



---

**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 MAY 2022**

**SUBJECT: LOSSIEMOUTH LOCALITY COMMUNITY ENGAGEMENT**

**BY: IAIN MACDONALD, LOCALITY MANAGER**

**1. REASON FOR REPORT**

1.1. To inform the Board of the outcome of the community engagement 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) approve the continued temporary closure of the Burghead and Hopeman Branch Surgery buildings and note the continuation of interim measures to support patients in vulnerable groupings to travel to the Lossiemouth surgery;**
- ii) approve the increase in clinical space within the Lossiemouth Surgery building through the refurbishment of the area previously referred to as the Laich Dental Suite;**
- iii) note the position statement of Moray Coast Medical Practice on not returning to work in the branch surgeries;**
- iv) note the engagement report and the community views on the continued closure of the branch surgeries;**
- v) consider the preferred future model of health and care provision which does not include the retention of the branch surgeries;**
- vi) approve a formal Consultation with patients of Moray Coast on the future model, including permanent closure of the branch surgeries;**
- vii) agree the outcome of the Consultation be reported to a future meeting of the MIJB; and**

**viii) note the intention for the Lossiemouth Locality Community Engagement Steering Group to continue to meet as the Locality Oversight Group to develop and monitor the HSCM Locality Plan for the Lossiemouth and Moray Coast area.**

### **3. BACKGROUND**

- 3.1. Discussion in relation to the 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 within the main surgery building in Lossiemouth and the long term future of the two branch surgeries in Burghead and Hopeman. However no conclusive decision has, as yet, been reached. Various factors such as a different medical model highlighted in General Medical Services Contract 2018, Covid-19; renewed questions regarding whether the branch surgery buildings meet health care standards; imminent renewal of building leases and the currently vacant Laich Dental Suite have led to a decision now requiring to be made.
- 3.2. 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 a meaningful engagement and consultation process with all key stakeholders.
- 3.3. A draft plan for the community engagement process was shared with the MIJB on 30 September 2021 (para 10 of the minute refers). The plan was then shared with, and endorsed by, Health Care Improvement Scotland. The key stages of the engagement process were:
  - Establish a steering group to oversee the Engagement process
  - Undertake a patient survey – online and postal
  - Undertake buildings surveys of the two branch surgery buildings
  - Facilitate 6 community engagement events
  - Facilitate focus groups within community settings
  - Facilitate discussions with transport providers
  - Facilitate discussions with key stakeholders
  - Review Grampian and National guidance/legislation
  - Compile an Equality Impact Assessment
  - Compile a report for the MIJB
- 3.4. Prior to the engagement activity beginning, a letter was sent on 24 September 2021 to all members, 16 years of age or older, of the Moray Coast Medical Practice patient population. The letter informed patients of the proposal to carry out the engagement activity and directing them towards further information as required. In total 8500 letters were delivered.
- 3.5. Briefings for Councillors and MIJB members were held prior to the engagement activity starting and these were followed up with written/email updates throughout the engagement process.
- 3.6. The engagement activity formally began in October 2021 and was completed in April 2022.

3.7. The Community Engagement Steering Group met weekly from 8 October 2021 through until 21 January 2022, except over the festive period, and then three weekly thereafter. The 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. A terms of reference for the Steering Group was agreed and this governed the operation of the group thereafter. The terms of reference were:

- I. To ensure that the views of the Moray Coast Medical Practice patients population and associated stakeholder groups are considered and acknowledged
- II. To ensure clear communication and transparency of all information in relation to the community engagement and public consultation process
- III. That members facilitate a consistent flow of information to and from their representative groups/bodies and the wider community
- IV. To oversee the planning, delivery and evaluation of the community engagement process
- V. To oversee the completion of Equality Impact Assessments for any at risk groups who may be adversely impacted by any proposed changes
- VI. To ensure due consideration is given to the impact of any proposed changes may have on current models of provision at a local and Moray wide level
- VII. To analyse the information gathered through the community engagement process, and having analysed the information to then support the preparation and presentation of a report to the MIJB

3.9. The Locality Manager and the Involvement Officer attended the Hopeman Development Trust on 28 October 2021, Burghead Community Council on 4 November 2021, and met with the Chair and representatives from the Lossiemouth Community Council to explain the engagement activity and seek comments and feedback on the process. An offer was made to meet with the members of Heldon Community Council but this was not taken up.

