



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: LOSSIEMOUTH LOCALITY HEALTH AND WELLBEING SERVICES PROGRESS UPDATE

BY: IAIN MACDONALD, LOCALITY MANAGER

1. REASON FOR REPORT

1.1. To inform the Board on the progress made in relation to the development of health and care services within the Lossiemouth Locality, in partnership with the local community and practitioners.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB):

- i) note the progress made in relation to the development of health and care provision across the Lossiemouth Locality; in partnership with the local community and practitioners;**
- ii) note the progress made in relation to the use of existing and emerging technology within the locality, using the opportunity afforded by the Digital Health Innovation strand of the Moray Growth Deal; and**
- iii) note the update regarding a sustainable transport solution, that will meet the needs of residents attending medical appointments**

3. BACKGROUND

3.1 This report provides an update on the development of health and care services within the Lossiemouth Locality (this includes the villages of Hopeman, Burghead and surrounding areas). Reference is made to the recommendations agreed at the Board on 26 January 2023 (para 11 of the minute refers) and to the progress made in relation to the list of mitigating actions.

3.2. The Forres and Lossiemouth Locality Plan, submitted to the Board on 30 March 2023 (para 10 of the minute refers), is the overarching plan for the development of services within the Lossiemouth and Forres geographical area. The Locality

Plan contains an action plan that has been developed with community and practitioner engagement, utilising local data, a recognition of national drivers, and an overview of good practice both locally and nationally. The Lossiemouth element of the action plan is monitored and reviewed on a bimonthly basis by a steering group of local community members and practitioners. An updated version of the Action Plan, including progress measures, is included in **Appendix 1**.

3.3. The mitigating factors included within the report to the Board on 26 January 2023 were:

- i. Extensive public information campaign on the closure of the branch surgeries and current transport options to appointments at Lossiemouth (Jan – Feb 2023)
- ii. Completion of the review and updating of the phone/appointment system (Jan 2023)
- iii. Promote, through publicity and community sessions, how best to access the appropriate health and social care professional (Feb – Apr 2023)
- iv. Monitor effectiveness of systems to access a local health and social care professional (Feb – July 2023)
- v. Increased promotion of the Dial a Bus service within communities (Jan – Feb 2023)
- vi. Provide reassurance to communities that patients will be transported home, by bus or taxi, if their appointment runs over time (Jan – Feb 2023)
- vii. Update briefing information on Dial a Bus Service for all administration staff at Moray Coast Medical practice (Jan 2023)
- viii. Further discussion with Moray Council to extend Dial a Bus Service if need can be identified (Feb - July 2023)
- ix. Support provided to the Community Mini Bus Project to develop services (Jan 2023 onwards)
- x. IT/Digital platforms further developed to enable remote communication with GP/health and social care professionals and support provided to community members to develop their digital skills (Feb – June 2023)
- xi. Locations sought for shared IT/Digital technology within local communities and subsequent support provided to access these platforms (Feb – June 2023)
- xii. Housebound patients to continue to receive GP/Health and Social Care professional home visits. It is a contractual requirement to receive the full range of General Medical Services (Jan 2023 onwards)
- xiii. Locality Manager to attend the Moray Transport Forum (Jan 2023 onwards)
- xiv. Social prescribing model to be introduced to Moray Coast Medical Practice (Jan 2023)
- xv. Promote the Multi-Disciplinary Team serving the Lossiemouth Locality through publicity and community sessions, (Feb to July 2023)
- xvi. Nurse/Health Professional led community provision is reviewed (Jan - Jun 2023 and onwards)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. An overview of progress in relation to mitigating actions is outlined below:

- 4.2. The Moray Coast Medical Practice social media/website and the Health and Social Care Moray website have been updated with additional information regarding access to services with the branch surgeries not being in use, with information on available transport to appointments at the Moray Coast Practice.
- 4.3. The phone system for accessing services at the Moray Coast Medical Practice has been updated to the new 0300 number and system. A small number of community members continue to experience challenges trying to use the phone system to arrange an appointment. Recent data for the week beginning 29 May 2023 indicated that 1462 calls were taken, 11 people were 'disconnected' whilst waiting in the queue. The current maximum waiting time in the queue is 15 minutes at which point the user is then 'disconnected'. This was increased to 20 minutes as of week beginning 5 June 2023; to prevent any future callers being 'disconnected'. It is important to note that this has been a Moray wide issue and not specific to the Moray Coast Medical Practice.
- 4.4. The duty system for accessing a member of the primary care team has recently been reviewed and updated. The vast majority of patients should now have a maximum of a 2 week wait for an appointment with a GP. This is in part due to improved use of digital technology and in part due to the increase of additional staffing within Primary Care, such as First Contact Physiotherapist, Primary Care Occupational Therapist, and Dementia Nurse. Examples of the average waiting times are now as follows:
- Standard GP appointment - within 2 weeks (may be longer if patient requests a specific GP/time)
 - Nurse routine appointment - within 3 weeks
 - Routine blood test within 3-4 days
 - Urgent blood test (i.e. chemotherapy) same day
 - Routine Practice Nurse appointment – within 1 week
 - Urgent Practice Nurse appointment – aim for same day if Nurse available
 - Primary Care Occupational Therapist – within 1 week
 - Dementia Nurse – within 1 week
 - First Contact Physiotherapist - 2 weeks
 - Pharmacist - 2 weeks
- 4.5. The promotion of public transport, including Moray Council's demand responsive service (now referred to as m.connect) provision has been increased significantly.
- i) Social media and website information have been updated and promoted
 - ii) Posters and flyers advertising the service have been updated and distributed widely
 - iii) The initial telephone message that all patients hear when they call the health centre has been updated to prompt patients to ask the call handler (administration staff) if they require support with transport to attend an appointment
 - iv) Administration staff have received enhanced information and guidance on arranging transport and linking this with patient appointments
 - v) Community members have been assured that transport is available to take them home. A taxi contract is in place to facilitate this if required. To

date however there has been no requirement to arrange a taxi for this purpose.

- 4.6 There continues to be informal dialogue with transport providers in relation to seeking a more formalised transport provision. Following the IJB meeting in January 2023 the Locality Manager has attended three Transport Forum Meetings, two meetings with the Public Transport Unit and a meeting with the Community Mini Bus Group.
- 4.7 Usage of the m.connect service by members of the Lossiemouth coastal village communities continues to be low; on average 3 people per week; continuing to make it difficult to justify a case for a scheduled service. As stated in earlier reports previous attempts to schedule a bus service, circa year 2000 onwards, have resulted in low passenger usage numbers. This leaves transport providers sceptical about allocating a vehicle and staffing resource at this current time.
- 4.8 Community members have highlighted that a number of people have been unable to book the m.connect for their scheduled appointment time; transport schedulers indicate that the number of transport requests 'rejected' for the coastal village area are extremely low. Community members have also raised concerns that the current service will not be provided during holiday times; this is incorrect and the information on websites clarifies this.
- 4.9 The current transport option being provided is 'Demand Response Transport' utilising the m.connect service. Passengers contact the service via telephone or a digital app and book their transport at a specific time. The vehicle picks up and drops off the individual at their own home. This service is available in the area between 9.30am and 2.30pm.
- 4.10 The Public Transport Unit's 'm.connect' service has put in place a number of scheduled transport routes throughout Moray across a wider timeframe of the working day. This service has been developed through the work of the Moray Growth Deal, to enable expansion of operating hours beyond 0930-1430. At this point in the project, the Speyside, Keith and Buckie areas have been prioritised for additional service provision It is the future intention of the 'm.connect' project to extend operating hours across Lossiemouth, Elgin and Forres areas to match these recently introduced to the East and South of Moray. However future expansion will require to be approved by the Moray Growth Deal Board and at meetings of Moray Council.
- 4.11 There have been several meetings at a Moray wide and Lossiemouth Locality level to progress the use of digital technology to access health and social care services. There have been five meetings with the Digital Health Institute (DHI), three meetings with the Moray Library service and two meetings of the Lossiemouth Locality Oversight Group to specifically discuss this theme. Several actions have emerged from this:
 - i) Develop community members knowledge of what types of services can be accessed digitally
 - ii) Develop community members knowledge of how to use their own/borrowed digital devices
 - iii) Provide community members with access to digital devices either loaned or at fixed location

- iv) Provide community members with real time support to use a digital device
- v) Provide access to self-management/remote condition monitoring
- vi) Provide health and social care staff training on a) supporting community members and b) professional use of digital technology

Further discussions will take place with local community groups to help develop this service.

- 4.12 Alongside pre booked appointments each day staff are allocated work from a duty screen for 'emergency on the day' calls, these are 'triaged' and either managed over the phone/video or brought into surgery for a same day appointment as appropriate.
- 4.13 When patients contact the practice they are asked if they require a routine appointment or attention on the day. There are minimal numbers of true clinical emergencies 'on the day' as anything requiring immediate medical intervention, such as a suspected heart attack, usually necessitates an ambulance and A&E. There are a significant number of the 'emergency on the day' calls that do require medical attention that day but would not be defined as a 'clinical emergency' such as chest infections, fevers etc. The patients on the 'emergency call back list' do require clinical input that day and form a significant part of the Practice workload for any day.
- 4.14 During an average week there will be approximately 300 digital/telephone consultations with the Moray Coast Practice Team, alongside all the pre booked face to face consultations. During the week 29th May 2023 the split for digital consultations for GPs and ANPs was: 57 EConsults, 18 Prebooked Telephone Consultations, 215 emergency telephone consultations, and 2 near me consultations. There were 455 pre booked appointments. The broader multidisciplinary team appointment numbers are not included within these figures.
- 4.15 As part of the work relating to the Moray Growth Deal the 'Person Held File' digital application will initially be developed in the Forres and Lossiemouth Locality. This will allow individuals to consent to providing family members and practitioners electronic access to their health and social care information thus improving communication, early intervention and prevention. This work is proceeding at pace.
- 4.16 The above actions at 4.11; and 4.15 are being achieved through partnership work with local community members, DHI, Moray Libraries, Third Sector and Health and Social Care Moray staff. The Lossiemouth Locality has the opportunity to be sector leading in maximising the use of digital technology within health and social care.
- 4.17 Primary Care staff and the broader Multi Disciplinary Team continue to visit many patients within the patient's own home. On an average week Primary Care staff (i.e.GP, Advanced Nurse Practitioner, Primary Care Physio, Dementia Nurse) will visit 14 patients, the Community Nursing team will visit 88 patients and Social Care staff such as social workers and care at home workers will undertake 940 visits within the Lossiemouth Locality.

- 4.18 The social prescribing model has been scaled up from Forres to the Lossiemouth Locality, and is now in its fourth month of operation. In total to date 97 community members, 53 in the month of May, have benefited from being linked with a local community service instead of/or to compliment the clinical care and treatment they are receiving. An example of this would be where a community member presents to their GP with concerns about their mental health and wellbeing and the GP rather than prescribing medication 'socially prescribes' (refers) the individual to a link worker who then connects and supports the individual to join a community programme which ultimately reduces the individuals sense of social isolation and improves their mental health. The social prescribing work was initially for adults, but will soon also include children and young people.
- 4.19 We are currently undertaking a 'How Good Is Our Multi Disciplinary Team?' exercise with all practitioners based at, or who visit, the Moray Coast Medical Practice. On conclusion of this activity we will undertake public promotion of the Multi Disciplinary Team.
- 4.20 Community nursing within the Lossiemouth Locality has been enhanced through the appointment of a 1.0 WTE (Whole Time Equivalent) team leader post, increased Health Care Support Worker hours, and a 0.55 WTE (Whole Time Equivalent) administration post. Plans are also in place to increase the number of Health Care Support Worker hours available within the community.
- 4.21 The above mitigating actions will be reviewed by the Lossiemouth Locality Oversight Group via the Forres and Lossiemouth Locality Planning process. This work will continue to be undertaken in partnership with the local community and practitioners. Progress will be reported back to the MIJB through the Locality Planning Process reporting cycle.
- 4.22 Senior management within HSCM have met with the Save our Surgeries Group on two occasions since the MIJB meeting on 26 January 2023. The discussions have enabled further opportunity to explore actions to improve health and social care provision within the local area. Following these discussions an additional mitigating action will be the introduction of a mobile unit to provide Community Treatment and Care (CTAC) nursing clinics within the coastal village area. The service will be introduced as a 'test of change'. The impact will be evaluated and reported to the Locality Oversight Group and to the MIJB through the Forres and Lossiemouth Locality Planning reporting process.
- 4.23 Community members have enquired as to what the doctors and nurses views were of having worked in the Hopeman and Burghead branch surgery buildings.
- 4.24 The doctors' have indicated that they enjoyed working at the branch surgeries as this increased their knowledge of the local community. However working at the surgeries could feel isolated at times, particularly when presented with complex patients as there was no ability to check with a colleague if a second opinion was needed. Over the years there have been incidences of medical emergencies which were hard to manage in cramped spaces with inadequate support and equipment available. The lack of availability of other members of the Primary Health Care Team (particularly nurses) working at the same time could reduce the ability to provide a full service to the patient e.g. applying dressings / reviewing wounds together / doing an ECG. Many procedures were

not able to be offered - e.g. many family planning or minor surgery procedures, due to this lack of space and nurse support. For intimate examinations the only person who could act as chaperone was the receptionist; this meant the individual leaving the reception/waiting area un-staffed for that period of time. Although patients found it easier to get appointments at the branch surgeries, continuity of care was reduced as they saw whichever doctor was working that day.

- 4.25 The nurses have indicated that working within the coast surgeries was always a nice day as only it was only me and the receptionist but this meant that patients ended up seeing whichever nurse was there and if that wasn't the most appropriate person then they had to go to Lossiemouth for another appointment or be rebooked when a different nurse was in clinic. The nurse team couldn't offer full services because of the limitations of the treatment rooms, for example we couldn't do routine smears. There were often issues if a patient needed further investigations, or to see a doctor, again they had to be referred to Lossiemouth. Staff feedback included, 'It always felt a bit 'risky' if anything happened as there was no-one to help; no informal support from colleagues, and no one to check anything with. It often felt like providing a second-class service to what was available in Lossiemouth. I was always grateful to get to the end of a clinic without any issue. The practical issues of making sure the equipment and stores were in the right place was an added complication'.
- 4.26 The Pharmaceutical Services Improvement and Development Manager contacted the pharmacy in Burghead to enquire if they would consider further developing the Pharmacy First Plus provision and utilise the vacated space from the Burghead Branch Surgery premises. The Pharmacy indicated that they would not wish to expand the service at this time.
- 4.27 Some members of the coastal village communities have raised concerns that the general health of the population has deteriorated disproportionately from 2020 onwards. It will be correct that some individual's health will have deteriorated during this time period. However a comparative review of Scottish Public Health Organisation data does not demonstrate an overall deteriorating population health trend. Scottish Public Health Organisation data is gathered from various sources, often amalgamated over a three year period, so comparison is between time period 2018/19 to 2020/21 and time period 2019/20 to 2021/22. The locality spreadsheet indicates that specifically for the coastal village area 9 conditions/statistics measured have improved and 4 conditions/statistics measured have deteriorated, all other conditions/statistics do not have updated data with which to make a comparison at this time.
- 4.28 At the MIJB on 26 January 2023 members discussed the risks associated with the potential reregistering of patients living within the IV30 5 post code area from the Moray Coast Medical Practice in Lossiemouth to the Maryhill Medical Practice in Elgin. Comparative data from 28 October 2021 to 1 April 2023 indicates a slight decrease in patients registered from the specific post code area for both medical practices, with the overall numbers remaining fairly static over the past 5 months.
- 4.29 The Lossiemouth Locality continues to have the opportunity to lead the way in terms of developing a model of provision that builds on the resources available within the locality and maximises the use of digital technology. Supporting people to remain independently at home, having access to a broad multi

disciplinary team, and being assisted to return home from specialist residential treatment and care at the earliest opportunity.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home with a particular emphasis on the needs of older people. This locality approach is also consistent with the ambitions of the Moray Council Corporate Plan and the Moray Community Planning Partnership LOIP.

(b) Policy and Legal

A number of policy and legal implications require to be considered

(c) Financial implications

Financial implications relating to building leases, potential construction/refurbishment, resourcing and staffing costs

(d) Risk Implications and Mitigation

Risks and mitigating factors are outlined within the report

(e) Staffing Implications

There are implications on staffing provision and on staff health and wellbeing

(f) Property

Implications relating to the Moray Coast Medical Practice surgery premises in Lossiemouth, Hopeman and Burghead

(g) Equalities/Socio Economic Impact

Equality Impact Assessment (EQIA) was completed and attached as Appendix 2 to the previous MIJB Report 26 January 2023

(h) Climate Change and Biodiversity Impacts

Potential increase in carbon emissions due to patients travelling further to access facilities. This is offset to a degree by availability of a dedicated Dial a Bus service, increased use of digital technology to facilitate remote consultations, and the decrease in energy usage following the reduction from 3 buildings to 1 building

(i) Directions

None arising directly from this report.

(j) Consultations

Sean Coady, Head of Service, Health and Social Care Moray

Simon Bokor-Ingram, Chief Officer, Health and Social Care Moray

Dr Robert Lockhart, Primary Care Clinical Lead, Health and Social Care Moray

Dr Malcolm Simmons, Primary Care Clinical Lead, Health and Social Care Moray

Bob Sivewright, Finance Manager, NHS Grampian

Alison Frankland, Practice Manager, Moray Coast Medical Centre

Eileen Rae, Practice Manager, Maryhill Medical Practice
Peter Maclean, Service Manager for Primary Care Contracts, NHS Grampian
Christine Thomson, Lead Pharmacist Primary Care, Health and Social Care
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Nicola Moss, Head of Environmental and Commercial Services, Moray
Council
Rosemary Reeve, Primary Care Development Manager, NHS Grampian
Tracey Sutherland, Democratic Services Manager, Moray Council

Who are in agreement with the contents of this report as regards their
respective responsibilities.

6 CONCLUSION

6.1 The MIJB are asked to note the content of the report.

Author of Report: Iain Macdonald, Locality Manager

Background Papers: Appendix 1 Forres and Lossiemouth Locality Plan – Action Plan
Update 07 06 2023

Ref: