Appendix 1

PRIMARY CARE PREMISES STRATEGY

Perth & Kinross Health & Social Care Partnership

2023 - 2028

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EXECUTIVE SUMMARY

This report aims to describe the current status of the General Practice premises in Perth & Kinross (P&K) and highlight the current and anticipated pressures that need to be addressed to ensure Primary Care services are adequately, equitably, safely and sustainably supported by the premises infrastructure for P&K residents. The report will describe some of the genesis of the current premises stock and how it is configured. The 2018 GMS contract has had a significant impact on the way general practice works and has changed with a wider multidisciplinary team (MDT) taking a greater role in delivering front-line primary care services. This has led to an increase of around 80-90 FTE staff in P&K working in and around the GP premises and, with many working less than full-time, there are around 120 more staff requiring to be accommodated within GP Practices, many of which are already at capacity and with limited room to expand.

The attractiveness of General Practice partnership as a career progression has declined and many young GPs are now deterred from taking on the responsibilities of partnership due to the staff and premises liabilities that they would be taking on. Demographic and other pressures also mean the work of a GP is much greater than ever before. Practices with 'closed lists'; those that have become health board run 2C practices and those that have disappeared altogether are evidence of the pressures practices are facing. Currently as at 1 June 2023 out of 61 practices in Tayside there are 4 x 2C Practices and 6 operating with closed lists.

The risks resulting from this are both the potential reduction in the number of providers local to patients and also the domino effect on neighbouring practices mandated to take up some of the work instead.

Whilst it is the responsibility of NHS Tayside (NHST) to ensure suitable premises are in place for Primary Care services, in order to ensure P&K GP practices continue to deliver sustainable and high quality services, it is beholden on P&K HSCP to ensure it has a clear picture of the current situation and a strategic plan for premises going forward to inform NHST on the HSCP priorities. Dundee and Angus HSCPs have also developed their own Primary Care Premises Strategies which will together, contribute to the over arching NHS Tayside Premises Strategy. These Strategies will help inform priorities & decision making of the NHS Tayside Asset Management Group (AMG) and Primary Care Premises and Infrastructure Group (PCPIG).

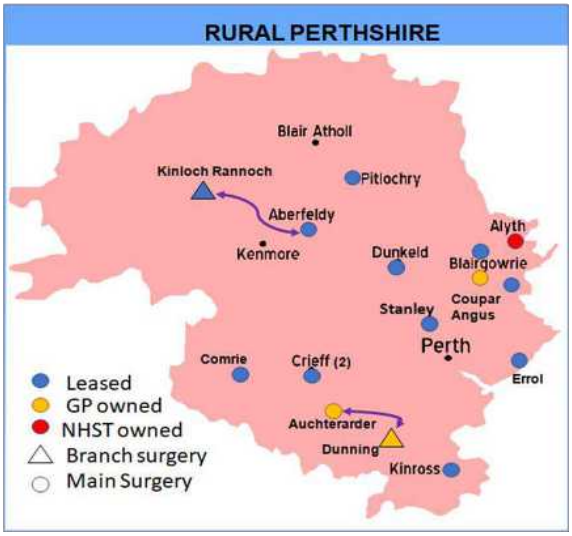
An accelerated programme of GP practice lease assignations by NHST would be very likely to impact positively on GP practice sustainability in P&K. The opposite is also true that if Tayside lag behind other regions in Scotland, as they already appear to be doing, the sustainability issue would be further aggravated as GPs would be much more likely to apply for GP partnerships where this significant hurdle to recruitment has been dealt with more expeditiously.

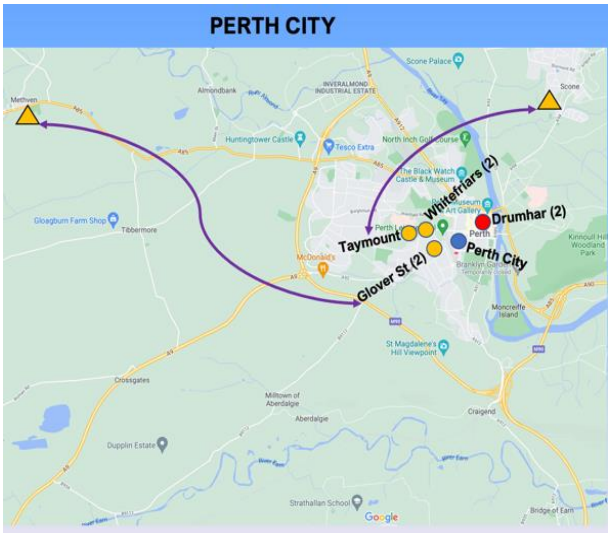
With knowledge of where population growth is expected as a result of new housing coming on to the market this report also highlights the need to step back and review the current provision and consider where primary care premises would be best sited to provide suitable access to the P&K population.

1. INTRODUCTION

Leasing & Ownership

The situation prior to the inception of the Integrated Joint Boards (IJBs) and 2018 General Medical Services contract was that Primary Care services in P&K operated from 26 separate locations (including Prison Health Care at both HMP Perth & Castle Huntly as well as at the Bridge of Earn surgery which was closed 2019). Over and above this some GP practices also operated part-time 'branch surgeries' separate to their main premises in five other locations Blair Atholl (closed 2023), Dunning, Scone, Methven and Kinloch Rannoch). In addition, some community nursing services work out of both GP practices and NHST premises, such as community hospitals.





There is now a mixture of premises situations:

- GP owned and rent reimbursement paid to the GP Practice owners by NHST;
- GP leased from PFI developer with rent reimbursement +/- dilapidation / augmentation payment paid to GP Practices by NHST;
- Premises previously owned by GP practice; sold to 3rd party developer and leased back to GP practice with rent reimbursement paid to GP practices by NHST (similar to above);
- Premises occupied by GP practices but leased by NHST from PKC;
- NHST owned and occupied by GP practice.

Capital investments in the premises in P&K have largely, over the last 20 years, been derived from Private Finance Initiatives (PFI's). In August 2008, the then Capital Scrutiny Group for NHS Tayside approved an initial agreement for a replacement healthcare facility in Bridge of Earn. Approval to proceed to a capital build was approved and plans were developed to cost a new facility. For various reasons this undertaking never came to fruition and ultimately the practice closed in 2019, partly as a result of the premises issue not having been resolved.

Historically GP-owned premises have been a good investment for GPs as they essentially become their own tenant with guaranteed rental income paid to them from the Health Board. Over their

lifetime as a GP partner, they build a capital investment that can in turn be realised when they retire and a new GP partner 'buys in' to the premises aspect of the business.

Most Perth & Kinross PFI contracts are directly with the GP partners themselves with an agreement from NHST to reimburse the rental charge in accordance with the premises directions.

In both these situations the premises risk sits entirely with the GPs themselves. Perversely perhaps, given the new paradigm that we now find ourselves, in some PFI projects, the building's design factored in space for community staff and pharmacists to occupy with NHST providing an additional extra rental payment to the practice to cover this space usage. The risk for leasing this space is currently however not borne by NHST but by the GP partners. This 'risk' ownership has not previously been an issue whilst the historically safe foundation of GP practices themselves has endured.

For a number of reasons including greater part-time working of GPs; more intensive work demands; greater choice for young doctors to work in hospital specialities or overseas etc, GP recruitment has become critically difficult over the last decade. If a practice becomes less viable then it becomes increasingly difficult to attract new GP partners as the very substantial financial risk they would be taking on with respect to premises ownership or leases becomes something that would deter interest in joining a practice. Young doctors are very aware of this and this in itself then creates a significant issue for retiring partners to recruit GPs.

The 2018 GMS Contract recognised this risk:

> ***To this end the Scottish Government and the SGPC have agreed a National Code of Practice for GP Premises ("the Code") which sets out how the Scottish Government will support a shift, over 25 years, to a new model in which GPs will no longer be expected to provide their own premises. The contract offer proposes that from 1 April 2018, the Code will be introduced and revised Premises Directions will take effect. The Code sets out how the Scottish Government will achieve a significant transfer away from GPs of the risks of providing premises.***

Further clarification on the process within NHST for progressing the transfer of leases as part of the Scottish Government Programme is required for GPs in Perth & Kinross. This therefore continues to act as a significant barrier to recruitment for P&K GP practices.

There appear to be only a limited number of options to help overcome this current and significant risk:

- NHST accelerate their lease assignation process and actively engage all affected practices in P&K;
- GP leaders / HSCP / NHST explore business continuity cover with insurance companies;
- Leave market forces to resolve the issue.

Enhanced wider staff team

The 2018 contract focussed heavily on enhancing the multidisciplinary team to carry out many of the front-line responsibilities that were previously left to GPs. This has led to an increased number of

staff, such as physiotherapists, pharmacy teams, mental health nurses, social prescribers, advanced nurse practitioners etc all requiring space to carry out their duties within GP practices, many of which are already at capacity and with limited room to expand.

Over and above these front-line consultation functions the Contract also sought to reduce risk to GPs by delegating community treatment and care services to HSCPs. These would include wound management, suture removal, phlebotomy, ear syringing and chronic disease monitoring and related data collection. Whilst some of these functions are planned to be delivered by wider HSCP employed professionals within GP practices, many require suitable premises out-with GP surgeries.

Geographic / Demographic Needs and changes:

It is clear from most demographic assessments that there is an increasingly ageing population in P&K and therefore, despite the improvements in transport links over the last few decades which has led to some reduction in the need for some 'branch surgeries', it will remain important to have equitable and accessible primary care services across the whole of P&K.

Whilst it could be argued that there is reasonable coverage to provide good access to primary care services across much of rural Perthshire, Perth city and the immediate surrounding areas have services primarily delivered from eight GP practices in a 450m radius in the city centre. The closure of the Bridge of Earn Surgery in 2019 along with significant building and planned programmes to both the south and west sides of Perth City mean that this centralised city provision may not be optimal in the longer term and alternative models of service provision should be considered and evaluated.

Issues of GP premises ownership in Perth city is likely to complicate a seamless redistribution of provision. However, relocation of practice(s) operating from leased premises within the city may allow better geographical coverage whilst also creating some city centre premises capacity in the short to medium term.

2. DRIVERS

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

The National Picture

We are seeing significant change to the way general practice services are delivered, including services, workforce and premises, Also 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[1] see here
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)[2] see here
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 core strengths of general practice. This will mean tasks currently done by the GP can be carried out by members of the wider primary care team. The contract delivery is underpinned by a Memorandum of Understanding (MoU/MoU2), now in its second iteration, which runs until 31 March 2023.

The Scottish Government undertook a review of issues affecting GP premises and made recommendations in the 2018 GMS Contract:

- GP Contractors are required to secure a property from which to operate from and provide contracted medical services. This was a contractual obligation as part of the former GP contract.
- The Scottish Government recognised the need to support a long-term shift to move general practice towards a service model which did not entail ownership.
- NHS Boards taking ownership of the premises liabilities of practices in some or all owned and leased GP premises.
- The ownership of GP practice premises should be separated from other GP partnership arrangements.
- The accommodation requirements within Practices by other services as set out in GMS contract ie pharmacy, physiotherapy, mental health practitioners, social prescribing practitioners, care and treatment services needs to be taken into consideration.

Following a period of sustained investment, that saw significant improvement in the primary care estate, there has been little in the way of development of entirely new premises in primary care in P&K over the last 10 years. There has also been limited investment in repair, replacement and

[1] A National Clinical Strategy for Scotland, Scottish Government, 2016
[2] The 2018 General Medical Services Contract in Scotland

redesign of existing premises over this time despite significant changes in the landscape of community-based care.

The number of practices in Tayside has dropped from 74 in 2000, to 68 in 2010 and now sits at 61[3]. The number of practices with a list size below 5,000 has now dropped from 36 in 2000 to 21 today[4]. Almost all practices in the first phase of that reduction were *"positive mergers"*, where practices came together to form larger, more capable, more resilient units, often in new, better premises. In the last four years that reduction has been associated with more negative factors. Perth & Kinross has seen an equivalent decline.

GPs are: -

- Willing to support National Policy which is moving to the availability of an ownership model which continues to make sense for GP practices, but their expectation is that more practices will want to separate the decision to enter premises ownership from the operation of primary medical services;

- Keen to see NHS Boards develop best practice guidance for all property owning GPs. Future NHS capital investment would come with a requirement to demonstrate robust governance around property development;

- Requiring clearer guidance on the expectations of owners and occupiers around maintenance and standards, as part of professionalising property ownership and management;

- Looking to NHS Scotland to provide simpler models of GP premises provision in which the NHS directly bears the cost of premises in multi-use premises, removing the need for bureaucratic premises reimbursement systems, promoting integration of service delivery and optimal use of space.

National Code of Practice for GP Premises 2018 (BMA/ Scottish Government)[5] see here

Alongside the move to multidisciplinary teams, the National Code recommends moving general practice towards a service model that does not require GPs to own their premises. To support this transition, the Scottish Government has established a GP Premises Sustainability Fund to assist those who no longer wish to own or lease premises themselves. In turn, this will remove a significant barrier to GP recruitment.

Primary Care Improvement Plans (PCIP)

Building on both the Contract and the Code, the Scottish Government refocused the GP role as *expert medical generalists* with general practice at the heart of the healthcare system where *multidisciplinary teams* come together to inform, empower and deliver services in communities for those people in need of care.

[3] PHS National Primary Care Clinicians Database (NPCCD) extracted 1/10/22
[44] ibid
[5] National Code of Practice for GP Premises, BMA & Scottish Government

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*:

- Vaccination Transformation Programme
- Pharmacotherapy
- Community Treatment and Care Services (CTAC)
- Urgent Care
- Additional Professional Roles (eg First Contact Physiotherapy and Mental Health & Well Being)
- Community Link Workers

Each H&SCP across NHS Tayside established its own Primary Care Improvement Plan. Vaccination is now a centrally managed service.

Other national policies steer the direction; for example, the six Public Health Priorities (2018)[6] see here and can shine a light on the Scottish Government direction of travel; for example, the vision set out in Housing to 2040.

Across Tayside

TAYplan Strategic Development Plan 2016-2036[7] see here

NHS Tayside has set out its response to the national vision with the TAYplan Strategic Development Plan 2016-2036. This plan, reviewed every 4 years, centres on place and how quality of place is really important for people's quality of life.

The Plan sets out land use planning policies to guide where development should and should not go over the next 20 years or so. It considers the big, long term issues which affect the whole TAYplan city-region; including climate change, the scale of housing and population change, infrastructure planning and sustainable economic growth. Each of the four councils in the TAYplan area prepares their own Local Development Plan to reflect the Strategic Development Plan and to identify specific sites and consider locally specific issues.

The Plan states *'community, healthcare, education and sporting facilities are best located at the heart of the communities they serve'*. The plan mentions Perth & Kinross annual average housing supply targets of 846 new homes per year. Based on an occupation of 2.16 people, that is an additional 1827 people per year.

NHS Tayside Asset Management Update 2020 to 2030[8] see here

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;

[6] Public Health Priorities for Scotland, COSLA & Scottish Government
[7] TAYplan Strategic Development Plan 2016-2036
[8] North Regional Asset Management Plan Update 2020 to 2030

- The significant number of services housed in poor/aged/inappropriate accommodation;
- The likely demand for growth to be accommodated in practice with already high demand.

Within Perth & Kinross

Perth & Kinross Strategic Commissioning Plan 2020-2025.[9] see here

At a local level, the HSCP believes that by working together across organisations the population of Perth & Kinross can be healthier, with fewer inequalities. The HSCP will endeavour to provide high quality, cost effective services that align with the needs of the area's population. This includes strengthening the current locality based model, where general practice is part of a wider health and social care eco system providing care to members of its community.

Perth & Kinross Primary Care Strategic Delivery Plan (SDP) 2023-2026

The Perth & Kinross Primary Care SDP has been developed to provide a vision for primary care within Perth & Kinross over the next 3 years and sets out actions being taken to achieve the objectives detailed in the Perth & Kinross HSCP Commissioning Plan and connect them to the Perth and Kinross HSCP Financial Framework. The Plan is supported by a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above. Within the SDP there are 4 priority areas, one of which is to develop a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

Perth & Kinross Primary Care Improvement Plan (PCIP) Update 2021-2022 see here

The Perth & Kinross PCIP takes the six priority areas in the national PCIP and for each area there is a Lead Officer assigned with delivery and managing the risks and issues. It notes the lack of space within primary care to host a Community Care and Treatment Hub in Perth City and develop Pharmacotherapy Hubs across the area. It also references an ambition to develop this document to provide a Perth & Kinross Primary Care Premises Strategy and to recognise the importance of practice boundaries, and how practices, clusters and teams will link.

Perth & Kinross GP Practice Premises Survey – Results June 2022

Appendix B highlights the results from the Tayside wide online GP Practice premises survey conducted in June 2022. The practices responded to questions about space availability, suitability and modifications. In total, 18 out of the 23 Practices in Perth & Kinross responded to the survey. 17 of the 18 practices who responded in Perth are based in purpose built facilities. The survey results show that the lack of sufficient and or suitable premises is restricting the ability to deliver safe and efficient services for patients and is hindering opportunities to redesign services to meet increasing demand.

[9] Perth & Kinross Primary Care Strategic Commissioning Plan 2020-2025

3. Demographics

Population Size

The population of Perth & Kinross on 30 June 2021 was 153,810, an increase of 1.3% from 151,290 in 2020.[10]

The tables overleaf show the projected population change for Perth & Kinross by age band. Between 2018 and 2043. The number of those aged over 75 is set to increase significantly according to projections.

Projected population (in thousands of people) for Perth & Kinross by age band (2018-2043)[11].

Age Group	2018	2023 *(projected)*	2028 *(projected)*	2035 *(projected)*	2040 *(projected)*	2043 *(projected)*
0-14	22,807	22,238	20,705	19,199	18,695	18,539
15-29	23,988	22,642	22,132	21,646	20,727	19,941
30-44	25,396	26,654	26,477	24,703	23,294	23,059
45-59	33,623	31,400	29,093	28,744	30,033	29,788
60-74	29,214	30,816	33,094	33,281	30,729	29,789
75 & over	16,262	18,942	21,278	24,089	27,050	28,655
All ages	**151,290**	**152,692**	**152,779**	**151,662**	**150,528**	**149,771**

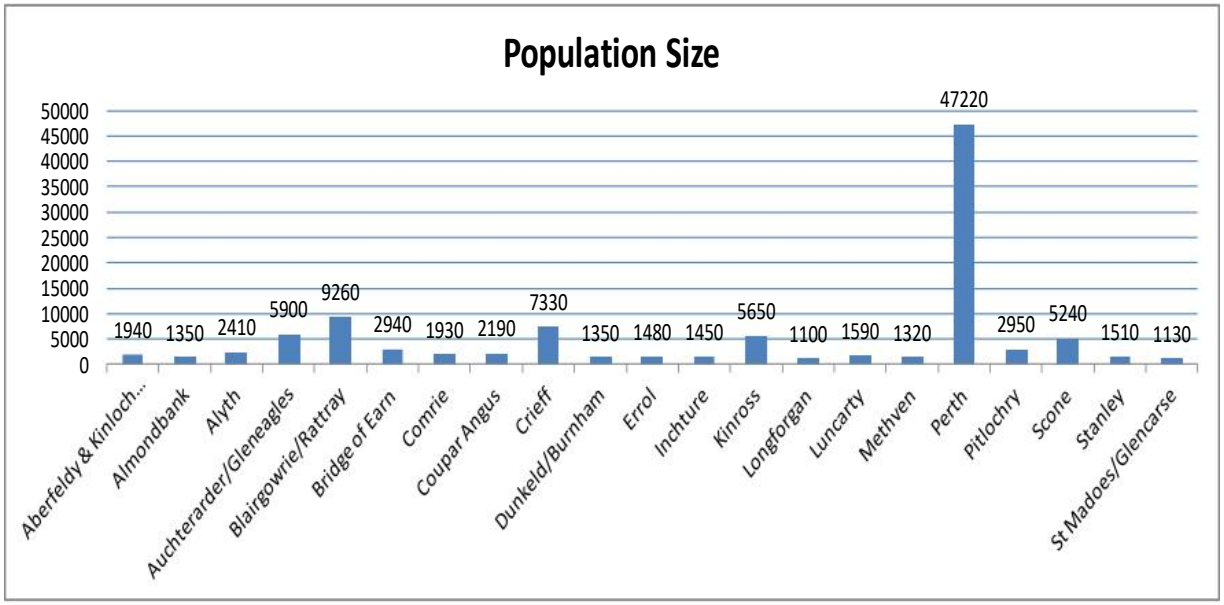
Projected percentage population change for Perth & Kinross by age band (2018-2043) from baseline.[12]

Age Group	2018	2023 *(projected)*	2028 *(projected)*	2035 *(projected)*	2040 *(projected)*	2043 *(projected)*
0-14	-	-2.5%	-9.2%	-15.8%	-18.0%	-18.7%
15-29	-	-5.6%	-7.7%	-9.8%	-13.6%	-16.9%
30-44	-	5.0%	4.3%	-2.7%	-8.3%	-9.2%
45-59	-	-6.6%	-13.5%	-14.5%	-10.7%	-11.4%
60-74	-	5.5%	13.3%	13.9%	5.2%	2.0%
75 & over	-	16.5%	30.8%	48.1%	66.3%	76.2%
All ages		**0.9%**	**1.0%**	**0.2%**	**-0.5%**	**-1.0%**

[10] NRS Scotland.gov.uk July 2022
[11] NRS 2018 based summary datasets – population projections for Scottish areas.
[12] ibid

The graph below shows the number of people in each area estimated by June 2021 (source City Population see here

The chart shows locations with population sizes over 1000

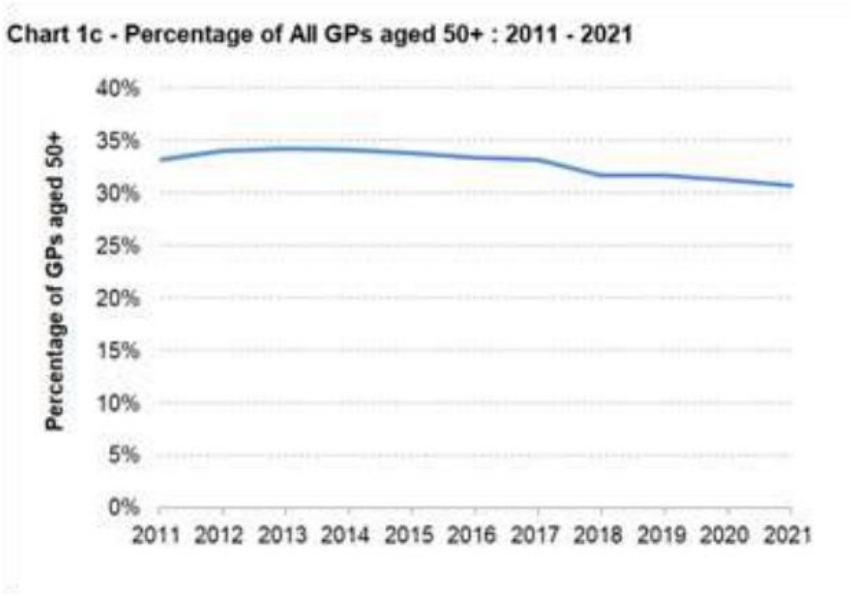


GP Workforce

The GP Workforce and Practice List Sizes (Dec 2021) provide the national picture. The change to workforce has an impact on the premises strategy.

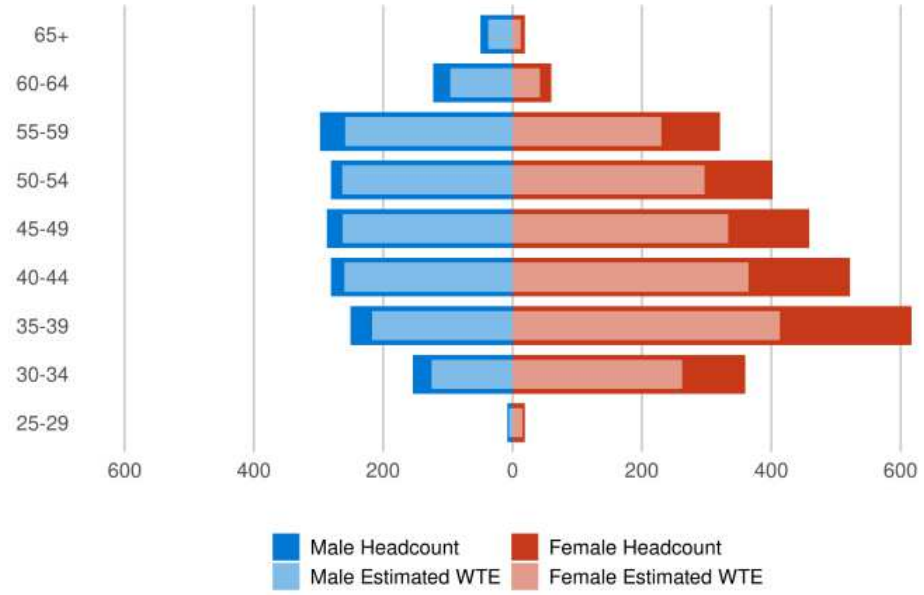
- Ageing workforce: Nationally around one-third of GPs are aged 50 years and over suggesting the move to multidisciplinary teams must continue at pace and this will require space to enable it to happen.

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



Source: PHS General Practice GP Workforce & List Sizes

GP headcount and estimated WTE by age & sex at 31 March 2022. (Source NPCCD) and excludes Registrar Trainee GPs



The national results above are reflected locally with a Perth and Kinross HSCP survey undertaken in January 2022 finding that over 18% (N=22) of the Perth and Kinross GP Partners including Newburgh (NHS Fife) are aged over 55 years.

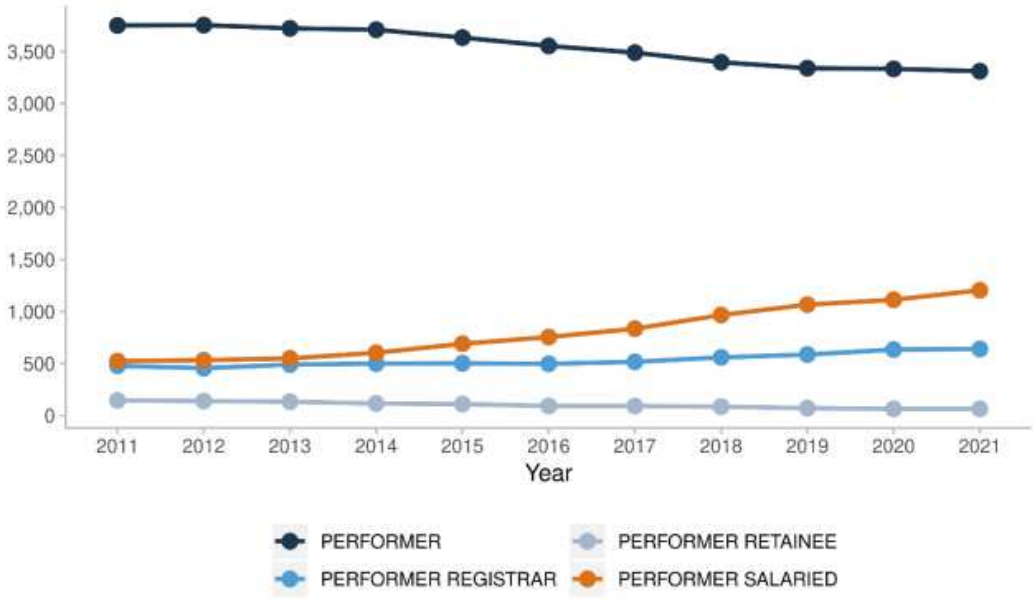
- Recruitment and Retention: The last decade has seen a progressive decline in the ability of General Practice to recruit across the United Kingdom. The factors behind this are complex and include political, financial, social and professional pressures that have acted to discourage recruitment to the profession, to encourage retirement from the profession, and to increase the headcount number of GPs required to run a practice of any given size due to increasing complexity and the trend to more part-time /and portfolio working.

- The GP Nurse workforce is also an ageing profession. Data from Public Health 2017 data showed all nursing staff in the age range 45-54 years meaning they too will now be over 50 years of age. In contrast the same data shows Heath & Social Care Workers were all aged under 45 years.

- New ways of working: The changing face of the GP workforce includes an increase in salaried GPs as shown in the headcount by GP designation graph below. This change has implications for premises in terms of the ownership of GP premises buildings and the risk to NHS Tayside in terms of financial costs.

  The chart on page 15 shows national headcount of GPs in post by designation between 2011 and 2021 as at 30 September 2021.

National GP Headcount of GP Performers
(a registered medical practitioner, other than a GP Registrar or a locum practitioner)



Source: National Primary Care Clinician Database (NPCCD)

4. GP Practice Sustainability

GP List Size Changes

Since 2004, the average GP list size in Perth & Kinross has an established growth of circa 0.8% per year. However, historically the linkage of GP premises development to population growth has been largely opportunistic, being driven by a response to the poor state of existing GP premises; the capacity of individual practices to raise awareness of their particular issues, the ability to raise and pay finance and the opportunities created by sites becoming available.

Using the assumption that community services will be developed and wrapped around the GP practices across P&K, then the location, size, configuration and facilities of these must be considered in the forward thinking of the individual practices, Perth & Kinross Health & Social Care Partnership (HSCP) and NHS Tayside (NHST).

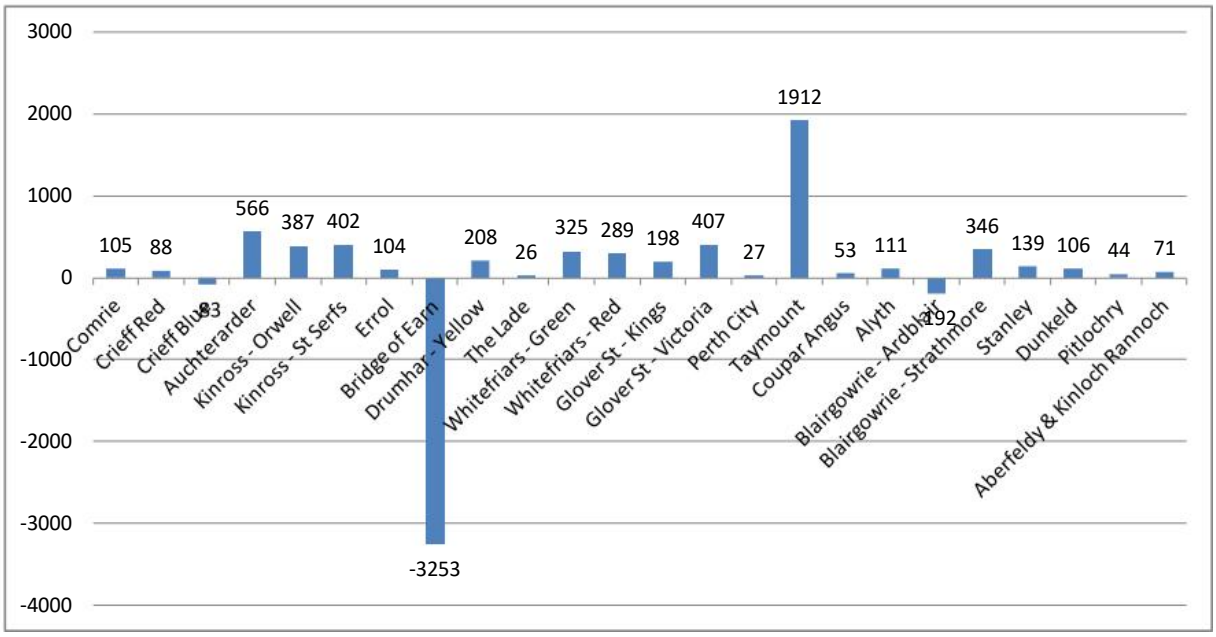
Across P&K there are currently 23 individual GP practices with a standard GMS contract to deliver services for NHST. Invergowrie Medical Practice, which, due to its location and medical configuration was managed under a 17c contract with Dundee HSCP is excluded from these figures. GP Partners from the practice submitted a notice to terminate their contract with effect from 23 June 2023. This was approved by the Tayside NHS Board on 1 June 2023. The vast majority of P&K HSCP patients registered with Invergowrie Practice will be dispersed to Ancrum Medical Practice in Dundee and 2 other pra ices will continue to be provided by Dundee H

Change in Practice Populations April 2017 – Oct 2019 (ISD data)

To ensure patients in the Carse of Gowrie area continue to receive high quality, person centred and safe services, P&K and Dundee HSCP will jointly be conducting a Strategic Health Needs Assessment for the local area, working with NHS Tayside.

Likewise, it is important to remember that the prison populations at HMP Perth and Castle Huntly receive 'GP' services under the 'lead partner' arrangements of the scheme of integration. These HMP services are hosted by P&K but will be excluded from the main considerations in this report.

The chart below shows the change in the P&K GP practice populations 2017-2019 based on ISD (NHS information Services Division) data. The figures include the changes resulting from NHST decision to close and disperse the Bridge of Earn (BoE) Surgery and demonstrate the significant impact that an unplanned GP practice closure can have on neighbouring practices.



The number of practices in Scotland is decreasing, reflected locally in Perth and Kinross with 1 practice closing in the past 5 years and one due to close from 23 June 2023 (Invergowrie). The

transfer of patients to remaining practices puts further strain on the practices that already have insufficient space.

Based on an expected list size of 1,500 patients per full time equivalent (FTE) GP, the western expansion of Perth City is likely to require 4-5 new FTE GPs.

Based in standard space expected to be available per working clinician, Perth city currently has 10,000-12,000 more patients than it has space for. The additional 6,000-7,000 patients that the western Perth housing development will bring will result in an unsustainable additional burden on already stretched facilities. (*The Scottish Health Planning Notes identify a floorspace requirement per GP of 271sqm, with each GP capable of accommodating a maximum of 1500 patients.*)

The same pressures as above will result from the Southern Earn valley developments with a further c4,000 patients and need for 3 additional FTE GPs.
To help manage list sizes, GP Practices have mechanisms at their disposal including closure of a list for the short term until essential recruitment is complete or they can request changes to a practice boundary.

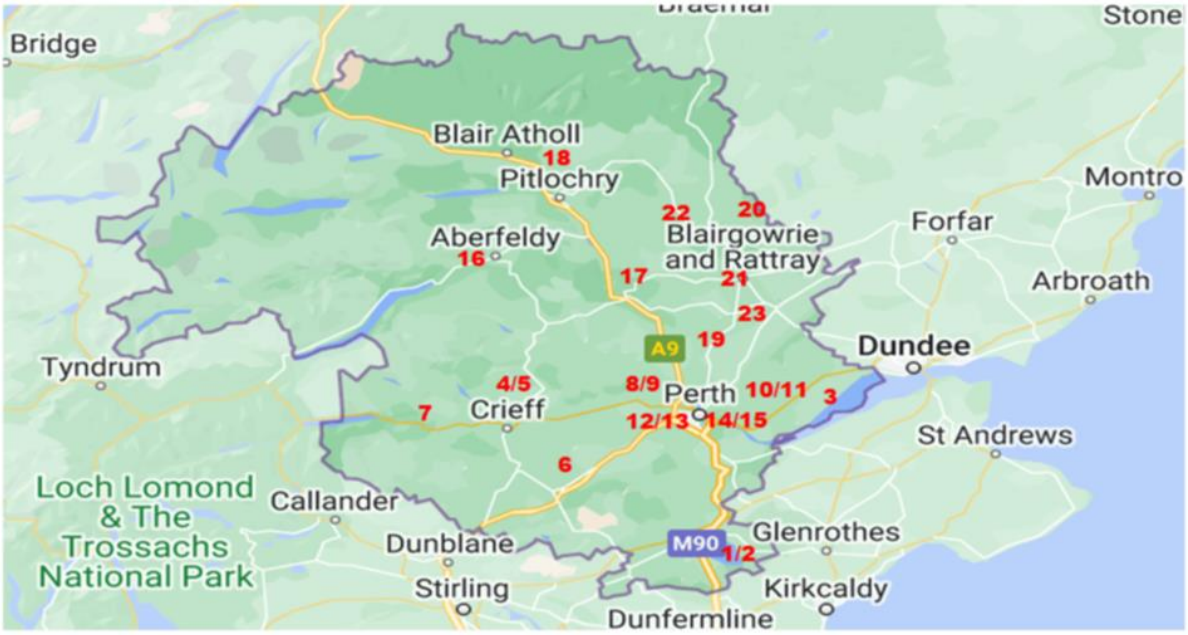
GP Sustainability

In January 2022 P&K HSCP carried out a survey of all 23 GP practices in Perth & Kinross plus Newburgh practice in Fife which has a significant proportion of P&K patients registered with them. The results show that:-

- Almost one-third of all practices are at high risk of failure with half of all practices at medium risk. Over a 1 year period, 4 additional practices moved from a low risk to medium risk category.
- There are at least 17 GP partners who are planning to retire within the next 2 years (14%).
- There are at least 22 GP Partners over the age of 55 years. This constitutes 18% of the GP Partner workforce (n=122 including Newburgh) across P&K but almost 30% within Perth City locality.
- 9 Practices reported that they have adequate premises from which to run their services, with 12 reporting the need for minor alterations or additional capacity. However, there were 3 Practices who reported the need for significant work to bring the premises up to standard or required more workspace from which to deliver services.
- Practices referenced the inability to sustain services on multiple sites due to workforce and workload challenges, the risks of lone working within branch surgeries and also the poor condition and facilities within some of these branch surgeries.
- A number of Practices suggested that they have current financial issues that would be a serious risk to the ongoing functioning of the practice or that would impact on recruitment. These almost exclusively relate to financial issues regarding premise lease or ownership.

GP Cluster & List Size

There are 23 practices in Perth & Kinross. The geographical spread of GP practices across Perth is variable.