3.10. Communication with the local community and key stakeholders was maintained throughout the engagement process though this did prove challenging at times due to the emergence of the highly transmissible COVID variants, the resultant impact on staffing and adverse weather conditions. Key methods of communication included:

- I. Distribution of information via Community Councils/Development Trusts and Community representatives
- II. Posters/leaflets in local community facilities
- III. Newsletters
- IV. Attendance at community meetings/local community groups
- V. Elected member briefings
- VI. Moray Coast Medical Practice social media channels
- VII. HSCM Lossiemouth Locality web page
- VIII. HSCM social media channels

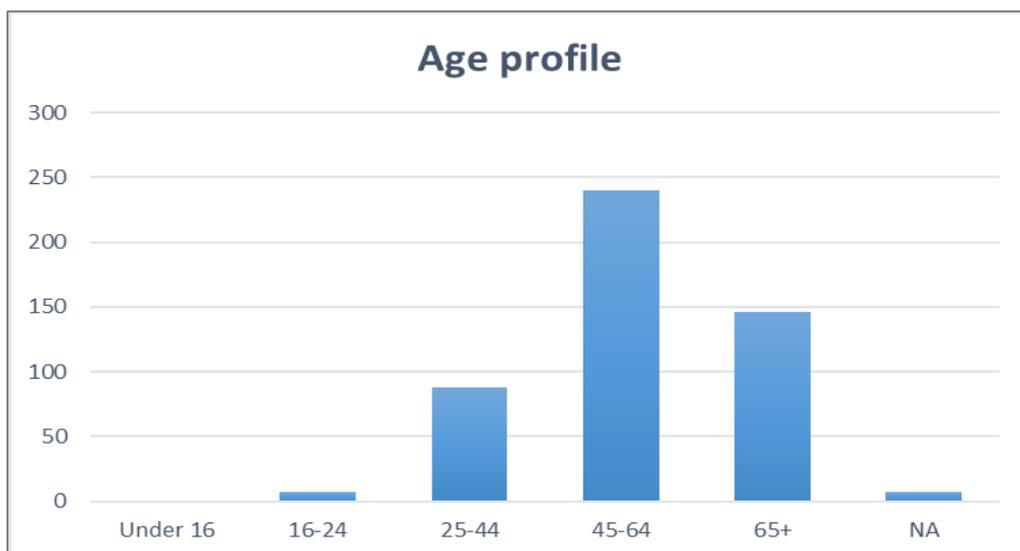
3.11. Once approved by the Steering Group the 'Healthier Lives, Healthier Futures Patient Survey' questionnaire went live on the 15 November 2021 with a closure date set for 17 December 2021. In reality the survey remained open until the start of the New Year to allow the maximum number of responses. Paper based versions of the questionnaire were distributed to a wide range of community setting/groups.

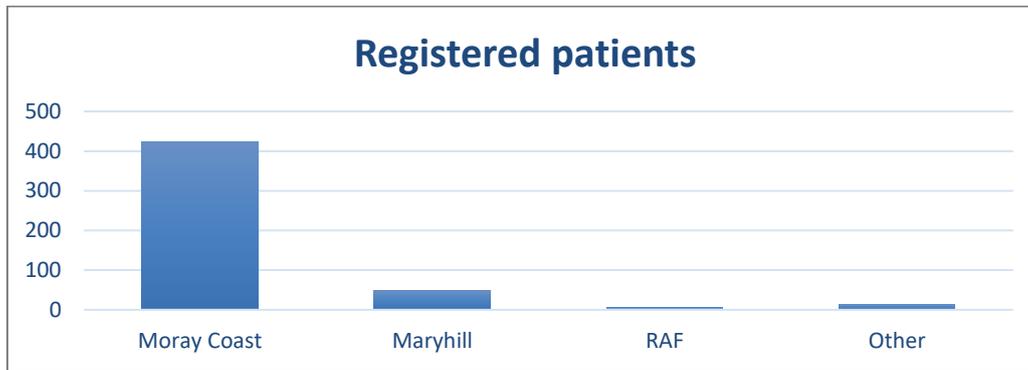
3.12. Completion of the questionnaire was not restricted to members of the Moray Coast Medical Practice but was open to all residents of the Lossiemouth locality. It focused on local residents' views on the current health and wellbeing provision within the locality and what their future priorities would be.

3.13. There were 490 responses to the survey. 440 responses were submitted electronically and 50 responses were postal. A detailed summary of the responses are included in **Appendix 1**.

- 78% of responses were from women
- 42% of people said they had a long term condition or disability
- 19% of people identified as being an unpaid carer
- 49% were aged 45-64
- 30% were aged 65 and over
- 86% were patients of Moray Coast Medical Practice

3.14. The age profile of respondents and which medical practices they were registered with are outlined in the graphs below.





3.15 A series of six Engagement Events were facilitated by the Steering Group. These events took place during November and December 2021.

