practices retaining staff once they are qualified.

Other services such as physiotherapy, mental health, community rehabilitation, pharmacy and substance misuse services are currently provided externally, however, there is an aspiration for these to be co-located in the future.

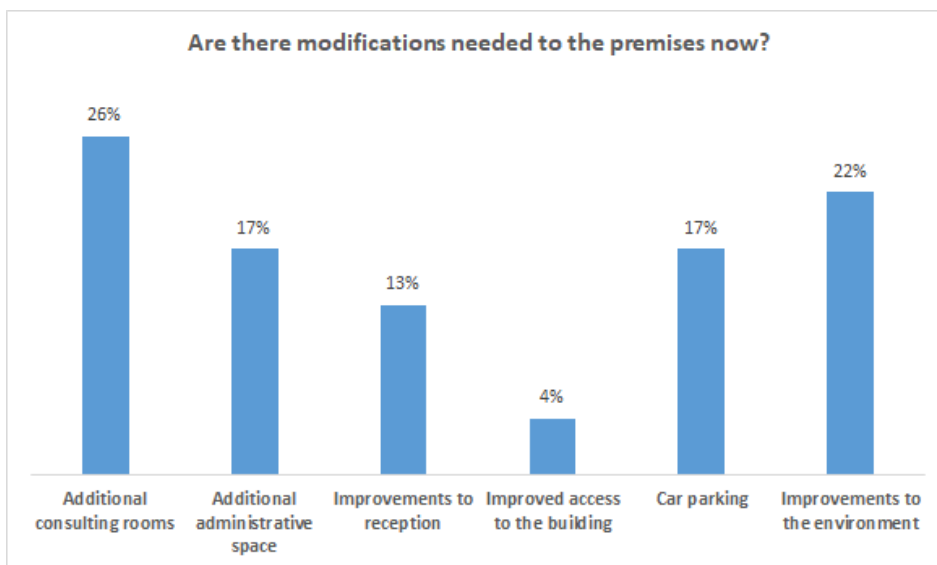
The main challenge faced in the development of a multidisciplinary team model is the lack of suitable accommodation. For example, Social Prescribers are based in all 15 Angus practices, but Kirriemuir Health Centre does not have capacity to provide a dedicated room for their link worker, resulting in the service being provided remotely for part of each week. Kirriemuir, as a training practice, does not currently have sufficient clinical space to fully accommodate both students and doctors, resulting in GPs having to work remotely. The lack of accommodation capacity also results in an inability to progress with on-site integration of services with wider partnership colleagues.

Due to space constraints, the South-East practices cannot fully accommodate mental health peer workers. Penumbra provide a service from the Boardroom at Arbroath Infirmary for two days a week and also remotely. In the South-West, one of the two practices is unable to provide full accommodation to the mental health peer worker service. There are currently few issues in the North-East, however, in the North-West three of the four practices are unable to provide mental health peer workers with continual regular accommodation or the facility to carry out face to face consultations on site.



The Scottish Government Report of the short life working group for Mental Health in Primary Care 27/01/2020 recommended that within an area served by a group of GP practices (this could be a locality, part of a locality or a cluster area) there should be a multi-agency team providing assessment, advice, support and some levels of treatment for people who have mental health, distress or wellbeing problems. A successful Mental Health Enhanced Community Support (ECS) hub pilot was rolled out in Links Health Centre, however, the extension of this service to other clusters has been impacted by the room capacity limitations within GP practices.

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

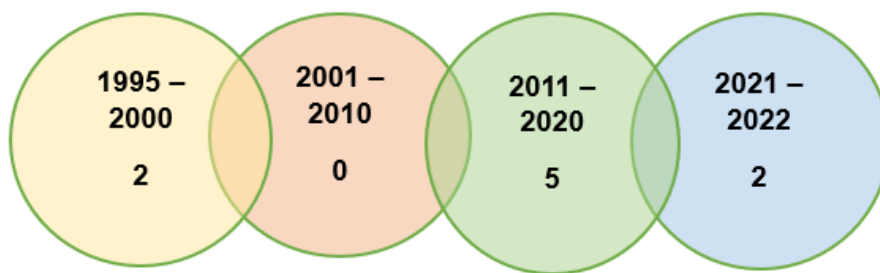


The current picture for Angus GP Premises highlights that 36% are not fit for purpose with consequent impact on the opportunity to embrace change and innovation. Upgrading work is required to improve existing available spaces.

This is compounded by:

- Patient population increasing due to housing developments and the closure of existing GP practices
- Population ageing with greater health needs

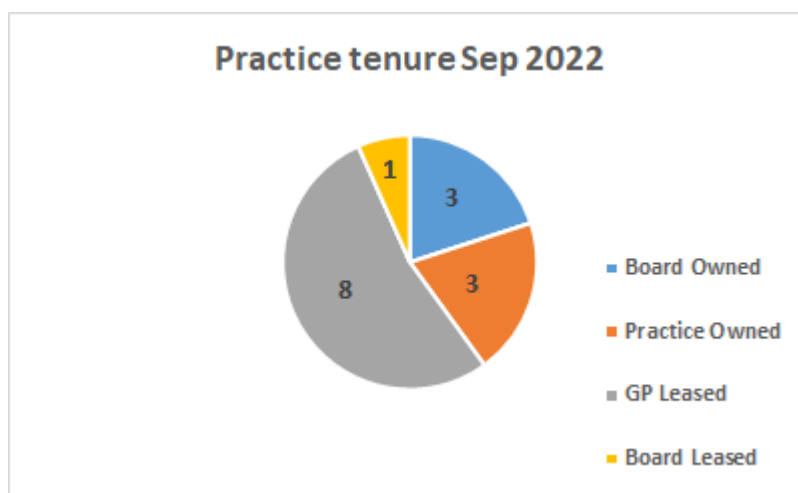
Practices were asked in which year the last modification or extension to their premises was made. The responses are listed in the table below. Five practices did not state a year. For those who responded the number of practices and year band is shown below.



Other Factors

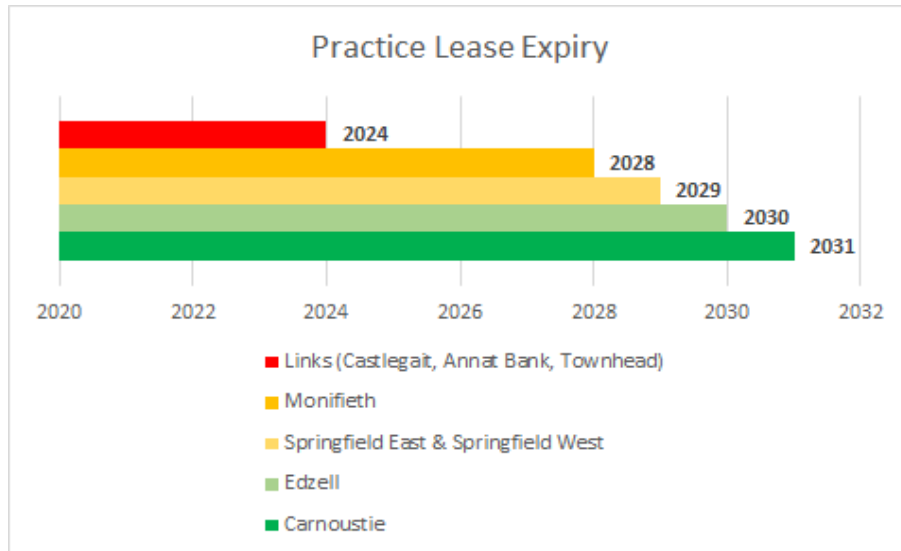
Practice Tenure

The online survey of Angus General Practice also covers the current tenure type of the 15 practices. The chart below shows that in Angus there are eight Practices that are GP leased, three that are Practice owned, three are Board owned and one is Board leased. The leased premises model represents a potential risk and a barrier for GP recruitment and retention due to the increased liability for GP Partners.



The chart below shows the lease expiry date of Angus practices up to 2031. It should be noted that Edzell Health Centre’s lease expiry date is 2030 but the practice has formally requested lease assignation at an earlier date of May 2024 due to retirement.

Links Health Centre and Monifieth Health Centre have also made formal submissions to the Board for lease assignation.



Loans

Two practices have bank loans on their premises expiring in 2041 and 2042. One South-East practice has applied for a sustainability loan and is awaiting a decision.

GP Workforce

Demographics: The change to workforce demographics has an impact on the premises strategy.

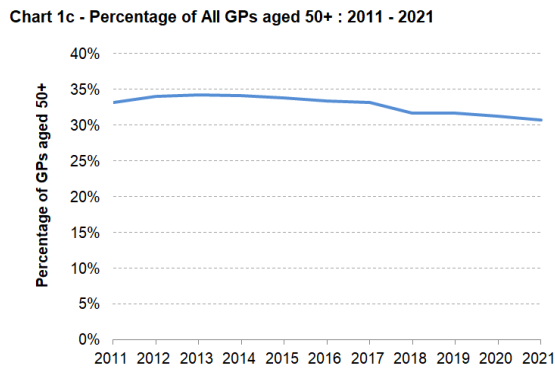
In January 2022, an Angus HSCP survey was undertaken; all 16 practices responded and 11 declared that they had one or more GP Partner(s) over the age of 55.

The GP nurse workforce is also an ageing population. Public Health data from 2017 showed 23% of Angus nursing staff were aged 55 or over, with 54% aged over 45, potentially meaning 77% of all Angus nursing staff are now aged over 50.

In the same survey 20% of Health Care Support Worker/Health Care Assistant staff were recorded as aged over 55, with 27% aged over 45, potentially meaning 47% of all HCSW/HCA staff are now aged over 50.

Nationally, around one-third of GPs are aged 50 and over, suggesting that the move to multidisciplinary teams (and securing the space to accommodate them) must continue at pace if the remaining GPs are to be retained within a more sustainable Health and Social Care model.

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

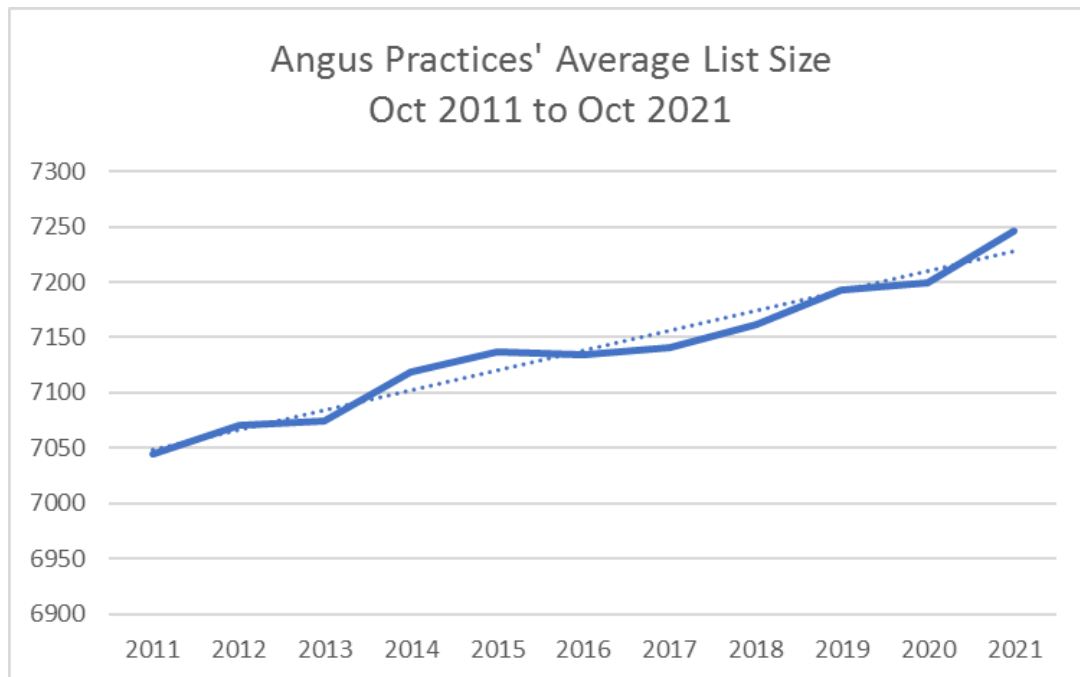


Source: PHS General Practice GP Workforce & List Sizes

Fewer practices: The number of practices in Scotland is decreasing, reflected locally in Angus with one closing in the past 5 years; two practices avoided closure by becoming 2C, meaning that partners could not be found and they are now operated by NHS Tayside. Another practice is classed as 17C meaning they are Personal Medical Services (PMS), operating under a locally negotiated agreement. The remaining 12 practices are classed as 17J meaning they are operated under a General Medical Services (GMS) standard, nationally negotiated contract.

Following the closure of a practice, the transfer of patients to neighbouring practices brings further strain in addition to that caused by workforce challenges and insufficient space.

Increasing Demand: The chart below shows that the list size for Angus practices has steadily increased year on year between October 2011 and October 2021.



Source: PHS General Practice GP Workforce & List Sizes

The table below shows list size changes by practice between October 2011 and October 2021, and also July 2022, with a net change of an additional 3,208 patients. 2022 data has been included to show the effect of the re-allocation of patients to the remaining Angus practices from the closure of Friockheim Health Centre on 31st May 2022.

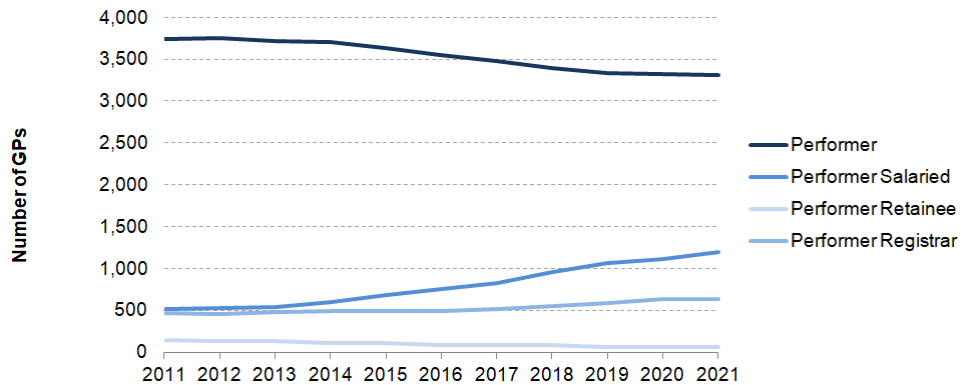
Public Health Scotland states at 1st October 2021, the number of patients registered with GP practices continues to rise slowly year on year and has increased by 5% since 2011. During that time, seven of the sixteen Angus practices had increases in registered population above the Scottish average, five of them increasing by between 14% and 34%.

| Practice | Oct 2011 | Oct 2021 | Difference 2011 - 2021 | Jul 2022 | Difference 2011 - 2022 |
|------------------|---------------|---------------|------------------------|---------------|------------------------|
| Abbey | 6207 | 6166 | -41 (-0.7%) | 6726 | 519 (8.4%) |
| Academy | 10943 | 9222 | -1721 (-15.7%) | 9318 | -1625 (-14.8%) |
| Annat Bank | 5814 | 5891 | 77 (1.3%) | 5987 | 173 (3.0%) |
| Arbroath Medical | 9775 | 9196 | -579 (-5.9%) | 9174 | -601 (-6.1%) |
| Brechin | 9663 | 8487 | -1176 (-12.2%) | 8649 | -1014 (-10.5%) |
| Carnoustie | 12841 | 13125 | 284 (2.2%) | 13096 | 255 (2.0%) |
| Castlegait | 4618 | 4739 | 121 (2.6%) | 4794 | 176 (3.8%) |
| Edzell | 1977 | 2645 | 668 (33.8%) | 2707 | 730 (36.9%) |
| Friockheim | 3196 | 3585 | 389 (12.2%) | 0 | -3196 (-100%) |
| Kirriemuir | 8410 | 8799 | 389 (4.6%) | 8799 | 389 (4.6%) |
| Lour Road | 5791 | 6636 | 845 (14.6%) | 7052 | 1261 (21.8%) |
| Monifieth | 8992 | 10683 | 1691 (18.8%) | 11108 | 2116 (23.5%) |
| Ravenswood | 3208 | 4007 | 799 (24.9%) | 4562 | 1354 (42.2%) |
| Springfield East | 4199 | 4476 | 277 (6.6%) | 4685 | 486 (11.6%) |
| Springfield West | 6687 | 7832 | 1145 (17.1%) | 8483 | 1796 (26.9%) |
| Townhead | 6551 | 6783 | 232 (3.5%) | 6940 | 389 (5.9%) |
| Total | 108872 | 112272 | | 112080 | |
| Net change | | | 3400 (3.1%) | | 3208 (2.9%) |

Source: PHS Workforce & Practice Populations

New ways of working: The changing face of the GP workforce demonstrates an increase in salaried GPs as shown in the headcount by GP designation graph below. This change has implications for the Premises Strategy in terms of the ownership of GP premises buildings and the associated cost increases for NHS Tayside. The greater adoption of digital technologies through embedded integrated digital networks and use of telehealth video services will optimise the use of GP time as well as streamline patient pathways.

The chart shows national headcount of GPs in post by designation between 2011 and 2021. Performer means a Registered Medical Practitioner (other than a Locum Practitioner) whose name is included in the medical practitioners list.



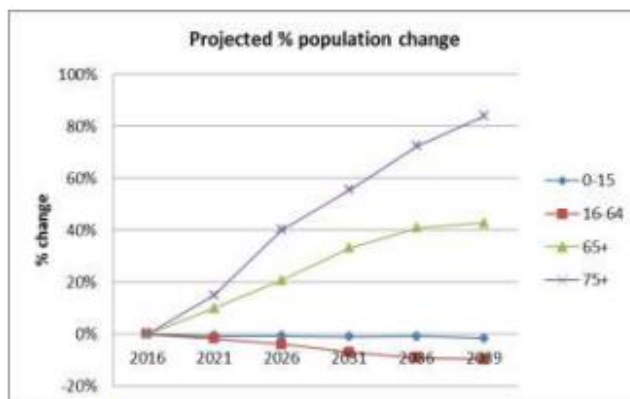
Source: PHS General Practice GP Workforce & List Sizes

Angus Population

Age Profile

The chart below shows the projected population over the years to 2039, due to both in-migration and increased life expectancy. The 2017 Housing Market Area Profile states there is expectation the population of Angus who are aged over 75 years will increase by 69% from 2017 (11,973) to 2037 (19,163). The overall population projection for Angus is an increase from 116,570 (2017) to 119,229 (2037), a +2.3% change.

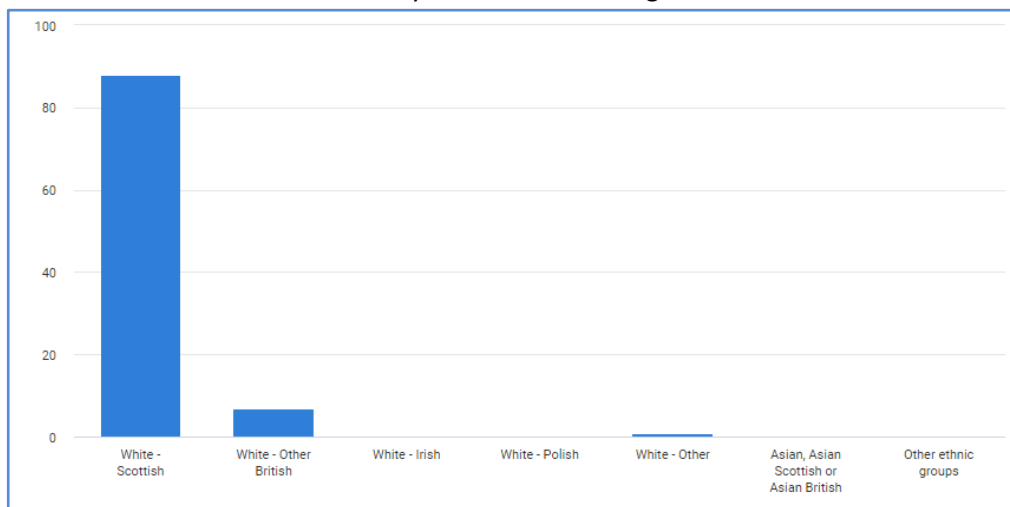
Graph 1 Projected percentage population change in Angus between mid-2016 and 2039, by age



Source: National Records of Scotland

Ethnicity

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



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

Population Spread

The table below shows the number of adults (18+) in each area as at 2020/21 (source Public Health Scotland).

| 2020/21 | |
|--------------------|---------------|
| Angus | 94,400 |
| Angus - North East | 21,248 |
| Angus - North West | 29,159 |
| Angus - South East | 23,684 |
| Angus - South West | 20,309 |

Angus Health

Long term Conditions

Public Health Scotland's General Practice Disease Prevalence data of 2017-18 to 2021-22 highlights an overall increase in long term conditions with the prevalence of cancer and hypertension being above the Scottish average.

| Per 100 patients | Angus 2017-18 | Angus 2021-22 | Scotland 2021-22 |
|------------------|---------------|---------------|------------------|
| Asthma | 5.11 | 5.18 | 6.35 |
| Cancer | 5.07 | 5.13 | 3.07 |
| Depression | 5.07 | 5.14 | 8.19 |
| Diabetes | 5.08 | 5.16 | 5.29 |
| Hypertension | 16.8 | 16.1 | 13.1 |

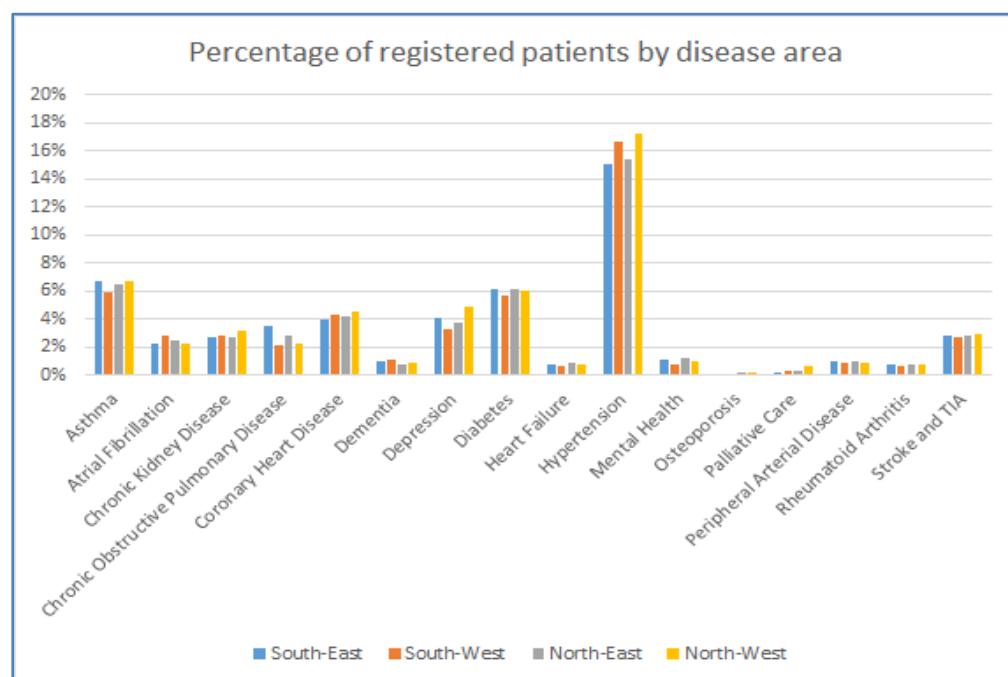
The table below shows the number of people on long term condition registers by cluster and therefore where particular services are needed most.

| GP Cluster | South-East | South-West | North-East | North-West |
|--|--------------|--------------|--------------|--------------|
| Asthma | 2121 (6.7%) | 1441 (6.0%) | 1882 (6.5%) | 1950 (6.8%) |
| Atrial Fibrillation | 717 (2.3%) | 695 (2.9%) | 726 (2.5%) | 671 (2.3%) |
| Chronic Kidney Disease (CKD Age 18+) | 863 (2.74%) | 700 (2.9%) | 777 (2.7%) | 911 (3.2%) |
| Chronic Obstructive Pulmonary Disease | 1110 (3.5%) | 510 (2.1%) | 814 (2.8%) | 666 (2.3%) |
| Coronary Heart Disease (CHD) | 1269 (4.0%) | 1054 (4.4%) | 1226 (4.3%) | 1302 (4.5%) |
| Dementia | 333 (1.1%) | 264 (1.1%) | 224 (0.8%) | 250 (0.9%) |
| Depression (Age 18+) | 1305 (4.1%) | 810 (3.4%) | 1077 (3.7%) | 1409 (4.9%) |
| Diabetes (Age 17+) | 1958 (6.2%) | 1379 (5.7%) | 1780 (6.2%) | 1729 (6.0%) |
| Heart Failure | 234 (0.7%) | 161 (0.7%) | 254 (0.9%) | 217 (0.8%) |
| Hypertension (High blood pressure) | 4758 (15.1%) | 4017 (16.7%) | 4428 (15.4%) | 4979 (17.3%) |
| Mental Health* | 357 (1.1%) | 197 (0.8%) | 366 (1.3%) | 282 (1.0%) |
| Osteoporosis | 28 (0.1%) | 32 (0.1%) | 57 (0.2%) | 57 (0.2%) |
| Palliative Care | 61 (0.2%) | 80 (0.3%) | 92 (0.3%) | 190 (0.7%) |
| Peripheral Arterial Disease | 306 (1.0%) | 227 (0.9%) | 305 (1.1%) | 255 (0.9%) |
| Rheumatoid Arthritis | 235 (0.7%) | 171 (0.7%) | 218 (0.8%) | 232 (0.8%) |
| Stroke and TIA | 880 (2.8%) | 658 (2.7%) | 809 (2.8%) | 867 (3.0%) |
| Population Register | 31483 | 24106 | 28810 | 28775 |

*Mental Health defined as schizophrenia, bipolar affective disorder or other psychoses

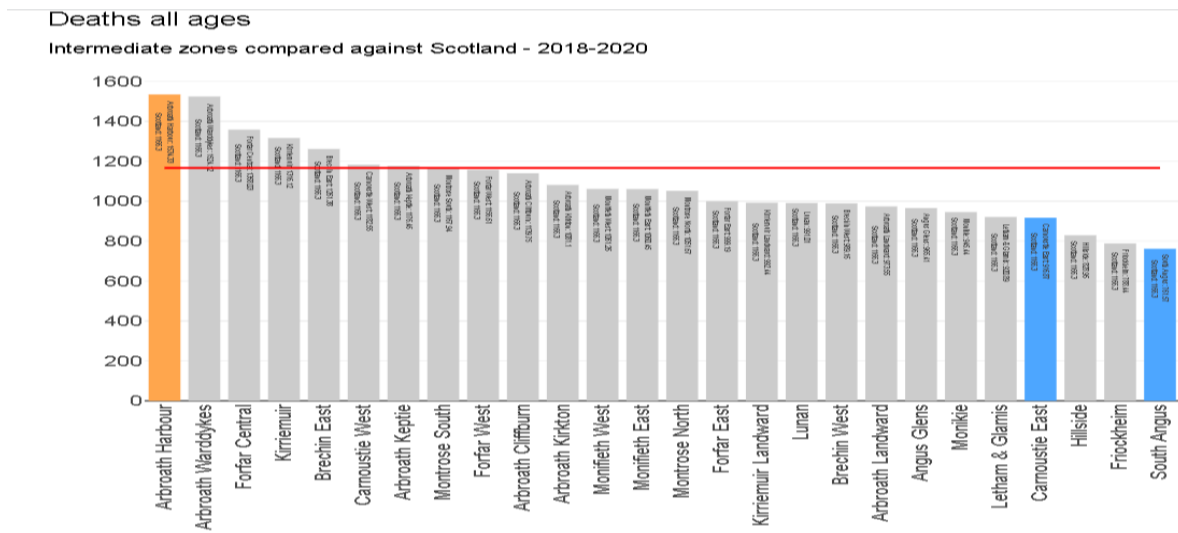
Source for table above and graph below: General practice disease prevalence data. Public Health Scotland, June 2022 (includes Friockheim Health Centre)

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



Angus Deaths

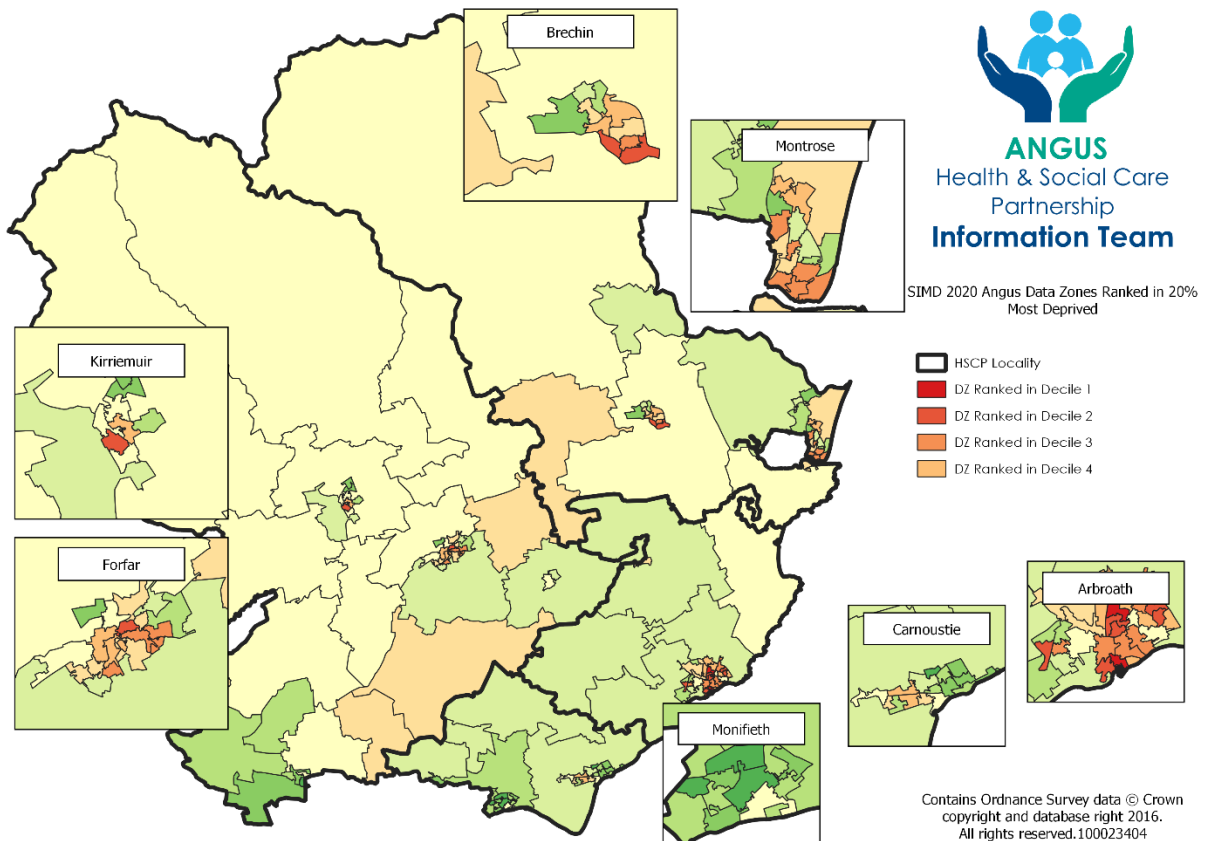
The Scottish Public Health Observatory is a collaboration led by Public Health Scotland providing a picture of the Scottish population health. The chart below shows deaths at all ages for Angus compared with the Scottish average which is represented by the red line.



Source: General practice disease prevalence data. Public Health Scotland, June 2022 (includes Frickheim Health Centre)

Inequality and Deprivation

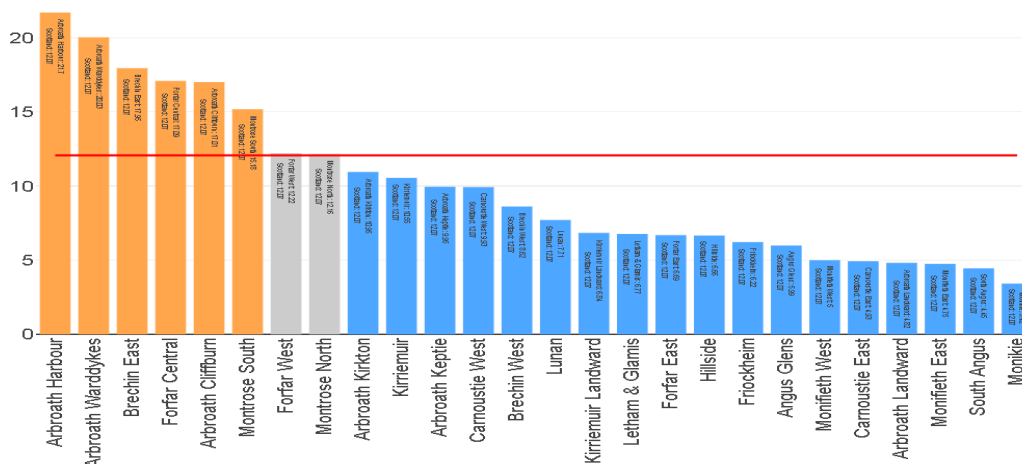
The Angus population is ageing but, as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. These patients will have a need for higher levels of health and social care. In Angus there are 155 SIMD data zones of which 12 are ranked within the 20% most deprived in Scotland. (Source Local Authority Analysis SIMD 2020v2)



The Angus Local Outcomes Improvement Plan 2017 - 2030 shows that parts of Arbroath Harbour, Arbroath Kirkton, Arbroath Cliffburn, Arbroath Warddykes, Forfar West, Forfar Central, and Brechin East are the areas with the highest levels of deprivation

Data from the Scottish Public Health Observatory (ScotPHO) shows the areas ranked in order of deprivation together with the Scottish average. The causes of poor health largely lie outside the health system but equitable access to health care is vital, and any reshaping of services will need to meet the challenges of health inequality. Under the Fairer Scotland Duty (2018), public bodies are required to actively consider how they could reduce inequalities of outcome in any major strategic decisions.

Population income deprived
Intermediate zones compared against Scotland - 2017



Where do we want to be?

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

THE NATIONAL PICTURE

We are seeing significant changes to the way general practice services are delivered, including services, workforce and premises. 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 (Scottish Government)

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 the core strengths of general practice. It allows GPs to focus on those patients with the most complex

requirements, while the needs of other patients are met by the wider multi-disciplinary 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 a GP Premises Sustainability Fund to assist those who no longer wish to own or lease premises themselves. In turn, 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 (e.g., First Contact Physiotherapy and Mental Health & Well Being)
6. Community Link Workers

ACROSS TAYSIDE

Tay Strategic Plan 2016-2036

NHS Tayside's has set out its response to the national vision with the Tay Strategic Plan 2016-2036. This plan, reviewed every four years, focuses on the importance of the link between developing good quality places and improved quality of life. The TAYplan recognises that the quality of places throughout the area is really important for people's health and enjoyment. It states '*community, healthcare, education and sporting facilities are best located at the heart of the communities they serve*'. The plan mentions an Angus average yearly building rate of 310 new homes per year from 2016 to 2028. Based on an occupation of 2.16 people, that is potentially an additional 670 people per year. The Housing Market Area Profile states there will be an estimated 3900 more people and around 2000 more households by 2037, with the Brechin, Montrose, Carnoustie and Monifieth areas experiencing the greatest increase in overall population.

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 as:

- 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 growth that will need to be accommodated in practices with already high demand.

WITHIN ANGUS

There is a growing demand for care provision as people are living longer with multiple and complex care needs that require more support from health and social care services. People want to access care locally, and they want care that helps them maintain their independence and their place in their own community. Angus HSCP Strategic Needs Assessment and our current performance tell us that addressing these challenges is pivotal. Angus's broad strategic priorities, and key areas of focus and delivery are:

- Improving the health of the population
- Dealing with the increased number of those who need support and care
- Managing the shrinking workforce available to deliver support and care
- Coping with continued pressure on finances
- Making greater use of technology to improve efficiency and productivity

The way that adult health and social care services are delivered by Angus Integration Joint Board (IJB), through Angus Health and Social Care Partnership (HSCP), is described in the Strategic Commissioning Plan.

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

- The proportion of population over 75 years old in Angus– 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 number 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 substance misuse.
- Every person and family to have access to enhanced community-based provision.

At a local level, the HSCP believes that by working together across organisations, the population of Angus can be healthier, with fewer inequalities and can be provided with high-quality, cost-effective services that align with the needs of the area's population. This includes moving to a locality-based model, where general practice is part of a wider health and social care ecosystem providing care to members of its community - the details are set out in the Angus Health and Social Care partnership Strategic Commissioning Plan 2019-2022. The ambition of redesigning Primary Care services to encompass a multidisciplinary team must take cognisance of the fact that accommodation concerns along with workforce availability remain the main risks to its delivery.

The table below shows the square meterage of each practice, from the District Valuer's 2018 tabletop exercise on behalf of the Scottish Government. It gives an overall square meterage based on DV assessment for rent reimbursement purposes. The area given may reflect both clinical and administrative space, and it is unknown whether it is gross or net internal area or the difference between the GMS footprint and the size of the building. It is also worth reiterating that practices are already at capacity, restricting the ability of additional services to increase multi-disciplinary working. The table shows capacity for hosting other services. The limitations of practices hosting Primary Care Improvement Plan (PCIP) services have been described earlier in the document.

| | Space for other services | M ² | List size 2022 | M ² per patient |
|-----------------------------|---------------------------|----------------|----------------|----------------------------|
| South-East | | | | |
| Arbroath Medical Centre | Limited - at capacity | 311 | 9174 | 0.03 |
| Abbey Health Centre | None | 162 | 6726 | 0.02 |
| Springfield East | Limited - at capacity | 401 | 4685 | 0.09 |
| Springfield West | Limited - at capacity | 409 | 8483 | 0.05 |
| Friockheim Health Centre | Non-operational June 2022 | 174 | 3477 | 0.05 |
| South-West | | | | |
| Carnoustie Medical Group | Limited | 1169 | 13096 | 0.09 |
| Monifieth Health Centre | Limited | 735 | 11108 | 0.07 |
| North-East | | | | |
| Brechin Medical Practice | Limited | 576 | 8649 | 0.07 |
| Edzell Health Centre | Limited | 290 | 2707 | 0.11 |
| Townhead Practice | Limited | 414 | 6940 | 0.06 |
| Castlegait Surgery | Limited | 388 | 4794 | 0.08 |
| Annat Bank Practice | Limited | 407 | 5987 | 0.07 |
| North-West | | | | |
| Academy Medical Centre | Limited | 1150 | 9318 | 0.12 |
| Ravenswood Surgery | Limited - at capacity | 218 | 4562 | 0.05 |
| Lour Road Group Practice | Limited | 631 | 7052 | 0.09 |
| Kirriemuir Medical Practice | None | 313 | 8799 | 0.04 |

Current service modelling is significantly impacted by availability of suitable room space. The lack of suitable space will limit future development opportunities as well as impacting on the ability to train, recruit and retain the required workforce.

PLANNED HOUSING DEVELOPMENTS

Angus Local Development Plan outlines the proposed housing developments in Angus between 2016-2026. The Angus Housing Land Audit provides an overview of progress against the above plan, as of 31st March 2021.

This information presented does not consider the additional impact of housing developments progressed within neighbouring council areas but solely within Angus General Practice boundary

areas, further strengthening the case for alignment of council and HSCP boundaries, including the general practice boundaries.

The results of the annual land audit show a further 2048 homes planned between 2022-2027. Assuming each unit results in on average 2.16 occupants this has the potential to further increase the Angus population by around 4,424 individuals, of which approximately 1/3 is in the North-West cluster and the remainder evenly distributed across Angus. Details are provided in the table below.

ANGUS COUNCIL

HOUSING MARKET AREAS

HOUSING LAND SUPPLY AND POTENTIAL OUTPUT (April 2022)(sites of 5+ houses)

| | PROGRAMMING ON EFFECTIVE SITES | | | | | | 2022 to 2027 | Later Years | Constrained Sites | Established Sites |
|------------------------------|--------------------------------|------------|------------|------------|------------|-------------|--------------|-------------|-------------------|-------------------|
| | 2022/2023 | 2023/2024 | 2024/2025 | 2025/2026 | 2026/2027 | | | | | |
| | A | B | C | D | E | | | | | |
| BRECHIN | 0 | 56 | 60 | 60 | 59 | 235 | 170 | 18 | 423 | |
| MONTROSE | 10 | 26 | 4 | 4 | 0 | 44 | 0 | 318 | 362 | |
| NORTH ANGUS HMA LANDWARD | 42 | 111 | 63 | 40 | 38 | 294 | 0 | 83 | 377 | |
| North Angus HMA Total | 52 | 193 | 127 | 104 | 97 | 573 | 170 | 419 | 1162 | |
| ARBROATH | 68 | 51 | 59 | 57 | 38 | 273 | 25 | 75 | 373 | |
| EAST ANGUS HMA LANDWARD | 0 | 6 | 22 | 0 | 0 | 28 | 0 | 18 | 46 | |
| East Angus HMA Total | 68 | 57 | 81 | 57 | 38 | 301 | 25 | 93 | 419 | |
| CARNOUSTIE | 75 | 75 | 89 | 86 | 49 | 374 | 0 | 0 | 374 | |
| MONIFIETH | 4 | 6 | 6 | 2 | 0 | 18 | 0 | 0 | 18 | |
| SOUTH ANGUS HMA LANDWARD | 25 | 87 | 56 | 49 | 36 | 253 | 34 | 198 | 485 | |
| South Angus HMA Total | 104 | 168 | 151 | 137 | 85 | 645 | 34 | 198 | 877 | |
| FORFAR | 81 | 80 | 60 | 66 | 66 | 353 | 135 | 63 | 551 | |
| KIRRIEMUIR | 14 | 22 | 23 | 36 | 36 | 131 | 43 | 7 | 181 | |
| WEST ANGUS HMA LANDWARD | 0 | 22 | 13 | 5 | 5 | 45 | 10 | 9 | 64 | |
| West Angus HMA Total | 95 | 124 | 96 | 107 | 107 | 529 | 188 | 79 | 796 | |
| ANGUS | 319 | 542 | 455 | 405 | 327 | 2048 | 417 | 789 | 3254 | |

Angus Land Audit 2022

Given the significant pressures and sustainability challenges Angus general practices have and continue to face, consideration of health contribution requirements at time of housing planning approval is critical.

Angus Primary Care Improvement Plan (PCIP) 2021-2022

The Angus PCIP highlights the issues related to the lack of space within general practice premises which threatens our ability to deliver the objectives agreed within the GMS Contract. Services like mental health and Community Care and Treatment Centre Services (e.g. wound dressing, blood tests, simple investigations) cannot be accommodated due to space constraints. With regard to mental health, currently the ability to deliver face to face psychological interventions to each Practice's population is limited and relies on patients travelling.

Angus Council Plans

In 2021 Angus Council published its Sustainable Energy and Climate Action Plan (SECAP) in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) Scotland Order 2015. The purpose of the SECAP is to support Angus Council in its commitment to sustainable development, environmental management and the transition to a low carbon economy. It provides a

roadmap demonstrating how Angus can both reduce its carbon emissions and increase the resilience of the region to the potential impacts of climate change through concrete, deliverable actions. This document is a key component of the premises strategy, as it holds the wider economic, environmental and social aspirations for the Angus area.

Angus's commitment to reducing carbon emissions and adapting to climate change is reflected across several of its strategic policies including the Angus Community Plan 2017-2030, The Angus Local Development Plan 2016-19, The Angus Food Growing Strategy 2020 and the Angus Council Plan 2020-2024. The central priorities of the Angus Community Plan include: 1. Reducing child poverty; 2. Improving mental health and wellbeing; and 3. Improving accessibility and connectivity. Angus also recognises the importance of working together with neighbouring authorities to deliver the best outcomes for the community.

Workforce Recruitment and Retention

Angus HSCP workforce strategy aims to promote Angus as a great place to live, work and learn as well as improving workforce wellbeing and inclusion. Providing a suitable workplace environment that is conducive to the delivery of the Primary Care vision will positively contribute/impact on the ability to attract and retain qualified staff.

Financial Funding, Appraisal and Planning

General Practice premises development, whether providing additional capacity from an existing facility or through a new facility, will have funding consequences both in terms of capital build costs and ongoing revenue costs.

It is important to recognise that due to the nature of Primary Care premises funding, these ongoing revenue costs are funded by different organisations. For the larger capital schemes in particular, this situation can result in some added complexities when it comes to scheme approval.

Stakeholder Engagement

Service users and primary care workforce can both provide valuable perspectives on the state of practice premises and their ability to meet the needs of the service. A variety of survey tools are available eg online forms, touchscreen displays onsite, phone or mailed surveys. Points to consider could include: consulting room suitability, staff areas, building efficiency, general accessibility and upkeep, health and safety including slips and trips etc.

Where do we want to be?

This document sets out the steps required to fulfil the ambition of Angus Health and Social Care Partnership: to operate from premises that are fit for purpose and appropriately sized to support a sustainable multidisciplinary care model.

General practice premises host a wide variety of services, but there are limitations, for example, only larger practices will have the “critical mass” to recruit and develop an expert, resilient workforce. Service provision will be developed taking cognisance of the changing landscape and the requirement to respond to the needs of the patients within their community.

To move the Premises strategy forwards, a number of key intentions have been identified. It is suggested that these are reviewed in terms of their priorities to inform a programme of work, and key risks & issues.

1: Map opportunities and barriers (ongoing/regularly updated)

Although 64% of practices described premises as being fit for present needs; this does not reflect the comments made regarding premises having the capacity to accommodate other services in support of multi-disciplinary working and wider integration. Practices also flagged that a lack of space hampers opportunities to train GPs and others or pursue new ways of working. This demonstrates how premises issues can impact on wider programmes of work, for example the Primary Care Improvement Plan (PCIP), and fulfil the terms of the GMS Contract. The PCIP is a national priority, therefore we must understand the opportunities it presents and identify the barriers that unsuitable premises can create.

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

2: Assess GP workforce plan and map new housing plans with GP practice capacity

Clarify and plan the GP workforce forecast for Angus and the impact on premises of any mitigations, for example, expanding the MDT.

Engage with Angus Council Planners with a view to aligning service provision and collaborating on the importance of a holistic health and social care system. The wider interactions between the Council’s area plan, service capacity, available land use etc should all be considered.

3: Produce a practice asset tracker

Contribute to the NHS Tayside Asset Management Plan by providing information on practice premises. It should include:

Building Category eg:

- 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

Maintenance Log capturing physical condition, functional suitability and maintenance priorities.

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

4: Plan for lease renewals and loan requests

Angus HSCP to work in partnership with NHS Tayside to develop a plan of lease renewals and loan requests; and to develop a process to expedite these in a timely fashion to minimise the risk to patient services.

Expiring Leases in 2024

The Links Health Centre lease expires in 2024 affecting three practices.

Edzell Health Centre have requested lease assignation in the same year due to retirement.

The future of these practices needs to be considered and planned for with immediate effect to minimise the impact on patients and the existing workforce.

5: Premises Efficiency Review

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

6: Assess potential improvements to premises

Capture the improvements identified by the practices and align these with the Angus Plan to modernise Primary Care services. This will assist in highlighting any significant upcoming financial/property risks. The high prevalence of long-term conditions in Angus suggests accessibility for patients will be key and 17% of practices raised a need to improve parking and access.

7: Update planned work programme

For the purpose of this document, Premises work will fall into three categories:

Existing Work Programme 2022

- **Kirriemuir Health Centre** – strategic discussions commenced 2019 around the practice’s future expansion. Consideration has been given, in the interim, for a short-term solution of a portacabin to be situated in the health centre grounds to provide additional clinical space – in progress.
- **Academy Medical Centre** – lease assignation completed June 2022. Co-location with Ravenswood remains an option and requires progressing to ensure a feasible and affordable medium-term option for the two practices.
- **Ravenswood Surgery** – plans drawn up and being submitted for planning consent around optimising the space available within the current building. Given the recent 15% increase in list size, clinical space remains at a premium hence the urgency to develop a medium-term option remains - in progress.
- **Letham** – considering using Letham premises for 2 days a week as a satellite of Ravenswood Surgery to provide additional accommodation.

| |
|--|
| <ul style="list-style-type: none"> • Monifieth Medical Practice – a proposal is being considered to extend practice space by acquiring the lease of a private business in the existing practice building - in progress • Arbroath Medical Centre – investigating improvement grant opportunities for alteration of room usage – in progress • Edzell Health Centre – early lease assignation requested (May 2024) - in progress. • Friockheim Health Centre – determine options for re-opening building as an integrated service hub • All leased Practices - Progress lease assignation and review of lease considering requirements. |
| <p>Work plan across next 5 years</p> <ul style="list-style-type: none"> • Review leases, loans and funded modifications to premises including room additions and IT systems • Table options that look at new builds or utilising existing unused commercial premises in areas that are underserved • Support applications that use funding to achieve ‘net zero’ for example installation of ground source pumps and LED lighting. • Support further development of integrating health and social care services utilising both physical and digital solutions • Support accommodation of services that promote and enhance patient self-management of long term conditions • Transport/care/travel evaluation within plans for service delivery |
| <p>Work plan over next 5 to 10 years</p> <ul style="list-style-type: none"> • New build work as required, reconfiguration of existing premises. |
| <p>Work plan over next 10 to 20 years</p> <ul style="list-style-type: none"> • Review changing population and health requirements and put in place plans to meet developing needs • Reduce the carbon footprint through the provision of services that are accessible to patients by foot or bicycle. |

8: Legislative requirements

Work with practices to ensure all work meets relevant standards. For example, Standard 8 of the Healthcare Improvement Scotland Infection Prevention and Control Standards (May 2022) requires policies and procedures be put in place to minimise the risks of infection to staff, patients and visitors associated with construction, renovation, maintenance and repair of the built environment. Explore the legislative changes required that would allow practices to become more embedded in their local communities. This would contribute to the ambition set out in the 2016 National Clinical Strategy for Scotland of ‘planning and delivery of primary care services around individual communities’.

9: Link to Digital Programme

Digital healthcare technologies can improve efficiency and workflow for healthcare professionals as well as the way in which patients access healthcare and health information. We must carefully consider the Digital Strategy in order to identify and embrace efficiency opportunities e.g. less demand on physical space as patients opt for online consultations and workforce choose to work from home when appropriate.

Explore further opportunities for the use of *Near Me*

NHS Tayside I.T. systems are unable to interface with neighbouring Board's systems increasing risk to patient care through delayed or failed communication pathways.

10: Collate data to inform responses to national and local direction

Collate, analyse and present data as evidence in support of practice and cluster responses to the National and Tayside-wide directives for Primary Care services.

11: Address Inequalities

The Fairer Scotland Duty came into force in April 2018. It 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 this was done. This could include an Equality Impact Assessment being undertaken. 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.

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

Angus

- Angus Primary Care Improvement Plan 2020/2021
- Angus Strategic Commissioning Plan 2019-2022
- Angus Market Area Profile
- Angus Local Housing strategy 2017-2022
- Strategic Housing Investment plan 2020/21- 2024/25
- Angus Outcomes Profile July 2017
- TAYplan Strategic Development Plan 2016-2036
- Joint Strategic Needs Assessment 2018
- Angus GP Practice Sustainability Survey 2022
- Angus HSPC Premises Survey 2022