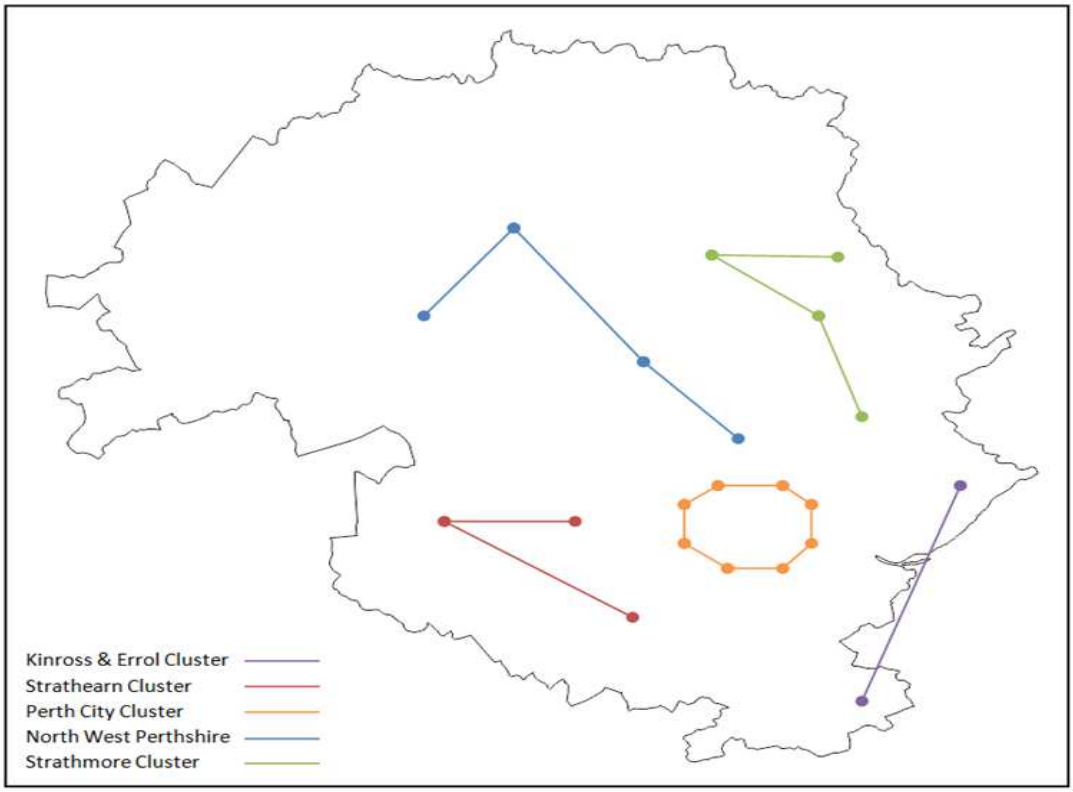
Map Showing Perth General Practices Locations
Data from Public Health Scotland GP Workforce & Practice Pop April 2022

Practice	List Size	Cluster
1. St Serf's Practice	9867	Kinross/Errol
2. Orwell Practice	4116	Kinross/Errol
3. The Carse Medical Practice	3325	Kinross/Errol
4. The Blue Practice	6655	Strathearn
5. The Red Practice	4162	Strathearn
6. St Margaret's Health Centre	10792	Strathearn
7 Comrie Medical Centre	2695	Strathearn

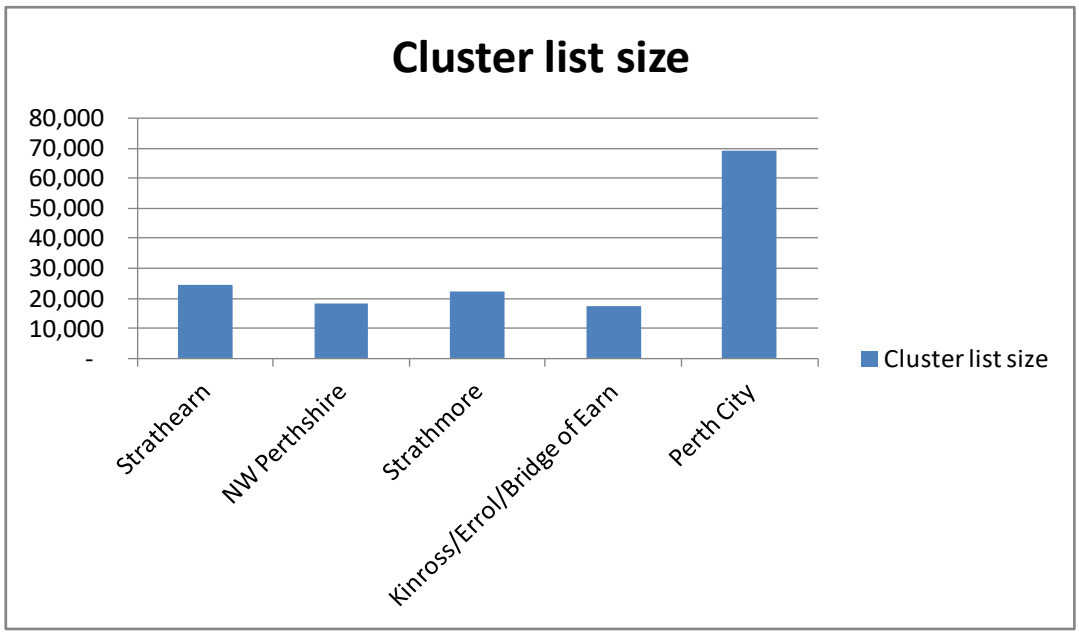
Practice	List Size	Cluster
8. Green Practice, Whitefriars Surgery	9211	Perth City
9. Red Practice, Whitefriars Surgery	7037	Perth City
10. The Lade Medical Practices	3693	Perth City
11. Yellow Practice, Drumhar Health Centre	6457	Perth City
12. The Taymount Surgery	15830	Perth City
13. Perth City Medical Centre	9449	Perth City
14. Victoria Practice	10891	Perth City
15. Kings Practice	6548	Perth City

Practice	List Size	Cluster
16. Aberfeldy & Kinloch Rannoch Medical Practice	4794	North West Perthshire
17. Craigvinean Surgery	4087	North West Perthshire
18. Atholl Medical Centre	4905	North West Perthshire
19. Stanley Medical Centre	4274	North West Perthshire
20. Alyth Health Centre	4422	Strathmore
21. Ardblair Medical Practice	7856	Strathmore
22. Strathmore Surgery	3754	Strathmore
23. Coupar Angus Medical Centre	5964	Strathmore

The Perth and Kinross practices form 5 clusters and their geographical grouping across the area is illustrated below:



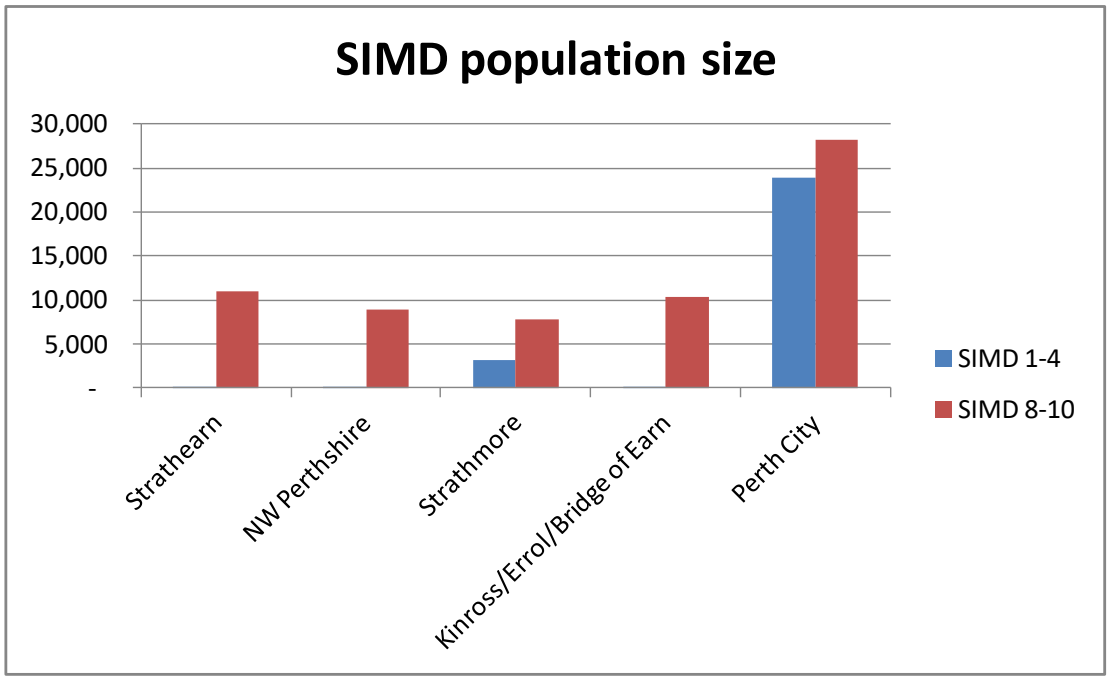
The 5 clusters vary in both list size and population characteristics as the chart below and on page 20 illustrate. This in turn impacts on the demands on services and the service provision.



Source PHS General Practice Information demographics July-Sept 2022.

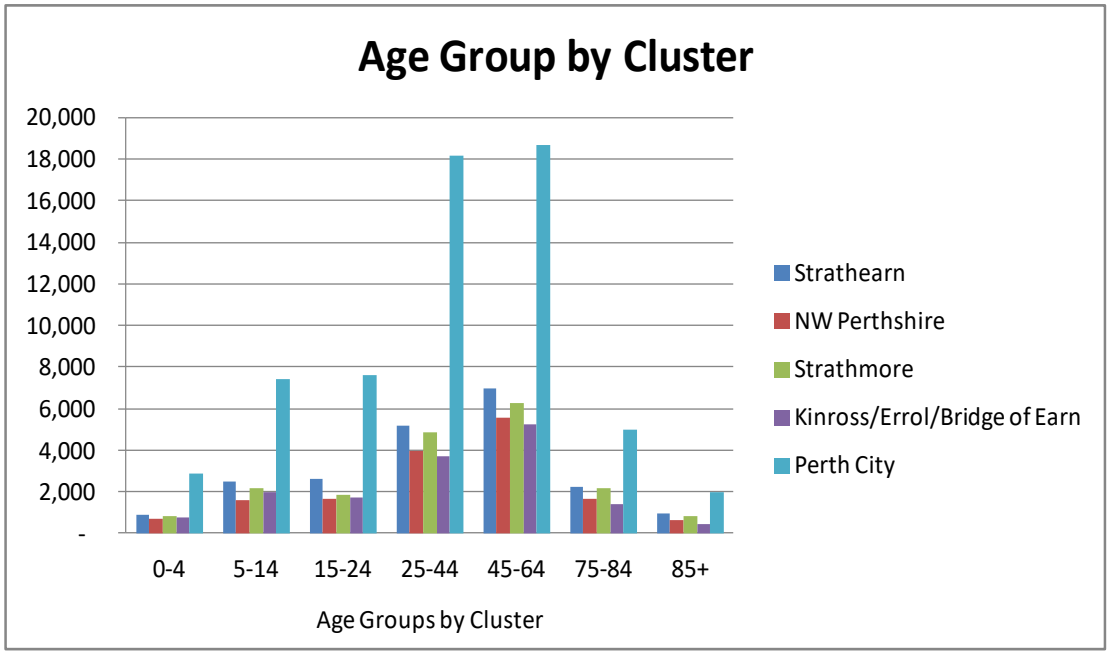
Scottish Index of Multiple Derivation (SIMD) Population Size

(where 1 is within '10% most deprived areas' and 10 is within '10% least deprived areas)



Source PHS General Practice Information demographics July-Sept 2022.

The graph below shows each age cohort who are registered with a practice in each cluster. The demographics demonstrate further the differences between the clusters.



Source PHS General Practice Information demographics July-Sept 2022.

5. Population Health

Long term Conditions

The Perth and Kinross population is ageing but, as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. These patients have a need for higher levels of health and social care at an earlier stage.

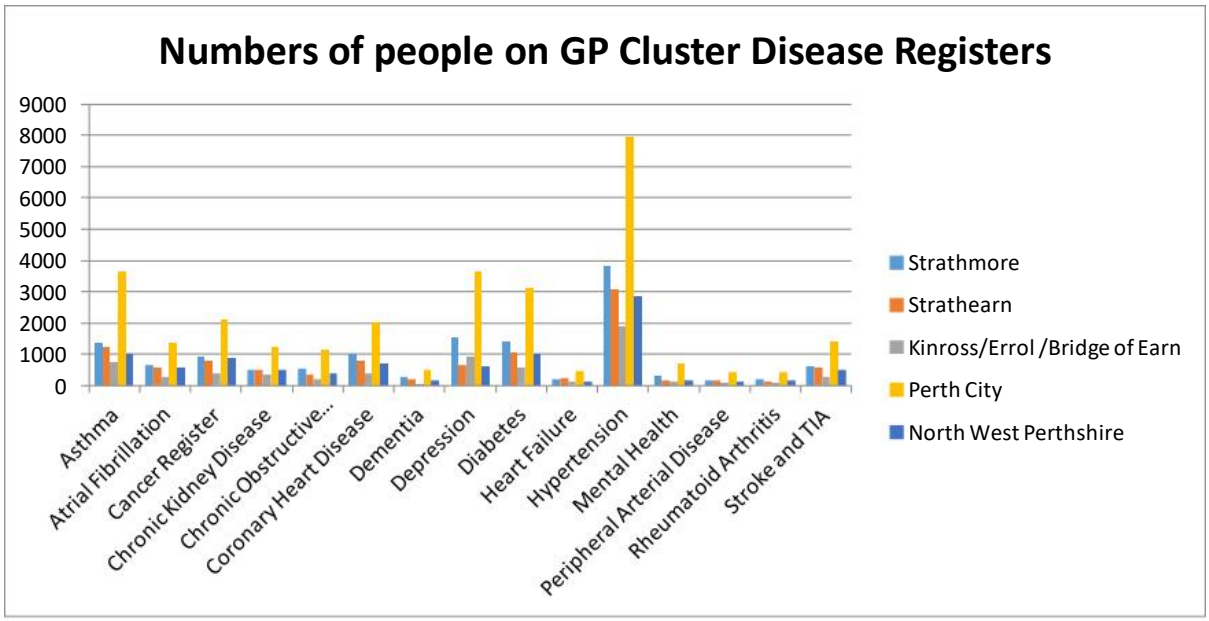
The table below details the number of people on GP registers by cluster. Although clusters vary in population size, it combines to paint a picture of long term condition need and where particular services are needed most.

Number of people on GP practice cluster registers for selected long-term conditions

	Strathmore	Strathearn	Kinross/Errol/Bridge of Earn	Perth City	North West Perthshire
Asthma	1377	1207	751	3679	990
Atrial Fibrillation	666	596	278	1381	575
Cancer Register	912	816	407	2105	888
Chronic Kidney Disease	500	505	363	1227	485
Chronic Obstructive Pulmonary Disease	553	353	213	1152	388
Coronary Heart Disease	999	820	388	2002	692
Dementia	274	190	57	518	170
Depression	1544	645	899	3653	607
Diabetes	1392	1057	596	3092	1011
Heart Failure	191	245	108	471	126
Hypertension	3812	3072	1880	7951	2868
Mental Health	332	173	109	708	181
Peripheral Arterial Disease	179	170	90	422	115
Rheumatoid Arthritis	185	130	83	432	149
Stroke and TIA	612	593	277	1410	486

Source: General practice disease prevalence data, Public Health Scotland June 2022 (data based on 21/22 financial year) using Scottish Primary Care Information Resource (SPIRE)

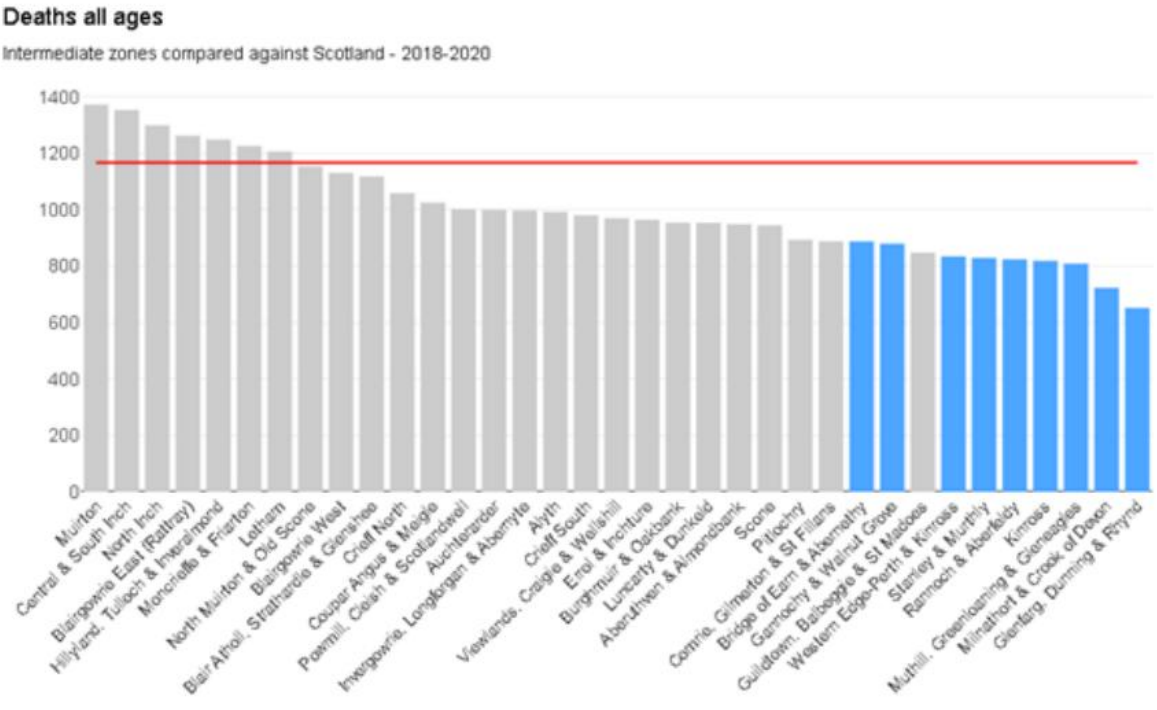
The chart below, based on the table on page 21 shows that hypertension, diabetes, depression and asthma the leading diseases.



Source: General practice disease prevalence data, Public Health Scotland June 2022 (data based on 21/22 financial year) using Scottish Primary Care Information Resource (SPIRE)

Perth & Kinross Deaths

The Scottish Public Health Observatory is a collaboration led by Public Health Scotland providing a picture of the Scottish population health. The graph below shows deaths at all ages for Perth and Kinross compared with Scotland (the red line).



Inequalities

The King's Fund 2010 report on '*tackling inequalities in general practice*' discussed these issues: given that people from lower socio-economic groups have greater health needs, such as poorer life expectancy and higher infant mortality, it has long been argued that areas with greater deprivation require more doctors. Overall, the evidence, however, suggests that GPs are disproportionately distributed in more affluent areas.

Access to clinical services is identified as a contributor to health. In Perth City the areas of Hillyland, Tulloch, Inveralmond, Muirton and Letham all feature high in the Scottish Index of Multiple Deprivation (SIMD) rankings for deprivation and yet are in many cases 1.5-2.5 miles away from health centres whilst all eight GP surgeries in Perth City sit within a 450m radius in the centre of town.

The Tactran Regional Transport Strategy 2015 – 2036 refresh see here refers to the need to address accessibility, equity and social inclusion as one of its 6 objectives. It also includes a key strategic theme of connecting communities and being socially inclusive; recognising that rurality contributes to deprivation of access to services . Within its detailed strategies and frameworks, specific mention is made to ensure health and transport provisions are considered in a co-ordinated manner.

6. Planned Housing

The population growth in Perth City over the next few years will be significantly influenced by the rate of new housing which is now under construction or has received planning application approval from Perth & Kinross Council Planning Department.

There are currently almost 11,000 homes being built or have formal planning applications approved or in principle in P&K, with the vast majority being within the catchment areas of the 8 Perth City Practices (see table on page 24). The most recent survey data (2017) suggests on average there are 2.16 individuals per house. It is anticipated therefore, based solely on the number of new homes, that there will be an increase in the P&K population by around 22,843 in the next 10 plus years. The predominant housing growth across Perth & Kinross will occur in Perth City.

The table on page 24 reflects housing under construction within Perth & Kinross only. It does not include housing under construction in Fife. This may have an impact on cross boundary coverage in some areas.

If new patients are distributed evenly across the practices that currently cover the relevant catchment areas the chart on page 25 represents the possible change in the P&K practices over the coming years. (The modelling currently assumes the majority of Scone patients register with Taymount which has a branch surgery in Scone.)

In its 2001 report *Crossing the Quality Chasm, a New Health System for the 21st Century* see here, the Institute of Medicine (IoM) in America recommended that health care must be made safe, efficient, effective, timely, patient centred, and equitable. By many measures, the health care system has made progress on the first five of these six aims, with much work left to do. But the final aim, equity, lags behind the others.

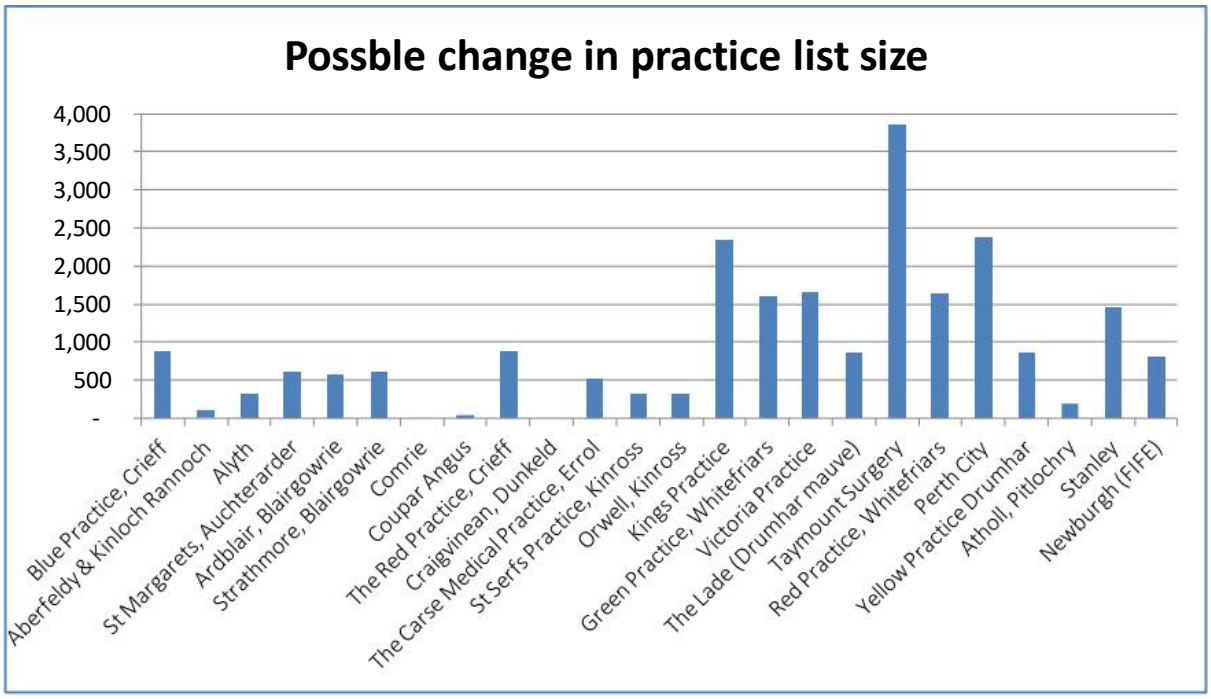
We recognise the implications of increasing demand to GP Practice sustainability which is why we will need to develop options in collaboration with others. Builders have no legal requirement to include a provision for health in planning housing construction projects; therefore increasing population adds additional strain to already busy practices. The HSCP are, however, now being asked by Perth & Kinross Council to comment on planning applications and will make every effort to ensure that our request for builders to take into account any health requirements is heard.

Housing under Construction in Perth & Kinross at March 2022

		Homes Under construction (2019)	Homes Under construction (remaining) @31/3/22	Homes with Planning approved	No. of GP Practices covering
Aberfeldy		100	53		1
Auchterarder		767	211		1
Alyth (Glenisla)			196	105	1 (+1 Angus)
Blairgowrie		280	189	338 (280 In Principle)	2
Bridge of Earn		81	192	1300	4 (incl Newburgh, Fife)
Crieff			718	102	2
Errol (airfield)				240	1
Gleneagles (West)				70	1
Guildtown			84		5
Kinross			228		2
Luncarty				760 (all In Principle)	6
Methven			54		Branch Surgery
Milnathort			81		2
Perth	Bertha Park	1,108	2,730		8 (Perth City)
	Almond Valley			1250 (all In Principle)	7
	Broxden		43		8 (Perth City)
	Gannochy Rd & Glasgow Rd	165	64		8 (Perth City)
	Hillside Hospital			61	8 (Perth City)
	Murray Royal			128	8 (Perth City)
	Perth College			110	8 (Perth City)
	Perth West (Huntingtower)	281	111		3
	Scott St			78	8 (Perth City)
Pitlochry				85 (all In Principle)	1
Scone			713	65 (all In Principle)	1
Stanley				367 (180 In Principle)	1
Projected new homes		2,782	5,667	5,059 (2,620 In Principle)	10,726
Projected no. of patients		6,009	12,241	10,927 (5,659 in principle)	23,168 (17,900 in principle) 22,843 excl Angus Practice

Source: Perth & Kinross 2022 Housing Land Audit (sites 50+)

The chart below (referenced on page 23) details the possible change in the P&K practices over the coming years if new patients are distributed evenly across the practices that currently cover the relevant catchment areas



7. Health & Care Services

Community Services Care

Primary and community services are central to plans for the future of the health and care system. The Scottish Government long-term plan sets out ambitions to 'boost "out-of-hospital" care.

Community health services can cover an extensive and diverse range of health and social care activities. Services are delivered in a wide range of settings – including in people's own homes as well as in community clinics, community centres and schools – so are less visible than services delivered in hospitals and GP surgeries.

The precise range and configuration of services vary between local areas. They commonly include adult community nursing, specialist long-term condition nursing, therapy services, preventive services such as sexual health and smoking cessation clinics, and child health services including health visiting and school nursing. Some providers also deliver specialist and targeted services.

Community health services provide support across a range of needs and age groups but are most often used by children, older people, those living with frailty or chronic conditions and people who are near the end of their life. Community services often support people with multiple, complex health needs who depend on many health and social care services to meet those needs. They therefore work closely with other parts of the health and care system, such as GPs, hospitals, pharmacies and care homes. The increasing numbers of people living with long-term conditions means that more people

are likely to need support from community health services in the future and our escalating and increasingly aged population will increase the demands disproportionately in P&K.

Community Care and Treatment Centres (CCATS)

Historically, GP premises have been developed for the primary health care team of the 1990s. As services have grown there has been a growth in the Multi Disciplinary Team in the community and more services being provided in the community. The premises needs now are therefore very different and broader than they were when the current buildings were designed and built.

Under the 2018 GMS contract, GPs are now focusing on their role as expert generalists. The Primary Care Improvement Plan, which supported the new contract, introduced a range of care and treatment options to better support GP practices and make them more sustainable. One of the limiting factors to delivering the new services has been the lack of additional/enhanced premises in the community. As indicated in this Strategy, GPs want to separate the cost of premises ownership and service provision and this is supported by Government policy. To develop appropriate CCATS in Perth & Kinross, Perth & Kinross HSCP require a new more focussed and targeted approach to premises development that would increase the provision of services to patients under the terms of the new GMS contract, would improve equity of access and would furthermore improve GP practice sustainability.

The renewed GP contract identifies those treatments which are routinely provided for by GP practices within the contract. These treatments were required to be delivered by HSCP staff from alternative premises under the auspices of a Community Care and Treatment Service by 1 April 2022. Staff have been recruited to this through the Primary Care Improvement Fund. Examples of the treatment delivered are: Wound care e.g. for diabetic leg ulcers; Phlebotomy (blood tests); Ear Care e.g. syringing, wax removal; Diagnostics e.g. ECG's, Blood Pressure, spirometry for measuring lung function.

The current CCATS in Perth City is being run from a base at Beechgrove House, Perth. This is a temporary arrangement. Currently this is a 'Red risk' on the HSCP risk register due to the requirements of the GMS Contract and the urgency that will steadily increase as time passes. The responsibility lies with NHST for identifying suitable premises for this service. However previous attempts at submitting requests to the Assets Management Group have been unsuccessful in progressing the provision of new premises.

Pharmacotherapy Hubs

Perth City opened a Pharmacotherapy hub on 31 October 2022 for the 8 Perth City Practices to access. Pharmacists and technicians work on a sessional basis to provide the service from the hub and are located in their base practices at other times. This model helps create resilience within the pharmacy team during current recruitment challenges and if successful the aim would be to explore the need to extend this model in the North & South.

Areas Devoid of Tayside P&K GP Cover

There are currently some significant and potentially evolving gaps in coverage for Tayside residents in the Abernethy area of P&K. No Tayside practice boundaries currently encompass this area accounting

for around 1,200 patients. The Newburgh Practice (Fife) is the only practice which currently includes this geographical catchment. The Newburgh Practice has recently had sustainability issues which led to a temporary closure of their list to all new patients for a number of months. This meant new patients in Abernethy had to be allocated to practices in Perth City whose boundary did not cover this area. Practice boundaries exist, amongst other things, to allow practices to manage their geographical spread in order to ensure they can provide suitable home visit responses where these are deemed necessary. Where practices are forced to extend their boundaries for individual patient allocations this will result in potentially reducing GP availability for existing patients and there might also be a tendency, due to workload pressures, to have lower thresholds for admission to secondary care where the overall workload balance for GPs needs to be maintained to ensure appropriate access for current patients.

8. Current Considerations

Determining the strategy for how and where the primary care provision should be configured in the future must consider a number of factors:

- What will constitute the wider primary care multidisciplinary team (MDT) in Perth and wider P&K in the future?
- What impact will the GMS 2018 contract have on GP premises and how will premises ownership / leases change?
- What premises will be required to deliver Community Care & Treatments Services (CCATS)?
- What inequalities currently exist, or will exist in the future, as a result of potential delivery models of care?
- What are the current social and structural barriers to accessing better health care and primary prevention strategies?
- How can P&K HSCP and NHST better work with PKC Planners to leverage improvements in health care facilities?
- Will letting *'market forces'* drive where patients register and how can we support practices with any significant increase in patient numbers that they may experience to enable delivery of the best overall health provision in Perth City and surrounding areas?
- Where are the vulnerable points in the system whereby small changes in personnel will destabilise health provision? What steps can be taken in advance to mitigate for such risks?

Amongst all the above premises, GP and MDT considerations there must be greater attention and intentionality in addressing the ill-health, social care and inequality needs of our communities in P&K.

The table in Appendix A summarises the current premises stock in P&K and suggests what options are required to be considered going forward. The main options going forward in each locality are described in the table. The current distribution of GP premises being seen across P&K as largely appropriate and providing good geographical access.

All of the GP practices in Perth & Kinross are classified as 17J practices meaning they are GMS standard, nationally negotiated.

Branch Surgeries

The need to maintain GP sustainability as well as acknowledging the importance to the community of branch surgeries need to be considered. Engagement with practices will result in a number of options for wider consideration and consultation. Options will include the status quo as well as alternative solutions that will enable sustained safe delivery of services. New models of service delivery may include moving from a GP to an ANP led service / location, sharing existing branch surgeries with other GP Practices as well as increasing the use of digital technology and remote access. Currently there are 4 Branch Surgeries in Perth & Kinross as detailed in Appendix A

Perth City – Methven & Scone
South – Dunning
North –Kinloch Rannoch

Lease Assignations/Liabilities

In most cases long leasing arrangements commit the leaseholders to continue to pay a rent for the duration of the lease. If the GP partnership fails and/or the practice is dissolved, payments must continue to be paid to the landlord in the absence of any rent reimbursement. As the accumulated lease payments over more than two decades can mount into many millions of pounds, this can be financially devastating to any signatory (a GP partner) to the lease. Long leases such as these are only desirable where it is easy to recruit new GP partners to replace those who are retiring.

Two particular pressures have emerged over the last few years. The first is a difficulty in recruitment of GPs, leading to a concentration of the risk of holding the lease in a smaller number of remaining partners. The second is a reluctance to take on a partnership role, leading to a rise in the number of salaried doctors in General Practice. As salaried doctors are not financially liable for lease payments should a practice be dissolved, this increases further the risk of those partners who are signatories to the lease. Examples where long leases have had a devastating impact on the ability to recruit include a small number of practices in Scotland where this is now a reality, ultimately leading to each GP practice failing as a GMS practice.

The National Code of Practice for GP Premises 2017 issued by the Scottish Government makes arrangements for NHS Tayside to take on responsibility to manage the overall process of lease acquisition and for negotiating and entering into leases with private landlords and subsequent obligations for GP contractors who no longer want to lease them personally. The NHS Scotland Property Acquisition Handbook defines lease acquisitions as property acquisitions and sets out the protocol for this process.

In 2018 the Scottish Government, recognising the difficulties faced by General Practice issued a new contract that aimed to improve primary care recruitment and retention, stabilise practices, and improve and develop services for patients. Premises were identified in this new contract as a key issue. The timeframe indicates a fifteen-year transition period. A policy is now being developed to establish a process for all lease assignations in Tayside. The table in Appendix A indicates the lease termination dates.

Ultimately NHS Tayside is responsible for taking on the financial and other risks associated with the acquisition and commissioning of properties. Premises come with financial and non-financial risks that impact directly on the Board's ability to deliver on all of its necessary duties. Primary Care premises therefore sit within a wider environment of risk that requires the Board to weigh up how best to use its resources. There is a strategic leadership function that has been identified by the HSCPs and the Primary Care Division (PCD) in terms of how the Board addresses that balance. The route to achieving a Board view as to whether it chooses to acquire leases, make loans, or responds to unexpected Premise's developments is unclear at this time.

Finance

NHS Tayside Performance and Resources Committee receive regular reports on property strategy progress, finance and performance. This GP Premises Strategy must align with the Tayside-wide strategy and its ambitions. It must also support the delivery of key financial targets.

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.

The Scottish Government GP Sustainability Loan Agreement was established for use by Health Boards to facilitate loans to GP contractors who own and occupy their property. The intent is to help address sustainability issues surrounding GP Premises. There are advantages, disadvantages and certain conditions to be met by practices which they must consider before progressing with an application. The process is deemed to be complex and practices are seeking greater clarity to give both current and prospective premises owner's confidence.

Stakeholder Engagement

Service users and primary care workforce can both provide valuable perspectives on the state of practice premises and their ability to meet the needs of the service. The Perth & Kinross Primary Care Team are already accessing on line survey tools to seek feedback on premises and sustainability issues and will continue to actively engage stakeholders from an early stage and through a variety of methods as we implement this strategy.

The Perth & Kinross Primary Care Service will set out a Communication, Participation and Engagement Plan to support delivery of the Premises Strategy. This will include collaboration and involvement with our community stakeholders in the planning, design and delivery of how and where we deliver services through a co-production & co-design approach. We will ensure that we engage with communities as well as health and care providers at the very beginning of any of our change programmes and will aim for a level of engagement that will be proportionate to the level of anticipated interest in any proposed changes.

eHealth & Digital Programme

Digital healthcare technologies can improve the efficiency and workflow for healthcare professionals and how patients access healthcare and health information. Close working with the Digital Strategy is needed to recognise opportunities and how to embrace them. Perth & Kinross Primary Care will align digital solutions that enable less demand for physical space e.g. online consultations and ability for workforce to work from other locations including home with the ambitions detailed in this premises strategy.

9. KEY PRIORITIES

From the information described earlier in this paper, it is clear that a number of key priority areas will require focus over the coming months and years in order for Primary Care to continue to sustainably provide safe and effective services to the population it serves.

We recognise that GP sustainability is complex and that simply by addressing premises priorities will not resolve the challenges of recruitment into general practice. Our Strategic Delivery Plan sets out our broader primary care intent over the next 3 years and recognises that there is no single solution to improving recruitment & retention in general practice.

Our focus will be to adopt a joined up approach to addressing each of these priorities. We will need to strengthen collaboration between practices and within clusters and be prepared to have open and honest conversations with each other. Through collective understanding and improved coordination we believe we can maximise efficiencies of scale, streamline processes and look for opportunities to redesign the way services (including backroom services) are delivered.

The table below summarises each priority area and is in no particular order.

Priority No.	Priority Area
1	Perth City / Bridge or Earn / Abernethy / Almond Valley GP Practices
2	Perth City Community Care & Treatment Service
3	The Carse, Errol
4	Lease Assignations/Liabilities/Property Ownership
5	Branch Surgeries
6	Opportunities for better value
7	Map PCIP Opportunities & Barriers
8	Assess potential improvements to premises
9	Premises Efficiency Review

Options for each of the following areas will be developed to address:

- the impact of the Perth western & southern housing expansion on GP Practices & the ability to deliver safe and efficient patient care;
- Service Provision for the Bridge of Earn / Abernethy area;

- the need for permanent suitable accommodation for the delivery of an effective community care & treatment service (CCATS) model in Perth City;
- the need for purpose built premises in the Carse of Gowrie;
- balancing the need to maintain GP sustainability with the importance of branch surgeries to local communities;
- the need for clarity of the lease assignation process and a better understanding of lease liabilities to enhance G.P. recruitment options; and
- the need to review and examine the impact of redefining existing practice boundaries and / or the closure of practice lists.

Priority One - Perth City / Bridge or Earn / Abernethy / Almond Valley GP Practices

At the western edge of Perth, new housing suggests expansion requirements for several areas including Bertha Park, Huntingtower and Stanley. There is significant impact on Perth City practices. Significant investment in new accommodation is required to meet the demand for services.

There have been eight GP practices in Perth for approximately 30 years. Historically, the location of GP practices in Perth City has been focussed on the centre of Perth City Centre. In the past 10-15 years, housing and population developments have since been developed in the peripheral Perth City areas, such as Cherrybank, Edinburgh Road, Crieff Road, Huntingtower, Dunkeld Road, Scone, Bertha Park, Almondbank and Kinnoull. In addition, there has been a significant housing development in Luncarty and Stanley as well as another significant development about to commence in Bridge of Earn.

Bertha Park is located between Inveralmond and Huntingtower. Springfield Properties have had formal planning approval since 2017 from Perth & Kinross Council to provide over 3,500 houses (private, affordable and retirement) over a 30-year period. New housing provision commenced in 2019, along with the new schools.

As part of the planning approval, significant areas of land have been identified for multiple uses, including health services. There is a 'developer contribution' agreed with an initial allocation of 1,547m² of land adjacent to the existing Broxden Dental Hospital to provide a good sized Healthcare facility. Built in 2010 Broxden is a modern facility, sitting within an already established commercial site would prove a good background to an adjacent healthcare facility.

Huntingtowerfield is located around 3-4 miles to the northwest of Bertha Park. PKC have approved the provision of 1,250 houses in the Almond Valley as part of the current planning assumptions. An application has been approved by Stewart Milne houses to provide 254 houses and 54 flats in the area as part 1 of the development. As the Almondbank housing development begins to grow, patients will require access to a full range of GP, community and care services from the Bertha Park and the Almond Valley areas. The new additional community population could add as many as 7-10,000 patients.

Bridge of Earn General Practice closed on Friday the 30 August 2019. The patients of the former practice have been dispersed to practices in Newburgh, Perth City and Kinross GP practices. Since closure of the practice NHS Tayside has made significant investment to improve the Nurses Home to

provide care and treatment services to support frail, elderly and vulnerable patients who find travelling to Perth City or Kinross difficult with wound care and urgent phlebotomy.

In so far that NHS Tayside has improved the Nurses House; the accommodation is unlikely to be adequate to meet the future needs of the population. Suitable premises to support local delivery of the community treatment and care services will be essential to support the delivery of the model of care required. Interim arrangements may be necessary to support the initial stages of the implementation of the primary care improvement plan with longer term solutions being required to be established to meet the local population needs.

At the time of the completion of the NHS Tayside Health Needs Assessment in December 2018 the population for the ward of Lower Earn was quoted at 3,800 *(source: Perth & Kinross Council).* G S Brown House Builders have had formal planning approval since 2017 from PKC to provide over 1,700 houses (private, affordable and retirement) in Oudenarde (1 mile east of Bridge of Earn) over a 20-year period. Building was to commence in the spring of 2018. This could add an additional 3,700 to the community population, giving a new population of 7,500. Perth & Kinross HSCP is currently refreshing the Needs Assessment for the Bridge of Earn area.

Perth & Kinross HSCP has held preliminary discussions with some GP practices in Perth, to explore the potential to re-locate their practice premises to other locations such as Bertha Park and Bridge of Earn. The discussions have been welcomed by Perth & Kinross HSCP but the issue is complex and would require further detailed discussions to take place before any potential relocation could be agreed. Should re-location be agreed as the preferred option then a robust mechanism would need to be in place that would protect both the practice or practices that agree to relocate as well as the practices that would remain in Perth City.

Issues of patient transfer, risk of destabilisation, additional allowances, finances, income guarantees, existing accommodation, adequacy of services, capacity, recruitment challenges, affordability of new premises whether leased or capital investment, location, practice boundaries, patient safety, public perceptions, transport and other issues will require to be discussed and agreed with Primary Care Services at NHS Tayside, Perth & Kinross HSCP, the practices and with the necessary engagement and support of NHS Tayside Board.

A detailed option appraisal and plan will be required to determine all of the relevant issues, consider all other options and propose a way forward. This is very much in line with the earlier section of this strategy in aligning patient demographics and practice/service locations.

Actions:

- A costed options appraisal to be conducted on the future modelling of GP practices in and around Perth City, including Bridge of Earn and the west of Perth. All options will be explored and the advantages and disadvantages of each will be documented. Options could include, but not limited to, new or relocated GP practices, expanding or integrating existing practices, exploring the potential of federating Perth & the surrounding area, creating a Super Practice and might also include Premises suitable for multiple Perth practices to run satellite / branch clinics for the Bridge of Earn / Abernethy communities patients.
- P&K HSCP to liaise with NHST Primary Care Services to identify appropriate contractual routes to ensure stability of provision of primary care services and for GPs during any phased migration to new premises if this was agreed as the preferred option.
- In parallel to the above, to work with GP practices to consider redefining current practice boundaries to provide more resilient and geographical sensible coverage.

Priority Two - Perth City Care & Treatment Service

A Strategic Assessment (SA) under the Scottish Capital Investment Management (SCIM) for the provision of a new Care & Treatment Centre was submitted to the Asset Management Group of NHS Tayside in June 2019. The SA has been considered and approved by the Strategic Asset Management Group. However, no priority has been assigned to the Care & Treatment Service in the NHS Capital Plan.

The Care & Treatment Centre is currently located in Beechgrove House, Perth, which is owned by PKC. These premises were required to be vacated by March 2022; however, this has been extended in the meantime given that no replacement has yet been identified. This is currently following the principles of One Public Estate Scotland and workshops are ongoing allowing for the identification of property sharing / co-location opportunities.

This would be deemed to be a high priority within the HSCP due to the lack of any accommodation within Perth City. Any proposal would have to undergo a financially costed option appraisal/evaluation with the (SCIM) process. Options to use retail units would be considered.

Beechgrove House currently has 10 clinical rooms and requires 16 rooms and additional staffing to enable full delivery of the MoU. A hub and spoke model is being considered offering some in-reach to practices although this does require a highly skilled practitioner to be able to deliver the range of services in reach.

Given the planned housing developments in Scone consideration would need to be given to ensure the increase in patient numbers could be accommodated potentially creating a Scone hub. We know, however, that the existing Scone branch surgery is already at capacity with little or no additional accommodation available.

Should agreement be reached on one option being considered which is that the two current Drumhar-based GP practices relocate to the southern and west of Perth then it is possible that the

Drumhar Health Centre (leased by NHST from PKC) could become a new central venue for Perth City Care & Treatment Services.

From the CCATS patient survey that has been carried out and from feedback received from GP Practices, we know that many patients find the location of Beechgrove House difficult to access and a central town location with adequate public transport and parking would be preferred.

Action:

- NHST to identify suitable premises for Perth City CCATS and consider potential for a hub and spoke model taking account of planned housing developments on the outskirts of Perth City.

Priority Three - The Carse, Errol

New temporary GP premises came into use in April 2020. Planning permission had been secured from PKC for purpose-built premises within a 3-year period from July 2018. This expired and in early December 2022 planning consent was received for a limited period until 30 November 2027. This is being managed by NHS Tayside. An Initial Assessment under the (SCIM) has been drafted and a funded optional appraisal is now required to progress further. This requires the AMG for NHS Tayside to determine that this should form part of the priorities for development under the NHS Tayside Capital Plan. Project Management support for this is required. The current Ground Lease/Accommodation Hire with the Landlord has a 5 year term from 28/2/20 – 27/2/25 and can be extended to a further year if required until 2026.

The population in this area has increased and Perth practices, based on initial discussions, are not keen to expand their boundaries. The existing modular build is at capacity so work does need to commence now to ensure the practice can continue to operate sustainably going forward. GP practice sustainability is arguably the biggest risk to the primary care system and destabilisation of any practice will have a domino effect on surrounding practices.

Actions:

- Seek approval and support from the Premises and Infrastructure Group for the Initial Assessment business case for new health and social care premises in the Carse of Gowrie;
- NHS Tayside to allocate Project Management resource to complete the Initial Assessment for new purpose-built premises in the Carse of Gowrie; and
- NHS Tayside support the continued approval of planning permission to build new purpose-built health and social care premises in the Carse of Gowrie

Priority Four - Lease Assignations/Liabilities/Property Ownership

It is clear that if other Heath Board areas of Scotland are more pro-active in pursuing premises issues than NHS Tayside then this will compound and deepen the recruitment issue in P&K and will have a knock on effect on patient services. With the significant number of scheduled retirements of P&K GPs in the next 24 months this will create a potentially perfect storm.

The following practice leases expire in 2026*:*

- Comrie Medical Practice
- Crieff Blue / Red Practices
- Stanley
- The Carse Medical Practice, Errol
- Coupar Angus Medical Practice

The following practice lease expires in 2027:

- Aberfeldy & Kinloch Medical Practice

The following practice lease expires in 2028

- Kinloch Rannoch (branch surgery of Aberfeldy & Kinloch Medical Practice)

The following practice lease expires in 2029

- Craigvinean Surgery, Dunkeld

Property Ownership

Sustainability loans are part of a process that will allow all partnerships that wish to move away from owning their premises to do so. The process is deemed to be complex and greater local clarity is required to give both current and prospective premises owner's confidence.

The proposal is that every five years practices will be offered an interest free loan for 20% of the value of their premises. Over the next twenty years this would allow practices in negative equity to pay down their mortgages and all GP partners will see a reduction in the cost of borrowing while continuing to collect their full notional rent.

There is an option for health boards to purchase included as part of the loan agreement. Practices have the right to decline the offer once they have seen the valuation; though under these circumstances they will need to pay back the loan and valuation costs.

Each practice would need to consult with their lawyers about the details of the contract and the resulting costs and benefits to their own partnership.

GP Sustainability Loan Letter

Action:

- NHST to provide clarity on lease assignation process in a much more accelerated manner that will enhance recruitment possibilities compared with the rest of Scotland. For example a Memorandum of Understanding (MoU) between NSHT and a GP Practice if practice viability becomes an issue and the lease cannot be re-assigned until expiration.
- PKHSCP to take a strategic view on longer term need and viability of individual premises. Where a lease is due to expire, apply an agreed process including assessing if a building is needed.

- Feedback from Practices suggests that the Sustainability Loan scheme is complex. Seek further understanding from practices on how the HSCP could support them through this process.

Priority Five - Branch Surgeries

The need to maintain GP sustainability as well as acknowledging the importance to the community of branch surgeries need to be considered. Early engagement is needed with the relevant GP Practices and surrounding areas to review options in relation to the sustainability of branch surgeries. Service user consultation and engagement will form part of the decision making process. The 4 branch surgeries are:

- Glover St, Victoria Practice– Methven
- Taymount Surgery – Scone
- St Margarets Health Centre – Dunning
- Aberfeldy & Kinloch Medical Practice – Kinloch Rannoch

Scone Branch Surgery

The surgery could arguably be stand alone and planned housing expansion in the area will impact on service provision. The Scone population have been reticent to travel to the CCATS at Beechgrove House so consideration will need to be given to review options for more local provision to this area.

Methven Branch Surgery

Of particular priority is Methven Health Centre. There are around 1,500 patients currently on the GP practice patient population residing in Methven and surrounding areas that attend Methven Health Centre for services. The HSCP would like to explore the development of other health professionals being supported in the Methven Branch Surgery to supplement the GPs. This may mean a reduction in the GP sessions in Methven along with an increase in the care and treatment services provided by nurse practitioners, allied health professions such as physiotherapists, occupational therapists and members of the community mental health team. As Almondbank grows in population as a consequence of the new housing developments planned there, additional GP access might be made through new GP and community services west of Perth.

Actions:

- Collaboration and engagement with practices regarding future service provision for the branch surgery communities;
- Commence discussions with GP Practices and managed primary care services to seek opportunities for redesign;
- Identify issues for surrounding practices as a result of potential dispersal.

Priority Six - Opportunities for better value

Crieff Blue / Red

As the lease in the shared building in Crieff has entered its last 5-years early consideration by NHST should be given to alternative provision in time for the end lease date. The vacated Ward 1 at Crieff Community Hospital is an option to consider for redevelopment into a new Primary Care premises. A detailed assessment of need would be required to assess feasibility. This option, if feasible, might

offer better value for NHST over the longer term than renewing the lease with a 3rd Party PFI Company.

Ardblair

A similar situation as above might also apply to the Blairgowrie practice where significant areas of the Blairgowrie Community Hospital lies vacant and might provide a suitable basis for redevelopment.

Action:

- NHST to consider where they wish to site GP provision in these two areas in particular going forward and to explore the option of local development instead of continuing a lease. Given the lead-in time to such work a scoping exercise would require to be initiated promptly.

Priority Seven – Map PCIP Opportunities & Barriers

Around 40% of the Perth & Kinross practices do not consider their premises fit for their present needs and to accommodate other services now being delivered under the PCIP. A similar number of practices flagged that a lack of space hampers opportunities to train GPs or pursue new ideas. The latter is a good example of how premises can impact on wider programmes of work ie the PCIP.

Action:

- PCIP is a national priority so we need to understand which PCIP opportunities are not being progressed due to premises barriers and agree funding to move forward. The HSCP will work with these practices to explore opportunities and solutions to overcome the barriers. A programme of development projects will be agreed and these will be first call on future Improvement Grant Scheme funding and NHS Tayside capital planning development monies. Working with NHS Tayside Asset Management Team will be important to overcome the issue of NHS capital funding to support private GP premises. Under the NHS Premises Directions all GP premises will become under the ownership of NHS Tayside.

Priority Eight: Assess potential improvements to premises

The improvements to the environment particularly accessibility, inequality, sustainability and environmental issues together with positive working environment for the MDT all combine to provide patient centred care in a local context. In the recent practice survey, improvements to the environment were flagged by 7 out of 18 practices who responded.

Action:

- Use the information from practices to prioritise and to link to potential sources of funding and timeline of funding availability.

Priority Nine - Premises Efficiency Review

Review operating costs for premises owned or leased by NHS Tayside to assess where there is potential for efficiency savings. This would include utilisation of space, flexibility of space to meet service needs, economies of scale across several practices, impact on practices, environmentally friendly solutions, e.g. electric charging points, secure bicycle storage etc.

Action:

- Invite 1 or 2 practices to undertake a review which will enable a blueprint to be created of what is useful and a mechanism to do it.

10. Implementation

The intent is for a Perth & Kinross Primary Care Premises Planning Group to be established to take forward implementation of the identified priorities within this strategy. This group will establish a prioritised workplan and work closely with colleagues from both Angus and Dundee HSCPs ensuring a consistent approach across Tayside is adopted. It is anticipated that the workplan will span a number of years and include planning for beyond the life of this strategy as follows.

Work Plan across next 5 years:

- To have dealt with leases and loans and funded modifications to premises including room additions and IT systems;
- To have put forward options that look at facilities & health provision in areas that are underserved;
- To support applications that use funding for achieving 'net zero' for example installation of ground source pumps and LED lighting.

Work Plan across next 5 – 10 years

- Anticipated new build work;

Work Plan across next 10 – 20 years

- To have reviewed the changing population and health requirements and put in place plans to meet needs;
- To reduce the carbon footprint through the provision of services that are accessible to patients by foot or bicycle.

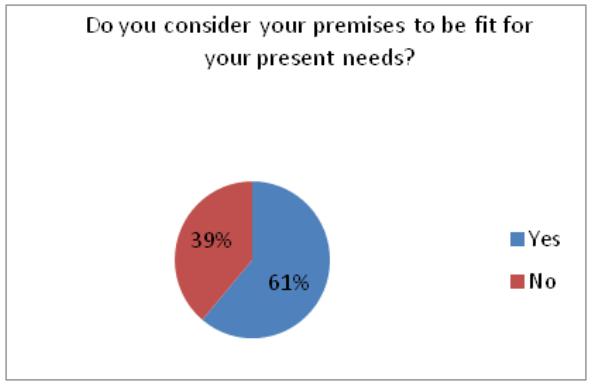
		PREMISES OWNERSHIP	Move-in date	Options include (not exhaustive)
PERTH CITY GP PRACTICES				
1	Drumhar Yellow	Leased by NHST from PKC	NHS Lease with PKC from 1981 (Yellow since 1979)	1. Status quo 2. Relocate practice to east or west of Perth City to respond to growing populations
2	The Lade (previously Drumhar Mauve)	Leased by NHST from PKC	NHS Lease with PKC from 1981 (Mauve since 1993)	1. Status quo 2. Relocate practice to east or west of Perth City to respond to growing populations
3	Whitefriars - Green	GP owned	Sept 1996	1. ISQ renting premises from GPs 2. NHST purchase building(s) 3. 3rd party developer to purchase and NHST to lease back
4	Whitefriars - Red	GP owned	Sept 1996	
5	Glover Street - Kings	GP owned	April 1991	
6	Glover Street – Victoria (main)	GP owned	April 1991	
	Methven	GP owned		
7	Taymount Surgery (main)	GP owned	June 2003	
	Scone	GP owned by the Taymount Surgery	June 2003	
8	Perth City Medical Centre	Leased from a Private Developer (2035)	Building sold to developer 2020 and now leased back.	
STRATHMORE GP PRACTICES				
9	Alyth	Owned by NHS Tayside	June 1981	
10	Ardblair	2033	Oct 1998	1. Status quo (GP leased premises with rent reimbursement from NHST)

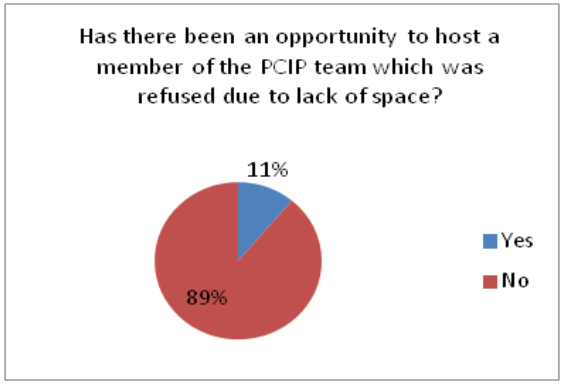
		PREMISES OWNERSHIP	Move-in date	Options include (not exhaustive)
				2. Lease assignation to NHST 3. NHST to identify new site (e.g. BCH) and develop in time for lease ending 2026
		PREMISES OWNERSHIP	Move-in date	Options include (not exhaustive)
11	Strathmore	GP owned		
12	Coupar Angus	2026	Sept 2002	1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST
SOUTH GP PRACTICES				
13	Orwell Practice	PFI Leased 2034		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST
14	St Serf's Practice	PFI Leased 2034		
15	The Carse Medical Practice - Errol	Leased temporary structure Lease ends 2026		1. Progress to commissioning of new permanent premises 2. Planning consent granted until 30 November 2027, Option Appraisal required
STRATHEARN GP PRACTICES				
16	Comrie	PFI Leased - ends Feb 2026	2/2/2001 – 25 years	1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST
17	Crieff Blue Practice,	PFI Leased - ends Oct 2026		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST 3. NHST to identify new site (e.g. CCH) and develop in time for lease ending 2026
18	Crieff Red Practice	PFI Leased - ends Oct 2026		
19	St Margarets (main)	GP owned		1. ISQ renting premises from GPs 2. NHST purchase building(s) 3. 3rd party developer to purchase and NHST to lease back
	Dunning Branch	GP owned		
NORTHWEST PERTHSHIRE GP PRACTICES				
20	Atholl Pitlochry	PFI Board Leased – ends Sept 2033		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST
21	Craigvinean	PFI Leased – ends Jan 2029		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST
22	Aberfeldy & Kinloch Rannoch (main)	PFI Leased - ends 2027		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST

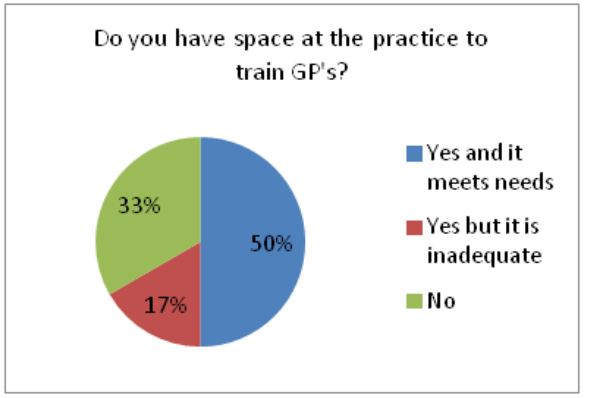
		PREMISES OWNERSHIP	Move-in date	Options include (not exhaustive)
	Kinloch Rannoch	2028		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST
23	Stanley	PFI Leased – 2026		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST

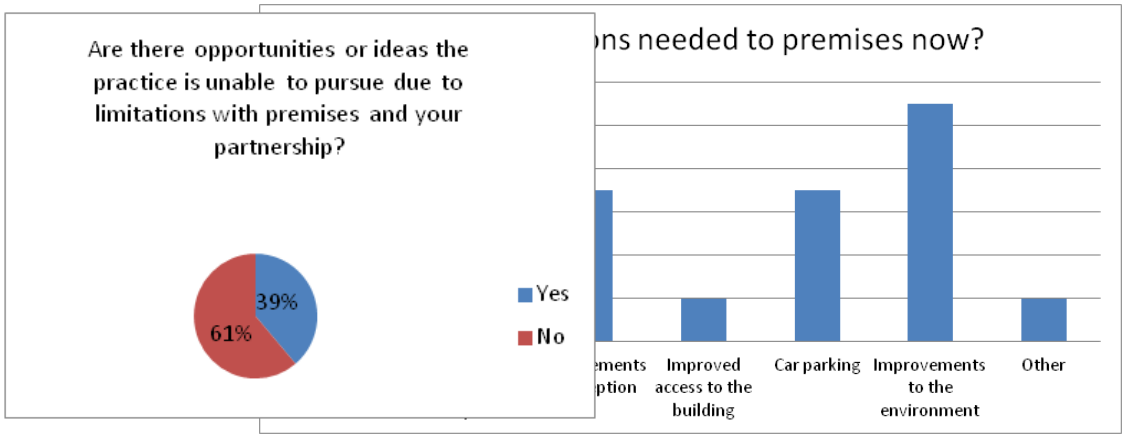
Appendix B – Perth & Kinross GP Practice Premises Survey Results June 2022

18 of the 23 Practices in Perth & Kinross responded to the online survey. See results below.



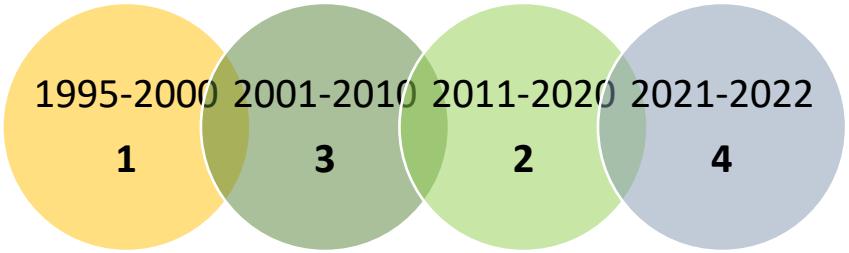




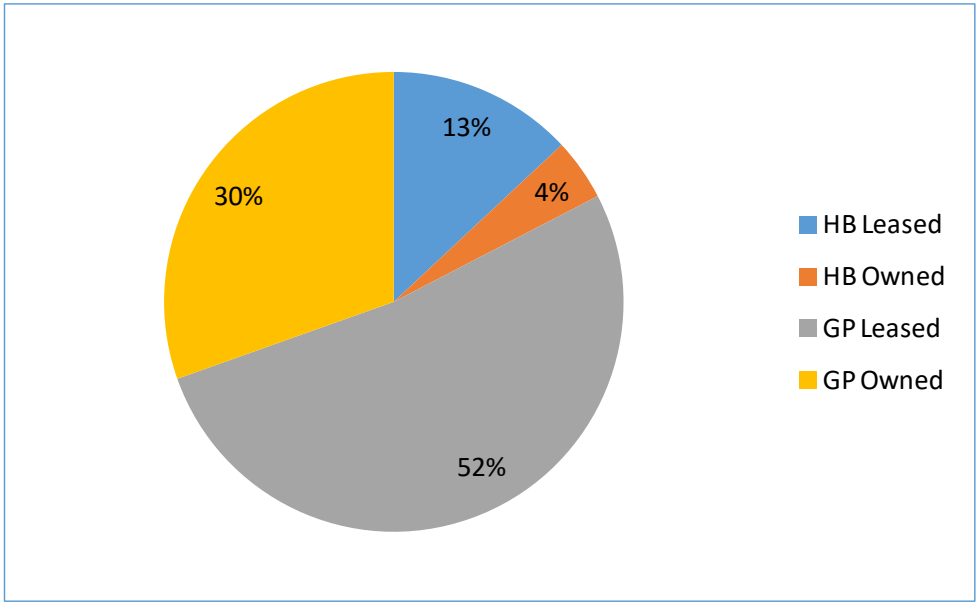


Those respondents that answered no to premises being fit for purpose gave reasons including: insufficient consulting space, issues around access and patient flow, inability to house other services, reception & administration areas too small or not available, health & safety risks, general building fabric inadequacy, external works required e.g. roofing & car parking. This can be seen in the chart detailing modifications required above, note Practices were able to select more than one modification. Almost all opportunities identified as being unable to be pursued within practices were related to lack of space which in turn was limiting the ability to extend service provision to cope with increasing demand.

Practices were asked when the last modification or extension was made to their premises. The chart below details the responses by year band.
10 practices had also successfully applied for grants, relating to the practice building or infrastructure in the preceding 3 years.



The chart below details GP Practice Tenure (23 practices) (excluding branch surgeries)



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

Perth & Kinross

- Perth & Kinross HSCP Strategic Commissioning Plan 2020 – 2025
- NHS Tayside 3 Year Transforming Tayside Change Programme 2019-2022
- Perth & Kinross Primary Care Strategic Delivery Plan
- Perth & Kinross HSCP Primary Care Improvement Plan
- Population & Health Statistics for Perth & Kimross
- Perth & Kinross GP Practice Survey Responses

Regional

- The Tactran Regional Transport Strategy 2015-2036