- Burghead Community Hall, 2-4pm, 30 November 2021
- Hopeman Memorial Hall, 6-8pm, 30 November 2021
- Lossiemouth Town Hall, 6-8pm, 2 December 2021
- Hopeman Memorial Hall, 2-4pm, 7 December 2021
- Burghead Free Church, 6-8pm, 7 December 2021
- Lossiemouth Town Hall, 2-4pm, 9 December 2021

3.16 The events took the form of drop in sessions. Poster boards were used to display key information and community members had the opportunity to walk around the room and ask questions of the representatives positioned at each board. The boards included information on Moray Coast Medical Practice, Branch Surgery Building Survey results, Transport, Prevention and Self Management, and Home First. Support was available for individuals to complete the survey questionnaire, and overall feedback was sought on the engagement process to date. Refreshments were provided. In total 84 people attended the Engagement events. The representatives at each poster board recorded comments and these were collated after each event.

3.17 The decision to structure the events as 'drop ins' was made in order to manage the number of people in the buildings at any one time and to allow everyone the opportunity to express their opinions. The structure of the events were well published however a number of people expressed frustration that the events did not take the form of open public meetings. Questions raised at the Burghead and Hopeman events were predominantly but not wholly on the future of the branch surgery buildings. A percentage of attendees requested outcomes/decisions rather than the engagement discussions that took place.

3.18 The Laich Dental Suite within the Lossiemouth surgery building had been surveyed in 2021. Updated surveys were required for the Burghead and Hopeman Branch Surgeries. The surveys were duly undertaken on 28 September 2021 by the Property and Planning Manager, NHS Grampian.

3.19 In relation to the Burghead building the survey noted the following. 'Where the current failings relate to fixtures and fittings it would be possible to carry out minor alterations /refurbishment to bring the building up to the appropriate standards. The cost for this is estimated at £116,000 plus VAT based on a previous survey carried out in 2018. However a number of the failings are related to space constraints. Where this is the case it would not be physically

possible to bring the premises up to standard within the structural constraints of the current building. It is therefore not possible to bring the current Burghead Branch Surgery building up to current building standards whatever the financial spend'. Further details of the Burghead Branch Surgery Survey are included in **Appendix 2**.

- 3.20 A meeting took place with the representative of the landlord for the Burghead Branch Surgery premises on 26 April 2022. The representative indicated that the landlord was willing to work with Moray Coast Medical Practice and Health and Social Care Moray to bring the premises up to the required health care standards. The representative showed a draft building plan of how the current building could be refurbished and extended to provide a two clinic room surgery with associated staff, patient washroom facilities and domestic utilities. The landlord gave an in principle agreement to contribute towards a portion of the refurbishment costs if there was a renegotiation of the current lease. Further discussion would be required to determine exact specifications, costs and financing options.
- 3.21 In relation to the Hopeman Branch Surgery building the survey noted the following. 'Where the current failings relate to fixtures and fittings it would be possible to carry out minor alterations/refurbishment to bring the building up to the appropriate standards. The cost for this is estimated at £142,000 plus VAT based on a previous survey carried out in 2018 and adjusted to 2021. A number of the failings are related to space constraints. Where this is the case it would not be physically possible to bring the premises up to standard within the structural constraints of the current building. It is therefore not possible to bring the current Hopeman Branch Surgery building up to current building standards within the constraints of the current building structure. Also due to concerns about the structural integrity of the building it is recommended that a structural survey is carried out on the premises'. Further details of the Hopeman Branch Surgery Survey are included in **Appendix 3**.
- 3.22 As owners of the Hopeman Branch Surgery building the Moray Coast Medical Practice agreed to commission the structural survey and this was duly completed by Cameron and Ross Consulting Engineers in February 2022. A summary of the findings from the survey are outlined in Section 4.10 of the survey report: 'Best case would be some defect of the drainage is causing loss of support in the subsoils. However given the extent of the defects it would seem unlikely that this alone could be responsible for the cracking evident. Even assuming the foundations are satisfactory, there would be a reasonable amount of work in simply repairing cracks and making good masonry open joints and replacing defective wall tiles. It is considered likely that some augmentation of the roof structure would also be necessary were the building to be made good and some levelling of the ground floor may also be necessary. It is thought quite possible that repairs to the building would not be economically viable given that as it stands it is deemed to be no longer fit for purpose and in need of refurbishment and possible extension'. Further details of the Hopeman Branch Surgery Structural Survey are included in **Appendix 4**.
- 3.23 The Laich Dental Suite within the Lossiemouth Surgery building was vacated in 2017. Refurbishment of the vacated area into 5 clinic rooms and additional waiting room space has been estimated at a cost of £169,700 inclusive of VAT (2021). Some refurbishment work has already been undertaken as a result of the requirement to increase available clinic space due to COVID. This work was

funded through specific COVID funding. The remaining refurbishment work would require to be funded through other means as outlined in the 'Moray Coast Medical Practice' Section 4.10 of the MIJB report, 20 September 2021. The most viable option considered to date would be that the current landlord of the Moray Coast premises pay for all the necessary work required at the site. However if this option were agreeable to all parties it would have implications for the lease, as this would need to be renegotiated. This work is required in part to offset any impact of the continued closure of the branch surgeries and also to increase clinic space within the building to manage the flow of workload from secondary care to community based services.

3.24 Several meetings have taken place with three key transport providers within the Lossiemouth Locality.

- i. There have been three meetings with the Moray Council Public Transport Manager and the Public Transport Officer for the Dial M for Moray Bus Service. As a result of these discussions there is currently a dedicated door to door bus service 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 will be monitored between April and July 2022 to determine future demand. The Moray Coast Medical Practice are trying where possible to arrange appointments for patients during these times.
- ii. There have been two meetings with the Commercial Director of Stagecoach Bluebird buses. The outcome of which indicated that the company are willing to continue to engage in discussions with local partners about the possibility of introducing a coastal service which would provide access to the practice for appointments. However, at this stage, they 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, they 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 the Hopeman Community Mini Bus Committee. The community minibus has been used throughout the period of COVID to support patients to attend appointments at the Lossiemouth Surgery. In total 84 people have been supported to attend appointments, and many others to attend vaccination clinics etc. The committee have ambitious plans to develop a community led transport provision for the coastal villages and are currently being supported by Outside the Box to submit an Investing in Communities funding application. This will include finance for a paid driver and project worker.

3.25 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 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.

### **The Moray Coast Medical Practice Statement**

- 3.26 Moray Coast Medical Practice have worked across three sites, Lossiemouth, Hopeman and Burghead for over 30 years. The NHS and GP led services have changed considerably over this period of time, with changes in government contracts increasing the workforce to include specialists such as Practice Nurses, Midwives, and Community Nurse Teams, Pharmacy Teams and most recently Physiotherapy and Mental Health Workers.
- 3.27 The Moray Coast Medical Practice prides itself on the shared patient care within a multidisciplinary setting and indeed is one of the only local practices who share a building with our social work and care manager colleagues making communication around our patients easier and more effective.
- 3.28 Both Burghead and Hopeman premises were secured around 30 years ago when the practice teams were smaller, regulations around premises were in their infancy and seeing GPs in a 'front room' setting was the normal. The GP contract in 2018 advocates that GP premises are no longer owned by the GP but are managed centrally via the local health board, this is ultimately to reduce risk to services, if a GP practice can no longer attract staff and has to close there has to be somewhere for the health board to manage those patients. Indeed situations have arisen within Grampian where GP practices have terminated their contracts due to recruitment challenges. This is a long standing problem and there is a well-documented national recruitment and training issue for clinical staff of all denominations.
- 3.29 Just over half the populations of both Burghead and Hopeman choose to register in Lossiemouth, the others choose their primary care provision in Elgin. The Burghead and Hopeman practice population is around 30% of the total population of Moray Coast Medical Practice.
- 3.30 Around 10 years ago the GPs recognised the restrictions of working as a 'lone' clinician in a small site with limited facilities and reduced their commitment to both surgeries from 5 GP sessions and 4 nurses in each practice to 3 GP sessions and 2 nurse sessions per week. Neither surgery has done routine woman's health screening, children's screening, minor surgery etc. for over 6 years and patients have had to attend the Lossiemouth Practice.
- 3.31 The GPs traditionally enjoyed having a 'coast' day as a different type of day as the issues around premises and access to the wider team restricted the types of problems seen in the village practices. That said there is a change in pressures on primary care that were present pre pandemic, and have been exacerbated by the pandemic, around access to the wide range of services the practices provide together with the extensive treatment options now carried out in the surgery rather than patients having to attend hospital. The GPs and other members of the team now feel that the isolation of working in 'lone' clinics is a risk to both themselves and the patient and certainly not part of the future picture of General Practice as described by the GMS contract in 2018.
- 3.32 The premises themselves have been inspected a number of times over the years, again exacerbated by the pandemic but neither the Burghead nor Hopeman premises are deemed to be acceptable in their current states and neither have the footprint to 'convert' into suitable premises meeting all the current regulations.

- 3.33 The GPs understand the pressures of travel from villages and that public transport is not always available, we understand lots of work has been done in the community around transport (not just for GP appointments) and that there are solutions – the practice try as far as possible to accommodate patients travel restrictions on their availability for appointments, this is not new to the practice as we have patients from multiple villages in the surrounding area.
- 3.34 All that said the change in clinicians with heavy reliance on the multi-disciplinary teams means that allocating a team to work on a village site, whether it be Burghead, or Hopeman, or both would reduce the team capacity in Lossiemouth and it is not feasible to replicate care provision in Lossiemouth at the branch surgeries. The practice truly believe that all patients should receive equitable care and the best way to do this is from one site with access to all members of the multi-disciplinary team.
- 3.35 For these reasons the Moray Coast Medical Practice would not be willing to facilitate Practice staff returning to work within the Burghead and Hopeman Branch Surgery buildings. Should the MIJB identify another solution then the Practice would consider all available options at that time. However the Moray Coast Medical Practices preferred model for delivery would be from a single premises in Lossiemouth.

