

**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

**REPORT ON:** GENERAL PRACTICE PROVISION IN DUNDEE – PROPOSAL TO CONSOLIDATE TO ONE SITE BY FAMILY MEDICAL GROUP PRACTICE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB87-22

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to outline the current issues with general practice provision in relation to Family Medical Group and note the practice's request to close the main surgery at Wallacetown Health Centre and consolidate their team in the branch surgery located in Douglas.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of this report including the current issues with safely staffing two general practice sites for Family Medical Group.
- 2.2 Supports the aim of Family Medical Group, that all current patients will have the opportunity to remain registered with Family Medical Group and continue to see their current GP team.
- 2.3 Supports the proposal by Family Medical Group to consolidate its services on one site with a view to achieving the stated aim in recommendation 2.2 and in addition offer a number of additional services which are available at Douglas as noted in paragraph 4.2.3.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 There are no direct financial implications of this paper for the IJB.
- 3.2 The Practice currently reimburses NHS Tayside for the running costs associated with the space currently used by the practice in Wallacetown Health Centre. At 2022/23, this is a contribution of £26,844 to NHS Tayside covering Utilities and Cleaning etc. This payment will cease when the Practice vacate the premise.
- 3.3 Further, as space at Wallacetown was used for GP services, so GMS budgets contributed £27,792 to rates costs and £22,860 towards a notional rental charge. As GP services cease to be delivered from Wallacetown, so the GMS funding will no longer be able to contribute to those costs. Separately this will provide some flexibility in overall GMS premise budgets to support changes that may occur elsewhere in accommodation occupied by GPs in Tayside.

## **4.0 MAIN TEXT**

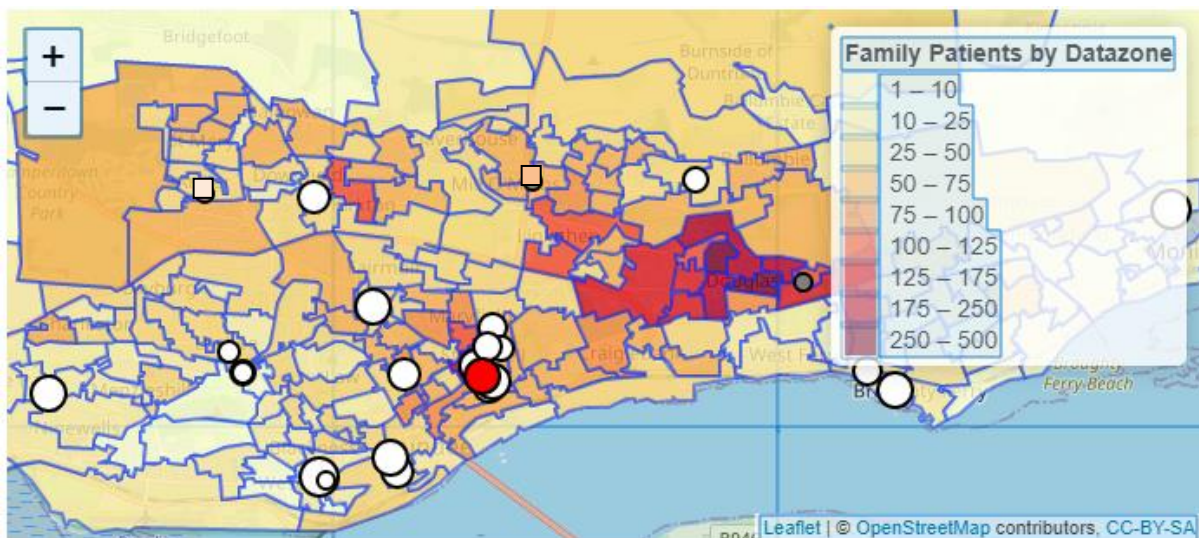
### **4.1 Context**

- 4.1.1 The IJB has previously considered papers setting out the context and challenges within primary care (report number DIJB51-2017 – General Practice and Primary Care), the

implications of the new General Medical Services contract and related memorandum of understanding (report number DIJB9-2018 – Delivering The New 2018 General Medical Services Contract in Scotland) and the Primary Care Improvement Plan is reported annually. These papers outlined the challenges for delivery of general practice services and the proposed plans to improve this situation. The challenges for GP recruitment, and other key staff groups such as pharmacists, advanced practitioners and physiotherapists, remain significant locally, particularly in Dundee. A survey earlier this year of practices noted significant risks in relation to sustaining practices, and many practices have imminent GP retirements. As a Health and Social Care Partnership it is therefore important to maintain and support practices to be able to continue to function as effectively as possible, given all of these pressures.

- 4.1.2 The Family Medical Group has a list size of cc9404 patients; it currently operates from two sites. The main surgery is in Wallacetown Health Centre in the Stobswell area of the city. There are six other practices located in this area of the city. The current branch surgery is located in Douglas. There are no other health sites or general practice buildings in the area, with the next practices being in Broughty Ferry and Whitfield. During covid patient facing services were all consolidated on to one site (Wallacetown) to maximise the available capacity. Some services have restarted in Douglas but this is limited, predominantly due to the current staffing challenges. Services in Douglas have been more limited than in Wallacetown. Operating from two sites has created difficulty not just providing appointments but in terms of ensuring the safety of both staff and patients. Staff working at Douglas have limited support available to them on-site due to the current staffing, which has created a potential risk to the safety of patients and staff. No other Dundee practice has a branch surgery.
- 4.1.3 The areas patients within Family Medical Group reside in are noted in figure 1 below. Patients live across the city and into Angus and Perth and Kinross. However more patients live in the east side of the city. The map also highlights the spread of practices with a number of other practices in the Stobswell area.

Figure 1 Family Medical Group patients by datazone



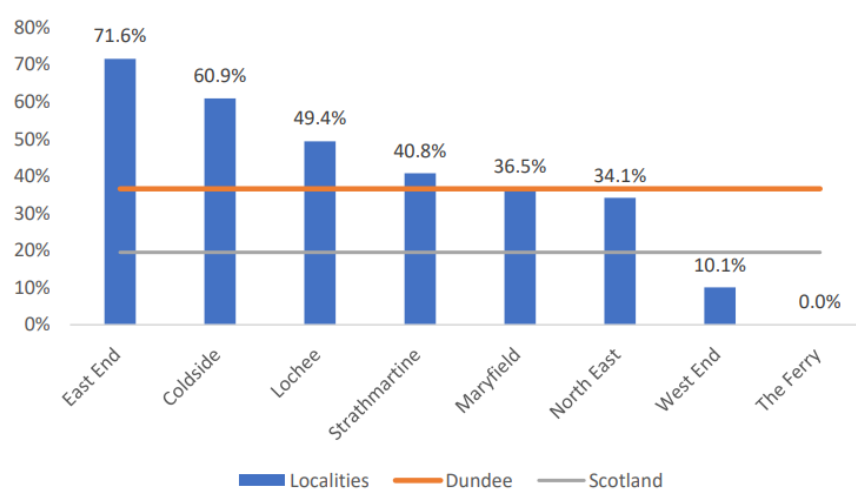
White dots – GP surgeries, red dot - Wallacetown, grey dot – Douglas branch surgery

- 4.1.4 The practice concluded that they can provide the safest and most sustainable service to their patients by being located within the one site at Douglas Medical Centre. The practice is looking to make some changes to the internal use of the building to maximise space use. They will continue to offer the same range of services as they do now. All staff who are employed by the practice will remain at the new site, if the proposal is agreed. One of the

most frequent complaints to the practice currently, other than availability of GP appointments, is the challenge patients have of getting through to the practice by phone. It has not been possible to upgrade the phone system in Wallacetown, but the phone system would be upgraded in Douglas with an increase in the number of lines and improved functionality to better meet patient need. If a decision is made which allows the practice to consolidate the practice will work with their preferred phone provider to map timescales for the change of phone system and any withdrawal from Wallacetown would be planned for after that time.

- 4.1.5 The practice team have an ambition to become more involved in the local community and to be involved in health promotion and development in the Douglas area. They already have a number of strong partnerships and have planted a Wee Forest, and are working to have a community growing area and looking to establish a “shed” with health resources. This would be a positive development and asset for the area, which has significant deprivation as noted in figure 2 below.

Figure 2 % of LCPP populations in 20% most deprived datazones in Scotland 2020



Source: Scottish Index of Multiple Deprivation 2020, Scottish Governments

## 4.2 Implications of the proposed closure

- 4.2.1 The practice is proposing to consolidate all services on one site, allowing it to maximise the limited GP resources it has, while ensuring the safety of both patients and staff. All staff would work from the one site. Although there would be no direct increase in staff numbers in this context, it is anticipated that having staff on one site will increase the flexibility to support the range of demands on the team. It will also allow all team members to have support on site.
- 4.2.2 Other teams who deliver clinical services from Wallacetown will not be affected by the proposed move and will remain at Wallacetown.
- 4.2.3 A number of teams have already approached Dundee HSCP or NHS Tayside to ask for space in the area. There will be a mixture of clinical and admin space both of which are likely to be used very quickly. This creates an opportunity to co-locate local service delivery. The other surgeries which used to be in the building all relocated a number of years ago, within the Stobswell area.
- 4.2.3 Crucially patients will remain registered with Family Medical Group and will continue to access health care with the GP team they have been consulting. This has been one of the main areas of concern received from patients during the consultation phase. A number of additional services which have never been available at Douglas including practice based pharmacist, psychologist, welfare rights, listening service and routine Electrocardiogram's (ECG's) would be available locally.

- 4.2.4 There is a pharmacy in the Wallacetown Health Centre building. The practice plan is to continue to work closely with the pharmacy to ensure patients who use the pharmacy for repeat prescriptions can continue to use the same processes as they do currently. There will be a reduction in walk in requests for acute prescriptions, and some reduction in longer term prescriptions. The pharmacy team in Wallacetown have noted concerns about the impact this would have for them, and possible staffing levels. There will be a likely increase in the Douglas area. There is a pharmacy a five minute walk from Douglas Medical Practice and several other pharmacies in the wider area.
- 4.2.5 A key impact is anticipated to be for those patients who feel that they cannot travel to Douglas to receive care and therefore choose to register with another practice more local to them. This is most likely to impact on the west side of the city, and may increase registrations to practices in that area. The practice have noted that around 200 patients have moved in recent weeks, which is a higher rate than normal, but they have also noted an increased number of new registrations in Douglas.
- 4.2.6 In reviewing a range of data sources for the recently developed Primary Care Premises Strategy in Dundee it highlighted the inequity of access locally to general practice. A longer term aim would be to ensure that practices are more evenly distributed to provide local access; this current proposal would be one step towards this.

### **4.3 Feedback on proposal to consolidate to one site at Douglas**

- 4.3.1 In considering the impact of the request for closure a range of mechanisms have been used to seek feedback from patients about any concerns they have about this proposal and any mitigation they would like to be put in place. The Practice either wrote or sent a text with a link to information on the practice website to all patients registered to receive services from the practice, to seek feedback and advise of drop-in sessions. There was also a link to a survey, developed with the HSCP, to understand concerns and challenges better. Three drop in sessions, supported by the Practice and the HSCP, were held in both surgeries and were open to all patients of Family Medical Group. A feedback/comment form was developed and made available at both practice sites. Social media was used to raise awareness of the events and colleagues in the NHS Tayside Communication and Engagement Team supported this work along with a number of colleagues in the HSCP. Relevant Dundee Carers Centre colleagues were kept informed about the process in order to offer support to carers who might be impacted by changes as a patient or as a carer of a patient. In addition there has been local media interest. Additionally an email address and phone number were available for people to discuss further.
- 4.3.2 Sixty one people attended the drop-in sessions and the queries and comments from people who attended were themed. They were also encouraged to either complete a comments form or to complete the survey on line. There were no email or phone enquiries. 128 responses were received from the survey. 50 comments were made through the local media's newspaper article on Facebook with the article being shared 14 times but it is not possible to know if these were from people directly impacted and many reflect the general challenge of practice capacity rather than being specific to this context.
- 4.3.3 Feedback was positive about the services people receive from the practice, other than a number of frustrations at the appointments system, (common across many general practices) and the phone system. There was a lot of discussion about why the proposal was being made and the issue with recruiting GPs. The national and local context of GP recruitment was well known and people empathised with this.
- 4.3.4 The most common issue raised was in relation to travel, both the practicality and the time. This was noted to be caused by the increased distance to the Douglas Surgery for many respondents which would often involve two separate bus journeys exacerbated by the unreliable public transport system in Dundee. This was most strongly felt by those who were older or less mobile with additional concerns for these extended journeys over the winter period. There was concern that when people are unwell they might be able to get to a very

local building but not to one further away, which may increase home visit requests. A number of people raised the issue of increased travel costs.

- 4.3.5 Those who responded to the survey were more likely to be female, with 63% of respondents aged 55 or over, and most with either a disability or long term condition, or were a carer. Over half of respondents had had an appointment with the practice in the last three months. Almost everyone had difficulty getting through on the phone. 28% lived more than 3 miles from the practice, with the most common means of getting there being driving at 42%. However 22% travelled by bus and a further 16% said they walked.
- 4.3.6 There were a number of questions about the buildings themselves. Wallacetown is owned by NHS Tayside and the current community services and Pharmacy will remain in that building. The Practice owns the Douglas Branch Surgery.
- 4.3.7 Currently the surgery has three phone lines which is an obstacle to providing an efficient telephone service for patients. Consolidating in Douglas will allow the practice to upgrade their current telephone system with additional lines making it a more effective way to contact the practice.
- 4.3.8 There were both positive and negative comments about the car parking with people noting both Wallacetown and Douglas have inadequate parking. Availability of on street parking is greater in Douglas overall than near Stobswell.
- 4.3.9 Teams who link closely to the practice are aware of the proposed move, including health visitors, district nurses and local pharmacy. For one team it was felt this gave an opportunity to review how they could work in a more integrated way with the practice to support local health needs of families in the Douglas area. The pharmacy team have noted concerns about the impact this would have for their business, and possible disruption to patient pathways.
- 4.3.10 Practices in Dundee were asked by the HSCP to comment on the practice's proposal. Five practices have responded of the 23 contacted. One was supportive, with the other four noting that they also have significant GP staffing issues and any increase in registrations may lead them to request a list closure. Currently four practices have closed lists, (that is they are not accepting new patient registrations.)
- 4.3.11 Given the central location of Wallacetown Health Centre a number of queries related to why the practice could not focus on that site. The space in Wallacetown is less flexible than in Douglas, there is less ability to work directly with the local community, and the practice have been unable to implement a phone system that meets patient and practice needs.

#### **4.4 Consideration of feedback**

- 4.4.1 The most significant issue from the range of patient feedback is the perceived challenges for people to access the practice for those who would normally choose Wallacetown. The practice did provide information on the bus routes to the Douglas branch of the practice and most areas of the city have a direct bus route, albeit that it may take longer than to a more central location.
- 4.4.2 The survey and drop in feedback noted travel as a key concern. When considered alongside the map shown in section 4.1.3 above the feedback may not be representative of the wider practice population as many patients live closer to the Douglas site than they do to Wallacetown. However access is not just geographical and can be linked to bus routes. It is expected that those most likely to be impacted are those most likely to respond to any engagement processes.
- 4.4.3 The point noted above links to the feedback from a number of practices with concerns noted that an increase in new patients for them may make their level of care unsafe and lead to list closures. However in the longer term these may be balanced with those in the Douglas area, and east side of the city more widely, being able to register with the Douglas practice because of the increased accessibility. It will also reduce travel for those who currently live in Douglas

and are already registered with the practice but who have to travel to Wallacetown for the majority of practice services. Some patients who thought they may make a choice to move due to travel concerns expressed sadness to lose their GP service that they had valued over many decades.

- 4.4.4 There is considered to be an overall benefit of a stable practice embedded within the local community in Douglas and this is in line with the longer term direction for practice delivery.

## 4.5 Next Steps

- 4.5.1 The Family Medical Group contacted NHS Tayside and Dundee HSCP in March 2022 to discuss how they could increase the stability of the practice for the reasons described in the report. It was agreed with the practice to complete a wider engagement process with key stakeholders, particularly with patients, supported by the HSCP, details of which are contained in this report. Following this the potential options would be considered by the key partners involved including the practice.
- 4.5.2 It is recommended that the IJB notes the reasons for the request by the Family Medical Group to close the Wallacetown Surgery and supports the request. If the proposal to move to one site in Douglas is supported by the IJB, a decision would be made subsequently by NHS Tayside Board as the holders of the contract with the Practice. Registered patients will be kept informed of any decision.

## 5.0 POLICY IMPLICATIONS

An integrated impact assessment has been undertaken. This proposal has potential implications for some protected characteristic groups. Those with a physical disability, along with older people and those with young children (who are more likely to have mobility issues) may be negatively impacted because of the issues for travel. Those on low incomes may also be impacted negatively because of travel costs. However it is anticipated that the number of people affected will be small for the former, and limited for the latter. The practice has recognised the risk of requiring more home visits. However in the longer term it is anticipated that there would also be a positive impact as those in Douglas with the same challenges would be able to access a wider range of services more locally with out the need to travel outwith the area. The Integrated Impact Assessment (IIA) is attached as appendix 1

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Risk Associated with not consolidating to one site.  If the proposal to close the main surgery is not agreed the Practice would continue to have significant periods where they cannot safely staff two sites, with a negative impact on the service. It would reduce the likelihood of recruiting new partners. It would also lead to ongoing issues in terms of safety for patients and staff in the Douglas building.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood (4) x Impact (3) = Risk Scoring 12
<b>Mitigating Actions</b> (including timescales and resources )	Centralise all services on one site
<b>Residual Risk Level</b>	Likelihood (3) x Impact (3)= Risk Scoring 9
<b>Planned Risk Level</b>	Likelihood (1) x Impact (2)= Risk Scoring 2
<b>Approval</b>	If this paper is supported there is no requirement to approve this risk.

<b>recommendation</b>	
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<b>Risk 2 Description</b>	Risk Associated with consolidating to one site  If the proposal is agreed the key risk is potential difficulty for some to access services at Douglas. This is described in the paper. The distance is relatively small, although does have challenges for those with a disability or low income.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (2) = Risk Scoring 10
<b>Mitigating Actions</b> (including timescales and resources )	Longer term the discussions around transport may support this risk.
<b>Residual Risk Level</b>	Likelihood (4) x Impact (2) = Risk Scoring 8
<b>Planned Risk Level</b>	Likelihood (3) x Impact (2)= Risk Scoring 6
<b>Approval recommendation</b>	The balance of risk is such that this risk should be accepted.

<b>Risk 3 Description</b>	Risk Associated with consolidating to one site  If the proposal is agreed there is a risk that patients chose to register with a more local practice to them, potentially destabilising practices.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring 9
<b>Mitigating Actions</b> (including timescales and resources )	Promoting active travel will support people to stay with their current practice. The increased use of technology, including phone and video, as well as potential online support, will ensure those who have tot travel for a face to face appointment are reduced and may make travel more feasible as less frequent.
<b>Residual Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring 9
<b>Planned Risk Level</b>	Likelihood (2) x Impact (2)= Risk Scoring 4
<b>Approval recommendation</b>	The balance of risk is such that this risk should be accepted.

## 7.0 CONSULTATIONS

7.1 Engagement work carried out has been described in 4.3 above.

7.2 Teams who are based in or deliver services linked to the practice from Wallacetown have also been involved in the engagement process.

7.3 The Clerk, the Chief Finance Officer and Head of Health and Community Care have been consulted in the development of this report.

## 8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

None.

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