



PERTH AND KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

NOTICE BY VICTORIA PRACTICE, GLOVER STREET MEDICAL CENTRE, PERTH TO CEASE THEIR METHVEN BRANCH SURGERY CONTRACT

Report by Chief Officer, Perth & Kinross HSCP
(Report No. G/23/158)

PURPOSE OF REPORT

The purpose of this report is to inform the Integration Joint Board (IJB) of the intention of Victoria Practice at Glover Street Medical Centre in Perth to cease their Methven Branch Surgery contract from 1 January 2024.

This report also sets out the findings of the consultation and engagement exercise along with proposals by the Perth and Kinross Health and Social Care Partnership (HSCP) to mitigate the impact of the proposed change.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- Acknowledges that Victoria Practice at Glover Street Medical Centre has given notice to close their branch surgery premises in Methven and to provide all General Medical Services (GMS) for their registered patients from Perth;
- Notes the work carried out by NHS Tayside Primary Care Services to consider possible options to support continuation of General Medical Services (GMS) in the Branch surgery and the outcome that this application cannot be declined;
- Notes the outcomes of the consultation carried out by the Victoria Practice, Glover Street Medical Centre which was supported by the Perth and Kinross HSCP and the outcomes of the Equality & Fairness Impact Assessment; and
- Approves the mitigations proposed by Perth and Kinross HSCP to support/fund a community transport solution to assist patients to travel from Methven to Perth for GP appointments.

2. BACKGROUND

The [Tayside Primary Care Improvement Plan 2018 - 2021](#) set out the challenges for delivery of general practice services. A three-year Tayside

Primary Care Strategy is under development, led by the Chief Officer of Angus IJB as Lead Partner and as set out in the Integration Scheme and aims to address the future sustainability of primary care and gaps in the available workforce, such as general practitioners, nurses, pharmacists and allied health professionals to meet growing demand. The GMS contract and related Memorandum of Understanding are intended to improve this situation over the coming years.

Some of the service developments will replace services currently provided by General Practitioners (GPs). GPs will, however, remain at the core of general practice. The aim to recruit more doctors into the profession is one which is unlikely to improve the workforce challenges significantly within the next two to three years.

There are a number of practices in Perth & Kinross, and more widely in Tayside, which have been unable to recruit to GP vacancies, including those that would normally attract a high number of applicants.

As set out in the three tayside Integration Schemes approved in June 2022, the lead partner role for Primary Care Services (excluding the NHS Board administrative, contracting and professional advisory functions) has been delegated to the Chief Officer of the Angus HSCP. The Angus HSCP Chief Officer co-ordinates strategic planning and seeks approval from all Integration Joint Boards on proposed strategy having regard to all localities in the Tayside area.

NHS Tayside Primary Care Services holds the contracts for all GMS providers across all three HSCPs. The responsibility of ensuring adequate GMS provision / access for the people of Tayside sits with the NHS Tayside Primary Care Services Manager and the NHS Tayside Director of Primary Care. The NHS Tayside Chief Executive has delegated the role of Director of Primary Care to the Chief Officer of Angus Health and Social Care Partnership. This role was carried out by Gail Smith until her retirement in early November 2023 and is carried out by Dr David Shaw in an interim capacity until such times as a new permanent Chief Officer for Angus is appointed.

NHS Tayside Primary Care Services confirmed that the option of a 2c practice or another GP Practice taking over a branch surgery cannot be considered as the branch does not have a registered patient list and the contractual obligation for patients to have access to GMS services is fulfilled by their main surgery.

The Victoria Practice holds the GMS contract to provide GMS to all of its registered patients. These services can be provided in two locations, the Victoria Practice or at the Methven branch surgery. The Methven branch surgery contract states the requirements that must be met to ensure the premises are fit to deliver GMS and the minimum number of hours of access that need to be provided for the branch surgery to receive financial and IT support from GMS funding. This requirement is for 20 hours per week.

The proposed closure of the Methven Branch Surgery has been the subject of significant concern for elected members of Perth and Kinross Council.

Following a motion passed at a meeting of Perth and Kinross Council which articulated concerns about the significant inconvenience and disruption to patients and drew attention to those who rely on public transport or are mobility impaired. The Council also drew attention to the increasing population migration to West Perth. This resulted in a meeting between the Leader and a cross section of elected members of the Council, Tayside Primary Care Services and HSCP met on 10 November 2023 to review the contractual arrangements and to ensure patients will continue to receive appropriate GMS services. There were a range of key questions and suggestions that were raised including:

- Confirmation that Primary Care Services has explored alternative options to closure with the Victoria Practice including a potential compromise to deliver a reduced service from 20 hours per week. This has not resulted in a change of intention by the Victoria Practice to cease operating from 1 January 2024.
- Confirmation about the quality of GMS provision and how this is monitored and assurance about the ongoing quality of GMS services for Methven patients and primary care services more generally.

Primary Care Services confirmed the Victoria Practice file had been reviewed and there have been no issues of quality or concern. The file dated back to 2013. The difficulties in delivering GMS over 2 sites has been noted over the past 2 years.

Primary Care Services gave assurances regarding monitoring of the national contract and this is reported via the NHS Tayside Audit and Performance Committee.

No formal complaints have been received by NHST Primary Care Services from any registered patients regarding the service provision.

P&K HSCP confirmed that the Primary Care Strategic Delivery Plan was approved by P&K IJB in June 2023 and this is supported by a local Perth and Kinross Performance Monitoring Framework which will now be reported to P&K IJB annually. There is also regular reporting to the P&K Primary Care Board. Key Performance Indicators are also being developed.

- Questions around the efficacy of the call handling arrangements to ensure that Methven patients are responded to – this question arose as a result of issues raised by local constituents.

The Victoria Practice has confirmed that the call queue is limited to a maximum of 12 to prevent lengthy queue times and that they are exploring the purchase a new telephony system which enable faster appointing; enhanced patient identification features; and queue prioritization for vulnerable identified patients such as palliative care. This will provide an improved service and give greater confidence to patients.

- Discussion around the potential for community transport options. It was acknowledged that there has already been exploration of a willingness from community groups to establish or support such a scheme but there has not been interest expressed from the Methven Community.

The HSCP continues to pursue other alternatives to secure support for transport to and from GP appointments for vulnerable Methven residents.

- Discussion on the potential to site existing health and social care services such as care and treatment services; social prescribing and community mental health staff in the Methven Branch Surgery Premises.

The HSCP has explored this and this is not a viable option. Details are set out in section 5 Option 2.

- Suggestion that the release of funds from the GMS contract associated with premises costs of running the Methven premises is redirected towards mitigations required to reduce the impact of the branch surgery closure on Methven residents.
The HSCP agreed to look into this positive suggestion.

3. THE SITUATION / PROPOSAL

The GP Partner, Victoria Practice, wrote to Primary Care Services in March 2023 to formally give notice of their intention to cease to provide GMS from the branch surgery in Methven from 1 January 2024. The practice intends to continue to operate the contract that they have for GMS from the Victoria Practice in Glover Street in Perth and that all registered patients will only have access to GMS from that location. The practice boundary will remain unaltered. The Methven premises used for the Branch Surgery is owned by the Victoria Practice.

The list size overall is 11,002 with approximately 1,500 registered patients resident within the village of Methven and the surrounding area. All patients are registered under the Victoria Practice GMS contract. The Covid-19 pandemic necessitated a change to the Victoria Practice GMS service provision, with services being centralised, in the early stages of the pandemic. Methven patients attended Victoria Practice in Glover Street, Perth for all urgent and routine care during the period March 2020 – September 2021.

The factors leading to the termination of the branch contract as listed by the Victoria Practice are summarised as;

- Equitable quality of care for all registered patients;
- Patient Safety; and
- Sustainability.

The practice describes the challenges they face in their ability to continue to provide access to contracted GMS within the Methven branch surgery as follows:

- increased workload across the Primary Care Team, which has been exacerbated by the impact of Covid 19 on the practice;
- lack of available GP sessions to cover the Methven branch surgery;
- the retiral this year of one of the full time GPs and recruitment issues for general practice;
- difficulties securing locum cover;
- concerns regarding the safety of GPs lone working when at Methven branch surgery;
- the service provided at Methven branch surgery is limited to a maximum of 20 hours per week dependant on the number of appointments requested;
- the availability of the full range of GP and community-based primary healthcare services provided from larger purpose-built premises in Perth; and
- costs involved in maintaining 2 sites.

The contractual arrangement is for the branch surgery to provide 20 hours of service a week over 5 mornings. The staff required to provide this service is one GP at 4 morning sessions from 8 – 12 noon. The Tuesday morning clinic is provided by a Practice Nurse. A Receptionist also attends each session in Methven to prevent lone working.

Due to ongoing staffing shortages, the current service is restricted to two mornings per week on a Monday and Friday which are GP led. The retiral of a GP at end of March 2023 and other partners reducing sessions further compounded the current staffing issues. A new part time salaried GP commenced with the practice at the end of August 2023. The practice is now operating with 8 less available GP sessions per week.

Victoria Practice currently has 6 GP Partners working 45 sessions a week and 2 Advanced Nurse Practitioners /Practice Nurses working 16 sessions a week. The practice cannot provide an exact number of how many appointments are provided in Methven as this fluctuates depending on GP holidays, absences, training, etc. The practice, due to GP/nursing staffing and IT difficulties, has been unable to operate a full 20 hour per week service since it re-opened post covid. The number of patients per session is higher than average for stand alone practices and very high for a practice that also tries to support a branch surgery.

GP consultations in Methven mainly consist of telephone appointments and on average only 1 or 2 patients are seen face to face per week. This is considered to be an inefficient use of GP time in terms of workload and travel time, and as a result Perth patients are disadvantaged by being asked to travel to Methven to make full use of empty appointments in Methven.

It has been found that having staff on one site increases the flexibility to support the range of demands on the Victoria Practice team, reduces travel

time and therefore increases available appointments for patients whilst allowing all team members to have consistent support on site.

Without travelling to Methven, the same GP would be able to offer a further 6 patient appointments as appointment slots are 10 minutes and travel to and from Methven takes approximately 60 minutes per day. These appointments would be provided from the main surgery at Victoria and accessible to all patients registered with the practice. The practice plans to optimise, where clinically appropriate, the range of support available via digital technology, recognising this does not meet the needs of all patients, and is not intended to replace face to face consultations where they are indicated. The change would also optimise clinical capacity within the team.

The implication of the branch closure is that patients would remain registered with Victoria Practice and would continue to access health care with the GP team with which they have been consulting. There will be no change to home visiting.

The practice recognises that there may be an increase in the need for home visits for vulnerable patients that live in the Methven area. The practice has also committed to facilitating appointment times in line with public transport timetables.

Methven has a growing population. The current Methven housing development has capacity for another 54 houses as determined by the [2022 Housing Land Audit](#). They anticipate building 10 a year over the next few years and these are likely to be housing association properties. With 54 new houses identified and an average of 2.16 individuals per household this would suggest that a population increase of 117 people is likely to materialise.

4. CONSULTATION FEEDBACK ON NOTICE TO CLOSE THE BRANCH SURGERY

The Perth and Kinross HSCP advised the practice to carry out a consultation with patients and offered its assistance with the process. A four week period of engagement with patients registered with the Victoria Practice took place between 7 August 2023 and 4 September 2023 with the outcomes of the consultation presented in this report.

Engagement with other key stakeholders (community, community council, councillors and clusters) has continued to take place at appropriate stages throughout the process. Two public engagement events were also carried out by the Victoria Practice. The event on 24 August 2023 was attended by 12 people and the event on the 31 August 2023 was attended by 21 people.

In order to assess the impact of the closure, a range of methods has been used to seek feedback from patients, local residents and the public about any concerns they have and any mitigation they would like to see put in place (see Annex section 4.1).

The notice to close Methven branch surgery has received 76 comments from the public and this included 64 comment cards and 12 electronic comments.

In addition, a response from MSP Liz Smith was submitted which echoes these comments.

The reasons for Methven and surrounds residents' objections to the notice to permanently close the Methven branch surgery are detailed below:

1. Travel barriers: 72% (55/76) raised concerns regarding the lack of public transport between Methven and Victoria Practice. There is difficulty with connecting buses and financial implications attached to public transport/private taxi costs for people who do not hold a National Entitlement Card. Methven branch surgery also serves patients who live in smaller settlements in the surrounding rural area who have no transport links to rely on and have to depend on the good will of friends to help with transport. Moreover, it was felt that patients with poor mobility, poor physical and mental health would find public transport incredibly difficult to access and would avoid attending the GP practice which in turn may exacerbate symptoms of poor health and require more reliance on acute services such as hospital admission.
2. Ageing demographic: 29% (22/76) expressed concerns regarding there being a high percentage of elderly population in Methven, which results in it being more difficult to access public transport, especially during the winter months due to mobility issues. An aged population also results in it being less likely that these individuals have access to their own private transport.
3. Increasing village population: 21% (16/76) are concerned that the impact of the expansion of housing in the area means there is a greater need for the Methven branch surgery now.
4. Difficulty accessing appointment: 17% (13/76) have expressed concerns over accessing a GP practice appointment. Difficulty is found in contacting the practice to arrange an appointment and also lengthy time to wait for an available appointment which is often a telephone appointment in the first instance. This is not an issue that is unique to Methven and is consistently highlighted as one of the main problems for patients across the UK.
5. Environmental concern: 4% (3/76) raised concerns relating to increased use of cars to access a GP appointment that would increase carbon emissions. The Scottish Government has set climate change ambitions to become a net zero greenhouse gas emitting nation by 2045, with interim targets of 75% by 2030 and 90% by 2040, against 1990 baseline levels. Methven residents having to travel into Perth to see a GP will likely require an increased use of personal vehicles which in turn would increase carbon emission. This may have an effect on climate change and air pollution.
6. No concerns, 4% (3/76) of respondents expressed no concerns in relation to the closure of the Methven branch surgery.

Liz Smith MSP for Mid Scotland and Fife raised objections to the notice to close the Methven branch surgery which are detailed below.

1. Transport issues: Concerns about the impact some elderly patients are facing because of difficult bus journeys, most especially in the southern rural hinterland which has lost its 155 bus service. Concerns that some of the voluntary services which assist with transport to and from GP and hospital appointments are reducing.
2. Patient safety: Concerns that it has been asserted that it is more difficult to ensure patient safety at Methven branch surgery than at the Glover Street Medical Practice premises.
3. Growing Population: Concerns about the logic of seeking to close the Methven branch when there is an expanding population as a result of new housing.
4. Home visits: assurance sought that any changes to the services provided will not have an impact on home visits for the housebound.

5. **CONSIDERATION OF OPTIONS & MITIGATION**

The Victoria Practice has informed NHS Tayside Primary Care Services of their plans to cease to deliver GMS from the Methven branch surgery and two options to retain GMS and/or health and social care services within the Methven premises have been explored. Both options have been discounted on the basis that they are not viable.

Option 1

Victoria Practice to provide less than the minimum (20 hours) per week with additional Community Care and Treatment Service (CCATS) and General Practice Clinical Pharmacy support.

- Unfortunately, the practice could not commit to a further reduced GMS service and therefore this is not a viable option.

Option 2

The Perth & Kinross HSCP has worked with the practice to consider the potential of potentially leasing the premises for alternative provision of primary care managed services once the branch surgery is closed. This option included consideration of siting sessional Community Care and Treatment Services, Social Prescribers and some Primary Care Mental Health and Wellbeing / South Adult Community Mental Health teams.

- Unfortunately, the cost prohibitive as the premises are privately owned by Victoria Practice.
- Additionally, this was not deemed suitable as on closer examination, this would require a relocation of existing staff/services to a location in which there is not an equivalent requirement/demand for those services. Relocating services to Methven would not be in line with the strategic health needs assessment and is likely to result in a net reduction in services elsewhere which have a higher population /

catchment/ It would also serve to increase the travel time and costs of health and social care staff who may relocate to Methven.

Impact Assessment

The responses to the consultation indicate that this termination of contract has a potential negative impact for some protected characteristic groups. Those with a physical disability, along with older people and those with young children (who are more likely to have mobility issues) may be negatively impacted because of the additional travel from Methven to Perth and back that would be required. Those on low incomes may also be impacted negatively because of travel costs at a time when the Cost of Living is also increasing. It is anticipated that the number of people affected will be small for the former, and limited for the latter.

The Equality & Fairness Impact Assessment (EFIA) is attached. See Appendix 1.

Perth & Kinross HSCP is actively exploring with Perth and Kinross Council the potential for the work to improve public transport to consider additional services/routes for Methven residents and community transport options. This would be at specific times aligned to the previous provision of two half days at Methven to mitigate the impact of closure and provide support to those identified within the EFIA.

Providing access to warm waiting spaces either in the Victoria Practice itself or adjacent to the building has been identified as an option. This would provide Methven patients with somewhere warm to wait for their appointment and / or transport home, with access to hot drinks, toilets and changing facilities.

The Victoria Practice is committed to;

- Offering suitable appointment times in line with public transport if required;
- Exploring the use of digital technology and consideration will be given to providing digital skills training and linking with partner organisations to develop a digital equipment loan service; and
- Supporting home visiting for those patients with an identified clinical need.

6. CONCLUSION

The Victoria Practice is of the view that it is no longer able to fulfil the contractual obligations for the provision of the Methven branch surgery. The view of the Victoria practice is that the closure of the branch surgery would improve the overall sustainability of the practice. Following consultation and feedback from patients and community residents and consideration of possible options proposed by the Primary Care Services and the HSCP the Practice intends to close the Branch Surgery from 1 January 2024. Primary Care Services confirm that, in line with national guidance, there is no option

other than to accept the proposal of closure. The HSCP has carried out an Equalities and Fairness Impact Assessment which highlights the negative impact on groups of people resident in Methven with protected characteristics and proposes a number of key mitigations which are developed with the cooperation of the Victoria Practice. These include the potential for a community transport option to coincide with adaptations and improvements to the appointment scheduling arrangements and facilities provided by the practice in the Glover Street premises to accommodate the needs of Methven patients.

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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.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	NO
Transformation Programme	NO
Resource Implications	
Financial	YES
Workforce	NO
Assessments	
Equality Impact Assessment	YES
Risk	YES
Other assessments (enter here from para 3.3)	NO
Consultation	
External	YES
Internal	YES
Legal & Governance	
Legal	NO
Clinical/Care/Professional Governance	NO
Corporate Governance	NO
Directions	NO
Communication	
Communications Plan	YES

1. Strategic Implications

1.1 Strategic Commissioning Plan

N/A

2. Resource Implications

2.1 Financial

There are no direct financial implications for Victoria Practice in relation to the GMS contract arising from this application as the Medical Centre will continue to provide the same level of medical services at the single site.

There is a potential financial impact should the option to introduce a Community Transport Service proceed. The Perth and Kinross HSCP intends to redirect GMS funding for this purpose and awaits approval from the Tayside Primary Care Premises and Infrastructure Group.

2.2 Workforce

There are no direct workforce implications in relation to the GMS contract arising from this application as all staff will remain in the practice team. Some staff may have further to travel while others will have reduced travel. It is anticipated there will be a positive impact on staff wellbeing in the practice

due to increased capacity having been created by working on one site, as well as the support the team can give each other by being co-located.

3. Assessments

3.1 Equality Impact Assessment

Attached in Appendix 1.

3.2 Risk

The following risks have been identified in determining the Practice decision to close the Methven branch surgery.

PRACTICE:

The Practice would have significant periods where they cannot safely staff two sites, with a negative impact on the service patients receive. It would potentially reduce the likelihood of recruiting new partners. It would also lead to ongoing issues in terms of safety for patients and staff in the branch surgery building. The financial risk involved in maintaining 2 sites.

The following risks have been identified in relation to the impact of the practice decision to close the Methven branch surgery:

There may be a potential increase in the number of home visits in the area for patients who cannot travel which would reduce the number of appointments available within the practice premises for other patients.

PATIENT:

A key risk is the potential difficulty for some patients to access services at Victoria Practice from the Methven area, a distance of approximately 6 miles.

Whilst there are public transport options in this rural area there is the potential for increased travel costs and journey time could have a negative impact on some patients. The options would include 1 bus journey plus a 10 minute walk to the Practice or 2 bus journeys.

There is a risk that, as a result of perceived travel difficulties, patients may be deterred from seeking medical attention, potentially exacerbating health issues over the longer term.

HSCP:

There is a potential financial impact should the option to introduce a Community Transport Service proceed. It is not anticipated that this would exceed £20k.

3.3 Other assessments

N/A

4. Consultation – Patient/Service User first priority

4.1 External

The Victoria Practice wrote to all its patients registered to seek feedback about its proposals to close its Methven branch. The letter also enclosed some Frequently Asked Questions (FAQ's). Patients were able to feedback their concerns and any comments through a number of options.

- an email address for electronic written responses
- comment boxes located in:
 - Methven Practice
 - Victoria Practice
 - Methven Post Office
 - Methven's Own Convenience Store
- Social Media Platforms and the practice website
- The practice hosted two open public engagement events
- Community Council Meeting on 22 August 2023
- P&K Council meeting on 30 August 2023 where this was discussed
- Elected Members, Primary Care Services and P&K HSCP met on 10 November 2023

4.2 Internal

NHS Tayside Communications Team have assisted with the communications and responded to media enquiries in relation to the closure.

4.3 Impact of Recommendation

Work will be undertaken to mitigate the identified impact to patients through the potential introduction of a community transport service. The HSCP will fully assess the implications of introducing this service.

5. Legal and Governance

- 5.1 The governance arrangements for Primary Care Services are set out in this report.

6. Directions

This is not relevant for a branch surgery closure

7. Communication

- 7.1 NHS Communication department will assist in developing a communication plan and associated media releases. The Victoria Practice will be responsible for informing the registered patients on progress and will respond to feedback from the consultation.

2. BACKGROUND PAPERS/REFERENCES

N/A

3. APPENDICES

Appendix 1 – Equality & Fairness Impact Assessment (EFIA)