



ANGUS HSCP

General Practice Premises Strategy

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1. EXECUTIVE SUMMARY

Introduction

General Practice is often an individual's first and most frequent point of contact with the NHS, making it an important gateway to a range of essential services. As such its influence on population health and the wider health and social care system cannot be overstated.

In Scotland, like most of the UK, General Practice is facing considerable pressure due to a range of different factors including workforce challenges (decreased numbers of trained full time GPs) and rising demand. It is vital to ensure the strength and resilience of General Practice locally in order to effectively deliver health care both at national and local levels.

The role of buildings in enhancing the patient experience, facilitating service integration, and attracting and retaining staff, should not be underestimated. It is well evidenced that premises issues have an impact on GP recruitment and retention and thereby have a consequential impact on practice sustainability. Fit for purpose premises are essential to the provision of high-quality, safe, and resilient services to the population of Angus.

This document assesses the current state of General Practice premises in Angus, addresses present and anticipated challenges, and identifies the key priorities necessary to support sustainable and resilient General Practice while considering the specific needs of the local population.

With a deliberate focus on GP Practice premises, this document is an iterative strategy, designed to support and inform ongoing stakeholder engagement regarding capacity and priority areas for General Practice estates in the local area.

Our ultimate objective is to deliver a sustainable Primary Care service to the population of Angus, supported by infrastructure that aligns with the **vision of Angus Health and Social Care Partnership (HSCP) of “a healthier Angus served by integrated, multidisciplinary, and co-located teams”**.

Several key factors inform this strategy, including national and local strategic documents such as the 2018 GMS Contract and associated Memorandum of Understanding (MoU's) as well as national, regional, and local plans. Additionally, the Angus Health and Social Care Partnership Primary Care Improvement Plan, population and health statistics for Angus, and responses from Angus GP Practice surveys conducted in January and June 2022 have contributed.

To shape the future of GP premises in Angus and meet the demand for efficient, sustainable, and accessible facilities that support the delivery of care to the population, strategic objectives have been identified in collaboration with stakeholders.

- **Sustainability**
- **Focused investment**
- **Accessibility**
- **Quality**

These objectives serve as guiding principles for our actions and decisions.

Sustainability

- Develop an accelerated and systematic/proactive approach and process on GP Lease assignation.
- Support practices/GPs that own their buildings and who may run into recruitment difficulties by utilising appropriate funds. This will be utilised for acquiring premises directly from general practitioners (GPs), thereby

minimising the risk of practice failure and potential harmful cascading effects on other neighbouring practices.

- Actively seek sustainable solutions that fulfil the overall needs of communities over the long term. This involves acknowledging the untapped potential and expectations of communities and finding innovative property solutions to meet them more effectively.
- Transition (over time) to a model whereby GP services within the seven towns of Angus are situated together in a shared/single site, promoting co-location and collaboration among healthcare providers. Our aspiration is for each town to have a Links Health Centre type model; a building that can comfortably accommodate multiple General Practices and the wider multidisciplinary team of health and social care professionals.

Focused investment

- Improve the quality of Primary Care Premises in Angus by identifying opportunities for both investment and disinvestment and work with NHS Tayside/other stakeholders to realise these. This will include identifying and where appropriate disposing of buildings that are no longer needed or that do not meet required standards, allowing for a more efficient allocation of resources.
- Commit to facilitating the development of premises that are designed to accommodate integrated multidisciplinary teams (MDTs). To achieve this, we will support the extension or reconfiguration of existing buildings, ensuring they are well-suited to deliver this new model of care effectively.
- Increase utilisation of NHS and Local Authority assets where appropriate.

Accessibility

- Ensure that primary care services operate from a planned network of accessible buildings, strategically placed to ensure maximum utility for the communities and populations they serve.

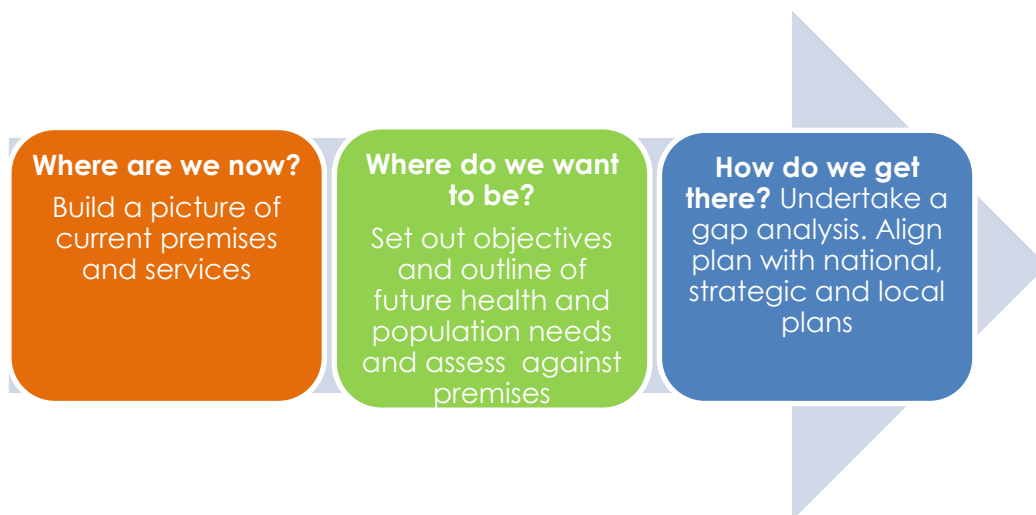
Quality

- Ensure the delivery of high quality primary care from high quality premises that are fit for purpose regardless of ownership model.

It is important to recognise that NHS Tayside has a key role to play in the delivery of these strategic aims. Establishing a shared understanding of the priorities, responsibilities, risks as well as where there are co-dependencies is crucial for the success of this Premises Strategy.

Approach

This document covers three questions:



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



Id	Practice Name	Cluster	Total Practice Population
1	ANNAT BANK PRACTICE	North East	5993
4	BRECHIN MEDICAL PRACTICE	North East	8666
2	CASTLEGAIT SURGERY	North East	4815
5	EDZELL HEALTH CENTRE	North East	2712
3	TOWNHEAD PRACTICE	North East	6969
7	ACADEMY MEDICAL CENTRE	North West	9240
6	KIRRIEMUIR MEDICAL PRACTICE	North West	8867
8	LOUR ROAD GROUP PRACTICE	North West	7261
9	RAVENSWOOD SURGERY	North West	4592
10	ARBROATH MEDICAL CENTRE	South East	9968
12	EAST PRACTICE, SPRINGFIELD MEDICAL CENTRE	South East	4773
11	THE ABBEY PRACTICE	South East	6835
13	WEST PRACTICE, SPRINGFIELD MEDICAL CENTRE	South East	8621
14	CARNOUSTIE MEDICAL GROUP	South West	13065
15	MONIFIETH HEALTH CENTRE	South West	11244

April 2023

2. WHERE ARE WE NOW?

Geographical Spread

There are 15 practices in Angus, split into four clusters: South-East (4 practices), South-West (2 practices), North-East (5 practices) and North-West (4 practices). These practices are all in 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, has historically been aligned with Dundee Health and Social Care Partnership.

Angus, as well as sharing regional Health and Social Care boundaries with Dundee and Perth & Kinross, also has an inter Health Board boundary with Grampian; for our Northern Practices this brings unique challenges i.e. familiarisation of different Health Board referral pathways, guidelines and ways of working, different I.T. systems and communication channels.

Clusters

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

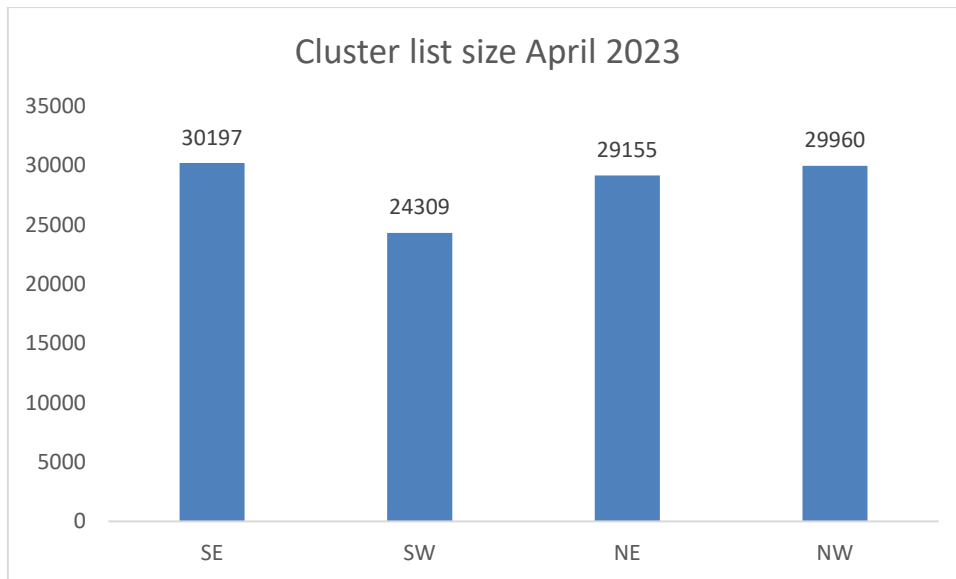


Figure 1 - Data provided by Public Health Scotland

Recent Practice History

It is becoming increasingly evident that GP practices are struggling with many 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 already be under pressure.

The impact of Practice sustainability issues may mean that there is not the same requirement for buildings as currently configured particularly in some of our more rural locations. With this situation arising there is a need to consider how best to meet the needs of the local population in alternative ways.

It would be remiss not to address this issue in a strategy focussed upon premises. The changing nature of service delivery may mean that inevitably there will be opportunities for disinvestment in the estate that occur.

Reducing the number of buildings that are surplus or of poor quality will allow for improvements for the remaining assets.

With GP workforce an issue at national, regional and local levels, practice sustainability is a concern. In Angus three Practices have handed back their GMS contracts since 2015. Despite the Scottish Government making a commitment to increase GP numbers by 2027 it is likely that we will continue to experience challenges in this area. In order to increase resilience and promote a more co-ordinated and collaborative approach across Practices, we will explore opportunities to transition to a model whereby GP practices are co-located in single site premises within each Angus town. In doing so it is essential that our buildings can accommodate co-location including the multidisciplinary teams required who enhance service delivery.

Whilst we do not expect these changes to happen overnight, indeed many will come about over a period of time as opportunities arise, it is nevertheless essential to have these in mind to plan accordingly.

Practice Premises Survey Results

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

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 on space availability and suitability are shown in [appendix 1](#)

Leasing and Ownership

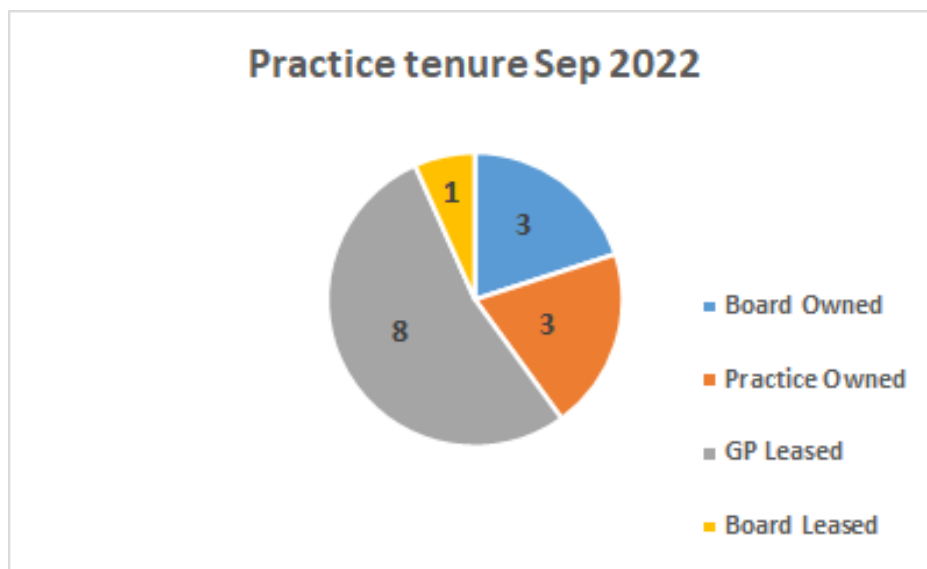
Whether Practices are leased or owned (and if so, by whom) has significant implications for GP recruitment, which in turn impacts on sustainability this must be taken into account when considering the GP practice estate and Premises Strategy.

The Scottish Government recognises that there is pressure on the sustainability of General Practice which is linked to liabilities arising from GP contractors premises (the National Code of Practice for GP Premises, 2017). Historically the 'risks' associated with ownership were not as prevalent as they are currently. With fewer GPs coming into the profession and an increasing number of those that do so opting for salaried positions rather than traditional Partnership roles, there is an increasing financial burden on those who choose to continue to own their premises.

As part of our strategy we need to find a mechanism which supports our GP partners who own their premises. This may be by the creation of a fund which can be used for buying premises from GPs to reduce the risks associated with ownership and mitigate the risk for the Health and Social Care Partnership of practices collapsing and potential domino effects on surrounding practices. Removing this barrier to recruitment may also be seen as a positive step for attracting GPs to work in the area.

Similarly, for those who lease their buildings, there is a requirement for NHS Tayside to develop an Accelerated Lease Assignment process to progress the assignment of leases in a timely manner, well ahead of the renewal date.

Figure 2 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.

Figure 2

Figure 3 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 assignment at an earlier date of May 2024. Monifieth Health Centre have also made formal submissions to the Board for lease assignment. Work is currently underway on Links due for renewal by 2024.

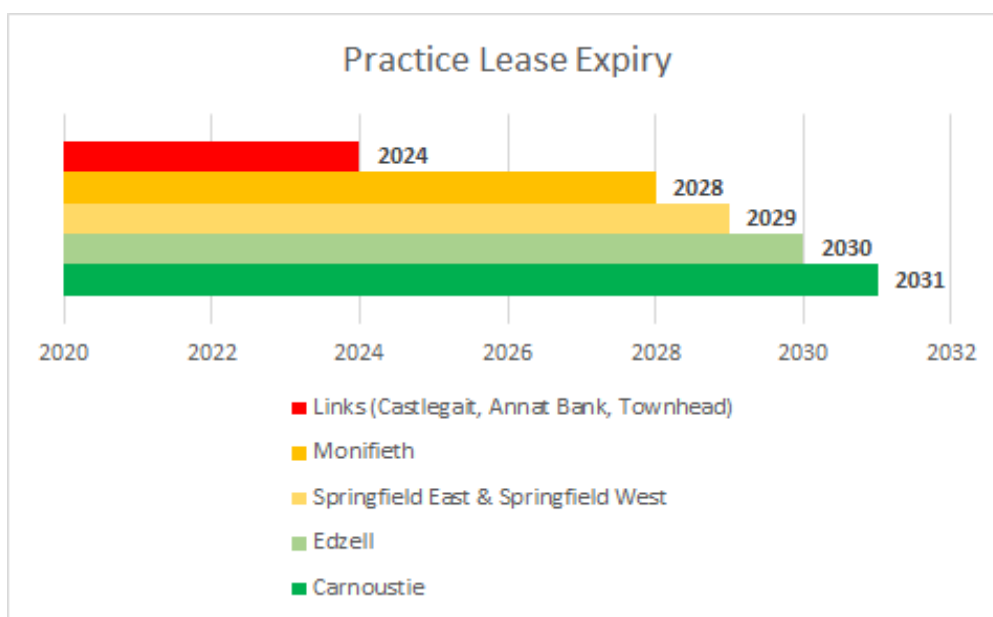


Figure 3

The leased premises model represents a potential risk and barrier for GP recruitment and retention due to the increased liability for GP Partners.

Other Factors

General Practice Workforce

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

i) Ageing Workforce: In January 2022, an Angus HSCP survey was undertaken; all 16 (at the time) practices responded and 11 declared that they had one or more GP Partner 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 supported and retained within a more sustainable Health and Social Care model.

Figure 4 below shows % of All GPs aged 50+ years between 2011 and 2021

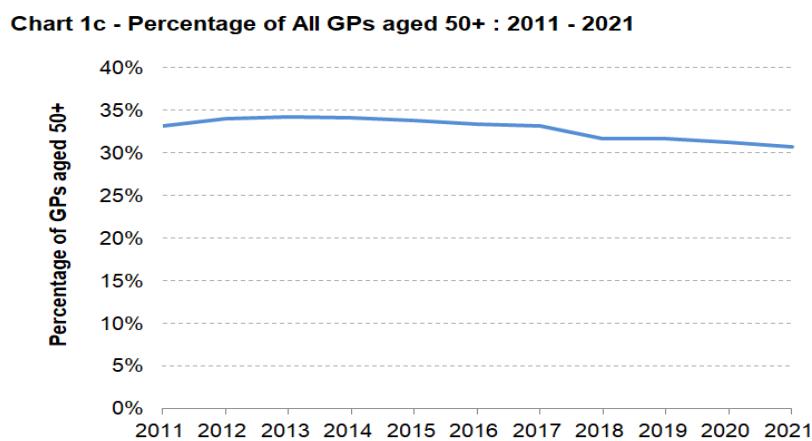


Figure 4 Source: PHS General Practice GP Workforce & List Sizes

ii) Fewer practices: The number of practices in Scotland is decreasing, reflected locally in Angus with one closing in the past 5 years; a further two practices avoided closure and

became 2C, meaning that 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.

- iii) Increasing Demand: Figure 5 below shows that the list size for Angus practices has steadily increased year on year between October 2012 and October 2022.

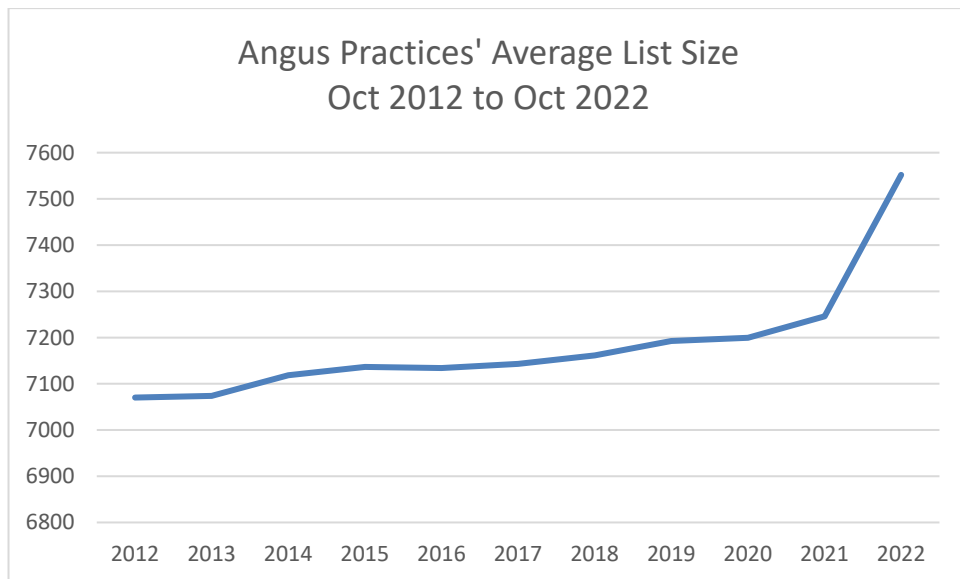


Figure 5: Source: PHS General Practice GP Workforce & List Sizes

The table below (figure 6) shows list size changes by practice between October 2011 and April 2023, with a net change of an additional 4,051 patients.

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 6% since 2012. During that time, seven of the sixteen Angus practices experienced increases in registered population above the Scottish average, with increases between 10% and 42%. Fluctuations in list size can be attributed to patients choosing to re-register with neighbouring practices perhaps where there are instances of instability or perceived instability (i.e. Practice becoming 2c or increased number of GP vacancies) as well as population growth in the area due to housing development.

Practice	Oct-11	Apr-23	Difference 2011 - 2023	%
Abbey	6207	6835	628	10.1%
Academy	10943	9240	-1703	-15.6%
Annat Bank	5814	5993	179	3.1%
Arbroath Medical	9775	9968	193	2.0%
Brechin	9663	8666	-997	-10.3%
Carnoustie	12841	13065	224	1.7%
Castlegait	4618	4815	197	4.3%
Edzell	1977	2712	735	37.2%
Friockheim	3196	0	-3196	-100.0%
Kirriemuir	8410	8799	389	4.6%
Lour Road	5791	7052	1261	21.8%
Monifieth	8992	11108	2116	23.5%
Ravenswood	3208	4562	1354	42.2%
Springfield East	4199	4685	486	11.6%
Springfield West	6687	8483	1796	26.9%
Townhead	6551	6940	389	5.9%
Total	108872	112080		
Net change			4051	2.86%

Figure 6: Source: PHS Workforce & Practice Populations

v) New ways of working:

Figure 7 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.

The changing face of the GP Workforce can be seen with a clear increase in number of salaried GPs.

Number of GPs by designation, 2012-2022

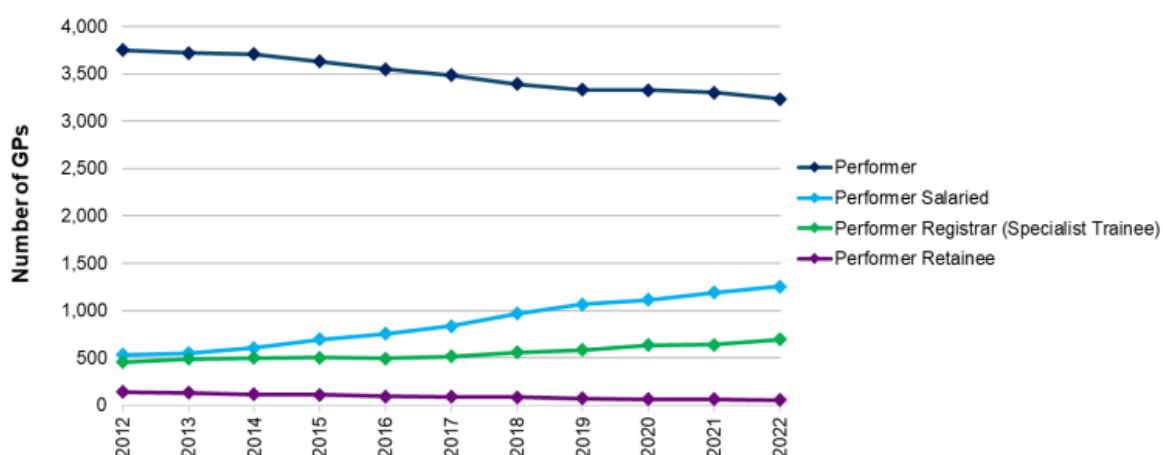


Figure 7 Source: PHS General Practice GP Workforce & List Sizes

As already noted, this change has potential negative implications for the Premises Strategy in terms of the ownership of GP premises buildings and the associated cost increases for NHS Tayside. On the other hand, 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.

Understanding Angus

There is a growing demand for care provision. People are living longer with multiple and more complex needs that require more support from health and social care services. Local people want to access care closer to home, which helps them maintain their independence. Our strategic needs assessment and our current performance tell us that the following must be addressed:

- Improving the health of the population
- Many more people who need support and care
- A smaller available workforce to deliver care and support
- Continued pressure on public finances
- Using more technology to improve efficiency and productivity

Our Population

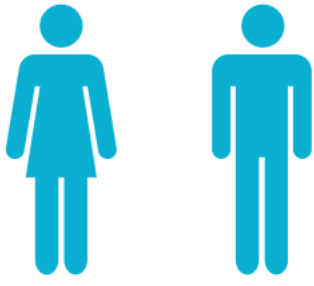
	Age Under 18	21,172
	Age 18 - 64	66,484
	Age 65-74	15,410
	Age 75-84	9,433
	Age 85+	3,621
Female 59,571 Male 56,549	All people	116,120

Figure 8 – (Source National Records Scotland)

During the period from 2018 to 2028, Angus is projected to experience a slight population decline. Nevertheless, there will be a decrease in the number of individuals aged 65 and below, resulting in a reduced working-age population. Conversely, the number of individuals aged 75 years and above is expected to rise by 30%. These changes have significant implications for service provision, as research suggests that older individuals generally encounter more long-term health issues as they age. In terms of premises, we need to be mindful that we will have an increasingly older population so where services are placed is relevant and requires consideration.

Figure 9 below shows the population age cohort who are registered with a practice by cluster.

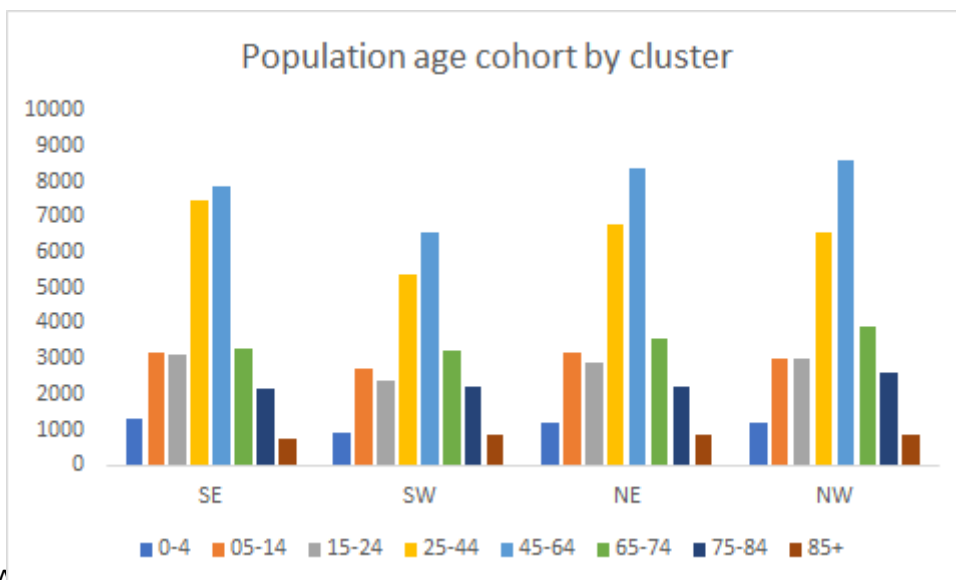


Figure 9 - Data provided by Public Health

Life Expectancy at birth (2021)

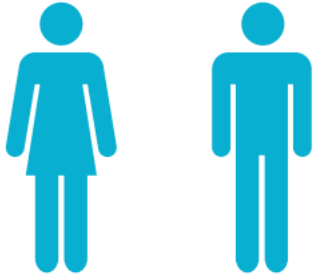
		Angus	Scotland
	Male	78	76
	Female	82	81

Figure 10 – Source National Records Scotland

Over the duration of the previous strategic plan, life expectancy in Angus did not show any growth, mirroring the situation observed across Scotland. Despite having a higher life expectancy than the Scottish average, there remains a significant disparity between the life expectancy of individuals residing in the most deprived areas of Angus compared to those in the least deprived areas. Men living in the most deprived areas experience a life expectancy that is approximately nine years shorter, while women experience a three-year gap compared to their counterparts in the least deprived areas of Angus.

The proportion of life spent in good health varies between genders. Men in Angus enjoy approximately 81% of their life in good health, which is 2% higher than the Scottish average. Conversely, women in Angus spend around 74% of their life in good health, which is 2% lower than the Scottish average.

Angus Health

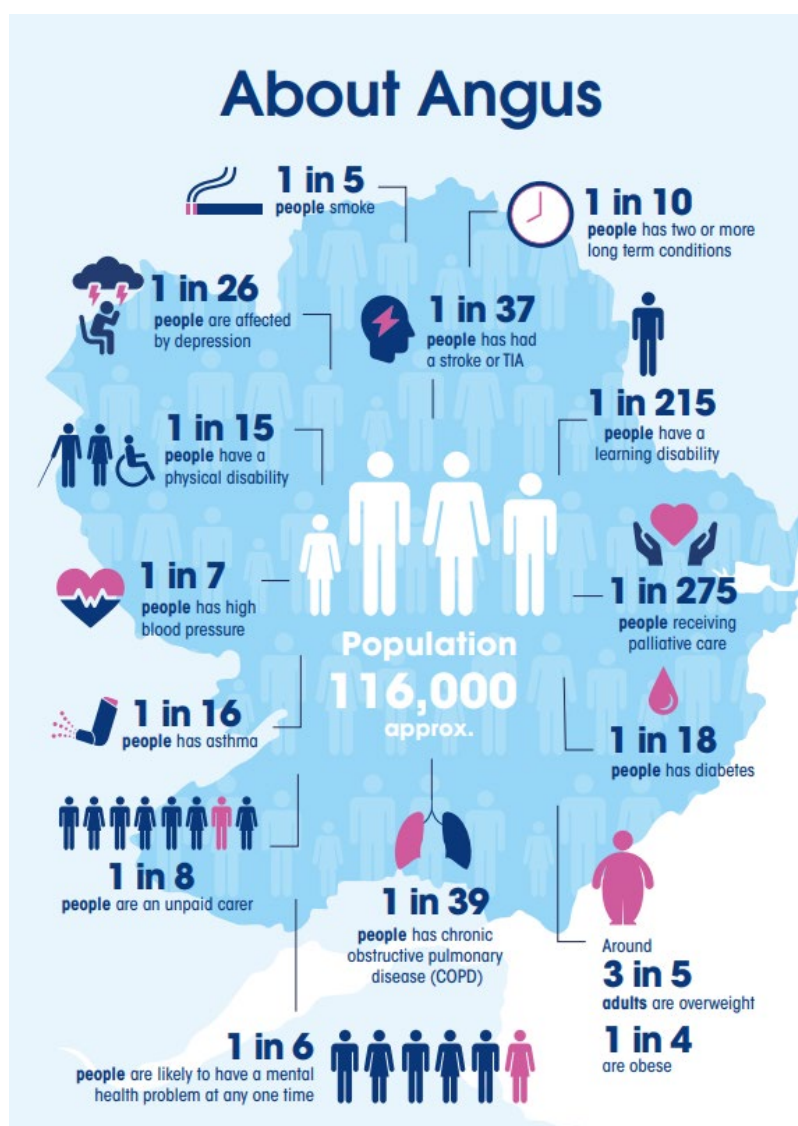


Figure 11 – (Source Angus Strategic Commissioning Plan 2023 – 2026)

Public Health Scotland's General Practice Disease Prevalence data of 2017-18 to 2021-22 (figure 11 below) 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

Figure 12 – Source Public Health Scotland

The table below (figure 13) 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	
	Count	% Change	Count	% Change	Count	% Change	Count	% Change
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	-2.7%	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%
	31483		24106		28810		28775	

Figure 13 *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 Fröckheim Health Centre)

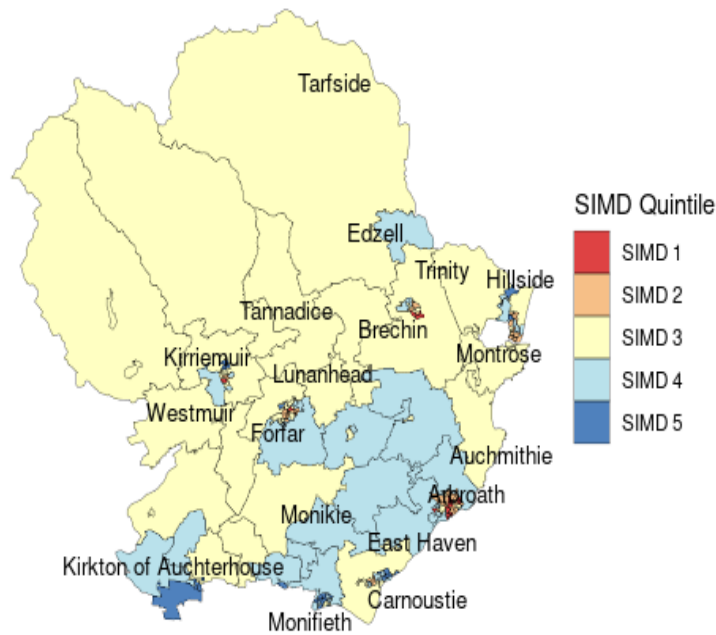
Deprivation

The Scottish Index of Multiple Deprivation (SIMD), the official tool for finding the most deprived areas in Scotland, measures deprivation by dividing the Scottish population into fifths (Quintiles) according to the levels of deprivation in relation to access, crime, education, employment, health, housing and income. 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.

Of the 2021 population in Angus, 7.7% live in the most deprived Quintile (SIMD 1) and 12% live in the least deprived Quintile (SIMD 5) – see figure 14 below.

Map of Data Zones within Angus coloured by SIMD quintiles.



Source: Scottish Government, Public Health Scotland

Figure 14

When we compare data from 2016 with that from 2021, the percentage of people living in the most deprived Quintile has increased by 0.4% and the percentage of people living in the least deprived Quintile has decreased by 6.1%.

It is widely accepted that deprivation is linked to poorer health outcomes. The COVID-19 pandemic is likely to have had a disproportionately detrimental financial and social consequences impact on people living in more deprived areas. It is more important than ever to work with our partners to address the economic, environmental and social factors which form the structural determinants of inequalities.

3. 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 to 31 March 2023. We await further information on the next phase of the contract from Scottish Government.

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.

The Code sets out that, "in order to achieve this change in the model of GP premises ownership, Health Boards must as part of their strategy for Primary Care (in addition to providing GP sustainability loans) over the next 25 years either purchase existing GP owned premises in a planned manner or provide alternative premises to allow GPs to sell their existing premises where that is in the best interest of patients and provide GPs with financial assistance with relocation."

Primary Care Improvement Plans (PCIP)

Building on both the Contract and the Code, the Scottish Government refocused the role of GP to that of expert medical generalist 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 Health and Social Care Partnership 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.

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 figure 15 below.

ANGUS COUNCIL

HOUSING MARKET AREAS

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

	PROGRAMMING ON EFFECTIVE SITES						Later Years	Constrained Sites	Established Sites
	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2022 to 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

Figure 15 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.

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.

Angus Primary Care Improvement Plan (PCIP) 2021-2022

The 2018 contract focuses heavily on growing and enhancing the multidisciplinary team to carry out many of the front line responsibilities that were previously the domain of GPs. This has led to an increased number of staff such as physiotherapists, pharmacy teams, mental health nurses, Advanced Nurse Prescribers and social prescribers etc all requiring space to carry out their duties. Delivering Angus's Primary Care Improvement plans has highlighted issues related to the lack of space within general practice premises. Services like mental health and Community Care and Treatment Centre Services (e.g. wound dressing, blood tests, and 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.

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

It is essential that the people who use our services, including our staff, are involved in the development of our Premises Strategy. Angus Health and Social Care Partnership gathered feedback from local patients and GP practices regarding the current state, suitability, and accessibility of GP premises. The main goals were to assess patient perceptions of accessibility to information and services in the local area.

During the GP engagement events, recurring themes emerged. GPs expressed concerns about the process for lease transfer, urging the Health Board to expedite the takeover of GP buildings. Co-location with other services was also a prominent issue due to existing premises constraints. However, there was broad agreement and support for the vision of integrated, multidisciplinary, and co-located teams providing equitable care in Angus.

Barriers to achieving this vision were identified, including limited space, inability to expand on current sites, sustainability concerns, financial risks for GPs in owning premises, and their impact on recruitment. Constraints on premises were seen to affect local service delivery, particularly for elderly patients and those relying on public transport. Compatibility of digital systems, especially clinical systems, was considered crucial for successful multidisciplinary team working and service integration. Adequate space for

training within premises was also a concern, as many practices recognized its value but struggled to accommodate it at the required pace and scale due to accommodation challenges.

Ongoing engagement with stakeholders and the local population is and will remain a fundamental aspect in our work (continued) on GP Practice premises. Many of the changes described in this document will occur over a specified period of time, we recognise that opportunities to engage about specific issues will arise naturally as they occur. This however, it is essential to have the Strategic Aims and Vision for our premises firmly in mind so that they are taken into consideration and influence our decision making from this point forward.

It should also be noted that this strategy forms one component part of an overall Premises Strategy for Angus Health and Social Care Partnership and is also part of the emerging Primary Care Strategy.

4. HOW DO WE GET THERE?

It is clear that a number of key areas will require focus over the coming months and years in order for Primary Care Premises to support the sustainable provision of safe and effective services to the population of Angus. In order for us to do so, several approaches may be required including considering the merger or alliance between smaller practices to create larger, more sustainable practices that can provide a wider range of services and support for GPs.

In addressing each of these priorities our focus will be to adopt a collaborative approach working with key stakeholders. Critical to the success of this will be to strengthen the alliance and cooperation between

Practices and within clusters underpinned by honest conversations. It is through this collective understanding and improved coordination we can maximise efficiencies of scale, streamline processes and look for opportunities to redesign the way services are delivered. It will be important to engage with patients and stakeholders throughout to understand their needs and preferences and to develop solutions that are tailored to the specific context of each locality.

As the lead organisation in premises matters NHS Tayside has a key role to play in this process. Establishing a shared understanding of the priorities, responsibilities, risks as well as where there are co-dependencies is crucial for the success of this Premises Strategy.

Key Priorities

Work programme

To provide primary care services that are safe, effective, equitable and accessible to the population of Angus, it is necessary to have a better understanding of each area's requirements.

Utilising the insights gained from the practices will allow us to determine priorities and establish potential funding sources and timelines. This will also assist in highlighting any significant upcoming financial/property risks.

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.

North West Cluster

North West Cluster	Tenure
Kirriemuir Health Centre	Board owned
Academy Medical Centre, Forfar	Leased (MCG)
Lour Road Surgery, Forfar	Practice owned
Ravenswood Surgery, Forfar	Practice owned

Kirriemuir Health Centre

Kirriemuir Health Centre, a training practice, originally built in 1977 and extended in the 1980's is currently one of the identified premises prioritised for improvement by Angus HSCP in recognition of:

1. The significant risks associated with the scale and costs of the backlog maintenance works required, including an outdated heating and electrical system and single glazed aluminium windows. There is a substantial risk in that should systems fail within the practice prior to replacement there is no identified alternative site within Kirriemuir where the practice could be decanted too.
2. The current clinical space is insufficient and GP Partners have to carry out some of their work off site to free up consulting room space. This has been further exasperated by the need to accommodate an extended multidisciplinary team as per new GP Contract (2018).
3. Some clinical team rooms are below the recommended size for staffing levels.
4. Kirriemuir's retention as a training practice is crucial for current and future practice sustainability, and adequate space must be made available for

this.

5. Although there is a desire to integrate services with wider partnership colleagues on sight, progress has been limited due to premises issues.

Due to the aforementioned issues, Kirriemuir Health Centre remains a top priority for Angus HSCP as a potential recipient for further capital investment, which may include the construction of a new building.

Forfar GP Practices

There are several important factors that need to be considered when it comes to the GP Practices in Forfar. Firstly, there is a significant current risk to the stability and sustainability of General Practice in the area. Secondly there is limited capacity at Whitehills Health and Community Care Centre to accommodate all aspects of the Primary Care Improvement plan. It is important to avoid fragmentation of care and wherever possible keep the delivery of primary care services as close to the patients as possible. Additionally, there is potential opportunity to provide general practice across Forfar on fewer sites. This would help to achieve the goal of co-locating services and address issues associated with practice resilience.

Academy Medical Centre

A lease assignation was completed in June 2022. In light of premises challenges elsewhere in the town, co-location with others remains an option. A phased programme of work to progress this would require the support of NHS Tayside Property Services department to ensure a feasible and affordable solution.

Lour Road Surgery

Lour Road Surgery, a training practice, is a practice owned building with limited space for further internal reconfiguration or external expansion.

Some minor works have been carried out.

Going forward the possibility of co-locating with the other Forfar practices to a single site may be explored further.

Ravenswood Surgery

Ravenswood, a training practice, has faced premises challenges for a number of years and is currently one of the identified premises prioritised for improvement by Angus HSCP in recognition of:

1. The significant risks to both the practice and wider Forfar practice stability associated with practice premise ownership sitting with one GP, further compounded by refusal of loan application by Scottish Government on grounds of single GP ownership.
2. The 42% increase in patient list size since 2011.
3. Recent GP recruitment undertaken on the understanding that they do not need to assume responsibility for the practice owned premise.
4. Lack of clinical and administrative space to accommodate existing services. No space to accommodate Primary Care Improvement Plan related services/staffing.
5. Limited capacity within Whitehills Health & Community Care Centre for delivery of all aspects of Primary Care Improvement Plans.
6. Potential opportunities to deliver general practice services across Forfar on a reduced number of sites to progress towards our aspiration of co-location of integrated services.

The practice is small and there is limited potential for interim improvements in space utilisation. A series of papers highlighting the need for relocating Ravenswood Surgery have been presented to NHS Tayside via the Primary Care Premises Group and Assets Management Group since 2018.

Co-locating Ravenswood within Academy Medical Centre remains the

long-term goal for all of the reasons outlined. From a primary care premises perspective Ravenswood and Forfar practices are the most urgent priority for Angus HSCP.

ACTIONS North West Cluster:

- NHS Tayside to undertake a costed options appraisal on the future modelling of GP Practices in Forfar. Specifically for Ravenswood: NHS Tayside is tasked with considering and providing support for one of the following options
 - I. Acquiring GP Premises to alleviate liability on GP Partners.
 - II. Supporting the extension of existing buildings as a medium-term solution
 - III. Identifying and assisting in either the purchase or rental of a suitable, alternative premise with adequate capacity to accommodate an integrated team. (co-location with Academy Medical centre remains a viable option)
- Angus Health and Social Care Partnership to liaise with NHS Tayside to identify appropriate contractual routes to ensure stability of provision of primary care services and for GPs during any phased migration to new premises
- NHS Tayside, Angus Health and Social Care Partnership and the Practices to reach a mutual understanding/agreement and shared responsibilities on several issues such as risk of destabilisation, finances, existing accommodation, capacity, public perceptions.
- NHS Tayside will collaboratively and actively carry out a costed

Option appraisal for Kirriemuir Health Centre by considering one of the following:

- I. identify a suitable alternative premises within Kirriemuir town, by exploring the availability and suitability of both council and commercial premises.
 - II. New build Capital Investment
 - III. Supporting extension of existing building as short to medium term solution this will require addressing premises back log maintenance work to bring up to the required standard.
- Longer term explore option of co-locating Lour Road Surgery within Academy Medical Centre so that all Practices are on a single site within Forfar town.

North East Cluster

Practice	Tenure
Brechin Health Centre	Board owned
Edzell Health Centre	Leased (PHP)
Annat Bank Practice	Leased (PHP)
Castlegait Surgery	
Townhead Surgery	

Brechin Health Centre

Brechin Health Centre, which became a Board operated Practice in 2015 is the only healthcare facility in Brechin. The practice is located within Board owned premises which has recently undergone extensive refurbishment work. This has improved the building's functionality and structure to meet the current and future clinical service needs.

Edzell Surgery

Edzell surgery is the sole healthcare facility in the village of Edzell and operates as a training practice under a 17C contract status. The Practice is on the boundary and has patients who reside in Grampian Health Board area; refinement of boundary work is currently on going. The current Lease is set to expire in 2030; an early lease assignation of May 2024 has been requested by the Practice to NHS Tayside.

Sustainability issues may mean that there is not the same requirement for buildings in the way that they are currently configured. Where this occurs it will be essential to have plans in place which address alternate ways for delivering care to the local population.

Links Health Centre, Montrose

The Links Health Centre is comprised of three practices, Annat Bank, Castlegait and Townhead, with the latter two also serving as training Practices. In addition to the practices, common the Health Centre offers a variety of other services, including Mental Health Hub, Care and Treatment Services.

The lease for the Health Centre is set to expire in 2024, prompting NHS Tayside Property Colleagues to handle its renewal and transfer to NHS Tayside.

Efforts are underway to integrate social care colleagues and achieve integration, with the Health Centre serving as a model for how primary care should be delivered in the future. The ultimate goal of Angus HSCP is to establish a Links Health Centre equivalent in all Angus towns, creating a shared location for practices and the broader multi-disciplinary team.

ACTIONS North East Cluster:

- Ensure Links Health Centre lease renewal and transfer is progressed by NHS Tayside.
- Explore model for providing GP services in North East cluster.
- Work towards establishing a Links Health Centre equivalent in all Angus towns.

South West Cluster

Practice	Tenure
Monifieth Medical Practice	Leased (MCG)
Carnoustie Medical Group	Leased (PHP)

Monifieth Medical Practice

Monifieth Medical Practice, is the sole healthcare facility in the town and operates with an established integrated team. Despite being well maintained and utilised the practice will require further modifications to accommodate the growing patient population and consequently the expanding multidisciplinary team.

The practice has seen a significant increase in registered patient population over the past 5 years due to extensive housing developments in the area.

It is worth noting that any changes occurring with Practices in neighbouring Broughty ferry (Dundee HSCP) are likely to have an impact on the practice's population.

The current lease will expire in 2028.

Given these factors it is essential that optimal use of the available space within the building occurs, including exploring the opportunity to expand and take on the lease of other occupiers (private lease holders) when they arise. Whilst this has financial implications, it goes some way to future proofing the building going forward and will ultimately be a less costly way of securing health provision for the medium to long term

Carnoustie Medical Group

The Carnoustie Medical Group which is also a training practice and the only health care facility in Carnoustie, this leased premise has a community pharmacy also located on the site, neighbouring rather than adjoining the practice. The current lease expires in 2031

ACTIONS South West Cluster:

- Identify issues as a result of potential changes occurring in neighbouring areas i.e. dispersal, change of practice boundaries etc
- Actively pursue opportunities to increase and/or reconfigure accommodation to meet existing and projected future requirements.

South East Cluster

Practice	Tenure
The Abbey Practice	Board owned
Springfield East	Leased (MCG)
Springfield West	
Arbroath Medical Centre	Practice owned

The Abbey Practice

The Abbey Practice based within Abbey Health Centre became a Board run practice in August 2020. Historically all three Arbroath General Practices were within the health centre until two of them were relocated to Springfield Health Centre in 2004. The remaining part of the building now accommodates a variety of community and specialist services. Although some slight adjustments have been made to the Abbey Practice, both the practice and the larger health centre are outdated and require significant maintenance work, with limited space available for the co-location of expanding multi-disciplinary teams.

Springfield Health Centre

Springfield Health Centre is a contemporary building that houses two practices, Springfield East (a training practice) and Springfield West. Despite its modern design, space is restricted for the co-location of multi-disciplinary teams. It is worth noting that community dentistry services are also located within the same building. The lease for the building is set to expire in 2029.

Arbroath Medical Centre

This building is owned by the practice, but there is limited space available for any further internal reconfiguration or external expansion.

It's important to note that all of the practices in Arbroath are situated near each other. Additionally, the town's Community Treatment and Care Service, MIU, Out-Patient Department, Physiotherapy Service, and Inpatient facilities are all located in Arbroath Infirmary.

ACTIONS South East Cluster:

- Link with NHS Tayside to complete a costed options appraisal on the future modelling of GP Practices in Arbroath. Evaluate the current facilities and services available at each location , and consider opportunities for collaboration and partnership with other healthcare providers to enhance the range and quality of services offered.
- Link with NHS Tayside who will be tasked with conducting a comprehensive assessment of the maintenances requirements for Abby Health centre and develop a plan to address any outstanding issues.
- Explore options for increasing the available space for multidisciplinary teams in Springfield Health centre. This could include repurposing existing spaces, constructing additional facilities or relocating services as required.
- Monitor the expiry date of the lease for Springfield Health Centre and commence engagement with NHS Tayside in order to plan for renewal of the lease and any necessary relocation.
- Assess the potential external expansion of the Arbroath Medical centre and explore options for acquiring additional space if needed.

Map opportunities and barriers (ongoing/regularly updated)

Despite 64% of practices describing 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 highlighted 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 ability to fulfil the terms of the GMS Contract.

ACTIONS:

- PCIP is a national priority and as such there is a need to understand /identify which PCIP opportunities are unable to be progressed due to premises barriers and agree funding to move this forward.
- Commence discussions with GP Practices and managed Primary Care services to seek opportunities for redesign.

Plan for lease renewals

Ultimately NHS Tayside is responsible for taking on the financial and other risks associated with the acquisition and commissioning of properties. The process of whether and how NHS Tayside chooses to acquire leases or make loans is unclear at present. Angus HSCP will work in partnership with NHS Tayside to develop a plan for lease renewals and lease assignation. Developing an agreed accelerated process to expedite lease assignations to minimise the risk to patient services is critical.

ACTIONS:

- NHS Tayside to provide clarity and commit to producing an agreed accelerated lease assignment process working in Partnership with HSCPs.
- AHSCP to take a strategic view on longer term need and viability of individual practice premises; based upon requirement and a RAG rating of risks to include clinical need and functionality of building.

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.

ACTION:

Conduct an Equality Impact assessment and a patient survey, gather feedback on preferences for digital/phone appointments, willingness to travel and for which services they would consider travelling for.

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.

ACTION:

Establish connection with the information teams in Public Health Scotland, NHS Tayside, Angus Health and Social Care Partnership and General Practitioner Services.

Produce a Practice Asset Tracker

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

Building Category e.g.:

- 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)

ACTION : Contribute to the NHS Tayside Asset Management plan.

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.

ACTIONS:

- Embrace digital solutions that reduce reliance on physical space within a specific location e.g. Explore further opportunities for the use of *Near Me* for online consultations and ability for workforce to work from other locations including home
- 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.

Ensure renovations meet required standards

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.

ACTION: Ensure Awareness of and compliance with of all Statutory and environmental requirements during refurbishment and lease assignation

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.

ACTION: Map new builds and align with key objectives

Assess GP and Practice Nurse workforce plan

To address the potential impact on premises due to the projected GP and Practice Nurse Workforce requirements for Angus Practices, efforts will be made to clarify the anticipated forecast. For instance, it may be necessary to expand the MDT, which will require additional space.

ACTION: Obtain the most recent GP workforce to assess the potential risk and plan mitigations.

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.

ACTION: identify and engage with one or two practices to conduct a review that will inform the creation of a blueprint useful strategies and how to implement them.

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

Appendix 1

Survey Results

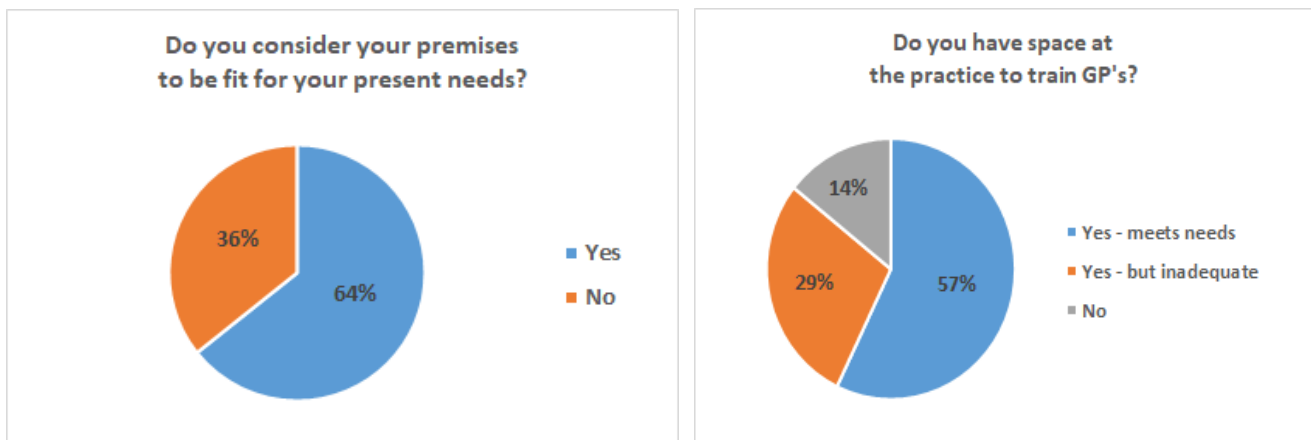


Figure 16

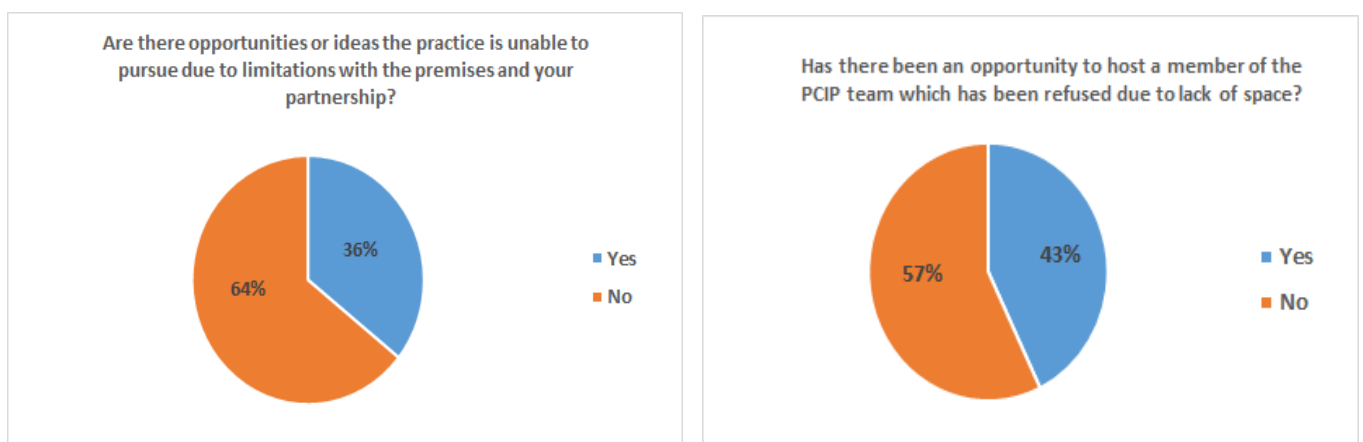
Although 64% of practices described premises as being fit for present needs, this does not reflect the comments made regarding premises having the capacity to accommodate other services in support of multi-disciplinary working and wider integration. Practices require space to host trainees, as there is a national mandate to increase the time GP trainees spend in general practice. Work on GP sustainability has also evidenced that a key factor in determining a practices ability to recruit and thus limit the risk of experiencing issues with sustainability is by being a training practice. This more than ever will be a critical factor for achieving long term viability. To achieve this requires an increase in capacity, both in number of trainers and space within 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.

Figure 17

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, with plans in place for this model to be across Angus. Whilst this is in progress, adequate space and accommodation have been challenges in some areas.

Practices were asked about modifications needed to their premises now. Practices were able to select more than one modification and the results are shown in figure 18 below:

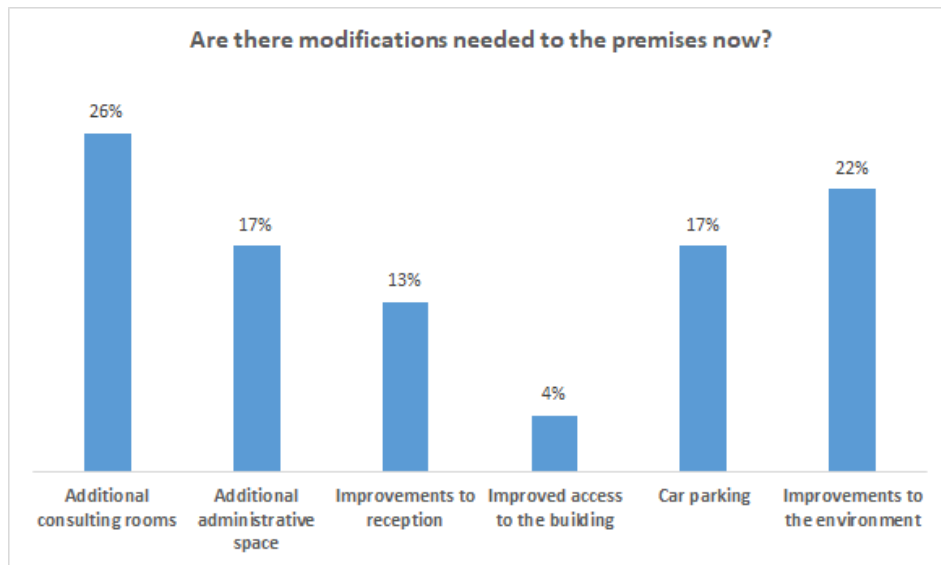


Figure 18

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 in figure 19 below.

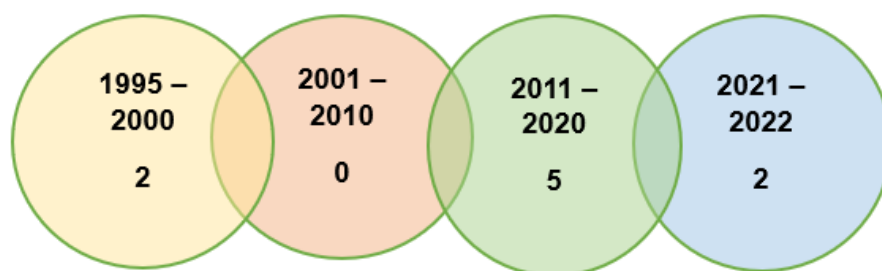


Figure 19