### **20 Minute Neighbourhoods**

- 3.36 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.

### **Equality Impact Assessment**

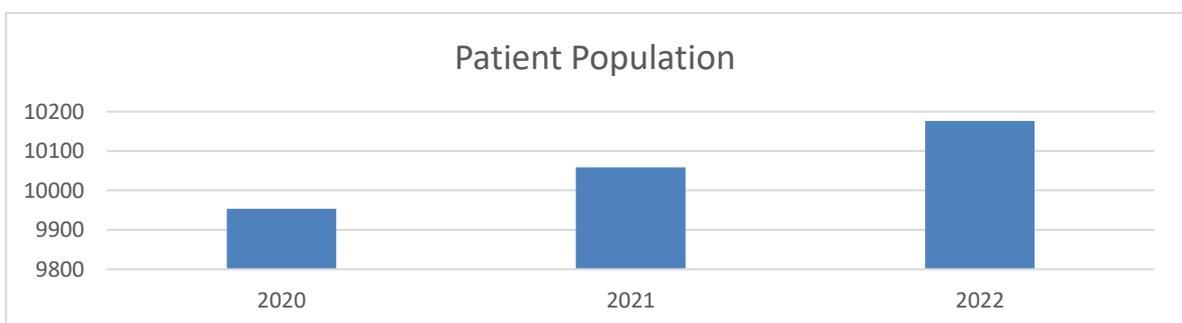
- 3.37 An Equality Impact Assessment (EIA) has been completed to reflect the impact on protected groups should the branch surgeries remain closed on a temporary or permanent basis. The protected groups most notably impacted are: disability, age and socio economic (financial). There are a combination of positive and negative factors noted for each of these grouping. Mitigating factors are outlined within the EIA relating to short and medium term timescales; these are noted within the next section the MIJB Report. The EIA is included in **Appendix 5**.

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

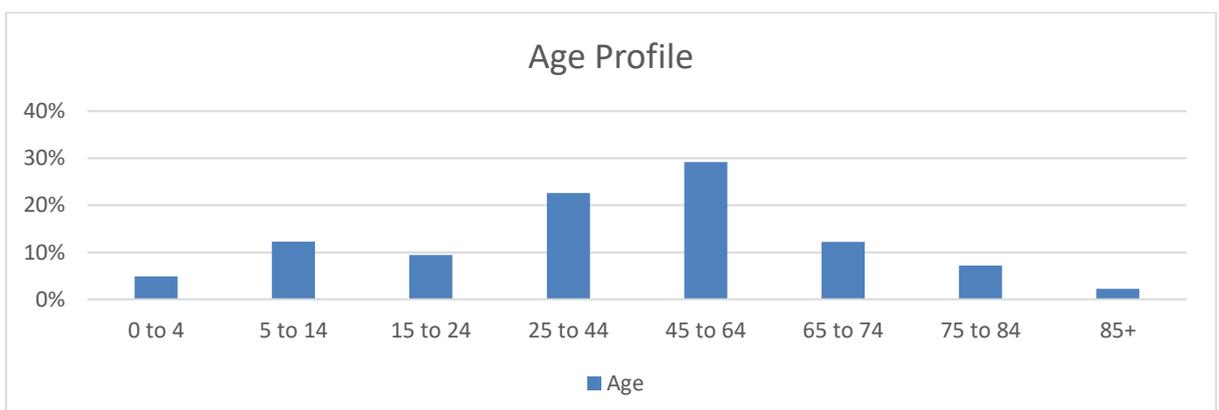
- 4.1. The Moray Coast Medical Practice Lossiemouth premises was built using land from the RAF with considerable NHSG and private investment funding with a 25 year lease which is due to expire in 2033. Patients who live in Lossiemouth, Burghead, Hopeman and the surrounding area have the option of registering with the Moray Coast Medical Practice. There are overlaps between GP Practice boundaries which mean that some patients from Burghead may also

register at the Forres GP Practices and some patients from Hopeman, Burghead and the surrounding area may register at Maryhill in Elgin. Currently, as a result of COVID, Scottish Government guidance does not recommend patients reregistering at another Practice.

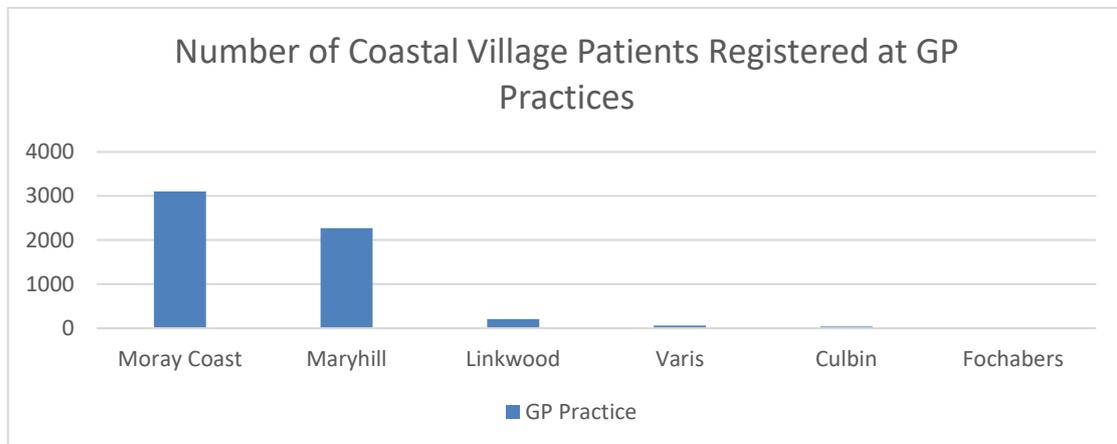
- 4.2. Patients registered with Moray Coast Medical Practice are also served by two branch surgeries in Hopeman and Burghead respectively. Both of these branch surgeries have been closed since the start of the COVID-19 pandemic, due to inadequate space to allow social distancing and inability to meet other risk mitigation measures. Burghead is a rental property, from a third party landlord, with a lease due to expire in November 2023. Burghead branch surgery is 7.8 miles from the main branch surgery in Lossiemouth, resulting in a vehicle travel time of approximately 15 minutes. Hopeman 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 (MDT). The Lossiemouth premises houses the MDT which includes 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.
- 4.4. The Moray Coast Practice patient population has increased year upon year and is anticipated to continue increasing. The patient population at 31 March for the last three years is illustrated in the graph below.



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



- 4.6. The patient population is predominantly resident in Lossiemouth or in the coastal villages of Burghead, Hopeman, and Cummington. Of the total 10176 patient population 3108 (30.5%) live in the post code areas linked to the coastal villages.
- 4.7. The spread of patients, living in the coastal villages of Burghead, Hopeman, and Cummington and which Moray GP Practice they are registered at is illustrated in the graph below:



- 4.8 Therefore of the 5699 residents 55% choose to register with Moray Coast Medical Practice (3108) and 40% with the Maryhill Practice in Elgin (2274). The direct bus route to Elgin is a key factor in patients registering for the Elgin practice.
- 4.9 The engagement activity that took place between November 2021 and April 2022 generated a vast amount of Health and Wellbeing information which will help inform the initial stages of a Locality Plan for the Lossiemouth Locality. However what emerged strongly from the majority of respondents was that a decision needed to be reached regarding the future of the branch surgery buildings before meaningful discussion and planning could take place in regards to the broader health and wellbeing priorities. This was particularly applicable to the respondents from the coastal villages of Burghead, Hopeman and Cummington.
- 4.10 For this reason the report will focus primarily on the findings from the engagement activity in relation to the coastal villages, and the potential options available to HSCM and NHSG, to ensure a modern equitable health and social care provision is available to all residents.
- 4.11 The following themes emerged from the engagement activity:

### **Transport**

- 4.12 Respondents overwhelmingly felt that transport provision between the Moray coast villages and Lossiemouth town centre was inadequate. 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. This included formal activities such as sport, leisure and community events as well as enabling access to beaches, forest walks etc. A large number of respondents felt that a regular bus service was the most appropriate solution. Another potential solution discussed

was the provision of a dedicated vehicle be that through the Dial a Bus Service or the Community Mini Bus. Most respondents were supportive however a small number raised concerns about the use of such a vehicle for transport to medical appointments as it would highlight to the community that someone was going to a medical appointment. In reality Dial a Bus and the Community Mini Bus are used for a multitude of purposes on a day to day basis, therefore people's use of the services would be varied. Concerns were also raised in relation to poverty and travel costs. Both services are free for eligible individuals. In relation to travelling to Lossiemouth for medical appointments a number of respondents highlighted the impact of travel time, children missing school, environmental impact, and inconvenience for family members to assist with travel.

- 4.13 There is currently no direct public bus service and the financial viability of such remains uncertain as outlined in Section 3.24 above. There is a connecting bus service but this involves travelling via Elgin and changing bus. Currently therefore a sizeable percentage of the coastal village residents select to register at an Elgin Medical Practice. The Dial M Moray bus service operated by Moray Council offers an opportunity for residents to prebook bus travel across the local authority, however this service has had minimal uptake in the Lossiemouth locality; with the lowest participation rates in Moray. In April 2022 a dedicated vehicle has been provided to transfer patients to appointments at the Moray Coast Medical Practice in Lossiemouth. The service is door to door, Monday to Friday, between 10.00am and 2.30pm. It is hoped that local residents will utilise this service and this will help support the case for increased transport provision as well as raising awareness of the Dial M Moray bus service. As outlined in Section 3.24 above the Hopeman Community Mini Bus Committee have ambitious plans to develop a community transport service for the coastal villages. Though not providing an overarching solution for supporting travel to medical appointments the benefits for supporting wider community health and wellbeing would be significant.

### **Buildings**

- 4.14 Respondents overwhelmingly stated they wished the branch surgery buildings to remain open. A number of respondents stated that though they acknowledged the buildings did not meet required health care standards they were happy to use the buildings as they were. Convenience and accessibility were noted as the key benefit in the buildings remaining open. A number of respondents questioned why if the buildings had not met the required standards for such a protracted period of time that the refurbishment work had been carried out at an earlier date. Consequently the fact that the buildings had remained open until the start of the COVID pandemic led a number of respondents to believe that closure due to COVID was being used as an excuse for the buildings to remain closed. Reassurance was provided where possible to counteract this during the engagement events.
- 4.15 Following the recent surveys, and the list of standards to which buildings did not comply, it would be difficult for HSCM and NHSG to authorise the reopening of the buildings in their current state; given the risks presented to members of the public and also to staff. This was acknowledged by residents during the various engagement discussions that took place however opinions still differed. A number of respondents suggested that if the two buildings cannot remain open then could one building be brought up to standard and serve both communities, and if this were not possible then a number of respondents felt

that a new build should be planned. The Property and Planning team estimate the costs for a 2 clinic surgery is £2.6 million pounds and £4.2 million for a four clinic surgery. A small number of respondents took this one stage further describing the potential for a new build operating as a broader wellbeing hub for the coastal villages.

### **Digital Technology**

- 4.16 The use of digital technology for assessment and consultations generated interesting discussion and comment. Responses were split in terms of the benefits of remote 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 questionnaire stated had unlimited (83%) or limited (15%) access to the internet at home. Of the total number of respondents 9% stated they would like support to use their digital device.

### **Access to GPs**

- 4.17 A number of respondents raised concerns about access to GPs and equated this in part due to the 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. 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 \(www.gov.scot\)](http://www.gov.scot), 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, MSK Physio, Primary care Occupational Therapists, Treatment room staff and visiting vaccination teams.

### **Place**

- 4.18 A sense of place, and of community, came through strongly in people's 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.

### **Patient Population**

- 4.19 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 number of GPs for the Lossiemouth Locality.

### **Equity of Provision**

- 4.20 On the theme of Equity of Service Provision respondents were evenly split. 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.

### **Vulnerable Groups**

- 4.21 A theme that emerged through the questionnaire 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. The majority of the respondents who answered the questionnaire were 45 years or older with 49% aged 45-64, and 30% were aged 65 and over. 42% of the total number of respondents stated they had a long term condition or disability, and 19% of the total respondents identifying as being an unpaid carer.

### **Community Provision**

- 4.22 The engagement events provided some interesting discussion regarding the potential to bring more services out into communities but not necessarily from one fixed location such as a branch surgery building. Such as the potential to support those 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 found it difficult to move beyond the concept of a fixed specific building based provision. There is also an option to broaden the range of 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. Another option introduced was the concept of a mobile treatment unit that could serve an increased number of locations. This is an option that is currently being considered across a number of Moray's rural communities but requires further exploration at a Moray level.

### **COVID**

- 4.23 A final point for consideration is the impact COVID has had on resident's access to GPs and Health Professionals, and how those interactions and consultations have taken place. Residents and services have been fast tracked into utilising digital platforms such as E Consult and Attend Anywhere resulting in people not having the time to fully understand how to utilise these platforms.

It should be noted that the increasing use of these technologies is evident across all general practices in Scotland, and not unique to Moray.

- 4.24 Also staffing quotas have at times has been significantly reduced due to COVID; this may have distorted people's understanding of the roots causes for reduced GP and Health Care Professional availability.

### **Summary Of Options Considered In Relation To Branch Surgery Buildings**

- 4.25 The option of opening the current branch surgery buildings with no, or limited refurbishment. This would not be a preferred option and indeed would not be advisable as Health Care Standards, Disability Legislation and staff welfare requirements would not be met and liability would be with the employer/service provider.
- 4.26 The option of fully refurbishing the current branch surgery buildings and increasing the building/s footprint as required. Given the structural condition of the Hopeman building it is not believed to be financially viable to bring the Hopeman Branch Surgery Building up to the required standard. The Burghead Branch Surgery landlord representative has shared an initial proposal and building diagram to refurbish and extend the current buildings footprint and to bring the current building up to the relevant legislative standards. This remains an option but would not be the preferred option of the Moray Coast Medical Practice or the preferred operational model of the Health and Social Care Moray.
- 4.27 There has been no action to date to map and survey other available buildings within the coastal villages. This remains an option but would not be the preferred option of the Moray Coast Medical Practice or the preferred operational model of the Health and Social Care Moray.
- 4.28 The option of building a new branch surgery within one of the villages. This would provide a purpose built facility and would meet all the required standards but the costs required would be significant.
- 4.29 The option of locating all GP and Multi-Disciplinary Team services and clinic space within the Lossiemouth Surgery Building.
- 4.30 The communities' of Burghead, Hopeman and Cummington preference would be to maintain the branch surgery provision currently in place, or as close to this as possible. There is an offer from the Burghead landlord to explore the refurbishment and extension of the Burghead premises. There is also the request from the community to develop the transport network within the locality.
- 4.31 Health and Social Care Morays preferred model of provision would be to have one well resourced building, in terms of multi-disciplinary staffing and facilities, to service Lossiemouth and the surrounding villages. Within this model there is a recognition that a transport structure requires to be in place to support patient travel; that community based nursing and social care services need to be in place to maximise community provision and support the most vulnerable/housebound; and that access and support to utilise digital technology is available.

- 4.32 The Moray Coast Medical Practice preferred model would be to staff a single building with house visits for the most vulnerable/housebound patients.
- 4.33 The challenge therefore is to incorporate the needs as expressed by the residents of the various communities within a sustainable, effective and equitable model of service provision for the broader Lossiemouth Locality. It is possible to actually increase the level of provision available within the coastal villages without a reliance on the current branch surgery buildings whilst also developing the range of available transport options.
- 4.34 The recommendation therefore in terms of the long term future of the branch surgery buildings is that the MIJB approve a Consultation with all the stakeholders impacted by the permanent closure of both the branch surgeries. In considering this option the following items would need to be actioned to mitigate risks in relation to protected groups as outlined in the EIA:
- i. Housebound patients receive GP/Health Care professional home visits as any patient registered at Moray Coast is contractually required to receive the full range of GMS services
  - ii. That the transport infrastructure is in place to enable travel to and from the villages to Lossiemouth
  - iii. Nurse/Health Professional led community clinics and community provision is increased
  - iv. IT/Digital platforms are developed to enable remote communication with gp/health care professionals and support provided to vulnerable groups to develop their digital skills
  - v. That the introduction of a mobile treatment unit is explored to serve the local communities
- 4.35 If the Consultation on the permanent closure of the branch surgery buildings is approved by the Moray IJB then the following steps would require to be undertaken:
- i. That a draft Consultation Document is developed and presented for approval at the MIJB Development Session on 28 July 2022.
  - ii. That the approved Consultation Document is presented to all key stakeholders outlining the case and comments sought and further mitigating factors considered.
  - iii. That a Response to Consultation Document is then presented to the MIJB on 24 November 2022 and a final decision reached.

## **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 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 and staffing

**(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 completed and attached as **Appendix 5**

**(h) Climate Change and Biodiversity Impacts**

Potential increase in pollution due to patients travelling further to access facilities. Options being explored to reduced impact i.e. improved public transport.

**(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  
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  
Alison Frankland, Practice Manager, Moray Coast Medical Centre  
Lewis Walker, Clinical Lead, Health and Social Care Moray  
Peter Maclean, Service Manager – Primary Care, Health and Social Care Moray  
Claire Power, Locality Manager, Health and Social Care Moray  
Christine Thomson, Lead Pharmacist Primary Care, Health and Social Care Moray  
Rosemary Reeve, Project Manager, Health and Social Care Moray  
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 continued temporary closure of the Burghead and Hopeman Branch Surgeries.**

**6.2. The MIJB are asked to approve a consultation on the permanent closure of the Burghead and Hopeman Branch Surgeries.**

Author of Report: Iain Macdonald, Locality Manager

Background Papers: Appendix 1 Healthier Lives, Healthier Communities Survey Findings  
Appendix 2 Burghead Branch Surgery Survey  
Appendix 3 Hopeman Branch Surgery Survey  
Appendix 4 Hopeman Surgery Structural Inspection Report  
Appendix 5 EIA Hopeman and Burghead Branch Surgeries

Ref: