



---

**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 SEPTEMBER 2021**

**SUBJECT: MORAY COAST MEDICAL PRACTICE**

**BY: IAIN MACDONALD, LOCALITY MANAGER**

## **1. REASON FOR REPORT**

1.1. To inform the Moray Integration Joint Board (MIJB) on the proposal to undertake a community engagement and public consultation exercise in relation to the development of health and wellbeing services within the Lossiemouth locality.

## **2. RECOMMENDATION**

**2.1. It is recommended that the MIJB:**

- i) approve the undertaking of a public engagement and subsequent community consultation with Moray Coast Medical Practice patients in relation to the development of health and wellbeing services within the Lossiemouth locality and encompassing reference to 2.1 (ii) and (iii) below;**
- ii) note the requirement to increase available clinic space within the Moray Coast Medical Centre building in Lossiemouth and the potential to do this through the refurbishment of the vacated Laich Dental Suite;**
- iii) note the requirement to reach a decision on the future of the Burghead and Hopeman Branch Surgeries;**
- iv) note that a further report will be submitted to the MIJB in January 2022 outlining the outcome of the engagement process and proposing the detail of the public consultation; and**
- v) note that a final report will be submitted to the MIJB on 27 March 2022 summarising the outcomes of the public consultation and seeking agreement to proceed with the recommendations.**

## **3. BACKGROUND**

3.1. Discussion in relation to the Health and Social Care provision within the Lossiemouth locality has been ongoing for several years, at a community and strategic level. In the main these discussions have focused on the requirement for increased clinical space within the main surgery building in Lossiemouth and

the future of the two branch surgeries in Burghead and Hopeman. However no conclusive decision has, as yet, been reached. Various factors such as Covid-19, imminent renewal of building leases and the currently vacant Laich Dental Suite have led to a decision now requiring to be made. Such a decision requires to be made within the broader context of health and wellbeing provision within the Lossiemouth locality, in line with good practice and following a meaningful engagement and consultation process with all key stakeholders.

- 3.2. A survey conducted in 2017, concluded that Laich Dental Suite would be suitable for renovating into additional work and clinic space that Moray Coast Medical Practice necessitated at that time. As an outcome of that survey, it was decided that Moray Public Dental Service (PDS) would vacate the premises and this was accomplished in November 2017 following staff consultations. When the Laich Dental suite was vacated in 2017 the bulk of the patients were reassigned to Spynie Dental Centre, Elgin and the remainder registered with a General Dental Practitioner in the Moray area. Staff were transferred, via organisation change to other PDS practice located in Elgin. The vacated space was never formally transferred across to the Moray Coast Medical Practice and Moray PDS continue to pay the rent on the premises. However during Covid-19 the rooms at Moray Coast Medical Practice have been fully used to capacity, and as a result the practice have been reliant on the space within the vacated Laich Dental Suite, to manage services. PDS have no plans to re-occupy Laich Dental Suite.
- 3.3. Most recently a paper was presented to the NHS Grampian (NHSG) Premises Group on 17 February 2021 (para 3.d of the minute refers) and subsequently to the NHSG Asset Management Group on 30 June 2021 (para 4.6 of the minute refers) seeking agreement in principle to carry out the refurbishment work on the Laich Dental Suite to create 5 additional clinic rooms and a waiting room area. The Asset Management Group approved this in principle dependent on funding being identified, and a public consultation being undertaken along with the completion of relevant Equality Impact Assessments.
- 3.4. There are financial and service provision risks in allowing the current situation to continue. The proposal is therefore to undertake a community engagement exercise with the patient population of the Moray Coast Medical Practice and all relevant stakeholders. This would include the completion of Equality Impact Assessments for groups adversely impacted by any proposal. A further report would then be submitted to the MIJB on 27 January 2022 outlining the outcome of the engagement process and proposing the detail of the public consultation. A final report would then be submitted to the MIJB on 27 March 2022 summarising the outcome of the public consultation and seeking approval to proceed with the recommendations included therein.
- 3.5. Within Moray the Covid-19 pandemic has encouraged the adoption of digital technologies and has also illustrated how effective the Third Sector and local community groups can be in supporting vulnerable people within a locality. Nationally there has been a number of creative and innovative approaches to increase the accessibility of local services within rural communities utilising community resources and digital technology. A review of health and wellbeing services within the Lossiemouth locality offers the opportunity to meaningfully

engage with all stakeholder groups to shape the future model of provision. A community engagement and public consultation would aim to take a holistic view of health and wellbeing services within the locality and not focus on the future of the buildings alone.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1. Patients who live in Lossiemouth, Burghead, Hopeman and the surrounding area have the option of registering with the Moray Coast Medical Practice or at one of the local Elgin practices. The Moray Coast Medical Practice Lossiemouth premises was built using land from the RAF with considerable NHSG and private investment funding with a 25 year lease which is due to expire in 2033. The Moray Coast Medical Practice building in Lossiemouth is in good state of repair and is fit for purpose although experiencing increased infrastructure difficulties; predominantly from a capacity perspective. The absence of adequate premises, which are essential for service delivery, is causing the practice concern and it is anticipated that this will exacerbate as services and clinics are remobilised which will result in further strain on capacity at the site. The practice therefore requires an increase in clinic space to provide current and improved levels of patient care; to cater for projected growth in patient numbers; and accommodating Health and Social Care staff.
- 4.2. Patients registered with Moray Coast Medical Practice are also served by two branch surgeries in Hopeman and Burghead respectively. Both of these branch surgeries have been closed since the start of the Covid-19 pandemic, due to inadequate space to allow social distancing and inability to meet other risk mitigation measures. Burghead is a rental property, from a third party landlord, with a lease due to expire in 2023. Burghead branch surgery is 7.8 miles from the main branch surgery in Lossiemouth. Hopeman is a GP owned property which is 5.5 miles from the main branch surgery in Lossiemouth. NHSG Facilities and Estates indicate that neither Burghead nor Hopeman Branch Surgeries are currently fit for purpose. Any refurbishment of the branch surgeries would require to be completed in accordance with health care premises regulations; NHSG Facilities and Estates indicate that these premises would not meet health care premises regulations irrespective of any investment as the buildings are too small with no, or limited, space for extension.
- 4.3 In April 2008, with the opening of the new building in Lossiemouth, the patient population for Moray Coast Medical Practice was 6984 and this has increased to 10,190 as of May 2021. It continues to increase at a rate of 20-30 patients per month and anecdotally these patients are not associated to the RAF. It is anticipated the patient population will increase further following the closure of Elgin Community Surgery as a portion of these patients live within Moray Coast Medical Practice catchment area.
- 4.4 The Moray Local Development Plan, has projected over 1,000 potential additional patients for Moray Coast Medical Practice. There are significant building plans evolving in the Moray Coast catchment area: a housing development opposite Moray Coast Medical Practice, currently 40 houses, with plans for an additional 220 houses; building plans for Elgin, the Findrassie development, which indicates a further 1500 houses and a further smaller development at Inchbroom, all anticipated to impact on the patient population

projections. Recent announcements confirming additional civilian jobs at RAF Lossiemouth, together with an increase of serving personnel will also bring additional families to the area.

Innovative use of digital technology, ongoing developments in community nursing, closer working relationships with third sector providers and community groups will all help meet the health and wellbeing needs of this growing population.

- 4.5 The Lossiemouth Locality has a very active and effective Health and Social Care Multi-Disciplinary Team (MDT). The Lossiemouth premises is fortunate to house the MDT including District Nurses, Health Visitors, School Nurses, Pharmacists, Pharmacy Technicians, First Contact Physiotherapy, Minor Surgery Services, Family Planning Services including Cervical Screening, ECGs (routine and acute), Health Point Services, Joint Injections, Doppler examinations, Bladder and Catheter changes, PIC line Maintenance, Dementia Nurse Specialist and many other procedures.
- Visiting services include; Midwife/Antenatal and Postnatal Clinics, Baby Clinics, Baby Massage sessions, CPN, Drug and Alcohol Counsellors, and Retinal Screening. None of this can currently be provided within the local communities due to lack of space/facilities.
- The Moray Coast Medical Practice feels patients being seen at branch surgeries have always been disadvantaged due to lack of service provision available on site and patients have always had to travel into Lossiemouth to access these services/procedures. The community engagement process would aim to explore new and innovative ways of addressing this.
- 4.6 During the Covid-19 pandemic the Moray Coast Medical Practice, has delivered its services by embracing technology such as 'near-me', through remote working with the extended use of phone and video conferencing. The GPs/Advanced Nurse Practitioners were able to manage 95% of their workload over the phone and/or VC. Nurses continued to require to see many of their patients face-to-face for 'tasks' such as bloods and dressings. This use of digital technology offers one potential option as to how we support patients in a future health and wellbeing model. However it is only one component part of the overall solution.
- 4.7 The remobilisation of services at Moray Coast Medical is proving difficult to manage:
- A population increase of greater than 25% in the last 13 years.
  - Increase in GP and nurse work with additional services traditionally done within hospitals moving from secondary care to primary care.
  - A larger MDT bringing improved patient care to the Lossiemouth Locality.
  - At this time GP partners work 54 sessions/week, 6 locum sessions/week, ANPs 20 sessions/week, nurses 32 sessions/week, pharmacist 10 sessions/week. On top of this Moray Coast is a training practice and currently has 14 sessions a week of GP trainee time: a total of 136 clinical sessions a week of practice-based staff and this does not account for any other MDT specialists necessitating space for example: CPN, medical students, physiotherapist, drug and alcohol nurse, psychiatrist etc.

- 15 clinical rooms, operational over 5 days per week giving a total of 150 traditional 1/2 day sessions per week, however 2 rooms are not suitable for face-to-face patients so can only be timetabled for non-face-to-face work, and 136 regular clinical sessions plus all the extras rooms needed by extended MDT team it is easy to see room space is at a critical point.

4.8 There is therefore a requirement for more clinical space within the Moray Coast Medical Practice Lossiemouth premises.

4.9 The space vacated by Laich Dental suite continues to offer the potential for additional clinic space within the Lossiemouth building to meet the growing patient population.

4.10 The refurbishment of the Laich Dental suite into 5 clinic rooms and additional waiting room space has been costed at an estimated £169,700 inclusive of VAT. Various options exist to fund the refurbishment work:

- a. That the current landlord of the Moray Coast premises pay for all the necessary work required at the site. However this would have implications for the lease, as this would need to be renegotiated. This funding option would also prevent the use of developer obligations.
- b. That the work be fully funded by NHSG through Capital allocation.
- c. That the cost of the works be covered by improvement grants and developer obligations. Developer's obligation currently being held by Moray Council totals £52k, as detailed below. However this only equates to a percentage of the total costs. As the premises at Moray Coast are not NHSG owned a fall back obligation needs to be factored in.

| Location                  | Developer Obligations |
|---------------------------|-----------------------|
| Moray Coast (Burghead)    | £464.40               |
| Moray Coast (Hopeman)     | £18,582.40            |
| Moray Coast (Lossiemouth) | £32,935.16            |
| Total                     | £51,981.96            |

4.11 Understandably the future of the Moray Coast Medical Practice building in Lossiemouth and the two branch surgery buildings in Burghead and Hopeman will be at the forefront of community members' minds. The engagement and consultation process offers the potential to explore the options for these buildings whilst also looking at the opportunity to develop a model of service provision for the future. Community members have already been actively engaged in proposing potential ideas for a future model such as:

- Utilising community resources within Burghead, Hopeman and indeed surrounding areas for specific clinics i.e. vaccinations – for example through the use of libraries/town halls/community facilities. This could actually result in an increased number of patients receiving appointments within their community.
- Developing the capacity for community buildings to offer 'virtual' communication facilities and associated technical supports.
- Develop further links with health care providers within each community i.e. pharmacies – both villages have an excellent pharmacy service supported

by a prescribing pharmacist. Pharmacy First allows community pharmacies to provide expert help to treat a range of conditions.

- Utilising a mobile unit to cover a range of health provision needs. This could allow greater access to rural communities across the Lossiemouth locality. Such a unit would require to operate on a Moray-wide basis to be financially viable.
- A review of transport options – bus, community group vehicles, and volunteer drivers.
- Consider broader plans to support at risk groups and the broader population. Prevention and Self-Management approaches, health improvement activity, social prescribing etc. Projects of this nature have proved very effective in supporting people living within rural communities.

4.12 The community engagement and public consultation would be led by Iain Macdonald, Locality Manager, Health and Social Care Moray, supported by:

- Community Representatives x 2 (identified at the outset of the engagement activity).
- Third Sector Representative.
- Alison Frankland, Practice Manager, Moray Coast Medical Practice.
- Jess Ledingham, GP, Moray Coast Medical Practice.
- Fiona McPherson, Public Involvement Officer, Health and Social Care Moray
- Claire Powers, Locality Manager – Primary Care Lead, Health and Social Care Moray.
- Rosemary Reeve, Project Manager, Health and Social Care Moray.
- Peter Maclean, Service Manager – Primary Care Contracts, NHSG.

4.13 A description and timeline of the community engagement and public consultation process is contained within **Appendix 1**. The strengths and weaknesses of the current community based provision is included in **Appendix 2**.

## **5. SUMMARY OF IMPLICATIONS**

### **(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**

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 ambition of the LOIP in Moray.

### **(b) Policy and Legal**

This approach supports national policy and the integration principles set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

**(c) Financial implications**

There are potential budget implications in relation to this interim report as outlined in sections 3 and 4 above. These will be brought back before the Board as appropriate. The mail out relating to the engagement and consultation exercise will cost approximately £4,500.

**(d) Risk Implications and Mitigation**

Risks will be mitigated through a robust public consultation process and the completion of Equality Impact Assessment prior to the submission of a further report to the MIJB.

**(e) Staffing Implications**

There are no staffing implications in relation to this report.

**(f) Property**

There are potential property implications in relation to this report as outlined in sections 3 and 4 above.

**(g) Equalities/Socio Economic Impact**

An Equalities Impact Assessment will require to be carried to ensure that any proposals are not inadvertently discriminating against any protected group.

**(h) Consultations**

Alison Frankland, Practice Manager, Moray Coast Medical Practice  
Fiona McPherson, Public Involvement Officer, Health and Social Care Moray  
Simon Boker-Ingram, Chief Officer, Health and Social Care Moray  
Sean Coady, Head of Service, Health and Social Care Moray  
Tracey Abdy, Chief Financial Officer, Health and Social Care Moray  
Lewis Walker, Clinical Lead, Health and Social Care Moray  
Claire Powers, Locality Manager, Health and Social Care Moray  
Rosemary Reeve, Project Manager, Health and Social Care Moray  
Peter Maclean, Service Manager-Primary Care Contracts, NHS Grampian  
Andrew McArdle, Interim Infrastructure Manager, Health and Social Care Moray  
Allan Robertson, Property Planning Manager, NHS Grampian  
Sheila Roberts, Primary Care Resources Manager, NHS Grampian  
Jeanette Netherwood, Corporate Manager, Health and Social Care Moray  
Tracey Sutherland, Committee Services Officer, Moray Council

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

**6. CONCLUSION**

**6.1 That the MIJB note the content of the report.**

**6.2 That the MIJB approve the undertaking of a community engagement and subsequent public consultation event involving all key stakeholders within the Lossiemouth Locality.**

Author of Report: Iain Macdonald, Locality Manager  
Background Papers: None  
Ref: