

PERTH AND KINROSS INTEGRATION JOINT BOARD

27 September 2019

BRIDGE OF EARN GP PRACTICE

Report by Chief Officer/Director of Integrated Health and Social Care (Report No. G/19/165)

PURPOSE OF REPORT

This report provides IJB members on the background to the closure of Bridge of Earn GP practice and the actions that the Health and Social Care Partnership, NHS Tayside and Perth and Kinross Council have taken in response.

1. RECOMMENDATION

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

- (i) Considers the content of the report and provides appropriate comment;
- (ii) Notes the context and the current situation as regards the closure of the Bridge of Earn GP Practice;
- (iii) Approves the proposed strategic approach for the future delivery of Primary Medical Services to Bridge of Earn patients; and
- (iv) Authorises the Chief Officer to work with partners to implement the necessary operational arrangements to ensure the delivery of the relevant services in Bridge of Earn

2. BACKGROUND

2.1 On 10 June 2019 the remaining GP Partner of the Bridge of Earn Medical Practice submitted his notice to NHS Tayside's Primary Care Services to terminate their contract with NHS Tayside in accordance with the NHS (General Medical Services (GMS) Contracts (Scotland) Regulations 2018), giving 3 months' notice. This was acknowledged by Primary Care Services who confirmed that the GP responsibility for provision of GMS services would terminate on Friday 30 August 2019.

- 2.2 For the last year the surgery at Bridge of Earn has operated with two doctors, providing 14 clinical GP sessions per week and supplementing this with locum cover to support a practice population of *circa* 3,500. The practice operated out of a premises which were privately leased from a former GP, which were widely recognised as no longer fit for purpose and too small to to be able to provide the broad range of primary care services required by the local population.
- 2.3 Given the limitations of the premises and following representations from the then Community Health Partnership, in 2008 NHS Tayside agreed to a replacement healthcare facility in Bridge of Earn. Over a number of years attempts were made to identify suitable sites to progress this, but this was not able to be realised.
- 2.4 With only two doctors and plans to develop around 1800 new houses on the Oudenarde site outside of Bridge of Earn the HSCP had been encouraging the practice to recruit a third permanent doctor to make the service more sustainable. This though was not progressed.
- 2.5 Perth and Kinross HSCP had also supported the Bridge of Earn Practice in a number of ways:
 - Medical notes scanning to free up some additional space in the building.
 - Increased regular pharmacist sessions
 - Funded GP career start post to bolster capacity
 - Progressing implementation of GMS Primary Care Improvement plans
 - Regular supportive meetings with practice
 - Making representations to NHST to move forward premises issue.

3. ASSESSMENT OF OPTIONS

- 3.1 In response to the GP handing back their GMS contract to NHS Tayside, Perth and Kinross HSCP assessed the possible options, as follows;
 - NHS Tayside Tendering for a new GMS/PMS Contract
 - Negotiating an arrangement with an existing local practice
 - A '2C arrangement' where NHST employ GPs and the HSCP oversees the delivery with a broad multidisciplinary team
 - Dispersal of the patient list to neighbouring GP practices
- 3.2 Our assessment of these options indicated that;
 - The technical process, time required and challenges in relation to tendering for a new GMS contract provision suggested that this was neither achievable nor realistic in the timescales and a successful tender was not guaranteed.

- Despite some early interest, our contact with all neighbouring practices ultimately confirmed that no one felt able to step in to take on patient list in Bridge of Earn and to deliver services locally.
- If the remaining GP could be employed as a salaried GP by NHS
 Tayside, who leased the premises, this could provide a basis on which
 to try to build and consolidate the local service. This was recognised to
 be a very challenging proposition, with no guarantees of success of
 sustainability.
- Dispersal was felt to be the option of last resort given that it would reduce local access and would also have some impact on other Perth City GP practices that have their own challenges.
- 3.3 Given our strategic ambition to provide local primary care services and recognising the significant population growth expected in Bridge of Earn over the next decade, the HSCP proposed to NHS Tayside that we look to deliver a '2C' arrangement. These arrangements, while not without significant challenge, exist elsewhere in Tayside and are supported by Primary Care Services and the local HSCPs.

4. OUTCOME

- 4.1 Following more detailed consideration of these possible options, NHS Tayside identified that in the absence of any additional medical cover the preferred option of a '2C' arrangement could not be safely delivered and sustained.
- 4.2 The lack of any success in recruiting additional doctors, the limited number of sessions able to be covered and the overreliance that any arrangement would have on locum doctors led to the conclusion that the transfer of the patients to nearby surgeries was the only safe option for patients to continue to be able to access GP services.
- 4.3 As a result, Primary Care Services made arrangements to disperse the patient list to other local GP practices, with one practice taking on nearly half the patients and other Perth City practices picking most other patients. A smaller number were allocated to Lochleven Practice in Kinross, where this was closer. Discussions are also underway with NHS Fife to enable Abernethy patients to consider Newburgh practices.
- 4.4 To support this transition NHS Tayside and Perth and Kinross HSCP have provided additional support to those GP practices who have taken on Bridge of Earn patients. We have also enhanced the community nurse support into Bridge of Earn to ensure that patients who don't need to be seen by a GP can be supported, including home visits for people who cannot easily travel.
- 4.5 In addition, the HSCP have now developed a proposal for the delivery of a range of local community health services (wound care, phlebotomy, ear syringing, suture removal, chronic disease monitoring, management of minor injuries, adult vaccination programme, etc.)

- 4.6 Suitable premises need to be identified and Perth and Kinross Council have been exploring various options that they may be able to lease. NHS Tayside are also assessing the potential to renovate a house that they own in the village, which currently provides office accommodation for community nurses.
- 4.7 Further, Perth and Kinross Council are exploring transport options to support people travelling from Bridge of Earn to Perth. The HSCP are also looking at the potential for a volunteer driver scheme, given the strong community spirit in Bridge of Earn and the potential that this could support older or more vulnerable people who may have difficulty travelling.
- 4.8 In the longer-term there may be the potential to look to reintroduce GP services when the development at Oudenarde goes ahead. For as well as significant population growth this brings the potential for a new GP surgery to be incorporated into the plans. Perth and Kinross Council have confirmed with the developer there that they would be interested in supporting this.

5. CONCLUSION

- 5.1 It is unfortunate that the challenges around the GP premises and, in particular, the medical workforce shortages led to the decision having to be taken to disperse the Bridge of Earn patient list on. This was found to be the only way to ensure safe and sustainable access to GP services.
- 5.2 For many patients this has been a smooth transition, as visits to Perth city for other services and facilities are unusual. However, it is recognised that for a number of patients this will present a challenge and in response the HSCP along with NHS Tayside and Perth and Kinross Council are taking action to seek to minimise any adverse impact or inconvenience these new arrangements may bring.
- 5.2 The HSCP and colleagues in NHS Tayside are committed to continuing to support other GP practices to respond to the demand they are experiencing with an increase in their own patient lists. We are also continuing to look at the delivery of health services in the Bridge of Earn to explore what can be provided in the local area now, and importantly, which services should be provided in the future.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.