



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 AUGUST 2018**

REPORT ON: GENERAL PRACTICE PROVISION IN DUNDEE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB46-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to outline the current issues with general practice provision in relation to Mill Practice and note the practice's request to close the Fintry Mill branch surgery.

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 Mill Practice.
- 2.2 Supports the aim of Mill Practice, that all current Patients will have the opportunity to remain registered with Mill Practice and continue to see their current GP team.
- 2.3 Notes the preferred option is for Mill Practice 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 Arthurstone Terrace as noted in paragraph 4.2.3.

3.0 FINANCIAL IMPLICATIONS

There are no direct financial implications of this paper for the IJB.

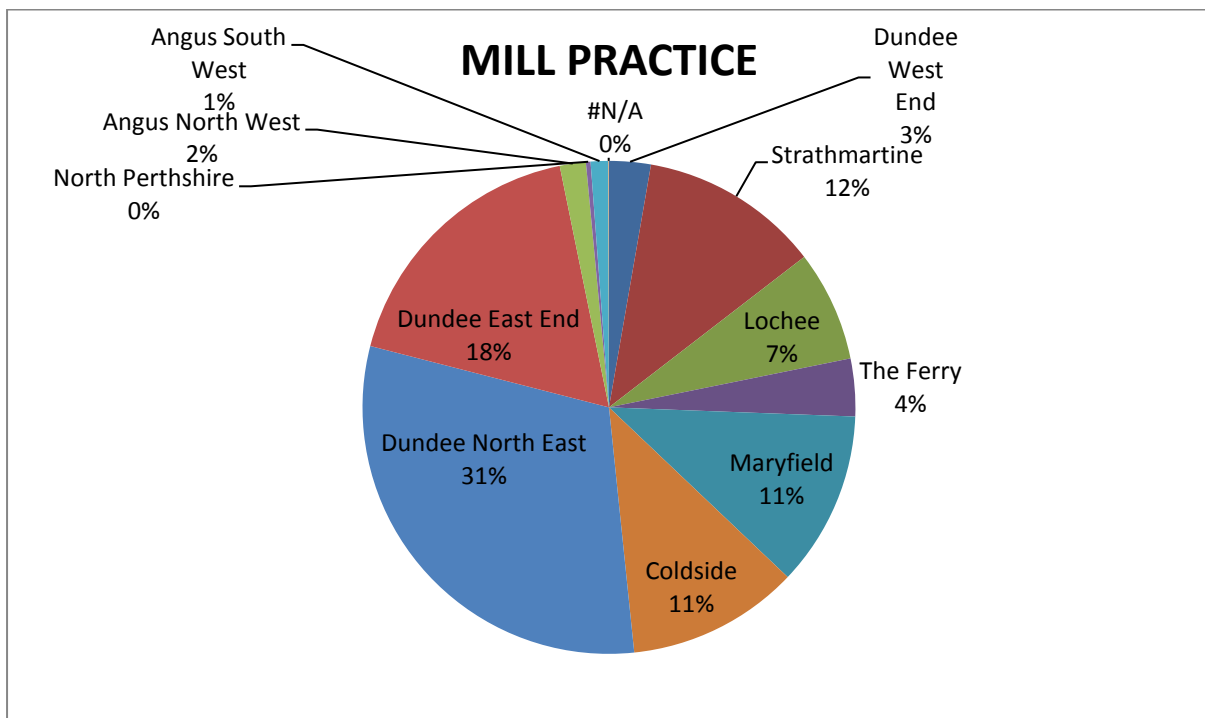
4.0 MAIN TEXT

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 Tayside Primary Care Improvement Plan (report number DIJB26-2018). These papers outlined the challenges for delivery of general practice services and the proposed plans to improve this situation over the coming years. However, the plans are likely to be long term in their impact. Some of the service developments outlined will replace services currently provided by GPs but GPs remain at the core of general practice. The aim to recruit more doctors into the profession is one which is unlikely to change significantly in the next two to three years. There are a number of practices in Dundee, and more widely in Tayside, which have been unable to recruit to GP vacancies, including those who would normally attract a high number of applicants. Mill Practice has had three GPs, (who provided 20 clinical sessions) leave the practice, which has had a significant impact on their ability to provide GP appointments and support.

4.1.2 The practice has a list size of 8,834 patients of whom almost 3,300 patients (37%) are recorded as having chosen Fintry Mill as their preferred surgery site to access general medical services. The areas patients within Mill Practice reside in is noted in table 1 below. Most services are run from both Fintry Mill and Arthurstone Terrace, however there is often only one GP or nurse and receptionist at Fintry Mill. This has created difficulty not just providing appointments but in terms of ensuring the safety of both staff and patients. These staff, because of the current limited staffing, have limited support available to them on-site.

Table 1 Area of residence for Mill patients.



4.1.3 The practice has had to invoke business continuity plans over both the Easter and summer holiday period and have at these times agreed with Primary Care Services that the branch surgery could be closed for two and six weeks in each case. In each case all of the practice services provided in Fintry Mill have been accessed at the Arthurstone Terrace site.

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 are based at Fintry Mill, some of whom deliver clinical services from the building, including some community nurses and midwives. Most of these services are being delivered during the temporary closure from Arthurstone to ensure that care is not disadvantaged for the patients. Services are putting plans in place for alternative accommodation should the proposal to close Fintry Mill be approved.

4.2.3 Patients will remain registered with Mill Practice and will continue to see the GP team they have been seeing. This has been one of the main areas of concern received from patients during the consultation phase. A number of additional services are available at Arthurstone Terrace including pharmacist, psychologist, welfare rights, listening service and routine Electrocardiogram's (ECG's).

4.3 Feedback on proposal to close the branch surgery

- 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 Health and Social Care Partnership (HSCP) and the Practice jointly wrote to all 3300 patients registered to receive services from Fintry Mill, and directly affected by the proposed changes, to seek feedback and advise of drop-in sessions. Four drop in sessions, supported by the Practice and the HSCP, were held in community venues, open to all patients of Mill Practice. A feedback form was developed and made available at the practice and at community venues. A freepost address was made available for written responses. Social media was used to raise awareness of the events. In addition there has been considerable local media interest.
- 4.3.2 Around 15 people attended the drop-in sessions and six people submitted written comments either on the day or to the freepost address provided. There was one email enquiry, no phone enquiries and few comments on social media. Comments were made through the local media.
- 4.3.3 Feedback was very positive about the services people receive from the practice, other than a number of frustrations at the appointments system, (common across any general practice feedback). 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. The key issue raised was the fear of a lack of local facilities and the convenience that the Fintry Mill surgery gives people who live close to it. This was most strongly felt by those who were older or less mobile. Although there is a good bus service from Fintry to Stobswell, with the Arthurstone Terrace building being only 1.5 miles away from Fintry Mill, there is 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.
- 4.3.4 There are new houses being built in Fintry at the moment. There were concerns that people moving to these houses would not be able to register with a local practice. The nearest practice would be at The Crescent in Whitfield. However, it is anticipated that many of those moving to these houses will already live in Dundee and are likely to choose to stay with their current practice, as this is the pattern normally seen.
- 4.3.5 There were a number of questions about the building itself. The Practice owns the building and if this proposal is approved the Practice intends to sell the building.
- 4.3.6 There has been limited feedback from other services that may be impacted by the closure. However, community pharmacy teams have noted concerns about the impact for the local community of the closure while noting actions that pharmacy could undertake which would help to support patients with access to their medicines, and other forms of advice and support.
- 4.3.7 The local community council had raised some concerns, which are consistent with those raised through other routes. A meeting was held to discuss the challenges faced in continuing to provide safe services. The local community officers have also supported the engagement process and helped link up with the local community.

4.4 Consideration of options

- 4.4.1 The practice has requested to vary their General Medical Services (GMS) contract to allow the closure of the branch. In considering the implications of this request other options have been considered:
- **Option 1 - status quo** - If the Practice is not granted authority to close the branch surgery there are a number of risks, as highlighted in the report. Additionally there is a risk that this would further destabilise the Practice and the Practice becomes unsustainable longer term. This could then have a domino effect on other Practices.
 - **Option 2 – all services move to Fintry** - This is of specific note as there are a number of Practices in the area of Arthurstone Terrace and that geography is well serviced. However

the current Fintry Mill building is not large enough to accommodate all services, and would require significant development to allow it to do so. This is not a feasible option for the GP partners in the current financial climate. The building at Arthurstone Terrace is modern and well equipped, and feedback from the periods of temporary closure has been positive about the experience of attending this site.

- **Option 3 - all services move to Arthurstone Terrace** - close the Fintry Mill branch. This is the preferred option by the practice as all patients will retain the same General Practice Team providing a level of continuity of care and the change would enable the practice to be sustainable. From the consultation process it is assumed that the majority of the patient population will remain with the practice, which will support the wider Primary Care services to retain the current level of stability.
- **Option 4- the Mill Practice be granted authority to close Fintry Mill, subject to the HSCP commissioning another Practice to deliver services in the area** - this is not seen as a viable option for a range of complex reasons. No other Practice has the capacity to take on this number of additional patients. Losing up to 37% of the patient list would be destabilizing for the practice.

4.5 Next Steps

4.5.1 The Mill Practice wrote to NHS Tayside in March 2018 to request a contractual change and to close the Fintry Mill branch for the reasons described in the report. It was agreed with the practice to complete a full consultation 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 Mill Practice to close the Fintry Mill branch and supports the request. If the proposal to close is supported by the IJB, this will be confirmed with NHS Tayside, (and it would subsequently be for NHS Tayside Board to approve as the holders of the contract with the Practice). An agreed closure date would be agreed with the Practice and the patients notified of this. If they choose to, patients could register with an alternative practice.

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.

6.0 RISK ASSESSMENT

Risk 1 Description	Risk Associated with not consolidating to one site. If the proposal to close the branch surgery is not agreed the Practice would continue to have significant periods where they cannot safely staff two sites, and would require short term closures. 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 Fintry Mill building.
Risk Category	Operational
Inherent Risk Level	Likelihood (5) x Impact (3) = Risk Scoring 15

Mitigating Actions (including timescales and resources)	Centralise all services on one site
Residual Risk Level	Likelihood (3) x Impact (3)= Risk Scoring 9
Planned Risk Level	Likelihood (3) x Impact (3)= Risk Scoring 9
Approval recommendation	If this paper is supported there is no requirement to approve this risk.

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

7.0 CONSULTATIONS

Engagement work carried out has been described in 4.3 above.

Teams who are based in or deliver services from Fintry Mill have also been involved in discussion about the options going forward. Some of these services have already relocate because of the temporary closures.

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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DATE: 20 August 2018

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