



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 JANUARY 2023

SUBJECT: LOSSIEMOUTH LOCALITY COMMUNITY CONSULTATION REPORT

BY: IAIN MACDONALD, LOCALITY MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Board of the outcome of the community consultation activity relating to the development of health and wellbeing services within the Lossiemouth locality with a particular emphasis on the future model of General Medical Services (GMS) provision, and associated Moray Coast Medical Practice surgery buildings in Burghead, Hopeman and Lossiemouth.

2. RECOMMENDATION

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

- i) note the position statement of Moray Coast Medical Practice on not returning to work in the branch surgeries;**
- ii) note the community Consultation Report and the community views on the continued closure of the branch surgeries;**
- iii) note the sustainable model of service delivery recommended by Health and Social Care Moray**
- iv) approve the model of health and care provision incorporating the permanent closure of the branch surgeries. Further reports will be provided that describe the development of health and care provision across the Lossiemouth Locality in partnership with the local community.**

3. BACKGROUND

- 3.1 General Practice is at the heart of our vision for primary care with Scotland's GPs as the *expert medical generalists in our communities* providing clear leadership in response to the increasingly complex care needs of Scotland's population. The core values of general practice – generalist care; care for the whole person, mind and body, throughout the whole life course; continuity of care – have never been more important. Effective, sustainable and accessible

general practice is needed by everyone – so we all start well, live well, age well and indeed die well. As we seek to meet the challenges of more complex care in the community, general practice and the role of Scotland's GPs will need to be strengthened. The GP practice patient list and consultation will remain at the heart of GP provision but GPs will be supported by, and be the clinical leaders of, an expanded multi-disciplinary team of health professionals who can help patients to access the right treatment, by the right professional at the right time.

- 3.2. Discussion in relation to health and social care provision within the Lossiemouth locality has been ongoing for several years, both at a community and at a strategic level. In the main these discussions have focused on the requirement for increased clinical space, for GPs and Health Care Professionals, within the main surgery building in Lossiemouth and the long term future of the two branch surgeries in Burghead and Hopeman. Various factors such as a different medical model highlighted in the General Medical Services Contract 2018, Covid-19; renewed questions regarding whether the branch surgery buildings meet current health care standards; imminent renewal of building leases and the vacated Laich Dental Suite have led to a decision now requiring to be made.
- 3.3. It was agreed at the MIJB on 30 September 2021 (para 10 of the minute refers) that such a decision required to be made within the broader context of health and wellbeing provision within the Lossiemouth locality, in line with good practice and following an engagement and consultation process with all key stakeholders.
- 3.4. A draft Community Engagement Plan was shared with the MIJB on 30 September 2021 (para 10 of the minute refers). The engagement plan was then shared with, and endorsed by, Health Care Improvement Scotland and the NHS Grampian Engagement Team. The engagement activity formally began in October 2021 and was completed in April 2022. Detailed information on the outcome of the engagement activity is contained within the MIJB report 26 May 2022 (sections 3.3 to 3.37 of the report refers).
- 3.5. It was agreed at the MIJB meeting on 26 May 2022 (par 11 of the minute refers) to approve a formal consultation with patients of Moray Coast Medical Practice on the future model of health and social care provision, including permanent closure of the branch surgeries.
- 3.6. The Lossiemouth Engagement and Consultation Steering Group has met on monthly basis throughout the engagement and consultation period. A terms of reference for the Steering Group was agreed at the outset and this governed the operation of the group throughout. The purpose of the steering group was to plan and oversee the engagement and consultation process; members were not tasked to reach a final conclusion on recommendations on the future of the branch surgery buildings.
- 3.7. The steering group membership included representation from:
 - Burghead Community Council
 - Hopeman Development Trust
 - Lossiemouth Community Council
 - Hopeman Community Minibus

- Lossiemouth 2 to 3 Group
- Burghead Community Representative
- Moray Coast Medical Practice Manager
- Moray Coast Medical Practice GP
- Health and Social Care Moray
- Moray Council
- NHS Grampian Primary Care
- Public Health

3.8. Once a plan was drawn up for the consultation process a meeting took place with Health Improvement Scotland and the NHS Grampian Public Engagement Team to seek independent feedback on the consultation process being considered. Both groups endorsed the proposed consultation plan.

3.9. All patients, aged 16 years or older, of the Moray Coast Medical Practice were sent a letter informing them of the consultation on the 30 August 2022. The letters included an overview of the consultation process, a frequently asked questions document and a consultation survey response form. In total 8,390 letters were sent. The consultation started on the 8 September 2022 and ran until 16 December 2022.

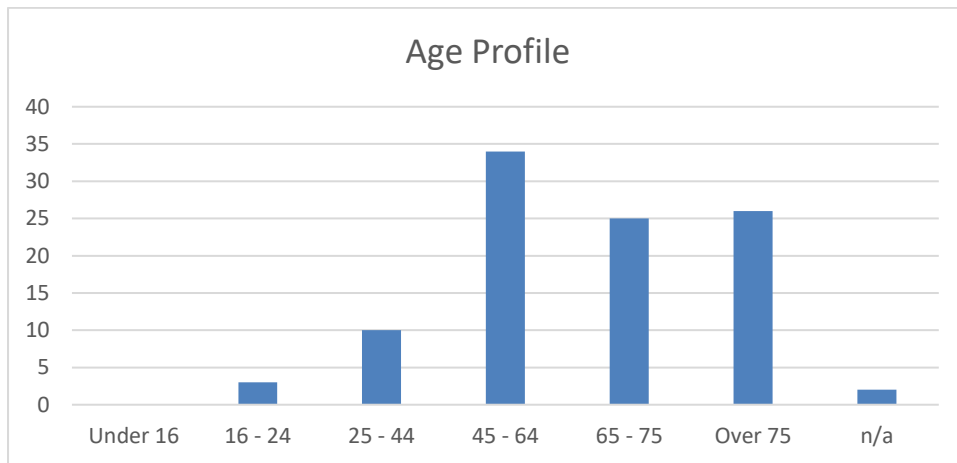
3.10. Heldon and Laich Councillors, and Moray members of the Scottish and UK parliament were briefed prior to the consultation letters going out.

3.11. The consultation was publicised through various social media channels, via the Health and Social Care Moray website and via the steering group members. Consultees were provided with contact details should they wish to discuss any details of the consultation in person and local groups were given the opportunity to have a member of the steering group attend one of their meetings. There was a small uptake in relation to requested attendance at local groups.

3.12. A total of 653 people completed a consultation response. 251 responses were submitted electronically and 402 responses were submitted via post. A detailed Consultation Report is included in **Appendix 1**.

- 57% of responses were from women
- 39% of people said they had a long term condition or disability
- 15% of people identified as being an unpaid carer
- 34% were aged 45-64
- 51% were aged 65 and over

3.13. The age profile of respondents is outlined in the graphs below.



3.14 Two public consultation meetings were facilitated by the steering group. These events took place during October and November 2022

- Hopeman Memorial Hall, 6.30-8.00pm, 27 October 2022
- Burghhead Community Hall, 6.30-8.00pm, 14 November 2022

3.15 The events took the form of a brief introductory presentation by the Locality Manager, Health and Social Care Moray, followed by a question/answer session between the public and a panel. The panel consisted of:

- Chairperson for Evening: Vice Chair of the MIJB
- Chief Officer or Head of Service, Health and Social Care Moray
- Locality Manager, Health and Social Care Moray
- Practice Manager, Moray Coast Medical Practice
- Public Information Officer, Health and Social Care Moray

Support was available for individuals to complete the consultation questionnaire. In total approximately 140 people attended the consultation events. At each event two people were tasked with taking a written record of the discussions; this information is incorporated within the detailed consultation Report in **Appendix 1**.

3.16 Direct access to medical appointments via public transport was a key issue raised during early community engagement activity. Therefore several meetings have taken place with the three key transport providers within the Lossiemouth Locality.

- In total during the engagement and consultation phase there has been six meetings with the Council Public Transport Manager and/or the Public Transport Officer for the 'Dial M for Moray' bus service. As a test of change, from April 2022 a dedicated door to door bus service was put in place between 10.00am and 2.30pm to transport patients requiring to travel from the coastal villages to the Lossiemouth Surgery. The use of this service was monitored between April and November 2022 to determine potential demand. The Moray Coast Medical Practice tried where practically possible to arrange appointments for patients during these times.
- In total during the engagement and consultation phase there has been four meetings with the Commercial Director of Stagecoach buses. The

company continue to be willing to engage in discussions with local partners about the possibility of introducing a coastal service which would assist in providing access to the medical practice for appointments. However, at this stage, Stagecoach would suggest that such a service would not be commercially viable on its own merit as the passenger journeys generated would be unlikely to cover the costs of operation. Consequently, Stagecoach would need to work collaboratively with NHS Grampian, Moray Council and others to explore potential funding options or alternative ways of providing a service at a lower cost (such as off-peak only or only on certain days of the week).

- iii. There have been several meetings with members of the Hopeman Community Mini Bus Committee. As a third sector registered charity, ran solely by community volunteers, the community minibus has offered an invaluable service pre and post Covid-19 to provide a vital source of transport for patients to access a range of health and wellbeing activities and to attend medical appointments across the Lossiemouth Locality and beyond. The committee have innovative ambitious plans to develop a community led transport provision for the coastal villages and Health and Social Care Moray would aim to work alongside the committee to help them achieve this.

3.17 Lossiemouth Locality has four Pharmacies: Lossiemouth Pharmacy (Lossiemouth), Lloyds Pharmacy (Lossiemouth) and Duthie GF Pharmacy (Burghead and Hopeman). The Pharmacies in Burghead and Hopeman provide a wide range of services including care within the NHS Pharmacy First and Pharmacy First Plus Service and are well attended by the local communities. The Pharmacy First model enables Pharmacists to treat a range of minor ailments and offer where appropriate an alternative to the use of general practice or other health care environments. There is potential to utilise the vacated Burghead branch surgery premises to develop a Pharmacy First Plus model which would allow a broader range of treatments to be provided by the pharmacy, however this would be a business decision for the Pharmacy to consider.

3.18 Moray Coast Medical Practice traditionally provided a part time service from the two roomed branch surgeries in Burghead and Hopeman for the past 30 years. The buildings have never had enough space to sustain the multi-disciplinary team working that is recognised as Primary Care today (section 3.1 above) and as such the patients being seen in the branch surgeries were hugely disadvantaged with limited options, often having to have a second appointment in Lossiemouth to meet their needs. The Practice is keen to provide equitable care to all its patients and the support of a full team of clinical staff is needed for this work - this cannot be replicated across three sites. The Practice is keen to maintain a long term sustainable service in the current climate of health and care services under pressure, remaining in one building as one team allows for maximum use of available personnel on any given day. Diluting the team across three sites would not ensure that patients are seen by the right clinician at first contact. The Moray Coast Medical Practice support the premises recommendations that the branch surgeries are not fit for purpose. Our priority is the ability to maintain a sustainable multi-disciplinary team primary health care service for the patient population.

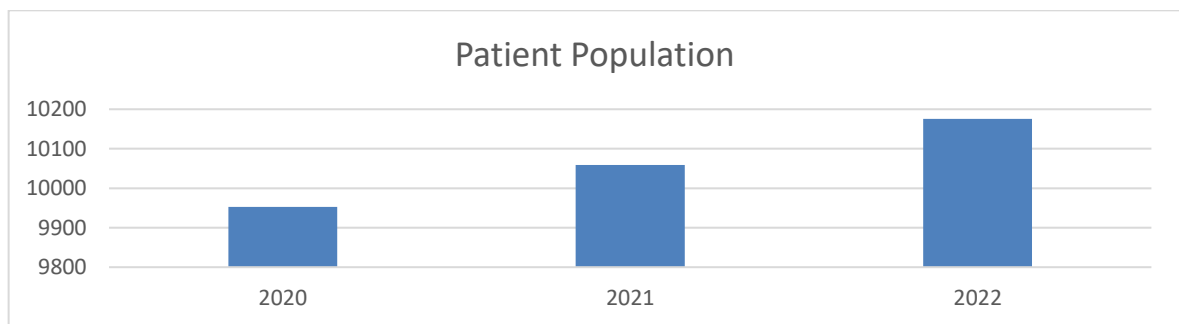
- 3.19 A meeting was held with representatives of the Maryhill Medical Practice to consider what impact the permanent closure of the Hopeman and Burghead branch surgeries might have on the Maryhill Medical Practice. This is particularly pertinent to Maryhill Medical Practice as people living within the coastal villages west of Lossiemouth have the option to register at either Moray Coast or Maryhill Medical Practices. Currently 37% of the population living within the IV30 5 post code area which includes the coastal villages are registered at Maryhill Medical Practice. Maryhill Medical Practice highlighted their concern regarding the potential movement of additional patients from Moray Coast to Maryhill at this time as their current available consulting room space is very limited to meet its current registered patients. Discussions have taken place, (costs for this have been returned and it is now a case of identifying the funding to support this) within the NHS Grampian Primary Care Premises Group to reconfigure the Maryhill Medical Practice building by a further 3 consulting rooms. Maryhill Medical Practice also indicated they would not consider a branch surgery in the coastal area at this time.
- 3.20 The Scottish Governments 'Fourth National Planning Framework – Position Statement' (2020) outlines the vision for 20 minute neighbourhoods. 'Our spatial strategy and policies will reflect the needs and aspirations of people living throughout Scotland by building quality places that work for everyone. 20 minute neighbourhoods have the potential to reduce emissions and improve our health and wellbeing'. 'The 20 minute neighbourhood concept doesn't exist in isolation but scales up to include larger geographies and networked areas providing access and opportunities for the wide range of facilities and services that communities require'. The document offers a useful reference source in relation to locality planning and the development of local service provision within each locality.
- 3.21 An updated and revised Equality Impact Assessment (EQIA) document was independently completed by the Equality and Diversity Manager, NHS Grampian and is included as **Appendix 2**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

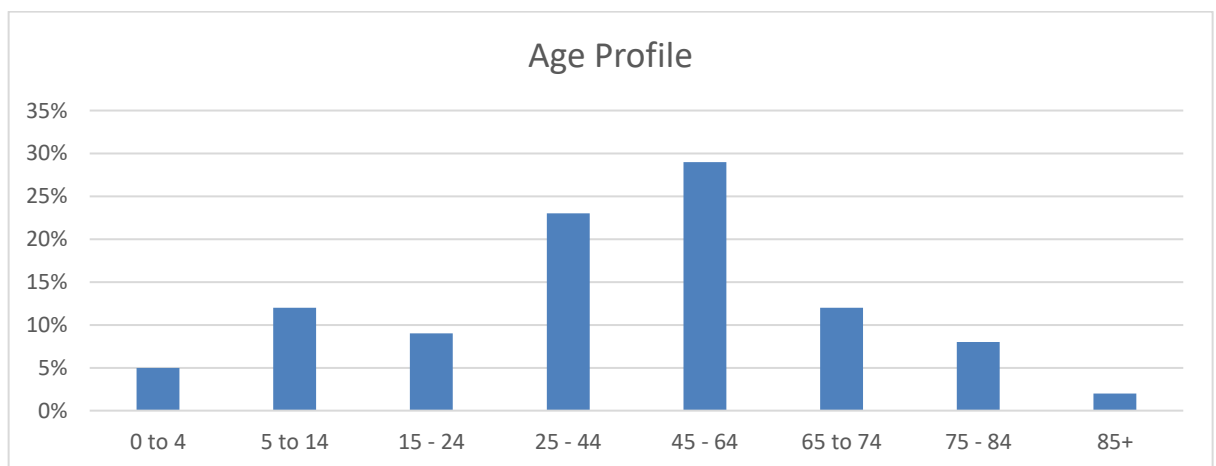
- 4.1. The Moray Coast Medical Practice Lossiemouth premises was built on RAF land utilising considerable NHS Grampian and private investment funding with a 25 year lease which is due to expire in 2033.
- 4.2. Patients registered with Moray Coast Medical Practice are also served by two branch surgeries in Hopeman and Burghead respectively. Both of these branch surgeries have been closed since the start of the Covid-19 pandemic in March 2020, due to inadequate space to allow social distancing and an inability to meet other risk mitigation measures such as wipeable flooring and seating materials, zoning areas and entrance/exit points. Burghead branch surgery is rented from the Pharmacy; the lease is due to expire in December 2023; and is 7.8 miles from the main branch surgery in Lossiemouth, resulting in a vehicle travel time of approximately 15 minutes. Hopeman branch surgery is a GP owned property which is 5.5 miles from the main branch surgery in Lossiemouth, resulting in a vehicle travel time of approximately 10 minutes.
- 4.3. The Lossiemouth Locality has a very active and effective Health and Social Care Multi-Disciplinary Team. The Lossiemouth premises house the Multi-Disciplinary Team which includes GPs, Advanced Nurse Practitioners, Practice

Nurses, Community Treatment and Care Team, District Nurses, Health Visitors, School Nurses, Pharmacists, Pharmacy Technicians, First Contact Physiotherapy, Minor Surgery Services, Community Care, Care at Home, Mental Health and Wellbeing Practitioners, Family Planning Services including Cervical Screening, Electrocardiograms (routine and acute), Health Point Services, Joint Injections, Doppler examinations, Bladder and Catheter changes, Periphery Inserted Central Catheter Line Maintenance, Dementia Nurse Specialist and many other procedures. Visiting services include; Midwife/Antenatal and Postnatal Clinics, Baby Clinics, Baby Massage sessions, Community Psychiatric Nurses, Drug and Alcohol Counsellors, Retinal Screening, Health Improvement, Citizen's Advice.

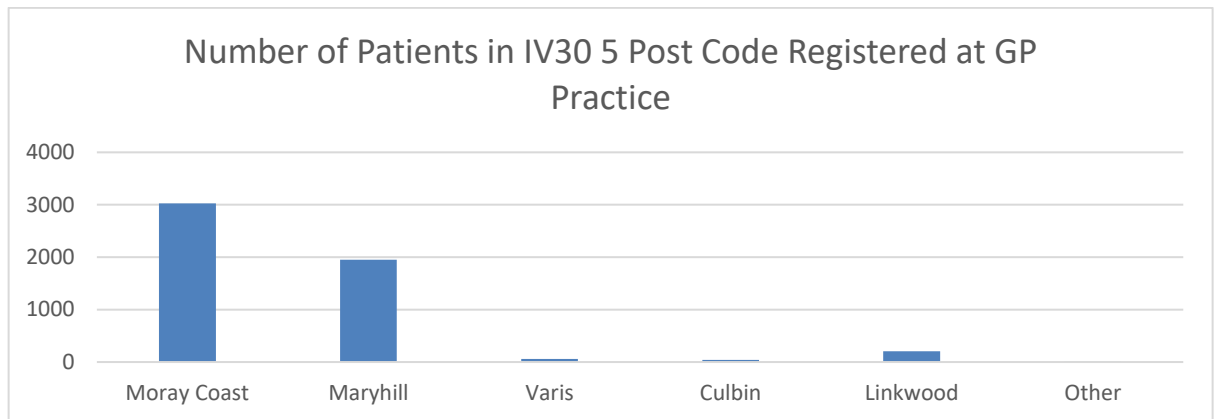
- 4.4. The Moray Coast Practice patient population has increased year upon year; the patient population at 31 March for the last three years is illustrated in the graph below. The overall population numbers are expected to stabilise, however there is predicted to be an increase in the proportion of older people and a decrease in the proportion of young people within the locality.



- 4.5. The current age profile of the patient population is illustrated in the graph below:



- 4.6. The patient population is predominantly resident in Lossiemouth or in the larger coastal villages of Burghead, Hopeman, Cummington and Duffus. Of the total 10,195 Moray Coast Medical Practice patient population 3,026 (32%) live in the post code area linked to the coastal villages.
- 4.7. The spread of patients, living in the post code area and which Moray GP Practice they are registered at is illustrated in the graph below:



- 4.8. A total of 5289 residents live within the area 57% of whom choose to register with Moray Coast Medical Practice (3026) and 37% with the Maryhill Practice in Elgin (1952). There has been no significant movement of patient registrations between Moray Coast and Maryhill over the past 12 months. The direct bus route to Elgin and place of employment are key factors in coastal village patients registering with the Elgin practice.
- 4.9. A summary of the patient population living in the coastal villages would indicate; That male life expectancy rates are similar to those of other areas of Moray and higher than the national average. Female life expectancy rates are higher than both the Moray and national average. Mortality rates are lower than both the Moray and National average.
- 4.10 In relation to long term conditions Asthma rates are higher than both the Moray and National Average, however, Arthritis, Coronary Heart Disease, Cancer and Diabetes are all lower than both the Moray and the National Average. Emergency hospital admissions, and readmissions, are lower than both the Moray and the National Average. However admissions due to falls are higher than the Moray average.
- 4.11 The last reported Census (2011) indicated that:
- Within the IV30 5 post code area 12% of households had no car, 46% of households had 1 car and 42% of households had more than 1 car.
 - There were 1582 families of which 61.5% had no children and 38.5% had children.
 - 29% of the overall population identified as having 1 or more long term condition. Of that 29% grouping - 28.5% had a 'hearing/sight' health condition, 16.9% a 'physical' related health condition, 11.7% a 'learning disability', 10.9% as a 'mental health' related condition, 2% as a 'developmental disorder and 30% were noted as 'other'.
- 4.12 A report titled Local Poverty: Painting a picture of Moray was recently produced using both local and national benefits data, children in low-income families' data and SIMD 2020 data. The report determined that the intermediate data zone of 'Burghead, Roseisle and Laich' is placed 21/24 in terms of estimated poverty. With 1 being highest levels of poverty and 24 been lowest.

Additional local profile information is included in **Appendix 3**

- 4.13 A summary of the points raised through the various components of the community consultation are included below. A detailed Consultation Report is included in **Appendix 1**.
- 4.14 The majority of respondents to the consultation questionnaire (75%) **did not support** the proposed closures of the Burghead and Hopeman branch surgeries. 15% were unsure and 10% were supportive;
- 4.15 The majority of respondents (84% for Burghead and 82% for Hopeman) felt the proposed closures would have a **negative impact**. Reasons included:
- Fears that residents' health and wellbeing will be at risk if they experience barriers to accessing a GP service.
 - The impact on community life of losing a key local service at a time of population growth due to new housing developments.
 - Particular difficulty getting to Lossiemouth surgery for the elderly, disabled and parents with young children.
 - Transport concerns for all patients given the lack of a direct service bus connecting Burghead, Hopeman and surrounding communities with Lossiemouth.
 - Concern over increased patient list at Lossiemouth surgery putting additional pressure on the practice, resulting in longer waiting times for appointments.

Key themes from the public consultations meetings included:

- The impact on communities with a growing population of losing an important local service. Residents not receiving the local healthcare service they are entitled to.
- The time, cost and stress for patients in having to get a service bus from Burghead and Hopeman to Elgin and then to Lossiemouth for a short appointment, followed by the return journey. This can take as long as four hours.
- The limited time the Dial a Bus service is available and the need to book a day in advance.
- Concern that transport is a barrier to accessing health care for many, particularly more vulnerable residents including the elderly, those with health conditions and children, and the impact this will have on their health and wellbeing.
- Non-acceptance that the branch surgery buildings are not fit for purpose or could not be upgraded to meet requirements.
- Patients are not seeking an equivalent building or service as that offered in Lossiemouth but seeking to retain some form of health service.
- Consideration of the option of keeping one of the two branch surgeries open or of a new build funded through developer contributions.
- The offer made by the landlord of the Burghead building to fund improvements.
- Concern as to whether Moray Coast Medical Practice is prepared to return to working in the branch surgeries.

- The difficulties is getting through to Moray Coast by phone and in accessing an appointment for a face-to-face GP consultation.
- A decision having already been made on the future of the two branch surgeries and the consultation being a meaningless exercise as peoples' concerns were not being listened to.

4.16 A small number of emails and letters were received. Key themes from these echoed those from the consultation questionnaire and public meetings.

4.17 One submission was received from Hopeman Community Minibus Committee. This highlighted the continued efforts of volunteers to support patients to attend health appointments at Lossiemouth and elsewhere, and requested consideration of funding towards the sustainability of community transport scheme which is available at the times when the council's Dial a Bus is not.

4.18 Health and Social Care Moray require to deliver services that are sustainable in terms of staffing, resourcing, facilities and financing. We believe that to have one well-staffed and resourced building and a process in place that coordinates prevention and self-management approaches, primary care provision, and adheres to the principles of HomeFirst will provide the most sustainable service at this current time.

4.19 We greatly value the discussions that have taken place with community members within the Lossiemouth Locality and acknowledge the concerns that have been raised and where possible have tried to mitigate these concerns as outlined in Section 4.36 below. We believe that working from one fixed location can complement a community based approach where:

- Housebound patients are seen as a priority.
- Community pharmacy and community organisations are supported to develop local services.
- Digital technology is embraced providing convenience for the patient, low impact on the environment and effective use of staffing.
- Digital hubs are created within communities where people can access digital devices and can be supported to utilise the technology.
- Transport to appointments is provided for those who do not have/cannot access a vehicle.
- Health and Social Care staff outreach into the community for specific individuals/groupings.
- Community clinics are facilitated on a needs basis utilising local community facilities.

Health and Social Care Moray believe this is the best use of public funding to meet the health and social care needs of the local population.

4.20 Key points of discussion relevant to the recommendation are outlined in section 4.21 to 4.37 below.

4.21 Transport: Community members overwhelmingly felt that transport provision between the Moray coast villages and Lossiemouth town centre was inadequate. There is a connecting bus service but this involves travelling via Elgin and changing bus. The transport issue was raised not only in relation to challenges faced by patients travelling to appointments at the Lossiemouth Medical Centre but also for residents to access broader health and wellbeing

activities such as sport, leisure and community events as well as enabling access to beaches and forest walks. As a test of change from April 2022 onwards patients from the coastal villages had the option to book a Moray Council Dial a Bus vehicle to transport them to and from their appointment. This was a dedicated bus providing a door to door service between 10.00am and 2.30pm. The service is free for concessionary card holders and has a comparative price to Stagecoach services for paying customers. The uptake of the service has been very minimal with an average of only 1 resident in total using the service per week. The consultation highlighted that the service could be promoted more broadly and that patients had concerns about being left at the Lossiemouth Medical Centre if their appointment ran over time. There will therefore be an enhanced promotion of the service in January 2023 with an emphasis on reassuring patients that travel home will be provided by the Dial a Bus or by a funded taxi.

- 4.22 The low uptake of the dedicated service has made it difficult to present a case to Moray Council for extending the length of day of the service, or to put forward a case to Stagecoach to consider a timetabled bus service. Historically the uptake of Dial a Bus in the Lossiemouth area has been lower than in other areas of Moray; we continue to try and promote the service as Dial a Bus could provide the answer to the current transport concerns and with a move towards electric vehicles could provide a future enhanced low carbon solution. The Community Mini Bus provides a vital role in supporting residents to travel a wide range of appointments and activities. Health and Social Care Moray would like to help support this service develop further.
- 4.23 Digital Technology: The use of digital technology for assessment and consultations has generated interesting discussion and comment throughout the engagement and consultation activity. Responses were split in terms of the benefits of remote patient consultation versus face to face consultation. There was a similar mixed split in relation to respondents' preference to be assessed by a GP rather than another Healthcare Professional. This split is reflected nationally as well as locally in Moray. In part the split can be related to the age of the respondent in terms of younger people being more comfortable with remote consultations and seeing a broader range of health professionals but this over simplifies the situation. Particularly in relation to digital technology where accessibility, cost and support are also key factors. Interestingly 98% of the respondents to the Lossiemouth Locality engagement questionnaire (2021) stated they had a device that allowed access to the internet at home; of which 83% had unlimited access and 15% had limited access. Of the total number of respondents 9% stated they would like support to use their digital device. The intention would be to work widely with the broad community grouping of Medical Practice patients to utilise the online platforms and to carry out more specific support/coaching with the 9% of patients who would value specific support. Where possible we will work with the local community/third sector providers to facilitate this support and develop capacity locally.
- 4.24 Access to GP's: A number of respondents raised concerns about access to GPs and equated this in part due to the temporary closure of the branch surgery buildings. There was a sense that when the buildings were open it was possible to book an appointment with a specific GP and that appointments were readily available. The branch surgeries actually carried a very small proportion of the GP workload, though they did operate at capacity. A number of respondents also commented on the GPs moving to part time contracts and

this decreasing the number of GPs available. Although it is correct that a greater number of GPs are on part time contracts the 'working time equivalent' of GPs at the Moray Coast Medical Practice has increased slightly over the past 6 years as has the number of Advanced Nurse Practitioners. A key influencing factor has been availability of suitably trained staff and subsequent recruitment. A key factor in public perception is the need to see a GP as opposed to another more suitably skilled and experienced health care worker. Following the introduction of the 2018 General Medical Services (GMS) Contract in Scotland [GMS contract: 2018 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/gms-contract-2018/pages/introduction.aspx), there has been a refocusing on the role of the GP as the 'expert medical generalist.' The role of the GP has evolved over the years, and people are living longer with more complex health needs which has increased demand on GP services. To enable the GP to focus on those with complex care needs, the GMS 2018 contract aims to increase the wider Primary Care multi-disciplinary team providing a highly skilled team who can support the GP in their role and a redistribution of workload. In Moray, we have already made good progress on implementing the Primary Care multi-disciplinary teams, and the majority of local practices now benefit from Pharmacotherapy teams, Musculoskeletal (MSK) Physiotherapist, Primary Care Occupational Therapists, Treatment room staff and visiting vaccination teams.

- 4.25 Multi-disciplinary Teams: A Multi-disciplinary Team (MDT) is a group of health and social care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users. Multi-disciplinary Teams are used in both health and care settings. Moray Coast Medical Practice have an extremely well-staffed and resourced Multi-disciplinary Team as outlined in section 4.3 above. Having the team all based at one location increases staff and patient safety, improves the quality of decision making and increases patients access to the right person at the right time.
- 4.26 Buildings: Much of the discussion understandably has focused on the two branch surgery buildings; which healthcare standards they meet, potential refurbishment options, and the potential for new builds. At the centre of the recommendation within this report is the opportunity to develop a modern sustainable model of service provision for the Lossiemouth locality based on having one well-resourced building which is staffed with an extensive multi-disciplinary team and provides a safe environment for staff and patients. It should be noted that the recommendation of the permanent closure of the branch surgery buildings does not provide a direct cost saving to the MIJB, however it does reduce additional spend through a reduction in leased buildings and their associated running and maintenance costs. A question raised on several occasions was the availability of developer obligations to fund work. Developer obligations can only be used to increase capacity at a medical practice to accommodate the additional patients from any new housing development. It cannot be used for maintenance, nor can it be used to make good any existing deficiencies. Moray as a whole are only securing developer obligations towards the main premises not branch surgeries. Therefore for Moray Coast any monies secured for housing developments in Burghead or Hopeman would be secured against the Lossiemouth building. The reasoning being that the branch surgeries only provided limited services and in the case of Burghead and Hopeman were never open full time. However the Lossiemouth premises can provide a wide range of services and is open full

time. Current developer obligations for the Lossiemouth locality amount to £57,964. A number of respondents suggested that if the two branch surgeries cannot remain open then could a new build be planned. The Property and Planning team estimate the costs for a 2 clinic surgery to be £2.6 million pounds and £4.2 million for a four clinic surgery. Understandably the community have questioned these figures, however they are conservative estimates based on recent new builds of a similar size.

The Burghead landlord did offer to part pay refurbishment costs for the expansion of the current Burghead premises on renegotiation of the current lease. This would however require Health and Social Care Moray to take on a new lease and a proportion of the refurbishment, refit and the ongoing maintenance costs whilst still facing the challenges of staffing an additional premises and the associated staff and patient safety concerns.

- 4.27 Safety: Safety of staff and patients is paramount. GP's or nurses working in isolated situations will experience greater risk in terms of decision making in a crisis situation. Discussions during the consultation phase suggested that a GP, nurse, and receptionist could be on site at the same time however there is not the staffing establishment to make this achievable. It is not possible to provide the same level and breadth of expertise to patients visiting a branch surgery.
- 4.28 Sustainability: Recruitment and retention of health and social care staff has never been more difficult. This coupled with high sickness rates in part due to the impact of the pandemic makes staffing a medical practice incredibly challenging at this current time. Therefore offering services from one location ensures the most effective use of available staff, and ensure those patients most in need can be assessed and treated as promptly as possible.
- 4.29 Place: A sense of place, and of community, came through strongly in peoples' responses; in terms of residents connecting themselves to specific coastal villages, and those respondents not feeling particularly connected to Lossiemouth town or indeed the other nearby coastal villages. A number of people felt that the branch surgeries were an integral part of the community and that many people had moved to the villages, in part, because these provisions were available locally. This at a time when other businesses such as banks and post offices are also closing their branch services. In terms of Health and Social Care there is an opportunity to relook at the provision of services within a community through utilising community building on a needs basis and working with local groups and business to coproduce future services.
- 4.30 Patient Population: With the projected population increase for the coastal villages a small number of respondents highlighted the need for increased community provision and questioned the rationale for the buildings to remain closed given potential housing developments. On the whole people were unaware that all planned housing developments have been incorporated into the current calculation to determine the appropriate amount of clinic space for the Lossiemouth Locality. It is not envisaged that the patient population would outgrow the capacity of the current Lossiemouth building in the near future.
- 4.31 Equity of Provision: On the theme of Equity of Service Provision there was equal support for differing models. The convenience of attending the branch surgeries was offset by the benefit of attending a modern building with a vast multi-disciplinary team on site to cater for a wide range of patient needs. Respondents noted that benefits could be seen in both models. A number of

respondents indicated they would be happy to use the current buildings in their current state and with current staffing levels and would be willing to accept the risks. This is not a risk however that Health and Social Care Moray can endorse for patients or staff.

- 4.32 **Vulnerable Groups:** A theme that emerged through the questionnaire responses and face to face sessions was respondents speaking on behalf of individuals from vulnerable groups. Many people responding noted their own ability to travel at this time but acknowledged that others in the community are less able to do so. Respondents also acknowledged that they may not be able to travel when they grow older so they were planning for a service that they perceived others needed now and that they may need later. To this end 41% and 36% of respondents had never used the Burghead or Hopeman Branch Surgery respectively.
- 4.33 **Community Provision:** The engagement and consultation events provided some useful discussion regarding the potential to bring more services out into communities but not necessarily from one fixed location such as a branch surgery building. There is potential to support the most vulnerable within their own home and to utilise community locations for specific events such as vaccination clinics and health improvement activity. This concept is referred to as pop up hubs/clinics. This model has had success in other areas of Moray but a number of respondents from the coastal villages indicated it difficult to move beyond the concept of a fixed specific building based provision and the convenience this provides. There has been an increase in nursing and health care support worker provision available within the community settings to support individuals with long term conditions, patients returning from hospital and palliative patients. This continues to be a key focus for Health and Social Care Moray.
- 4.34 **Financial Implications:** Historically leases for GP Practice buildings and branch surgeries would be held by the GP Practice. However this has recently changed and any new leases would require to be held by the NHS, and in this specific case Health and Social Care Moray, alongside all associated costs for the term of the new lease. Therefore considering a branch surgery of any description would be committing Health and Social Care Moray/NHS to a long-term lease for premises without assurance of any staffing or service provision. The basis of this proposal is about the long-term sustainability of a primary care service for the Lossiemouth Locality.
- 4.35 **Work to refurbish the vacated Dental Suite at the Lossiemouth building** was approved at the MIJB on 30 September 2021 (para 10 of the minute refers). A report will require to be submitted to the NHS Grampian Premises Group and then to the Asset Management Group to finalise this.
- 4.36 **Mitigating Actions:** The decision to recommend the permanent closure of the Burghead and Hopeman Branch Surgeries has not been an easy one, and in reaching this recommendation HSCM acknowledge the community response to the engagement and consultation process. However we believe permanent closure is required to ensure a sustainable health and social care service for the Lossiemouth Locality. We have listened to the concerns raised by the community members and will put a range of actions in place to mitigate the risks/concerns raised and also to mitigate impact on protected groups as

outlined in the Equalities Impact Assessment. Timescales for completion are in brackets:

- 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)

4.37 The above mitigating actions will be reviewed through the Forres and Lossiemouth Locality Planning process. The Lossiemouth Steering group for this process meets every two months. Actions can be reported back to the MIJB through the Locality Planning Process reporting cycle.

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) completed and attached as **Appendix 2**

(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 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
Gerry Donald, Head of Property and Asset Development, NHS Grampian
Carmen Gillies, Interim Strategy & Planning Lead, Health and Social Care Moray
Allan Robertson, Property Planning Manager, NHS Grampian
Sheila Roberts, Primary Care Resources Manager, NHS Grampian
Gareth Evans, Property Transactions Manager, NHS Grampian
Bob Sivewright, Finance Manager, NHS Grampian
Nigel Firth, Equality and Diversity 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 Moray
Rosemary Reeve, Primary Care Development Manager, NHS Grampian
Fiona McPherson, Public Involvement Officer, 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 The MIJB are asked to note the content of the report and approve the permanent closure of the Burghead and Hopeman Branch Surgeries.

Author of Report: Iain Macdonald, Locality Manager

Background Papers: Appendix 1 Consultation Response Summary
 Appendix 2 Equality Impact Assessment
 Appendix 3 Community Profile

Ref: