

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 12 OCTOBER 2022

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP PROPERTY ASSET STRATEGY

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1 Approve the Draft Aberdeenshire Health and Social Care Property Asset Strategy

2 Directions

2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

3.1 Approval and implementation of the Strategy will mitigate the following risks:

- 3.1.1 Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time (8)
- 3.1.2 Learning Disability accommodation not meeting standards
- 3.1.3 Environmental/physical condition of North premises
- 3.1.4 Non compliance of community dental facilities - Stonehaven

4 Background

- 4.1 The development and approval of an asset plan by IJB was identified as a requirement in paragraph 2.1.7 of Internal Audit Report 1749 (Aberdeenshire Health and Social Care Partnership Post Integration Review).
- 4.2 The Aberdeenshire Health and Social Care Partnership Property Asset Strategy has been developed to ensure that property used by the Partnership supports the effective and efficient delivery of our services. The implementation of the Strategy will support delivery of accommodation that is fit for purpose, meets demand and is sustainable in the long term.
- 4.3 The Strategy provides an overview of properties which are used by the Partnership for service delivery, and lays out strategic priorities.
- 4.4 The Partnership does not have capacity to own or lease property and therefore has limited control over the estate.

- 4.5 Our estate requires investment to address condition and suitability issues. This Strategy will support requests for maintenance and improvement funding as part of the Council and NHSG planning processes.
- 4.6 Implementation of the outcomes of reviews detailed in the Strategy, new legislation and duties for the Partnership, and the emergence of the National Care Service will have property implications which cannot be foreseen at this time.
- 4.7 The Strategy will be reviewed annually and includes a Strategic Property Action Plan which will be updated on an ongoing basis as reviews conclude and requirements change.
- 4.8 The Draft Strategy is attached as Appendix 1.

5 Summary

- 5.1 Implementation of the Strategy will support effective service delivery and fulfil the audit requirement included in Internal Audit Report 1749.
- 5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An integrated impact assessment has been carried out as part of the development of the proposals set out above. It is included as Appendix 2 . No impact has been identified. Implementation of individual aspects of the strategy may have impacts, which will be identified through individual IIAs as each aspect progresses.
- 6.2 No staffing or financial implications emerge directly from the strategy. Implementation of individual aspects of the strategy will have staffing and financial impacts, which will be identified as each aspect progresses.

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Aberdeenshire Health and Social Care Partnership

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Date 16 September 2022

- Appendix 1 – Aberdeenshire Health and Social Care Partnership Property Asset Strategy.
- Appendix 2 – Integrated Impact Assessment.



Aberdeenshire Health and Social Care Partnership Property Asset Strategy



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1.0 Executive Summary

- 1.0 The Aberdeenshire Health and Social Care Partnership ('the Partnership') Property Asset Strategy has been developed to ensure that property used by the Partnership supports the effective and efficient delivery of our services. The implementation of the Strategy will support delivery of accommodation that is fit for purpose, meets demand and is sustainable in the long term.
- 1.1 Property assets used for delivery of our services are a significant and valuable resource to delivering efficient and effective services and in achieving the vision, aims and objectives of the Partnership. In order to maximise the potential from our property assets, they must be aligned with the Partnership's priorities and managed in an active, effective and efficient manner.
- 1.2 The Partnership does not have the legal capacity to own or lease property. We deliver services from accommodation owned or leased by NHS Grampian (NHSG) and Aberdeenshire Council (the Council). The Partnership, therefore, has limited control over its' assets and works closely with the Council and NHSG with regard to property assets.
- 1.3 Our estate requires investment to address condition and suitability issues. Significant amounts of backlog maintenance costs are recorded. Where properties are under-utilised or have major shortcomings which cannot be remedied disposal will be considered in collaboration with the relevant holding body. Where existing facilities which are to be retained are performing poorly, funding will be sought to make improvements or to provide replacement accommodation. Additional investment is also required to provide suitable accommodation which will allow appropriate service delivery. In order to meet changing requirements, and to improve our assets and maintain them in good order, significant investment is required.
- 1.4 Implementation of the outcomes of reviews detailed in this strategy, new legislation and duties for the Partnership, and the emergence of the National Care Service will have property implications which cannot be foreseen at this time. This Strategy will be reviewed annually. The Strategy includes a Strategic Property Action Plan which will be updated on an ongoing basis as reviews conclude and requirements change. An agile response is required to support service delivery, which requires engagement and support from the Partnership, Integration Joint Board, our funding bodies and from Property and Estates teams in the Council and NHSG.

2.0 Introduction

- 2.1 The Partnership Property Asset Strategy has been developed to ensure that properties used by the Partnership support the effective and efficient delivery of services. Implementation of the Strategy will support provision of accommodation that is fit for purpose, meets demand and is sustainable in the long term. Property assets are a significant and valuable resource to delivering efficient and effective services and in achieving the vision, aims and objectives of the Partnership. In order to maximise the potential from its property assets, they must be aligned with the Partnership's priorities and managed in an active, effective and efficient manner.
- 2.2 The Partnership does not have the legal capacity to own or lease property. Services are delivered from accommodation owned or leased by NHSG and the Council. The

Partnership, therefore, has limited control over its' assets and external drivers can have significant impacts on service delivery.

- 2.3 Funding for property investment is provided, in the main, through the Council and NHSG. In order to meet the changing direction of care and population changes, and to improve our assets and maintain them in good order, significant levels of investment are required. This Strategy will support requests for maintenance and improvement funding as part of the Council and NHSG planning processes. However, it is recognised that partners are faced with economic constraints which mean that it is unlikely that sufficient funding will be available to meet all requirements.
- 2.4 The Strategy includes a Strategic Property Asset Action Plan at Appendix 1. This will be updated regularly to demonstrate progress and changing requirements.

3.0 Context

- 3.1 The geography of Aberdeenshire results in the need to maintain a wide range of facilities in a number of settlements, with scale of provision ranging dependent upon settlement demand and wider population served. Aberdeenshire IJB is committed to delivering services as close to home as possible, but this does not always mean in a historically, traditional way.
- 3.2 The Partnership provides services from properties across Aberdeenshire. Properties include Care Homes, Clinics, Community Hospitals, Day Centres, Dental Clinics, GP Practices with premises owned by NHSG, the Joint Equipment Centre, Offices, Residential Accommodation, Resource Centres, Respite Facilities, Retail Outlets, Vaccination Centres and Very Sheltered Housing.

As at May 2021, this extended to a total of 165 facilities across all asset types. These facilities are detailed in Appendix 3.

In addition, services are delivered from a number of privately and third sector owned and commissioned provider properties including much of the Primary Care estate (Medical Practices, Dental Premises, Pharmacies and Optometry) and Care Homes where some Partnership services are delivered. These are outside the scope of this Strategy.

The NHSG Primary Care Premises Plan 2021-2031 (2022 update), attached at Appendix 4, provides further details of the primary care estate and includes our priorities for development. Aberdeenshire Primary Care Strategic Priorities are included in Appendix 1, Strategic Property Asset Action Plan, for completeness.

- 3.3 Much of the property portfolio used by the Partnership was constructed some years ago. Deterioration of properties due to age and limited historical investment has led to significant backlog maintenance requirements, which are shown by asset type in Appendix 2.

Estimated backlog maintenance requirements for our Council properties is £4.4m. This is based on the most recent condition surveys available, some of which are several years old. The Council has commenced a phased programme of condition surveys across the operational portfolio. Partnership assets owned by the Council are programmed for inspection late 2022 and early 2023 and the figures will be updated when possible.

Estimated backlog maintenance requirements for our NHSG properties is £9.4m. This is based on the most recent condition surveys available, some of which are several years old.

In addition, service requirements have changed significantly over the life of our properties, meaning that some properties are no longer suitable to meet the needs of services and service users.

- 3.4 Some future demands will not be visible at a given point, and implementation of local strategies, new legislation and duties for the Partnership will have cost implications which are unforeseen. As such, our property assets must be flexible to adapt to changing requirements and decision making agile.
- 3.5 The ongoing pressure to ensure best value in service delivery, along with satisfying public expectations and aspirations, and responding to changed statutory requirements, reinforces the need for effective asset management of Partnership facilities.
- 3.6 Staff resources around property assets are provided by the Partnership Asset Management Team, supported by Property and Estates colleagues in The Council and NHSG.
- 3.7 It is important that we continue to plan to enable teams to be co-located, and complementary services delivered from shared premises, wherever possible. The Council and NHSG are working to support staff to work more flexibly to meet patient and business needs and free up space across some sites.

4.0 Key Asset Drivers

4.1 Partnership Strategic Priorities

Facilities provided, and services delivered, from Partnership facilities contribute to a number of the key priorities within the [Aberdeenshire Health and Social Care Partnership Strategic Plan 2020-2025](#)

The Partnership's five Strategic Priorities are;

- Prevention & Early Intervention
- Reshaping Care
- Engagement
- Tackling Inequalities & Public Protection
- Effective Use of Resources

4.2 Partnership Working

The Health and Social Care Partnership takes account of plans and strategies from other agencies across Aberdeenshire. Partnership working is of utmost importance to make the best use of our local resources for the benefit of people living and working in our communities.

4.3 Environmental Responsibility

All Public Bodies, including Health & Social Care Partnerships, are required by the Scottish Government to reduce greenhouse gas emissions, adapt to a changing climate and promote sustainable development. This responsibility sits primarily with the Council

and NHSG and the Partnership adheres to the policies of these two organisations. The Partnership has agreed to their share of the carbon reduction target by; reducing business miles, flexible working policies, reducing waste, improving planning of staff journeys, and promoting a behavioural change to staff regarding energy efficiency.

4.4 **Demographic Changes**

Demands on Partnership services are forecast to increase due to anticipated demographic changes.

The Aberdeenshire Local Development Plan demonstrates significant housing growth. There are significant areas of land zoned for housing development at Peterhead, Fraserburgh, Mintlaw, Balmedie, Blackdog, Kintore, Inverurie, Laurencekirk & Chapelton. It is anticipated the plan will be adopted late 2022.

By 2035, it is forecast that the number of people aged over 65 will have increased by 65%. The resulting increase in demand on health and social care services is well known, placing an increasingly unsustainable pressure on resources and current models of service delivery.

4.5 **Health and social care standards**

[Health and Social Care Standards: my support, my life](#) were published by the Scottish Government in June 2017. They seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld. The new standards are relevant across all health and social care provision. The new standards are: 1. I experience high quality care and support that is right for me. 2. I am fully involved in all decisions about my care and support. 3. I have confidence in the people who support and care for me. 4. I have confidence in the organisation providing my care and support. 5. I experience a high quality environment if the organisation provides the premises. Standard 5 focuses on the environment and influences the requirements for relevant property assets.

The Care Inspectorate and Health Improvement Scotland inspect against these standards.

4.6 **House in Multiple Occupation (HMO) licensing**

A number of Partnership properties are classed as HMOs and are required to meet HMO standards and hold an HMO licence. The HMO licensing system supports the right of people living in shared accommodation to have adequate facilities and live in a safe environment.

4.7 **Covid-19**

Since 2020, the Partnership has been required to adapt at speed to meet the needs of the Aberdeenshire population in a very different environment due to the Covid-19 pandemic. There have been significant demands around existing accommodation and additional accommodation requirements to support vaccination programmes. Changes emerging from Covid-19 have resulted in long-term changes to the way that services are delivered.

Increased infection prevention and control measures have emerged during and since the Covid-19 pandemic. These measures continue to have a major impact on requirements for accommodation and the day-to-day operation of frontline services.

4.8 **Hybrid Working**

Whilst the requirement for staff office space has decreased due to the adoption of hybrid working, it is recognised that working patterns may change, particularly as home utility costs increase. Office accommodation has been released during 2022 and it is anticipated that further releases may be available moving forward, in collaboration with the Council or NHSG as holding body.

4.9 **Creation of National Care Service**

Following the publication of the [Independent Review of Adult Social Care in Scotland \(The Feeley Report\)](#), in 2021, Scottish Government published the [National Care Service \(Scotland\) Bill](#) in June 2022. The Bill provides the foundation for a National Care Service (NCS). At this stage, the implications for property assets are unclear, however this change could have a significant impact on property ownership, requirements and responsibilities, in particular accommodation which is currently owned by the Council.

4.10 **Agile Response to Change**

The Partnership requires capacity to be agile in relation to accommodation, so that emerging requirements can be supported in a timely fashion. Funding must be allocated equitably, and decisions made in a timely manner, by funders to support this.

4.11 **Mental Health Recovery and Renewal**

Ring-fenced funding has been allocated to help improve accommodation used to deliver Mental Health services. The purpose of this funding is to deliver benefits to the wider mental health agenda whilst facilitating innovation to ensure that people who need it receive person-centred, trauma informed support and care in the right place, at the right time. We are at an early stage of developing appropriate plans.

5.0 **Service Delivery and Potential Future Accommodation Needs**

A number of Partnership strategy and service reviews are planned or ongoing, which will impact on property requirements. At this stage, potential impacts are not confirmed and are being considered to support forward planning only. Impacts are anticipated to be wide ranging and will vary from upgrades and alterations to existing facilities through to the provision of entirely new services and associated accommodation requirements.

Detailed requirements will emerge as reviews progress.

Table 1A: Service and Strategy Reviews – Ongoing

Strategy/Plan	Potential Impact on Property Assets
Autism Strategy	Unknown at this stage
Communication Strategy	No impact anticipated
Day Service Review	Development of Peterhead Care and Support Village, identification of alternative premises in North, development of Aboyne drop-in
Deeside and Upper Donside SNA	Health and Care Hub, improvement works to Glen o' Dee and/or Aboyne Hospitals and to care homes
Delayed Discharge Improvement	No impact anticipated
Dementia Strategy	No impact anticipated
Digital Strategy	Impacts across all properties
Homely Setting (Hospital to Home)	Identification of accommodation for staff
Insch SNA	Accommodation improvement/conversion

Learning Disability Delivery Plan	Development of Complex Care, Extra Care Needs and Supported Living facilities
Mental Health Delivery Plan	Development of Supported living accommodation
Mental Health in Primary Care	Development of Mental Health and Wellbeing Hubs
Support at Home/Care at Home	No impact anticipated
Westbank Care Home Review	Improvement works
Winter/Emergency Planning	Identification of alternative accommodation to support business continuity
Workforce Planning	New premises/Premises redesign

Table 1B: Service and Strategy Reviews – Planned

Strategy/Plan	Potential Impact on Property Assets
Inverurie Hospital Service Plan	Unknown at this stage
Self-Harm Awareness	Unknown at this stage
Sheltered Housing Review	Unknown at this stage
Suicide Prevention	Unknown at this stage
Vaccination Centres Review	Unknown at this stage

6.0 Our Estate

Our estate includes properties delivering a variety of services. Each type of property has different functions, requirements and challenges.

6.1 Care Homes – Older People

The Partnership delivers residential and other services from 8 Care Homes which are owned by the Council. Whilst 2 Care Homes are relatively new, ongoing investment is required to maintain these facilities and meet required standards. 6 are older buildings which require significant ongoing maintenance and investment to address issues around suitability and meet legislative requirements. Significant improvements have been carried out in Faithlie and Durnhythe Care Homes. Planning for improvements to Westbank Care Home is ongoing.

Peterhead Care and Support Village, a new Care Home and drop-in accommodation for adults with Learning Disabilities, is being planned in Buchan.

6.2 Community Hospitals

The Partnership delivers many and varied services from 10 Community Hospitals which are owned by NHSG. All are older buildings which require investment. Delivery of services from the Community Hospitals is reviewed by location teams on an ongoing basis.

6.3 GP Practices/Clinics/Dental Accommodation

The Partnership delivers primary care services from a large number of premises owned by NHSG and others. Detail of these properties and our priorities are laid out in the Grampian Primary Care Premises Plan 2021-31 (2022 update), attached at Appendix 4. Strategic Primary Care Priorities are also included in the Strategic Property Asset Action Plan at Appendix 1 for completeness.

6.4 Vaccination Centres

Seven Vaccination Centres have opened across Aberdeenshire, to support the delivery of vaccinations and other immunisations. Long term accommodation plans are to be developed and a property audit undertaken around longevity of vaccination buildings and their future use for other services.

6.5 Residential Services

The Partnership has services in a large number of small care homes and supported living residential services for adults who have Learning Disabilities. There are different models in place around ownership and responsibility of these assets.

Some are leased from the Council or other landlords by the care providers contracted by the Partnership. Others are owned by the Council and managed by the Partnership, which also provides the service. For some properties, the Partnership has a Licence to Occupy in place with care providers.

Within this strategy we have focused on the 12 properties which fall within the latter two categories, for which the Partnership has a property management role. These properties

are owned by the Council and responsibility for repairs, maintenance and improvement sits with the Partnership and Council. These are shown shaded in Appendix 3. Significant improvement works were recently carried out to Eden Drive, and an improvement project at Bredero Drive is progressing. An improvement programme is currently being developed for these properties to be delivered across 2022/23 and 2023/24. Funding is to be sought from the Council's Capital Programme fund to progress this programme in 2023/24. In the longer term, these properties may be transitioned to HRA stock, with residents becoming Council tenants.

The development of Ellon Extra Care Needs Housing will support the review of other residential accommodation in Ellon.

6.6 **Day and Resource Centres**

The Partnership delivers services from several Day and Resource Centres, which are owned or leased by the Council. This class of properties includes retail units, 'traditional' day centres, drop-in centres, recycling centres and workshops.

The centres support services for Older People, for Adults who have Learning Disabilities and for Criminal Justice Service clients. Most of these properties are in satisfactory condition although a number require works to address suitability matters.

The development of drop-in accommodation for adults with Learning Disabilities is being planned in Aboyne and Buchan. In Aboyne, this is progressing as a standalone project and funding will be sought from the Council's Capital Programme for 2023/24. In Buchan, this is included in the planned new Care Home development.

6.7 **Respite Facilities**

The Partnership offers respite facilities for adults with Learning Disabilities in three properties and has property responsibility for two of those. The service delivered from one respite facility is under review.

6.8 **Stores**

The Joint Equipment Service supplies, delivers, fits and maintains equipment to support clients at home. Equipment is also collected, decontaminated, repaired and made available to clients. The Service was previously spread across a number of stores in Inverurie. Property assets have been rationalised in 2022 by lease of a new property by the Council, to work alongside the existing Joint Equipment Centre. This has allowed disposal of four leased properties and supports more efficient service delivery.

6.9 **Very Sheltered Housing**

There are six Very Sheltered Housing complexes across Aberdeenshire. These are a mixture of properties owned by the Council and 3 Housing Associations. The complexes owned by Housing Associations are relatively newly built and, as such, have minimal investment requirements. Those owned by the Council were previously Sheltered Housing and were upgraded to meet the requirements for Sheltered Housing relatively recently.

6.10 **Other Multi-purpose Buildings**

The Old Mart Community Resource Centre in Maud includes General Practice and Partnership offices alongside community services. The Centre is jointly leased by NHSG and the Council. Responsibility for the building sits with the Maud Village Trust.

The Inverurie Health and Care Hub includes General Practice and a multitude of other Partnership services, alongside the Acute Community Maternity Unit. This is a HubCo development and responsibility for Repairs and Maintenance sit with HubCo via their Facilities Management contractor, and NHSG. The Hub is located on the Inverurie Hospital site. The development of a service plan for the whole site is underway.

Crimond Community Hub includes General Practice, Pharmacy and other partnership services including Day Opportunities.

7.0 Property Asset Programme

The costed priority capital projects contained within the strategy (Table 2) are estimated as requiring capital investment of £21.9m from the Council and between 10.6m and 32.9m from NHSG. The required investment from NHSG will be refined once options are selected for the refurbishment of Inverurie Hospital Admin Block and works associated with Inch War Memorial Hospital.

Funding of £8.7m and £0.4m for these proposals is in place from the Council and NHSG respectively.

Table 2: Priority Capital Projects

Identified priority projects are listed below. Priorities may change.

		The Council	NHSG
Costed	Priority Capital Projects where funding has been agreed	<ul style="list-style-type: none"> • Durnhythe Care Home Improvements - Portsoy • Robertson Road Resource Centre colocation – Fraserburgh 	<ul style="list-style-type: none"> • Health Centre – Braemar (funded directly by NHSG)
	Priority Capital Projects where funding has been partly agreed	<ul style="list-style-type: none"> • Peterhead Care and Support Village 	<ul style="list-style-type: none"> • Stonehaven Public Dental Service
	Priority Capital Projects where funding has not yet been agreed	<ul style="list-style-type: none"> • Extra Care Needs Housing – Ellon - costed • Aboyne Drop-In and Changing Places Facility - costed 	<ul style="list-style-type: none"> • Inverurie Hospital refurbishment – Admin Block – options costed • Inch Improvements – options costed

Not yet costed	Priority Capital Projects where funding has not yet been agreed	<ul style="list-style-type: none"> • LD residential Accommodation refurbishment programme • Westbank Care Home Improvement Programme 	<ul style="list-style-type: none"> • Ellon Health Centre refurbishment • Health and Social Care Hub – Banchory • Health and Social Care Hub – Ellon • Peterhead Health Centre improvements • Vaccination Accommodation – permanent provision
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Where properties are under-utilised or have major shortcomings which cannot be remedied disposal will be considered in collaboration with the holding body.

Table 3: Property Releases

	The Council
Accommodation declared surplus to requirements in 2022/23:	<ul style="list-style-type: none"> • Oldmeldrum Business Centre • Robertson Road Respite Bungalow – Fraserburgh • Willowbank Day Service • Glendaveny Bears -Peterhead • JEC Stores – 4 Units
Accommodation which may be declared surplus to requirements, subject to outcome of review:	<ul style="list-style-type: none"> • Dalrymple Street Office - Fraserburgh • Market Place Office – Inverurie

8.0 Related Documents

- [Aberdeenshire Health and Social Care Partnership Strategic Plan 2020-25](#)
- Grampian Primary Care Premises Plan 2021-2031 (Appendix 4)
- [North Regional Asset Management Plan](#) (includes [NHSG Asset Management Summary Update](#))
- [Aberdeenshire Council Corporate Asset Management Plan](#)

Appendices

- Appendix 1 Strategic Property Asset Action Plan
- Appendix 2 Backlog Maintenance by grouped asset type
- Appendix 3 Property Assets used for delivery of Partnership Services
- Appendix 4 Grampian Primary Care Premises Plan 2021-2031 (2022 Update)

Appendix 1 - Strategic Property Asset Action Plan

Other actions will emerge as strategy reviews conclude (see Tables 1A and 1B) and other issues emerge– the Action Plan will be kept up to date.

Actions in shaded boxes are flagged as Strategic Priorities for Aberdeenshire within the Grampian Primary Care Premises Plan 2021-2031 (2022 update), Appendix 4.

Action Description	Anticipated Outcome	Performance Measure	Lead Teams	Key Milestones		
				2022/23	2023/24	2024/25
Aboyne Learning Disabilities accommodation	Creation of drop-in and changing space in Allachburn office	Space available and in use	Learning Disabilities Service & Partnership Asset Management	Agreed design and cost Funding bid to CPG Funding approval from Council	Completion	
Durnhythe Care Home	Full decoration and replacement of bathrooms	Accommodation back in full use	Location Team & Partnership Asset Management	Completion		
Ellon ECN	Creation of residential accommodation in collaboration with Housing	Accommodation available and in use	Partnership Asset Management & Council Housing	Funding bid to CPG Funding approval from Council Start on site	Completion	
Insch War Memorial Hospital	Re-establishment of in-patient beds to serve Insch	Accommodation available and in use	Partnership Manager, NHSG Property & Partnership Asset Management	Submission and approval of Strategic Assessment	Completion and submission of Initial Agreement Approval to progress to Outline Business Case	Completion and submission of Outline and Full Business Case Approval
Inverurie Hospital	Refurbishment of older buildings on site	Admin Block back in use Plan in place for refurbishment/replacement of other older buildings on site	Location Team, Partnership Asset Management & NHSG Property	Agreement of Service plan	Funding approval from NHSG	
LD Residential Homes	Improvements to existing LD residential accommodation	All LD residential accommodation for which HSCP has responsibility at an acceptable standard	Partnership Asset Management, Learning Disabilities Service & Inspire	Agreed design and costs Works complete on Bredero Drive Funding bid to CPG Funding approval from Council	Completion	

Action Description	Anticipated Outcome	Performance Measure	Lead Teams	Key Milestones		
				2022/23	2023/24	2024/25
Mental Health Recovery & Renewal	Creation of staff and public accommodation		Mental Health Service & Partnership Asset Management	Completion		
Peterhead Care and Support Village	Agreement to proceed with development of PCSV, including Care Home and LD drop-in facilities		Partnership Manager (North) & Partnership Asset Management	Agreed design and cost Funding bid to CPG Funding approval from Council	Completion of detailed design	On site
Robertson Road Resource Centre	Reconfiguration and refurbishment to provide accommodation for Buchan Day Opportunities	Space available and in use	Partnership Asset Management	On site Completion		
Substance Misuse Service	Creation of Local Access Points	Available LAPs in Banff	Partnership Asset Management & Substance Misuse Service	Premises identified, procured and available in Banff, Fraserburgh and Stonehaven		
Westbank Care Home	Improvements to environment	Accommodation meets required standards – alongside review	Location Team & Partnership Asset Management	Agreed design and cost Funding bid to CPG Funding approval from Council	Completion	
Banchory Health Hub	Replacement Practice and Partnership Accommodation	Space available and in use	NHSG Property, Partnership Strategy Team, Partnership Manager & Partnership Asset Management		Completion and submission of Initial Agreement Approval to progress to Outline Business Case	Completion and submission of Outline and Full Business Case Approval
Banchory Medical Centre and Clinic	Refurbishment of Banchory Health Centre pending progress on Hub	Suitable space available and in use	NHSG Property & Partnership Asset Management	Agreed design and cost Funding approval from NHSG	Completion	
Braemar Health Clinic	Replacement Accommodation	Suitable space available and in use	NHSG Property & Partnership Asset Management	On Site Completion		
Ellon Health Hub	Replacement Practice and Partnership Accommodation	Space available and in use	NHSG Property, Partnership Strategy Team, Partnership Manager & Partnership Asset Management		Completion and submission of Initial Agreement Approval to progress to Outline Business Case	Completion and submission of Outline and Full Business Case Approval
Ellon Medical Practice	Refurbishment of Ellon Health Centre pending progress on Hub	Suitable space available and in use	NHSG Property & Estates	On site Completion		

Action Description	Anticipated Outcome	Performance Measure	Lead Teams	Key Milestones		
				2022/23	2023/24	2024/25
Peterhead Health Centre improvements	Reconfiguration and improvement of Peterhead Health Centre	Suitable space available and in use	NHSG Property & Partnership Asset Management	Funding approval from NHSG	On site Completion	
Stonehaven Public Dental Service	Creation of PDS accommodation in Forest View Day Centre	Space available and in use	Partnership Asset Management, Council Property & NHSG Property	Agreed design and cost Additional funding approval from NHSG	Completion	

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Appendix 2- Backlog Maintenance by grouped asset type

Asset Type	Number of Assets	Backlog maintenance: 5 year investment requirements £000
Care Homes	8	3,214
Community Hospitals	10	8,247
GP Practices/Clinics/Dental Accommodation (owned by NHSG)	26	1,147
Residential Services	74	81
Day & Resource Centres, Retail Units	27	1,102
Respite Facilities	3	16
Stores	2	Minimal
Vaccination Centres	7	Minimal
Very Sheltered Housing	6	Minimal
Other	2	N/A
Total	165	

Appendix 3 Property Assets used for delivery of Partnership Services

Asset Type/Name	Location	Owner/Leaseholder
Care Homes		
Allachburn Care Home	Aboyne	AC
Bennachie View	Inverurie	AC
Durnhythe Care Home	Portsoy	AC
Edenholme Care Home	Stonehaven	AC
Faithlie Care Home	Fraserburgh	AC
Grangepark Care Home	Peterhead	AC
Westbank Care Home	Oldmeldrum	AC
Ythanvale	Ellon	AC
Community Hospitals		
Aboyne Hospital	Aboyne	NHSG
Chalmers Hospital - Banff	Banff	NHSG
Fraserburgh Hospital	Fraserburgh	NHSG
Glen O'Dee Hospital - Banchory	Banchory	NHSG
Insch Hospital	Insch	NHSG
Inverurie Hospital	Inverurie	NHSG
Jubilee Hospital - Huntly	Huntly	NHSG
Kincardine Community Hospital	Stonehaven	NHSG
Peterhead Community Hospital	Peterhead	NHSG
Turriff Cottage Hospital	Turriff	NHSG
		NHSG
GP Practices/Clinics/Dental Accommodation (owned by NHSG)		
Aberchirder Medical Centre (An Caorann MP)	Aberchirder	NHSG
Aboyne Health Centre	Aboyne	NHSG
Alford Clinic	Alford	NHSG
Ballater Clinic	Ballater	NHSG
Banchory Clinic	Banchory	NHSG
Banff Health Centre (Macduff MP)	Banff	NHSG
Bayview Dental Practice - Banff	Banff	NHSG
Braemar Health Clinic	Braemar	NHSG
Crimond Community Hub	Crimond	NHSG
Cuminestown Medical Practice	Cuminestown	NHSG
Ellon Health Centre	Ellon	NHSG
Fraserburgh Clinic	Fraserburgh	NHSG
Fyvie Health Centre (Fyvie/Oldmeldrum MG)	Fyvie	NHSG
Huntly Health Centre	Huntly	NHSG
Insch Health Centre	Insch	NHSG
Inverurie Health and Care Hub	Inverurie	NHSG

Asset Type/Name	Location	Owner/Leaseholder
Kemnay Clinic	Kemnay	NHSG
Laurencekirk Medical Centre	Laurencekirk	NHSG
Oldmeldrum Surgery (Fyvie/Oldmeldrum MG)	Oldmeldrum	NHSG
Peterhead Health Centre	Peterhead	NHSG
Portsoy Medical Practice (An Caorann MP)	Portsoy	NHSG
Rhynie Surgery (Inverurie MP)	Rhynie	NHSG
Saltoun Surgery - Fraserburgh	Fraserburgh	NHSG
Skene Medical Group	Westhill	NHSG
Torphins Health & Resource Centre	Torphins	NHSG
Turriff Health Centre	Turriff	NHSG
Residential Services		
Cruden Terrace	Stonehaven	AC
Cruden Terrace	Stonehaven	AC
Bredero Drive	Banchory	AC
Carolines Crescent	Ellon	AC
Carronhall	Stonehaven	AC
Eden Drive	Peterhead	AC
Auchmore Road	Ellon	AC
Malcolms Mount	Stonehaven	AC
Slains Crescent	Ellon	AC
Willowbank Cherrybank	Peterhead	AC
Willowbank Pineview	Peterhead	AC
Willowbank Rosewood	Peterhead	AC
Alba Court	Whitehills	Castlehill
Angus Court	Portlethen	Cornerstone
Ardanes Brae	Banff	Sanctuary
Ardinn Road	Turriff	Osprey
Arduthie Road	Stonehaven	AC
Ark Court	Fraserburgh	Ark HA
Arkdale	Peterhead	Ark HA
Arklea	Inverurie	Ark HA
Arnha (Lower)	Ellon	Langstane
Arnha (Upper)	Ellon	Langstane
Bergen View	Peterhead	Osprey
Bergen View	Peterhead	Osprey
Berrybank	Maud	Cornerstone
Bracken Road	Portlethen	Ark HA
Brimmond Drive	Westhill	Langstane / GCCCT
Camphill Beannachar	Banchory-Devenick	Camphill Scotland
Chapelwell Road	Balmedie	Osprey
Clunie Street	Banff	Heather Housing

Asset Type/Name	Location	Owner/Leaseholder
Colleonard Court	Banff	Castlehill
Colleonard Court	Banff	Castlehill
Craigewan	Peterhead	AC
Crudenlea/Avery Lodge (17 Cruden Terrace)	Stonehaven	AC
Doune Court		Hanover
Eilean Rise	Ellon	Osprey
Esslemont Circle	Ellon	LA/HRA
Gellymill Street	Macduff	Ark HA
Greenfolds	Huntly	AC
Harbour Street	Peterhead	Cornerstone
High St	New Deer	Castlehill
Hollybank	Inverurie	Inspire
Institution Street	Macduff	Ark HA
Institution Street	Macduff	Ark HA
Knockothie Court	Ellon	Castlehill
Ladysbridge Cottages	Whitehills	Castlehill
Market Street	Macduff	Ark HA
Market Street	Macduff	Ark HA
Milltown House	Laurencekirk	Camphill Mearns
Moray Place	Banff	Castlehill
Moray Road	Fraserburgh	AC
Murray Place	Macduff	Sanctuary
Newton Drive	Macduff	AC
North Castle Street	Banff	AC
Park Vale	Longside	Castlehill
Peesies Knapp	Laurencekirk	Camphill Mearns
Pine View, Huntly	Huntly	Grampian / GCCCT
Redcloak Crescent (Pollaine)	Stonehaven	Langstane
Riverside Drive	Stonehaven	AC
Rowan Avenue	Huntly	Grampian / GCCCT
School Park	Strichen	Castlehill
Sherwood Place	New Deer	Cornerstone
Sim Gardens	Turriff	AC
Soy Avenue	Portsoy	Osprey
St Andrews Drive	Fraserburgh	AC
St James Court	Inverurie	AC
Sycamore Way	Aboyne	AC
The Auld Mill	Turriff	Castlehill
The Bungalow	Stonehaven	Private
Thistle Drive	Portlethen	Sanctuary
Threadneedle Street	Peterhead	Sanctuary
Victoria Gardens	Banff	Castlehill
West Park	Inverbervie	AC

Asset Type/Name	Location	Owner/Leaseholder
Westfield Gardens	Westhill	Langstane / GCCCT
Day & Resource Centres, Retail Units		
46 (A-F)King St	Peterhead	AC
88 King St	Peterhead	AC
Aden Country Park	Mintlaw	AC
Banff Day Service	Banff	AC
BEAT Macduff Industrial Estate	Macduff	AC
Benchmark Unit 1 Castlepark	Ellon	AC
Buzzard Café	Pitscurry	AC
Café Connect	Fraserburgh	AC
Can-Do Unit 1 Anderson Place	Fraserburgh	AC
Can-Do Unit 9 Castlepark	Ellon	AC
Crimond Community Hub	Crimond	AC
Dalvenie Gardens Day Centre	Banchory	AC
Doocot View Day Service	Banff	AC
Ellon Resource Centre	Ellon	AC
Forest View	Stonehaven	AC
Imagine at 27	Banff	AC
Jarvis Court Day Service	Fraserburgh	AC
Kingscliff	Peterhead	AC
Old Mart	Maud	AC and NHSG
Pitscurry Nursery	Pitscurry	AC
Port Road Day Centre	Inverurie	AC
Robertson Road Day Centre	Fraserburgh	AC
Unit 1 Blackhall Industrial Estate	Inverurie	AC
Unit 1 Recycling	Aboyne	AC
Unit 12 Blackhall	Inverurie	AC
Unit C Anderson Place	Inverurie	AC
Unit D Anderson Place	Fraserburgh	AC
Respite Facilities		
8 Gordon Grove	Ellon	AC
Meadowview Willowbank	Peterhead	AC
Robertson Road	Fraserburgh	AC
Stores		
Joint Equipment Centre Burghmuir	Inverurie	AC
Joint Equipment Centre Souterford	Inverurie	AC
Vaccination Centres		
Banchory Vaccination Centre	Banchory	AC
Fraserburgh Vaccination Centre	Fraserburgh	NHSG

Asset Type/Name	Location	Owner/Leaseholder
Garioch Vaccination Centre	Inverurie	NHSG
Huntly Vaccination Centre	Huntly	NHSG
Macduff Vaccination Centre	Macduff	NHSG
Peterhead Vaccination Centre	Peterhead	NHSG
Stonehaven Vaccination Centre	Stonehaven	AC
Very Sheltered Housing		
Abbey Court	Peterhead	Castlehill
Dalvenie Gardens	Banchory	Castlehill
Dawson Court	Turriff	AC
Doocot View	Banff	Hanover
Jarvis Court	Fraserburgh	Osprey
Pleyfauld House	Inverurie	AC
Other		
Inverurie Health & Care Hub	Inverurie	HubCo/NHSG
Old Mart Community Resource Centre	Maud	Joint NHSG/AC

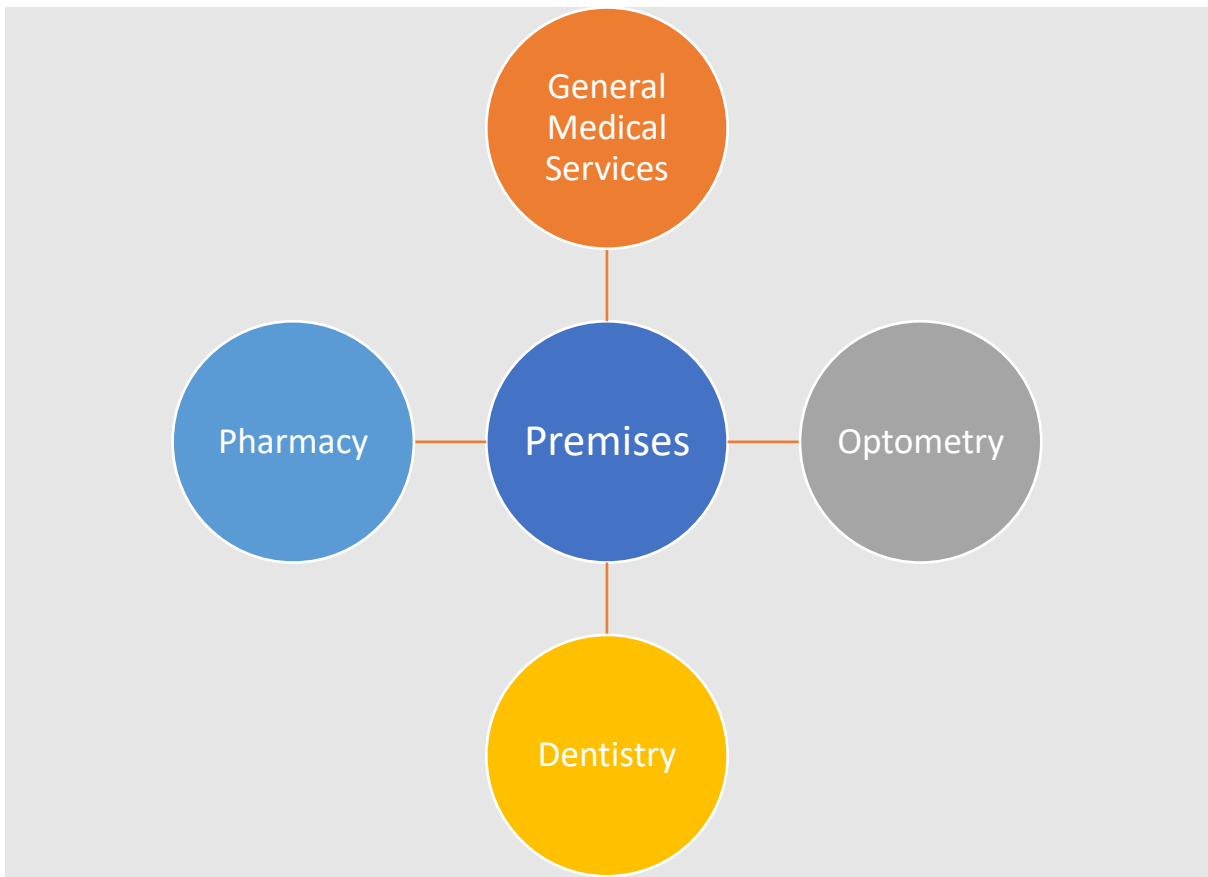
Appendix 4–Grampian Primary Care Premises Plan 2021-2031 (2022 update)



NHSG Primary Care Premises Plan 2022 Update.pdf

draft

NHS Grampian Primary Care Premises Plan 2021 to 2031



2022 Update

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1. Executive Summary

Across Grampian, a wide range of properties exist, serving the primary care contractor services. The location, ownership and condition of these properties vary considerably from new purpose-built to former residential type facilities, and to villages and towns that do not have their own dedicated resource but are served by facilities nearby.

This plan sets out the current and updated priorities identified by each Health and Social Care Partnership - Aberdeen City, Aberdeenshire and Moray.

Following the impact of COVID-19 we now have an opportunity to reshape care to deliver resilient and responsive primary care services in the future, enabling patients to have access to services close to their home.

Recognition must be given to the fact that the healthcare estate needs to be considered as an integral part of supporting this transformation and changes should be planned for and invested in accordingly. The provision of appropriately located and designed premises, which promotes integration of service delivery, optimal use of space and effective IT infrastructure is critical to the development and delivery of accessible high quality Primary Care within our communities.

There is a high level of pressure on primary care accommodation in Grampian. It's vital to plan effectively for future usage, especially additional accommodation, to ensure we have adequate space to provide our services.

2. Introduction

The NHS Grampian Primary Care Premises Plan sets out the key overall priorities as assessed by the NHSG Primary Care Premises Group and has been developed to supplement the NHS Grampian Asset Management Plan.

The plan considers the changing models of care, the extension of multi-disciplinary teams and the fact that the use of the estate may have to rapidly change. The plan should be used to generate new ways of thinking and planning for the future healthcare estate.

The Plan will be reviewed and updated annually prior to submission to the NHS Grampian Asset Management Group.

3. 2020 Vision for Health and Social Care¹ and NHS Grampian's 2020 Vision

The ambitions set out in the 2020 Vision for Health and Social Care and NHSG Healthfit 2020 Vision continue to be the fundamental values in the delivery of a modern healthcare service: -

- ensure partnership working by co-locating services from across primary and community care services and allowing third sector organisations to access space within the premises.
- provide a person-centred approach, taking into account the health needs of the population, and
- focus on preventative, with activities such as diagnostics and self-management being included in new service models, and
- improve joint working between primary and community care teams and acute services to support patients to be cared for in their own communities.

¹ A Route Map to the 2020 Vision for Health and Social Care.

4. Covid-19 and Re-mobilisation

The COVID-19 pandemic dramatically changed how services are delivered and how care is provided for patients. The adoption of digital technology and remote consultation (via Attend Anywhere/Near Me, telephone, online message or video) has been introduced to replace face-to-face consultation where appropriate and improve connectivity and opportunities for more flexible ways of working.

Whilst restrictions have eased, the risk of infection remains, and practices continue to have a duty to protect patients and staff. In addition, demand for services has increased and practices who continue to face recruitment and retention challenges, are struggling to cope with this. The triage system where every patient is assessed initially via telephone or video before making an appointment, if necessary, continues to be a vital aspect of sustainable service delivery, and remote care will remain a critical option. We have to recognise, however, that digital options do not suit everyone, and we need to ensure there are a range of options including more face-to-face appointments for those patients who prefer them. Each practice will determine the triage model that best fits their patient population and setting whilst always mitigating potential risks to staff, patients and the general public. These mitigations may include continuing the use of digital options for those patients who prefer them and more traditional service options for others.

At the beginning of June 2022 NHS Grampian (NHSG), along with the Health and Social Care Partnerships moved out of emergency measures. At the same time NHS Grampian developed its Plan for the Future with three strategic areas of intent around People, Place and Pathways, with the following ambitions: -

- No citizen in Grampian will be left behind
- Children will have the best start to live healthy, happy lives
- Colleagues are empowered to succeed and be safe and well through work
- We have a social responsibility beyond healthcare
- Playing our role with our partners for flourishing communities
- We are leaders in sustainability, minimising our environmental impact
- Grampian's population is enabled to live healthier for longer
- Patients are able to access the right care at the right time
- Joined up and connected with and around people

All three health and social care partnerships are working together with NHS Grampian in a whole system way to improve outcomes for the residents of Grampian.

5. Strategic Context

The role of the GP continues to change in the context of health and social care integration and the policy ambition to move care from hospitals to the community. It is important to note that this move can only happen if it is appropriately resourced. This is happening during a period of unprecedented demand within General Practice and across primary care generally. The increasing demands on general practices accompanied by well recognised national GP workforce challenges, has resulted in an increasing number of NHS Board run practices nationally and more locally in Grampian.

It's important to note the key role of NHS Grampian's GP Subcommittee in successfully implementing the kinds of changes described above.

There is a national vision for primary care and general practice and related investment aimed at ensuring sustainability of General Practice as the key component of the emerging integrated health and care system. It aims to build on the core skills of the GP workforce as professionals working at the top of their license and operating as "Expert Medical Generalists" within the enhanced multi-disciplinary primary care team. Critical to this will be to ensure that patients are seen, treated or cared for by the right professional at the right time and in the right setting. This involves drawing on the highest end of the skills of all members of the multi-disciplinary team and extended health and care system.

Scottish Government planned substantial investment into General Practice amounting to £250 Million by 2021 - 2022 as part of an overall investment of £500 Million in the wider primary care system. Initial investment has been focused on improving practice income to areas experiencing greatest challenges and demands through a revised funding formula. A transitional payment of £30 Million was announced by the Scottish Government in November 2021 to support GP services over winter 2021 - 2022. This was partially to mitigate for the fact that the 2018 contract didn't supply the required staff in the Memorandum of Understanding (MoU). The support package was due to be given in two instalments of £15 million, in December 2021 and April 2022. The April payment has yet to be supplied.

One of the barriers to progress has been the risks associated with the ownership of premises, particularly given the increasing need for larger and more sophisticated premises for modern day practice, accommodating the expanding team, clinic space and associated technology.

In April 2018, alongside the new Scottish GMS contract and MoU, a National Code of Practice for GP Premises was introduced that sets out how the Scottish Government will support a shift, over a 25-year period to a new model in which GPs will no longer be expected to provide their own premises.

By 2021, the Scottish Government expected to invest around £50 Million in GP premises through the establishment of a GP Premises Fund and associated

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measures to reduce the costs (and risks) to GPs of running practices. The new fund includes interest free loans to assist GPs who own their premises. This aims to allow GP partners to release capital without destabilising their practice, reduce the upfront cost of becoming a GP partner, and make general practice more rewarding. In November 2021, the Scottish Government announced an extra £7 Million of funding to improve GP surgeries across Scotland.

The GP Sustainability Loan process was established through the new GP Contract. To date a total of 172 practices across Scotland have applied for loans in the first tranche – around 50 per cent of the total eligible. However, these have been slow to complete for a variety of reasons including the cost of the legal process that GPs would incur. To date, across NHS Scotland there have been 5 applications completed with 2 of those applications within NHS Grampian.

5.1. Primary Care Improvement Plan

The contract also includes plans to expand the multi-disciplinary workforce in Primary Care so they can work alongside GPs to share the delivery of care, as part of the multi-disciplinary team, including Advanced Nurse Practitioners, Pharmacists and Allied Health Professionals. These teams will be based either in GP practices in or in centralised 'hubs' in the community, and most will now be employed by NHS boards and not by GPs.

There are six key priorities for change and improvement:

- Vaccination services
- Pharmacotherapy
- Community Treatment and Care Services
- Urgent Care Services
- Enhancing the multi-disciplinary team (new roles)
- Community Link Workers

The revised MoU 2 indicated that priority should be given to vaccinations; pharmacotherapy and CTAC services.

There will be implications for our primary care premises planning in the implementation and roll-out of these services, which risk putting an increased pressure on existing GP Practice capacity, as well as introducing the need for suitable premises for centralised 'hubs', where applicable.

The five objectives above directly align with the delivery of our strategic plan: Prevention; Resilience, Community, Connections & Personalisation.

National initiatives informed by the Achieving Excellence in Pharmaceutical Care (AEIPC) 2017 pharmacy strategy document, and Recover, Restore, Renew, the 2020 - 2021 Chief Medical Officer for Scotland's annual report, are being implemented across Grampian.

Following the Scottish Government's commitment to develop and implement a redesigned minor ailment and common conditions service available to all, the approach to reshaping care involved local implementation of NHS Pharmacy First Scotland in all community pharmacies where people are supported to access local advice, referral and / or treatment for appropriate conditions. This service helps people access the right care in the right place, without having to go to their GP Practice or local Accident and Emergency Department for non-urgent treatment. In addition, a limited number of community pharmacies in NHS Grampian who employ Pharmacist Independent Prescribers (PIP) are now providing an extended Pharmacy First Plus service in collaboration with local GPs to redesign patient pathways and provide treatments for common clinical conditions.

Optometrists need to be an integral part of the transformation of primary care services and the on-going development of community-based care.

The vision for oral health in Grampian is for the best possible oral health for all. The strategic goal is to create an equitable and responsive oral healthcare system with more focus on prevention, supported self-care/management, increased partnership working across health and social care agencies and treatment for all in relation to need with a reduction in inequalities to dental care access and oral health outcomes.

5.2. Strategic Drivers

This plan has been developed in line with relevant national policy, local strategy and NHS guidance including:

- NHS Scotland Quality Strategy - Delivering Quality in Primary Care Action Plan
- NHS Scotland "Reshaping Care for Older People"
- NHS Grampian Health Plan "Healthfit" / 2020 Vision
- Integration of Adult Health and Social Care
- NHS Grampian Asset Management Plan 2020 – 2030
- Local Authority Infrastructure Plans
- Local Development Plans
- Aberdeen City Health & Social Care Partnership Strategic Plan 2019 - 2022
- Aberdeen City Health and Social Care Partnership Re-imagining Primary and Community Care Services 2018
- Aberdeen City Health and Social Care Partnership Primary Care Improvement Plan 2018 – 2023
- Aberdeenshire Health & Social Care Integrated Infrastructure Plan 2018 – 2022
- Aberdeenshire HSCP Primary Care Implementation Plan 2018 – 2021
- Moray Partners in Care
 - The Strategic Plan for Health and Care in Moray for the next ten years
- Moray 10 Year Local Outcome Improvement Plan
- NHSG Dental Plan 2016 - 2022
- Pharmaceutical Care Services Plan 2013

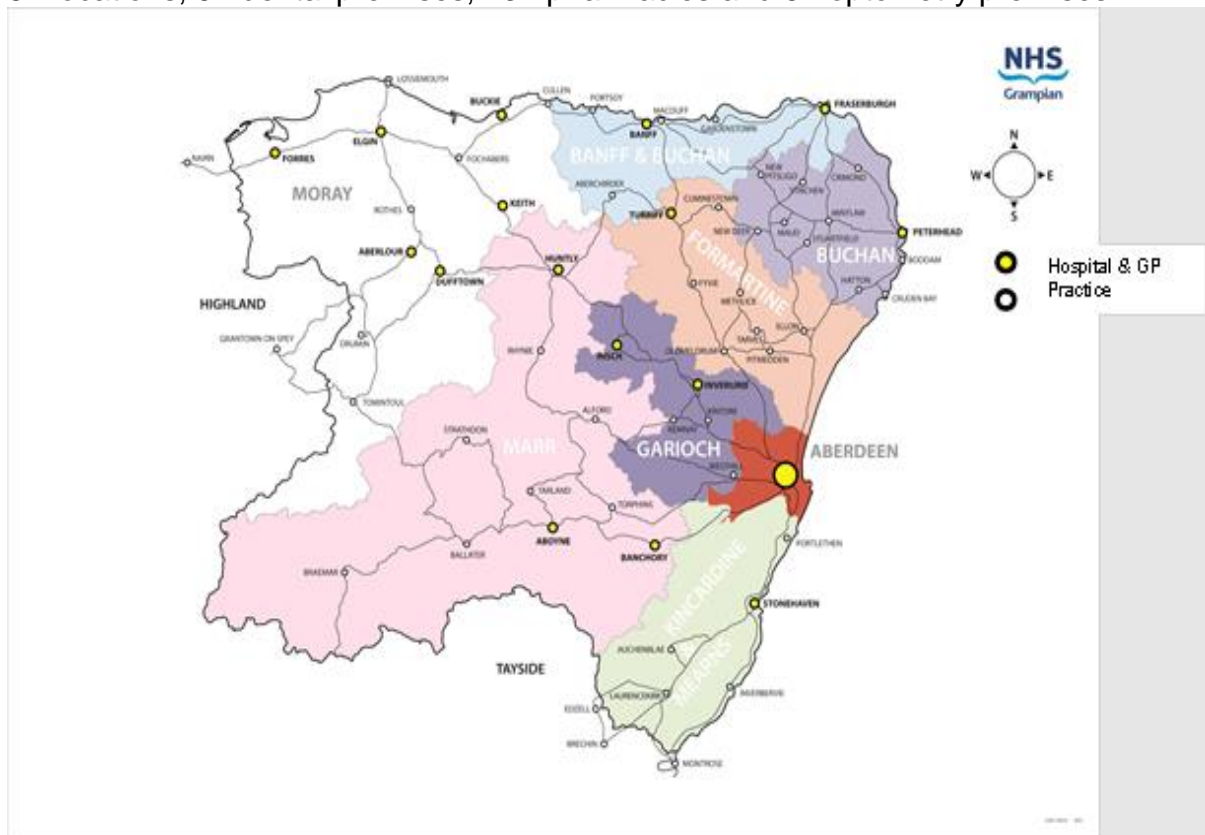
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- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland
- Prescription for Excellence September 2013
- Scottish Capital Investment Manual (SCIM)
- Capital Planning Tool (Prioritisation Tool)
- Community Eyecare Services Review
- New GMS Contract 2018
- The National Code of Practice for GP Premises 2018
- Primary Care Improvement Plan
- Scotland's Digital Health & Care Strategy
- Re-mobilise, Recover, Redesign: The Framework for NHS Scotland
- Achieving Excellence in Pharmaceutical Care (AEIPC) 2017 pharmacy strategy

Infrastructure is included in the above plans, and all have an impact on the future function of healthcare premises.

5.3. Grampian Region

NHS Grampian currently own 27 Health Centres, 13 clinics and 6 dental units. Also, in Grampian, there are a number of privately owned and third-party healthcare provider properties – In total there are 70 Medical Practices providing services from 87 locations, 92 dental premises, 132 pharmacies and 54 optometry premises.



5.4. The National Code of Practice for GP Premises²

The Scottish Government has recognised that there is pressure on the sustainability of general practice which is linked to liabilities arising from GP contractors' premises. Around two-thirds of GP premises are either owned by GPs or leased by them from third parties. GP contractors receive financial assistance from Health Boards towards the cost of these premises.

In recent years, there has been an increase in the number of GP contractors who have asked their Health Boards to help with liabilities connected to their premises. The Code of Practice on GP Premises sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises. The Code sets out how the Scottish Government and Health Boards will enable the transition over a 25-year period to a model where GP contractors no longer own their premises, how the Scottish Government and Health Boards will support GPs who own their premises during the transition to the new model through the provision of interest-free secured loans; and the actions that GP contractors who no longer wish to lease their premises from private landlords must take to allow Health Boards to take on that responsibility.

² <https://www.gov.scot/publications/national-code-practice-gp-premises/>

6. Aberdeen City

6.1. Progress during 2021 - 2022 - Introduction

Aberdeen City Health and Social Care partnership continued to focus on the Vaccination Programme, Surge and Flow and Staff Health and Wellbeing, with many staff being realigned to one of these key priorities. In addition, the Partnership has been remobilising back towards 'business as usual' and has co-produced its Strategic Plan for 2022-2025.

In March 2022, Aberdeen City Health and Social Care Partnership (ACHSPC) Medium Term Financial Framework (MTFF) was agreed at IJB. This reflected the ambition of the IJB as identified through the Strategic Plan and the Delivery Plan. The IJB were made aware of the financial challenges that 2022 - 2023 would bring and approved the MTFF as presented which supports the projects in the Delivery Plan including improving Primary Care stability and delivering the strategic intent of the Primary Care Improvement Plan.

a) Completed work to existing planned priorities

The following works were completed within year 2021 - 2022.

Danestone Medical Practice	Purchase of Former Police Office adjacent to Medical Practice
Countesswells	Purchase of Retail Unit – Interim Measure for Countesswells Development

Torry Neighbourhood Centre – Torry Medical Practice became a 2c Salaried Practice on 1st August 2018. Following this significant period of change, options for making improvements to the Torry Neighbourhood Centre continue to be implemented and explored. Funding has not yet been identified but it is planned to gain a building warrant this year so that things are ready to progress when funding becomes available.

b) Progress in relation to existing planned priorities

The following projects continue to be priorities within the Plan and are being progressed as follows:

Denburn Health Centre/Northfield and Mastrick clinics

Due to Covid the Health and Social Care system has undergone unprecedented changes to the way the services were previously provided and therefore the assets that service our practice populations have had a change of use during the pandemic. The review of the continued use of these assets is due to be concluded by the end of August 2022 where upon further clarification can be provided.

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North Corridor

The North Corridor project will focus on the General Medical Services, provided by the Bucksburn Clinic, Gilbert Road and New Dyce practices in the north of the city that have no expansion space available and increasing patient lists. As well as working with Aberdeenshire Health and Social Care Partnership when developing a solution to address the lack of Primary Care Contractor services on the boundaries between Aberdeen City and Aberdeenshire. The Initial Agreement (IA) has been submitted to the Scottish Government which is currently undertaking a spending review in terms of capital programmes. The approval process for the IA will not take place until this review is complete.

Danestone

A further Initial Agreement was also being progressed to secure investment in facilities to enable the Danestone Medical Practice to expand to meet the demand projected for the Grandholme Development in the North Corridor, however this has not been progressed due to other demands. The old police Station adjacent to the Danestone Medical Practice Building has been purchased and work is ongoing to determine how to make best use of this space.

c) Support condition survey progress across all contractor services

Condition surveys of GMS premises were undertaken during 2014 - 2015. They reflect the physical condition of each building and backlog maintenance issues.

As part of the new GP contract, further surveys were undertaken during 2018 - 2019 within all GP owned or leased premises which covered building condition and statutory compliance. Practices were informed of the results of these surveys early 2020.

d) Continue to allocate premises improvement grants against annual allocation to offset the need for significant capital works

The Primary Care Premises Group award in-year grants for a wide range of upgrades to GP practice, Dental, Pharmacy and Optometry premises, thus allowing buildings to be expanded, improved and sustained to meet the needs of expanding populations and legislative/HAI requirements. Of the £500,000 available each year between 2021 - 2022 the following projects were approved to cost (in many cases the practices within premises not owned by NHSG will contribute approximately between 34% to 50% to the cost, thus increasing the overall investment considerably).

Approval to cost:	
Hamilton Medical Group	Upgrade / Replace Telephone System
Danestone Medical Practice	Feasibility study to expand practice & redevelop adjacent former Police Station.
Cults Medical Group	Proposed alterations to convert existing HE Room to Consulting Rooms

Links Medical Practice	Repurpose Records Room following removal of medical records
Torry Medical Practice	Repurpose Records Room following removal of medical records
Kincorth Medical Centre	Repurpose Records Room following removal of medical records
Cove Bay Health Centre	Repurpose Records Room following removal of medical records
Old Machar Medical Practice – Jesmond Drive	Repurpose Records Room following removal of medical records
Old Machar Medical Practice - King Street	Repurpose Records Room following removal of medical records
Cults Dental Practice	Improved disability access to the practice, security system, Video calling/intercom system
Abercrombie Smile Design	Security system, Video calling/intercom system
Abercrombie Dental Practice	Security system, Video calling/intercom system
Bridge Street Dental	Installation of Gas Central Heating
Approval to proceed:	
Lewis Road Pharmacy	Increase size of Dispensary
Holburn Dental Care	Replace carpet with hard flooring

e) Plan and begin development of primary care services in response to new developments

North Corridor:

Please see section 6.1, b) above for an update.

Bridge of Don:

Within the North Locality, Bridge of Don continues to expand with a new development of approximately 500 homes recently approved. The Aberdeen City Health and Social Care Partnership along with colleagues in NHSG are currently reviewing all developments within this area to review the needs of this growing community.

Countesswells (Interim and Full Solution):

The Countesswells development has been under construction since 2016; however there has been significantly reduced expected build out rates with 455 homes occupied as of April 2022. In line with these changes the Aberdeen City Health and Social Care Partnership are looking to explore both an interim and full solution to meet the needs of this emerging community in the south Locality of Aberdeen City.

The interim solution will look to deliver locally accessible service for the community of Countesswells, working collaboratively with local GP practices and making use of remote consulting tools.

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The interim solution will aim to focus on the demographics of the population (under 40's), work is ongoing to develop the service model which could include routine immunisations, health visitors, link workers and community mental health. This interim solution is to be provided by the completion of the 500th housing unit. This milestone was due to be reached by July 2021 but has been delayed due to Covid. A build out rate of 200 houses per year is expected until the end of the project so 500 house milestone will be reached in 2022 - 2023.

Significant development has already taken place for the interim solution. A Retail unit at the new shopping centre in Countesswells has been purchased by NHS Grampian. This will be improved to the necessary clinical specification during 2022 - 2023. It is also planned that a decision will be made about which services will operate from the premises and that these will go live before April 2023.

For the full solution ACHSCP are working with Aberdeen City Council as the Local Authority progress plans to deliver community services health and care services, alongside primary and secondary education services in co-located 'campus-style' model.

6.2. Local Development Plan

The Local Development Plan for Aberdeen City was adopted in January 2017. The plan sets out the policies that will be used for assessing planning applications and identifies development opportunities including residential across their respective areas.

Aberdeen City Council are currently in the process of producing the next Aberdeen Local Development Plan 2022 which will replace the existing local development plan. This is due to be adopted in November 2022. To find out more detail about this development, please see the 2022 Development Plan Scheme by [clicking here](#).

6.2.1. Aberdeen City Local Development Plan 2017

The current Aberdeen Local Development Plan outlines land designated for both residential and commercial development and along with the Housing Land Audit which is produced by Aberdeen city Council annually provides an indicator as to potential build timescales.

Aberdeen City LDP Zones	Housing Units Existing to 2016	Allocated Housing Units 2017 to 26	Allocated Housing Units 2027 to 35	Total Allocated Housing Units	Total Potential Additional Patients	Potential Additional Patients	Existing Patient Numbers in 2022
Zone 1	550	-	-	550	1,117	12,621	79,537
Zone 2	2,660	2,100	2,300	7060	14,332		
Zone 3	2500	1200	740	4440	9,013		
Zone 4	600	350	400	1350	2,741		
Zone 5	750	-	-	750	1,523		
IC Brownfield sites (with Planning Permission)	2,808			2808	5,700	2,931	99,999
Zone 6	2150	850	-	3000	6,090	8,660	75,244
Zone 7	280	-	-	280	568		
Zone 8	1,100	400	-	1500	3,045		
Total	13,398	4,900	3,440	21,738	44,128	23,852	254,780

North Locality

Zone 1 – Dubford and Murcar
Zone 2 – Grandholme

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Zone 3 – Newhills Expansion and Dyce Drive

Zone 4 – Greenferns

Zone 5 – Maidencraig

Central Locality

City Centre Brownfield sites

Zone 6 – Countesswells

Zone 7 – Friarsfield

South Locality

Zone 8 – Loirston

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6.3. Where do we want to be?

Aberdeen City Health and Social Care Partnership (ACHSCP) have developed their refreshed Strategic Plan for 2022 - 2025 with the following priorities: -

- Caring Together
- Keeping People Safe at Home
- Preventing Ill Health
- Achieving Fulfilling, Healthy Lives

In addition, ACHSCP have developed a three-year Delivery Plan which details the actions to deliver the Strategic Plan. Specific actions in relation to Primary Care are: -

- Improve primary care stability by creating capacity for general practice
- Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)

Aberdeen City Health and Social Care Partnership (ACHSCP) undertook a procurement process for all six of the NHS Grampian 2c practices. The outcome of this remodelling process was four GP practices have been transferred to new providers, with staff successfully transferring across via TUPE transfer. The contracts were awarded to Newburn; One Medical Group; and River Dee Medical Group. One remains as a 2c practice and one closed.

The outcome of the remodelling of the use of the asset from the closed practice will be concluded by the end of July 2022. This information will then feed into the Primary Care Premises Plan

ACHSCP are committed to the statement of intent to be used to finalise a full Primary Care Delivery Plan for Aberdeen City in consultation with the people of Aberdeen and our partners. Our service delivery will, without exception, be safe, effective, responsive, caring and well-led. Our emphasis will be on an outcome focused approach, ensuring that personal, organisational and national outcomes are linked in a coherent manner.

ACHSCP will work towards all premises to be pandemic-proof in the future for appropriate social distancing to be implemented if required.

Impact of ventilation on fallow times, potential future ventilation upgrade works and premises occupancy limits for safe distancing are all likely to result in the need for surgery space above our predictions in 2019.

Each Integration Joint Board is required to set out aims and priorities for releasing GP capacity within a Primary Care Improvement Plan (PCIP). Related to the GMS contract is the provision of transformation funding to help provide GPs with the capacity to undertake their roles as Expert Medical Generalists.

The Aberdeen City PCIP was first submitted to the Scottish Government in July 2018 and to the Aberdeen City Integration Joint Board in August 2018, an annual update

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of the plan is now required. The last update was presented to the IJB in August 2019, however the Covid19 pandemic meant revised versions were not presented in 2020 - 2021.

The plan, developed through a collaborative partnership approach, identifies priorities for the city across six pre-identified areas. These are:

- The Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care
- Additional Professional Roles
- Community Links Practitioners

A Primary Care Improvement Plan working group oversees implementation of the MoU. A key task for the working group will be to future plan for appropriate space to be available within the Partnership's estate to effectively deliver PCIP services. These currently are delivered primarily from GP surgeries and, with ever greater demand on these buildings, alternatives will be required.

The CTAC service will take a mixed model of both practice-based CTAC services and centralised 'hubs' for CTAC services. The centralised hubs will be established in each locality, with suitable access across the city and accessible to areas of deprivation:

- Bridge of Don Clinic (North)
- Inverurie Road Clinic (North)
- Northfield Medical Practice (North)
- College Street (Central)
- Central Location – TBC
- Airyhall (South)
- South Locality – TBC

As of June 2022, there remains a need for further suitable accommodation in Central and South.

There will be a process of ongoing evaluation that will allow us to flex the balance between practice-based services and those delivered from the centralised hubs, depending on demand.

There is also an ambition to align the work of the CTAC service with the secondary care phlebotomy service, as well as the 'Community First' hubs as identified within the ACHSCP Strategic Plan 2022 - 2025.

As part of the immunisation programme, premises will need to be considered and assessed to ensure maximum effectiveness and efficiency of resources.

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The primary delivery hub for vaccinations is the former John Lewis building on George Street. This is a temporary solution to the ongoing necessity to deliver our immunisation programme. It will be necessary, therefore, to plan for where this service can be delivered on a permanent basis.

Revaluation of workplace for Link Practitioners and Psychological Therapists will be required post COVID as all have been home working during the pandemic. Consideration will also be given to mental health services outwith a hospital setting. Spaces such as Carden House and the Torry Community Hub are being considered for suitability for these services.

The Primary Care Premises Plan will need to be mindful of ACHSCP's strategic ambition to deliver 'Community First' hubs in conjunction with NHS Grampian and Aberdeen City Council. The 'Community First' programme aims to design a community-based, whole system approach with partners and create a 'Community First' front door for the triaging and treatment of the excess demand and high intensity users on health and social care as a result of the health debt created by COVID19 and divert demand away from Aberdeen Royal Infirmary. As part of this programme, there is a workstream which aims to create priority community intervention hubs (virtual or physical), based on demand data, to bring together services who deliver both response and prevention to patients and citizens in the communities. If the priority community intervention hubs are physical, partnership working will be required with local authorities, private businesses and the 3rd sector in order to identify suitable premises within the priority areas.

6.4. How do we get there?

It is necessary for the Aberdeen City Health and Social Care Partnership to take account of the functional suitability and capacity of existing premises and emerging new settlements in line with local development plans, to determine the priorities across the city by identifying the current service model, the need for change and the required service strategy moving forward.

Aberdeen City Health and Social Care Partnership has invested in dedicated resource and capacity to ensure all actions in the Delivery Plan which supports our Strategic Plan are completed. This includes any capital and infrastructure projects across the city. This means that resource is available to progress and approved capital projects via the Scottish Capital Investment Manual (SCIM) guidance.

Denburn Health Centre/Northfield and Mastrick clinics

Please see 6.1, b) above for an update.

North Corridor

Please see 6.1, b) above for an update.

GP Practices

The following table provides a list of all current issue and proposals for Aberdeen's GP practices:

Premises	Practice population April 20 2022	Current Issues	Proposals
Albyn Medical Practice	10,617		
Bucksburn Medical Practice	4,979		
Calsayseat Medical Practice	12,690	<p>Calsayseat Medical Group premises were built in December 2004. We have a 25-year lease.</p> <p>We have on going issues regarding the assignation of our lease which has been raised with a range of colleagues.</p> <p>We are operating at capacity.</p>	<p>The back scanning project proposed in 2019, was linked to a proposal which could create a Physio room and an additional 2/3 consulting rooms. This was described pre pandemic. We do not have funds for this.</p>

Premises	Practice population April 20 2022	Current Issues	Proposals
Camphill Medical Practice*	1,748		
Cults Medical Group	7,973		Local Development Plan - Developer Obligations Apply.
Danestone Medical Practice	5,514		
Elmbank Group Practice	11,442	Built in May 2018. Issues with poor lighting and lack of air con in reception office areas. Short on clinic space with PCIP personnel in practice	Air Con/Ventilation/ (Remove internal wall?) Lighting to be addressed. Access to other clinical rooms on 1 st floor but need Alarm system wired to Elmbank in case of issues
Garthdee Medical Group	10,166		
Gilbert Road Medical Group	9,763		
Great Western Medical Practice	10,205		
Hamilton Medical Group	9,420	Increasing pressure on space within the premises and lack of capacity to expand.	Create Additional Consulting Space
Holburn Medical Group	8,935	Pressure on premises space and capacity to expand.	
Kincorth Health Centre	13,648	Pressure on premises space and capacity to expand. Kincorth Practice has a purpose-built premise at Cove Bay and a smaller NHS building at Kincorth, which is housed within a council building along with	Local Development Plan - Developer Obligations Apply. There are significant numbers of new housing planned for the Cove area in the coming year which will have an impact on demands for the service.

Premises	Practice population April 20 2022	Current Issues	Proposals
		the library and community centre.	
Kingswells Medical Practice	6,905		Local Development Plan - Developer Obligations Apply, new and emerging communities.
Links Medical Practice	8,981	Capacity an issue, not enough clinical rooms to meet the needs of the patients. Ventilation also an issue in rooms to keep providing minor surgery.	We have a Local Development plan in place for conversion of rooms into clinical rooms whilst allowing hot desks for clinicians. Awaiting breakdown and funding proposals. This was a Business-Critical application to NHHSG made in 2021.
Marywell Health Clinic	269		
New Dyce Medical Practice	10,025		
Newburn Medical Practice <ul style="list-style-type: none"> Denburn Health Centre Northfield Surgery 	20,393	City Centre premises not fit for purpose.	Larger growth in the city centre than expected, minimal growth in Northfield. Hence the main need is in city centre. Current city centre premises are not fit for purpose, building has been classed as condemned for over 10 years and is continually getting worse. Due to growth in the city need a building that can cope with the growth and our new ways of working. Clinical space that is safe to work in.
Old Aberdeen Medical Practice	11,575		

Premises	Practice population April 20 2022	Current Issues	Proposals
Old Machar Medical Practice	18,228	<p>King Street. Owned premises are at capacity for clinical space. Concern for housing healthcare professionals as per the PCIP.</p> <p>Jesmond Surgery GP Leased. Capacity due to housing developments/ current capacity is also a concern.</p>	<p>Building next door on King Street is coming up for sale.</p> <p>Local Development Plan - Developer Obligations to be confirmed.</p> <p>Linking with the North Corridor Capital Project in terms of future development.</p>
Peterculter Medical Centre	8,311	We are currently short of rooms.	We would be interested in exploring the possibility of splitting into 2 the very large Community Room we have (HV Team use it, but we believe it can be utilised much better) as it has 2 doors to the room. We would also be interested in exploring the Developers Fund, and keen to find out more information on this and how it works in practice as we would benefit from the addition of another 2 clinical rooms.
Rubislaw Medical Group	8,480		
Scotstown Medical Group	12,424		
Torry Medical Practice	6,330		
Westburn Medical Group	6,275	Current issues are space in the premises with	We are going to change our meeting room into a

Premises	Practice population April 20 2022	Current Issues	Proposals
		attached staff wanting to come back into the practice to see patients but not enough clinical rooms.	pharmacy hub to free up some space.
Whinhill Medical Practice*	8,713	Increasing pressure on space within the premises.	Change windows in multipurpose room and treatment room to allow ventilation.
Woodside Medical Group	12,173	Woodside is beginning to get short of space.	To backscan records to free up space on the ground floor.

Dental

The following table provides a list of all current issue and proposals for NHSG salaried dental premises in Aberdeen:

NHSG Salaried Dental Premises	Current Issues	Proposals	Locality
Argyll Dental Practice and Dental Outreach Clinic	4 chairs plus 8 Outreach chairs	Planned replacement of dental chairs, LDU equipment and x-ray units Planned ventilation upgrade.	Central
Cove Dental Practice	2 chairs	Planned replacement of dental chairs, LDU equipment and x-ray units Planned ventilation upgrade.	South
Frederick Street Dental Practice	3 chairs	Planned replacement of dental chairs, LDU equipment and x-ray units	Central

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NHSG Salaried Dental Premises	Current Issues	Proposals	Locality
		Planned ventilation review and upgrade.	
Marquis Road Dental Practice	3 chairs	Planned replacement of dental chairs, LDU equipment and x-ray units Planned ventilation review and upgrade as necessary.	Central
Marywell Dental Clinic	No clinical services currently delivered following the decision to offer people affected by homelessness and housing difficulties open access to Public Dental Service clinics across the City.	Dental equipment has been removed and final reinstatement works being completed.	Central
Mastrick Dental Practice	2 chairs	Replacement of dental chairs and x-ray units completed 2020, planned replacement of LDU equipment Planned ventilation upgrade.	North
Northfield Dental Practice	2 chairs	Planned replacement of dental chairs, LDU equipment and x-ray units Planned ventilation upgrade.	North
Old Aberdeen Dental Practice	2 chairs	Planned replacement of	Central

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NHSG Salaried Dental Premises	Current Issues	Proposals	Locality
		dental chairs, LDU equipment and x-ray units Planned ventilation upgrade.	
Riverview Dental Practice	3 chairs	Planned replacement of dental chairs, LDU equipment and x-ray units Planned ventilation upgrade.	North
Seafield Road Dental Practice	4 chairs	Planned replacement of dental chairs, LDU equipment and x-ray units Planned ventilation upgrade.	South

6.5. Aberdeen City Priorities

In order to update the Aberdeen City Health and Social Care Partnership information and to agree the Primary Care priorities across the city, consultation and workshop events were held with relevant colleagues during March/April 2018.

Additional work will be done to update these priorities in 2022 - 2023. These priorities will also be informed by the work currently being done to place services in Carden House.

A particular area of demand to be planned for is the predicted increase in patient numbers across the city due to new housing. Based on current market conditions and an estimate of 2.05-2.5 persons per housing unit there will be an approximate patient increase of 15,400 - 18,750 patients across Aberdeen City within the next 5 years. The Bridge of Don alone will see an approximate increase of 5,000 - 6,000.

It is also worth noting that 1,500 refugees will be settled here in the next 6 – 12 months who will require primary care support. Aberdeen City Council have put in a bid for £6 million for 570 void properties to support accommodation needs.

For 2022 – 2023 the set of Primary Care Priorities remain as follows:

GMS Premises Priorities	Practice population January 2020	Current Issues & Proposals
New Dyce Medical Practice	10,088	Investment in primary care infrastructure across Aberdeen City and Aberdeenshire IJB's serving the North Corridor communities of Dyce/Bucksburn within the city of Aberdeen.
Gilbert Road Medical Practice	9,854	
Bucksburn Medical Practice	4,200	

Denburn Medical Practice	Denburn Medical Practice 17,575	The Denburn Health Centre is no longer fit for purpose. The Northfield Clinic and Mastrick Clinic do not have sufficient floor space to service the population and there is no further expansion space on site. The temporary portacabin on the Northfield Clinic only has 2-year lifetime left. The proposal is to build a single integrated health and care hub in close proximity to the existing communities of Northfield and Mastrick.
Danestone Medical Practice	5,034	Working with Aberdeenshire IJB to deliver a solution for the communities of Danestone, Banchory and Ellon to deliver a long-term solution for GMS services in these areas. These will all be new builds.
Torry Medical Practice (Torry Neighbourhood Centre)	6,097	Working with our partners to redesign and transform the delivery of services within the South Locality. Alterations to convert office to consulting room. New security doors with magnetic release.
Countesswells (New Settlement)	Countesswells Project	Investing in a solution to the growing new population of Countesswells. This may include investment in existing premises of GMS

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		<p>providers with Countesswells in their Practice boundaries.</p> <p>Please see 7.1 above for a fuller update.</p>
Mastrick Clinic	Currently used for other Primary care not GMS	Investing in the refurbishment of Mastrick to allow further Primary care services to be delivered
Northfield Clinic	Currently used for other Primary care and a limited range of GMS services	Investing in the refurbishment of Northfield to allow further Primary care services to be delivered
Bridge of Don Clinic	Currently used for other Primary care not GMS	Investing in the refurbishment of Bridge of Don Clinic to allow further Primary care services to be delivered
Inverurie Road Clinic	GMS accommodation and CTAC services	Investing in the refurbishment of Inverurie Road Clinic to allow further Primary care services to be delivered

7. Aberdeenshire

7.1. Progress During 2021 To 2022

a) Completed work to existing planned priorities

Macduff Vaccination Centre	Lifespan to be determined – alternative accommodation may be required
Fraserburgh Vaccination Centre	Lifespan to be determined – alternative accommodation may be required
Peterhead Vaccination Centre	Lifespan to be determined – alternative accommodation may be required
Huntly Vaccination Centre	Lifespan to be determined – alternative accommodation may be required
Banchory Vaccination Centre	Lifespan to be determined – alternative accommodation may be required
Garioch Vaccination Centre	Lifespan to be determined – alternative accommodation may be required. Some additional works planned.
Stonehaven Vaccination Centre* July completion	Lifespan to be determined – alternative accommodation may be required. Some additional works planned.
Cruden Pharmacy	Relocation of internal stair to rear of building (external). Internal reconfiguration to create new Consulting Room.
Ellon Group Practice	HAI works
Peterhead Health Centre	Replacement of carpet with vinyl floor coverings

b) Progress in relation to existing planned priorities

A request for additional resource has been made to allow the work to develop the Initial Agreements for both Ellon and Banchory to recommence.

Stonehaven Vaccination Centre	Conversion of Invercarron Resource Centre	Completion date 31/07/2022
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c) Support condition survey progress across all contractor services

Ventilation surveys have been undertaken for practices using Aerosol Generating Procedures and works have been identified to guarantee compliance with correct air changes to ensure the health and safety of staff and patients is not compromised due to ineffective ventilation.

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Work on carrying out surveys which cover the condition and statutory compliance of GP owned and leased premises has not been taken forward due to the COVID pandemic.

d) Continue to allocate premises improvement grants against annual allocation to offset the need for significant capital works

The Primary Care Premises Group have continued to award improvement grant applications for health and safety, legislative and HAI requirements. Grants also continue to be awarded to support applications which improve space utilisation for multi-disciplinary teams and fund alterations following the back-scanning of paper records to release space for clinical, education and admin use.

The following projects have been taken forward: -

Approval to cost – 2021/2022:	
Aboyne Health Centre	Repurpose Records Room to office/admin area following removal of medical records including reposition of A/C unit
Alford Medical Practice	Upgrade / Replace Telephone System to include recording system
Banchory Group Practice	Repurpose Records Room to Triage Hub and office accommodation following removal of medical records
Braemar Health Clinic	An extension and reconfiguration of the building to bring premises up to statutory requirements
Central Buchan Medical Practice – New Pitsligo	Upgrade / Replace Telephone System
Central Buchan Medical Practice - Strichen	Upgrade / Replace Telephone System
Cruden Medical Group – Hatton premises	Replace existing storage heating with new heating system
Cruden Medical Group – Cruden Premises	Replace existing storage heating with new heating system
Finlayson Street Practice	Relocate records to upstairs and form Admin on ground floor. This is an interim solution with a recognition that the aim is for all records to be digitised
Insch Medical Practice	Repurpose Records Room to Clinical Assessment Room following removal of medical records
Mintlaw Medical Practice	Upgrade / Replace Telephone System
Peterhead Health Centre	Alterations to form additional consulting space within Pharmacy Area including scanning of records
Peterhead Healthcare Consortium (Pharmacy)	Relocation of Pharmacy facility to new location within Health Centre
Stonehaven Medical Group	Improve / Upgrade voice recording system

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Turriff Dental Care	Installation of fixed wipeable seating with Waiting Area
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The following projects have yet to be taken forward: -

Approval to cost:	
Aboyne Health Centre	Provide appropriate meeting/training space
Aboyne Health Centre	Improved internal/external storage
Aboyne Health Centre	Provide larger staff room
Aboyne Health Centre	Signage
Aboyne Health Centre	Increase provision of Car Parking
Aboyne Health Centre	Change DN Store to Office, Community Staff Office to DN Store, DSR Room to Community Staff Office & Clinical Waste to DSR
Aboyne Health Centre	Repainting of faded parking lines/yellow disabled parking etc
Aboyne Health Centre	Proposed Extension for GP Consulting and Community Nursing Staff
Aboyne Health Centre	Additional Consulting Room, Treatment Areas and admin space
Alford Medical Practice	Upgrading of Opticians Room to form Multi-Purpose Room
Alford Medical Practice	Repurpose 2nd Waiting Area/Dental Waiting Area into Office Space
Alford Medical Practice	Create new consulting rooms by dividing 2 Consulting Rooms into 3 and physio room into 2
Alford Medical Practice	Provide link between rear fire exits to create rear corridor
Alford Medical Practice	Ventilation required within Clinical Hub
Alford Medical Practice	Alterations to increase size of Reception Area - Move reception/Admin Area into current Waiting Room & move Waiting into current Admin Space
An Caorann Medical Practice	To replace non-compliant taps in clinician rooms and in toilets in Aberchirder Premises
An Caorann Medical Practice	To replace non-compliant taps in clinician rooms and in toilets in Portsoy Premises

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An Caorann Medical Practice	Replace all Clinical Room sinks & Taps
An Caorann Medical Practice - Aberchirder	Window Blind replacement
Bydand Medical Group	Conversion of existing Health Education Room & Office/Meeting Rooms to form Consulting Rooms
Bydand Medical Group	Replacement of sink & taps within Practice Nurse Room
Bydand Medical Group	Replacement flooring in Room 10 (Practice Nurse room)
Bydand Medical Group	Reception/Medical Typist/Practice Manager/library rooms – replace carpets with new flooring
Bydand Medical Group	Replace light fittings with LED type
Bydand Medical Group	Additional Storage for Records - H&S issue
Bydand Medical Group	Replacement of sink & worktop within Staffroom
Bydand Medical Group	Installation of a handrail along wall from beside reception through to extension waiting area.
Bydand Medical Group	Replacement of cork notice boards to HAI compliant whiteboards within GP & Nurse Rooms
Bydand Medical Group	Replacement of signage at Entrance, Waiting Area & Clinical Rooms
Central Buchan Medical Practice - Maud	New storage facility for Maud. Allow conversion of two storerooms into three consulting rooms
Cruden Medical Group	Extension to Premises - two Consulting Rooms and Staff area including additional Car Parking @ Cruden Premise – Practice have confirmed that they do not wish to proceed but have requested the HSCP take forward a SA for new premises
Ellon Group Practice	Installation of WHB to Consulting Room within community wing
Ellon Group Practice	Installation of panic alarms to Consulting Rooms within community wing.
Ellon Group Practice	Male changing room - identification/conversion of area for

	Nurse male changing room as currently no facility
Ellon Group Practice	Upgrade of storeroom adjacent to GP library, ventilation, heating etc to use as additional storage room or office. Currently damp/not suitable for use.
Finlayson Street Practice	Extension &/or renovation to increase the number of Consulting Rooms
Haddo Medical Practice	Internal alterations to create additional clinical space & redesign of reception area
Huntly Dental Practice	Increase security and safety of current windows in surgical areas at rear of building
Insch Medical Practice	Proposed extension to provide additional treatment space OR temporary unit
Insch Medical Practice	Creation of an additional consultation room by the moving of a partition wall and the creation of a new doorway further up the corridor
Inverurie Smile Care	Install security system
Kemnay Medical Group	Tap/Sink Replacement within all Clinical Areas & patient WC
Kemnay Medical Group	Replace lighting in clinical areas, patient waiting areas and associated circulation areas
Kemnay Medical Group	Lighting replacement throughout with LED fittings
Kemnay Medical Group	Complete upgrade of the Nursing Treatment Room.
Laurencekirk Medical Practice	Removal of fixed room divider/unit to create open plan area/improve safer working distance within Admin area
Laurencekirk Medical Practice	Re-line disabled & duty doctor parking spaces
Laurencekirk Medical Practice	Additional turn locks for all consulting and treatment rooms
Strathdon Medical Centre	Replacement of blinds, taps, sinks, splash backs, flooring & fixed seating with HAI compliant spec.
Stonehaven Medical Group	Conversion of Community Wing multipurpose room to consulting

	rooms with conversion of garages to Multipurpose room
Tarland Pharmacy	Installation of CCTV/Alarm system including panic alarms within Consulting Area

7.2. Aberdeenshire Proposed Local Development Plan (LDP) – April 2020

The Aberdeenshire LDP demonstrates significant growth, particularly within the commuter belt areas around Aberdeen. Growth and impact on patient numbers are depicted in the table below:

Area	Housing Units Existing to 2016	Housing Units 2017 - 26	Total Housing Units	Total Potential Additional Patients	Existing Patient Numbers in 2009	Existing Patient Numbers in 2021
Banff & Buchan	1,166	1,097	2,263	5,341	35,321	34,759
Buchan	1,838	1,731	3,569	8,423	41,918	47,496
Formartine	1,226	2,263	3,489	8,234	38,922	38,658
Garioch	1,331	1,698	3,039	7,148	46,137	52,809
Kincardine & Mearns	3,102	3,249	6,351	14,988	37,774	41,852
Marr	480	1,126	1,606	3,790	37,481	38,366
Total	9,143	11,164	20,307	47,925	237,553	253,940

7.3. Where do we want to be?

Due to the rapidly changing nature of service provision across Aberdeenshire a number of opportunities exist to locate services close to local populations through an innovative mix of new technology, property developments and more effective use of existing capacity. Overall, these initiatives will significantly improve the efficiency of existing estate utilisation.

The goal for Dental Services is to have a well-located network of high-quality premises allowing the provision of quality care to priority groups. The wider dental situation will have a significant impact on requirements and for the short to medium term will have to remain agile in the face of potential de-registrations from the GDS until the effects of COVID and the new model of care on GDS provision are known. This may mean retaining existing premises that could otherwise be given up/leased to GDP.

Factors which also require to be addressed include:

- Rationalisation of the Aberdeenshire IJB Estate – many of Aberdeenshire’s existing health and social care buildings were built some years ago. Technologies, ways of working and treating patients, population numbers and requirements have significantly changed over the intervening periods.

Aberdeenshire IJB is committed to treating patients as close to home as possible, but this does not always mean in a historically, traditional way. With adequate anticipatory care planning and rapid supported discharge from any acute admissions it is not always necessary for patients to require community in-patient care. We therefore need to ensure that local facilities provide a range of diagnostic and treatment options and rapid response to enable patients to remain at home.

Aberdeenshire IJB will review all facilities including Health Centres and other contractor services ensuring they are providing services to meet this changing philosophy of care.

- Community Treatment and Care Services (CTACs) - The identification of clinical space to support service delivery is challenging. At present Inverurie in Allan Ward, Fraserburgh in Forth Ward and Stonehaven at Invercarron have been identified as possible CTAC clinics. Additional works are required to bring some of the areas up to required clinical standard.
- Urgent Care - At present there is the possibility of additional space at a practice, however this is still to be confirmed.
- Pharmacotherapy - The identification of staff office space is challenging, specifically in Stonehaven. Work is ongoing to identify staffing base in the area.

- Vaccination Services - 6 Vaccination Centres have been created to serve Aberdeenshire Communities; an additional Centre will be on-stream summer 2022. Long term accommodation plans are to be developed and property audit undertaken around longevity of vaccination buildings.
- Mental Health Recovery and Renewal – funding has been allocated to help improve the mental health estate. The purpose of this funding is to deliver benefits to the wider mental health agenda whilst facilitating innovation to ensure that people who need it receive person-centred, trauma informed support and care in the right place, at the right time.
- Health and Social Care Integration – It is important that we continue to plan to enable teams to be co-located wherever possible and buildings owned by both the Council and NHS Grampian are being reviewed concurrently to maximise future use. Both Aberdeenshire Council and NHSG are working to support staff to work more flexibly to meet patient and business needs and free up significant space across all sites. Work is underway to optimise co-location where this is beneficial.
- New GP Contract - Several of the workstreams within the new GP contract require space for additional staff in practice buildings, for example, first point of contact physiotherapists, pharmacists and link workers. In some practices this may be accomplished by different ways of working as described above, but in general there will be a need to review the use of rooms in practices and in some cases alterations and extensions will be necessary.
- Access to services - There are settlements in Aberdeenshire with no GMS premises within the community and as a result residents must travel some distance to access services.
- New settlements - Work continues on the impact of new population settlements.

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7.4. How do we get there?

All contractor services wish to explore electronic record storage options and the positive space impact that will make on premise requirements. Similarly, all wish to explore integrated/co-located options.

It is important to continue to rationalise the estate where possible and ensure that remaining premises are maintained to a high standard and are brought up to the required standards, including ventilation requirements for Dental Practices.

In areas where housing developments have impacted on the existing infrastructure Developer Obligation funding will be available. When considering projects in these areas the terms under which obligations were assessed and agreed should be investigated to determine what funding can be used for.

The following table provides a list of all current General Medical Services premises across Aberdeenshire, any related problems, and proposals for resolving issues:

Premises	Practice population January 2021	Current Issues	Proposals
<p>Aboyne Health Centre</p> <p>(Amalgamated with Tarland practice in 2014).</p>	6,564	<p>Car parking is limited.</p> <p>Development in area will have an impact on surgery services.</p> <p>Health centre roof in need of repair, issues over several years, quick fix no longer viable.</p>	<p>Developer Obligations apply.</p> <p>Requires consulting rooms and clinical areas.</p> <p>No spare capacity for visiting specialists.</p> <p>Treatment room required for health centre to allow further development of clinics.</p> <p>Discussions ongoing with Practice &</p>

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Premises	Practice population January 2021	Current Issues	Proposals
			Aberdeenshire HSCP.
Alford Medical Centre and Alford Clinic	5,751	<p>The Clinic is not fit for purpose.</p> <p>An integrated team base is required.</p>	<p>Developer Obligations apply.</p> <p>Discussions ongoing with Practice and Aberdeenshire HSCP for internal alterations/extension at Alford Medical Practice to create additional consulting rooms, upgrade reception,</p> <p>Further discussions required with practice to agree extent of works to increase capacity following backscanning project.</p>
An Caorran Practice, Portsoy	4,683	Works recently completed for the installation of additional power and data.	<p>Developer Obligations Apply.</p> <p>No development plans but early discussion has taken</p>

Premises	Practice population January 2021	Current Issues	Proposals
			place regarding additional space for AHP activity.
Auchenblae Medical Centre	2,023		Developer Obligations apply. Longer term additional space is required. Need to look at use of freed up space.
Ballater Clinic	1,935		No current plans.
Banchory Dental Clinic			Relocate to new Health and Social Care Hub once built.
Banchory Medical Centre, Banchory Clinic	127,846 (Branch surgery, Echt)	The medical centre is a high priority for replacement. Negotiations are underway for land to provide a joint health and social care facility. The adjoining Banchory Clinic can then be sold. Current temporary accommodation is in place for some elements of the	Developer Obligations apply. An IA is currently being drafted together with Danestone and Ellon to go forward as a bundle if any funding is available.

Premises	Practice population January 2021	Current Issues	Proposals
		<p>practice. Regular meetings with the local authority continue on alternative options. There are time pressures regarding temporary accommodation – planning permission will cease in approximately 18 months. Maintenance and repair are becoming an increasing financial burden.</p> <p>The new Local Development plan suggests 450 patients in next 5 years and a further 650 patients to 2023.</p>	<p>An integrated solution with social work and pharmacy is ideal, enhancing patient experience. The new premises would include a range of Diagnostic and Treatment services.</p> <p>Efficient IT is critical. Current system extremely slow. Consider back-scanning.</p> <p>Awaiting a site valuation for the Silverbank site which has been identified for the location of the replacement facility for Banchory Group practice & Banchory Clinic.</p>
Braemar Health Centre	657	Visiting population of hill walkers & skiers greatly increases the local population year-round.	Extension and reconfiguration of the existing medical centre.
Bydand Health Centre, Huntly	7,767	Requires more consulting space.	Developer Obligations apply. Discussions ongoing with Practice and

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Premises	Practice population January 2021	Current Issues	Proposals
			Aberdeenshire HSCP for internal alterations to create additional consulting rooms – dividing the Health Education room into two consulting rooms.
Central Buchan Practices (New Pitsligo) & (Strichen) & (Maud)	6,328		Developer Obligations Apply. Possible extension required for New Pitsligo. SBAR/business case has been developed with range of options. Using facilities at Maud was the first part of this.
Crimond Medical Practice	3,430	New Build (built by local benefactor) moved into in November 2017.	No developments proposed.
Cruden Medical Group	3,692	There remains a shortage of consulting and office space. Plans for additional housing	Developer Obligations apply. IT back-scanning would free space to allow more

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Premises	Practice population January 2021	Current Issues	Proposals
		<p>will worsen the position.</p> <p>Additional space is required at both Cruden Bay and Hatton sites.</p>	<p>appropriate workspace.</p> <p>There have been discussions regarding a possible extension and alterations to existing Surgery to create additional clinical space / New Build.</p>
Cuminestown Medical Practice	Part of Turriff	Now a branch site of Turriff Medical Practice.	
Deveron Dental Centre			Due to Covid lease discussions have not progressed
Ellon Dental Clinic			Relocate to new Health and Social Care Hub once built.
Ellon Medical Practice	15,730	<p>Ellon Practice is alongside a GMS dental facility and AHSCP teams.</p> <p>The building is generally in poor condition and is acknowledged to be one of the Partnership's top priorities to replace.</p>	<p>Developer Obligations apply.</p> <p>An IA is currently being developed. In the meantime, the internal decoration of the building is in need of maintenance, as any replacement building is likely to be several years away. Some</p>

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Premises	Practice population January 2021	Current Issues	Proposals
			work has recently been undertaken to try to make portacabins wind and watertight.
Finlayson Street Medical Practice, Fraserburgh	9,355		
Fyvie Health Centre	Part of Fyvie Oldmeldrum Medical Group		Nothing required.
Fyvie & Oldmeldrum Medical Group	8,872	Requires no developments. The facility allows the co-location of AHPs, dentistry, nursing and general medical services.	Developer Obligations Apply.
Haddo Medical Practice (Pitmedden)	Total: 5,435		Developer Obligations apply. Discussions ongoing to convert rooms into clinical space.
Insch Health Centre	6,522	Work has recently been completed to upgrade accommodation to meet space standards.	Developer Obligations Apply. Free up space for desks.

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Premises	Practice population January 2021	Current Issues	Proposals
Inverbervie Medical Centre	5,816		Developer Obligations apply. Further discussions required with practice to agree extent of works to increase capacity.
Inverurie Health Centre	24,685	New Hubco development – practice moved into new building in August 2018.	Developer Obligations Apply.
Kemnay Clinic		Current base for nurses and podiatrists – this would be sold as part of a new Health Centre build.	
Kemnay Health Centre	6,462	The practice is at capacity. Recent minor changes provided a further treatment room.	Developer Obligations Apply. There is the potential for planning gain and a site is reserved for health and community care within the Local Development Plan.

Premises	Practice population January 2021	Current Issues	Proposals
Kintore Medical Centre		<p>Branch surgery of the Inverurie Practice.</p> <p>The surgery has limited space.</p> <p>Kintore is currently increasing by 520 patients and a further 1500 by 2023.</p>	<p>Developer Obligations Apply.</p> <p>Currently considering options via the master-planning exercise in light of rapid expected growth in population.</p>
Laurencekirk Dental Clinic			<p>On completion of the Stonehaven practice, the plan is to lease the Laurencekirk premises to a local GDP who had previously expressed interest.</p>
Laurencekirk Health Centre	5,808	<p>Door recently replaced.</p> <p>Further development at the site is possible as housing developments materialise.</p>	Developer Obligations Apply.
Macduff Medical Practice/Banff Health Centre	12,276	<p>Practice</p> <p>New Health Centre completed March 2010.</p>	Developer Obligations Apply.
Mintlaw Medical Practice	8,757	<p>This building is owned by a SIPP</p>	Developer Obligations apply.

Premises	Practice population January 2021	Current Issues	Proposals
		<p>Developments around the Mintlaw area will exacerbate the shortage of space.</p> <p>The site is land locked.</p>	<p>Works are currently ongoing to create additional capacity</p> <p>by converting existing office into consulting space and installation of additional power and data.</p> <p>Plans to provide additional consulting, office and record storage space have been prepared but are not currently proceeding due to financial constraints.</p>
Old Mart Resource Centre, Maud		Central Buchan use as a 3 rd site for 9 sessions per week.	
Peterhead Dental Clinic		Based in inappropriate school premises with poor access.	Aberdeenshire Council plan to rebuild the school, so a solution will have to be found in the next 5 years.
Peterhead Health Centre	22,115	Health Centre is within the Hospital site which is land locked. The health	Developer Obligations apply.

Premises	Practice population January 2021	Current Issues	Proposals
		<p>centre has had GMS investment to meet increasing needs which should be sufficient for a number of years, though a second site near the new housing developments may be considered.</p> <p>Develop IT infrastructure between hospital and health centre. Develop Practice Nurse department (increase in health issues i.e., diabetes, COPD, hypertension). Review health education requirements as using available space.</p>	<p>Provide additional consulting space within the existing Health Centre. This proposal is dependent on the back scanning of records being complete.</p>
Portlethen Medical Centre	15,181	<p>In response to recent population growth the Practice have recently undertaken back-scanning which has freed up 30m² providing a consulting room and office space.</p>	<p>Developer Obligations apply.</p> <p>Extension recently completed. The practice population is growing at around 700 per annum.</p>

Premises	Practice population January 2021	Current Issues	Proposals
		Chapelton will be an important factor with around 12,000 people moving there and an interim and final health solution for Chapelton development is required. Interim negotiation for Chapelton would involve developers providing a "neighbourhood health unit" of 540m ² for 3 years, functioning as a branch surgery. This will incur additional costs & inefficient use of GPs/staff.	Developers will make land available for a medical centre on completion of Chapelton, but this may not be till 2028.
Rhynie		Part of Inverurie	Developer Obligations apply.
Saltoun Surgery, Fraserburgh	8,445	Saltoun not well designed.	Possible extension and alterations to existing Surgery to create additional clinical space.
Skene Medical Group	15,140		
Stonehaven Medical Centre	13,024		Developer Obligations apply.

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Premises	Practice population January 2021	Current Issues	Proposals
			<p>Funding was considered for additional clinical space/internal alterations via an improvement grant in 2016/17 in light of anticipated housing growth. Practice do not want to proceed at the moment.</p> <p>Could create a triage hub (using garage).</p>
Strathdon Medical Practice	790	<p>Leased from Local Authority. The lease is not signed which is a risk. More space is required though this is not an NHS property, limiting expansion options.</p> <p>There is a disabled ramp which is in need of maintenance, but there is no record of who installed it and is responsible for it.</p> <p>The practice serves not just the local population but a large visiting population of hill walkers & skiers.</p>	An option appraisal is being completed.

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Premises	Practice population January 2021	Current Issues	Proposals
		Would like outbuilding for bike storage and generator.	
Torphins Resource Centre	2,056		Developer Obligations apply.
Turriff Health Centre	8,621	Space limited. Equipment storage is an issue. Consulting room space limited. May be an issue for future if neighbouring practice amalgamated - would be allocated their patient list.	Developer Obligations Apply. Explore expanding slightly or utilising space more efficiently.

7.5. Aberdeenshire Priorities

GMS Premises	Current Issues	Proposals
Stonehaven Public Dental Service	No PDS Accommodation in area	Development of PDS accommodation within Forest View Day Centre
Ellon Medical Practice	<p>The condition of the Practice continues to deteriorate and due to the ongoing issues with water ingress and damp the Practice may have to restrict the use of some areas. The provision of patient centred consulting services is at risk as there is no alternative available space.</p> <p>Works have been completed to extend the life of the Practice, but replacement remains a priority for Aberdeenshire.</p>	<p>An IA is currently being developed and any replacement building is likely to be several years away.</p> <p>The loss of accommodation would have a detrimental effect on service provision so significant maintenance is required to meet the standards required to deliver safe services.</p>
Banchory Medical Centre, Banchory Clinic	<p>The building condition continues to deteriorate and lack of clinical and non-clinical space throughout the building continues to be a challenge.</p> <p>Replacement remains a priority for Aberdeenshire.</p>	<p>An IA is currently being developed and any replacement building is likely to be several years away.</p> <p>The loss of accommodation would have a detrimental effect on service provision so significant maintenance is required to meet the standards required to deliver safe services.</p>
Braemar Health Clinic	The Practice is accommodated in temporary facilities while extension and reconfiguration of the Clinic.	

<p>Peterhead</p>	<p>Health Centre within the Hospital site which is land locked. The building does not meet required HAI standards with clinical rooms all requiring upgrades as there are issues with ventilation, heating, and non-compliance of bespoke furniture and flooring.</p> <p>Safety is severely compromised as there is no line of sight from Reception/any admin office to Waiting Areas.</p> <p>Pharmacy is a key priority area for change and improvement, requiring increased designated clinical space to deliver planned services and sufficient space to implement robotic dispensing.</p>	<p>Improve space utilisation and functionality of accommodation.</p> <p>Invest in key patient facing areas, e.g., Entrance, Reception and Waiting area.</p> <p>Improve dispensary by relocating Pharmacy to a new location within the building providing an increased layout to manage their dispensing processes in a quicker and safer manner via robotic dispensing.</p> <p>Long-term proposal would be to provide a new facility.</p>
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8. Moray

8.1. Completed work to existing planned priorities

Practice:	
Keith Medical Group	Creation of Medical Records Store within rooms below practice
Fochabers Medical Practice	Internal reconfiguration works to provide practical accommodation for both clinical and admin staff.

a) Support condition survey progress across all contractor services

Surveys relating to building condition and statutory compliance, were undertaken in 2018/19 for all Moray's GP owned or leased premises. The survey outcomes were shared with relevant GP Practices in February 2020. Work to rectify areas of concern is now being progressed after it was deferred as a consequence of Covid and other operational difficulties.

The survey outcomes will factor in future plans pertaining to the Health and Social Care Moray Primary Care premises estate.

b) Continue to allocate premises improvement grants against annual allocation to offset the need for significant capital works

The following projects are being progressed for existing Moray Primary Care premises.

Approval to cost:	
Moray Coast Medical Practice	To renovate disused dental centre into serviceable clinical space to increase capacity at the GP practice.
The Maryhill Practice	Provision of extension in place of temporary building.
	Internal reconfiguration work to provide practical accommodation for both clinical and admin staff

The table below details works that may be required in the very near future within Moray GP Premises. This is what Moray predicts will be essential in future years, this is in conjunction with the Moray Local Development Plan (MLDP).

NHS Buildings	Status
The Maryhill Practice Elgin	NHSG owned. Upgraded 2008 but is now struggling for clinical and office accommodation. Capacity has been impacted further due to the acquisition of Elgin Community Surgery patients in July 2021. Moray Local Development Plan indicates future major expansion of the Elgin locality. This will bring about innumerable challenges.
Forres Health Centre	Hub Co Owned. Opened in September 2014. High quality health facility, contract maintenance in place. Moray Local Development Plan indicates future expansion of the Forres locality. This will bring about challenges.
Linkwood Practice, Elgin	Third Party Development – NHSG and GP leased. Moray Local Development Plan indicates major future expansion of the Elgin. This will bring about innumerable challenges; conceivable options include an extension or an appropriation of current premises.
Ardach Medical Practice, Buckie	GP owned. Moray Local Development Plan indicates future expansion of the Buckie locality. May signify an extension to current premises.
Seafield & Cullen Medical Practice, Buckie	GP owned (Seafield) / NHS owned (Cullen) Moray Local Development Plan indicates future expansion of the Buckie locality. May signify a reconfiguration to current premises.
Aberlour Medical Practice, Aberlour	NHSG Owned. No change planned. Reconfiguration of premises concluded. May require minor investment and maintenance over next 10 years.
Rinnes Medical Practice, Dufftown	NHSG owned. No change planned, although minor investment and maintenance will be required over the next 10 years. Moray Local Development Plan indicates minor expansion within the Speyside locality.

All facilities in the Health and Social Care Moray estate, including health centres and other contractor services, require to be reviewed regularly to ensure that they are

equipped and have the necessary support to meet the changing philosophy of care and new ways of working.

8.2. Moray Local Development Plan 2020

The Moray Local Development Plan (MLDP) was formally accepted on 27 July 2020. The Plan sets how The Moray Council sees the LDP area developing over the next 10 to 20 years and beyond.

Moray Planning Officers work closely with NHS Grampian to align future growth with healthcare requirements regarding Health Centres, Pharmacies and Dental. The table below details the new facilities and/or developments which are essential to support projected growth.

Health Centre		Dental	Pharmacy
Aberlour	Nothing classified	1 additional chair	Nothing classified
Buckie	Ardach Health Centre: Future extension to accommodate additional GP and support staff Seafield and Cullen Medical Practice: Reconfiguration to accommodate additional GP and support staff	Nothing classified	Nothing classified
Dufftown	Rinnes Medical Practice: Extension to accommodate additional GP and support staff	Nothing classified	Nothing classified
Elgin	For Elgin South: Prerequisite for a facility for 7 GP's and support staff. Could be delivered via a purpose-built extension / appropriation of current premises / a new multi-functional facility / alternative provision options etc For Elgin North: Maryhill Health Centre, future extension to accommodate additional GP and support staff.	5 additional dental chairs	1 additional pharmacy
Fochabers	New Build: replacement health centre	Nothing classified	Nothing classified
Forres	Forres Health Centre: Extension to accommodate additional GP's and support staff	2 additional dental chairs	Reconfiguration of existing pharmacy outlets
Keith	New Build: replacement health centre	Nothing classified	Nothing classified

Lossiemouth	Moray Coast Medical Practice: extension to accommodate additional GP and support staff	Nothing classified	Nothing classified
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Area	Housing Units. 5 Year Effective Supply 2018- 2023	Housing Units Long Term Effective Supply, Beyond 2023 to 2035	Total Housing Units	Total Potential Additional Patients	Existing Patient Numbers in 2009	Existing Patient Numbers in April 2022
Buckie Area	330	60	390	773	14,576	15,400
Elgin Area	2304	1230	3534	7739	30,244	47,162
Forres Area	1066	10	1076	2356	15,153	16,100
Keith Area	303	10	313	685	7,383	7,296
Speyside Area	91	10	101	221	8,490	8,300
Total	4094	1320	5,414	11,774	88,974	94,258

8.3. Where do we want to be?

Dental: Even though there have been improvements in GDS dental access in Moray over the last decade, there is now a genuine concern that demand for NHS dental services far outweighs capacity. This has been intensified as a result of a shortage of dentists indirectly as an outcome of Covid.

As at May 2022, there are no GDS practices in Moray accepting new NHS patients. NHS Grampian have outlined a plan to deal with the shortage of NHS dentists including the approval of R&R Allowances and SDAI Grants for Moray. Some Moray GDP practices have chosen to condense their NHS commitment and as independent contractors to the NHS, they have the choice to do this.

Plans to relay patients from the PDS to the GDS have been on hold in Moray since late 2019. As a result, Moray PDS has retained a large register of historical “access” patient’s i.e., no Priority Group needs, and they will continue to do so.

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PDS Service provision are also facing Infection Control constraints due to ventilation limitations. Work to address the ventilation limitations are in progress, nonetheless at this time, timescales for solutions are not yet known.

In addition, The Moray Local Development Plan (MLDP) – Infrastructure Requirements, has projected that additional dental chairs are required in Moray to support and meet the needs of the growing population over the next decade. These are:

- Five dental chairs in Elgin Locality,
- Two in the Forres Locality, and
- One in Speyside Locality at Aberlour.

Developer Obligations have been secured where appropriate.

Pharmacy: MLDP has prophesied that additional pharmacy provision is necessary for Moray, this would concede service provision to manage the projected population growth. These are:

- One pharmacy in Elgin South Locality, and
- A reconfiguration of outlets in the Forres Locality.

In general, Primary Care activity in Moray is set to increase owing to quite a few factors but principally as a result of demographic change. The projected growth in numbers of older people, also suggests an increase in co-morbidities, projected increase in population, as well as an increase in demand for specialised and locally established patient testing and/or treatments centres. The greater the demand for outpatient clinics within localities will wield more pressure on community primary care premises.

As health and social care integrated services continue to develop, the accommodation for the teams of personnel delivering these services will similarly need to expand and adapt. Furthermore, joint systems and work processes will also be required to ensure these operate efficiently from bespoke health care accommodation.

In terms of the estate, over the next 10 years, it will become imperative to design and deliver bespoke primary care accommodation capable of dealing with a variety of health service provisions. Purpose built health and care centres comparable to the one completed and opened in Forres (September 2014) will be expected by both patients and clinical staff alike.

As the number of individuals in Moray with complex needs increases, so will the requirement for specialised units. These units will need to offer appropriate environments from which to deliver holistic health and social care, without the need to over prescribe medicines. Moray's Primary Care premises are required to

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accommodate diverging care models and as such needs to be adaptable and diverse.

It is anticipated, as seen in recent years, although it cannot be predicted, that General Practice, due to challenge of sustainability, may need to cogitate mergers and/or tender acquisitions, along the lines of The Maryhill Group acquisition of Elgin Community Surgery in 2021. This merger made The Maryhill Group the largest practice in Moray, delivering a GMS service to over 22,000 patients.

In previous years, investment from improvement grants have significantly benefited Moray Primary Care premises. Work continues to identify and source funding to improve Moray Primary Care Premises.

The 2018 GP contract in addition to the National Code of Practice for GP Premises, has produced a great extent of work by the way of the Primary Care Improvement Plan. Whilst executing this contract it has been recognised that Moray's Primary Care premises are in need of some essential upgrading.

Priorities include:

Practice	Requirement
Maryhill Medical Practice, Elgin	An extension to existing premises, replacing temporary building structures.
Fochabers Medical Practice, Fochabers	Re-provision by the way of a replacement health centre
Moray Coast Medical Practice, Lossiemouth	Extension to existing premises by means of a comprehensive refurbishment of Laich Dental suite
New Premises, Elgin South	Provision of a facility for both clinical and admin staff by the means of a multi-functional unit or an extension or an annexation of the current Linkwood Medical Practice premises or another appropriate option(s).
Keith Health Centre, Keith	Re-provision by the way of a replacement health centre
In addition, accommodation evaluations of Moray's larger practices need to be undertaken as well as various upgrades with smaller practices.	

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Furthermore, a great deal of time and effort is essential to progress lease matters. Fortunately, at this time, there are only two leases that are vital for Moray, which are Tomintoul and Burghead GP Practices.

The Rinnes Medical Group, under the National Code of Practice for GP Premises, have applied to NHS Grampian, via the Moray Operational Premises Group, to take on their Lease at Tomintoul, following the expiration of the initial ten-year term. The premises are currently leased from a private Landlord for the provision of full GMS services. Work is being progressed on this.

Burghead GP Premises is currently being assessed in the Moray Coast Medical Practice Accommodation Review. A report was submitted and discussed at a Moray Integrated Joint Board meeting in May 2022 where it was agreed that Burghead Surgery building will remain temporarily closed, while work is progressed regarding an increase of clinical space within the Lossiemouth Surgery building through the refurbishment of the Laich Dental Suite. Work is also being progressed with regards to the preferred future model of health and care provision for the locality that includes permanent closure of the branch surgery.

8.4. How do we get there?

Plan for Dental services:

- Funding has been secured from the Scottish Government to improve ventilation for GDS and PDS sites. A programme of works is being developed. - Moray PDS, in unification with NHS G have activated contingency plans to increase existing NHS access capacity.
- Recruitment & Retention Allowances and SDAI grants have been approved for Moray.
- The Masterplan for the redesign of Dr Gray's Hospital Site, incorporating Westend Dental Centre, was paused at the start of the pandemic. It is anticipated that work will resume and at that point it is essential that the provision of PDS services are re-examined. In light of increasing access problems in Moray, a reduction in surgery space is not a tenable option for Moray PDS.
- A Recruitment and Retention Allowances for local GPs now in place for Moray

Plan for Community Pharmacotherapy

- To continue to support to ensure premises are sufficient and efficient to allow service provision across Moray

Plan for Optometry

- To continue to support to ensure premises are sufficient and efficient to allow service provision across Moray

Plan for General Practice Services:

Practice	Practice population January 2022	Current Issues & Proposals
Linkwood Medical, The Glassgreen Centre, Elgin AND Elgin South (New)	11,994	<p>Third Party Development – NHSG & GP leased.</p> <p>Working over capacity - extremely busy with increased patient numbers. Additional consulting space required.</p> <p>MLDP sets out future provision for additional surgery requirements in the South of Elgin. The</p>

		<p>potential population growth equates to the capacity of a 7 GP practice. Options will be appraised but expected to include an extension of Linkwood / a multi-functional unit / a new site for a third Elgin GP Practice.</p> <p>GP Sustainability has enormous sway on this.</p>
Aberlour Health Centre	3,327	<p>NHSG owned. Recently reconfiguration work completed.</p> <p>Minor investment and maintenance may be required over next 10 years.</p>
Seafield and Cullen Medical Group	6,398	<p>Buckie GP owned. Cullen NHSG owned. Integrated service, dual centre.</p> <p>MLDP has identified a range of housing developments for Buckie over the next 10 years. These premises will need to be reconfigured.</p> <p>However current building floor area is 535sqm / property allowance 483sqm, this will be appraised along with services review/PCIP etc.</p>
Moray Coast Medical Practice incorporating Burghead, Hopeman & Lossiemouth	10,170	<p>Third Party Development – NHSG and GP leased.</p> <p>Hopeman GP owned. Burghead GP Leased - Lease to expire in December 2023. Branch surgeries (Burghead & Hopeman) are not the long-term solution as they do not meet the standards for health care provision</p> <p>Increased patient numbers. Existing space available at Moray Coast building, work being progressed to look at refurbishing Laich dental for medical use.</p>
Ardach Health Centre, Buckie	8,997	<p>GP owned. No change planned. Modern flexible building able to facilitate high quality health care.</p> <p>MLDP identifies a range of housing developments over the next 10 years. Premises may need an extension or reconfiguration, to be appraised.</p> <p>However current building floor area is 1358sqm/ property allowance 909sqm - this will be appraised along with service review/PCIP etc.</p>

Fochabers Medical Centre	4,432	<p>GP owned. Major upgrade required.</p> <p>Remedial works approved and completed i.e., internal alterations to create additional office, clinical and MDT accommodation. In addition, improvement work completed for specific areas i.e., waiting area and all carpeted areas within clinical areas.</p> <p>This building is on NHS Grampian's list of priorities for replacement. A site has been identified within the locality and has been agreed in principle, pending some feasibility site work is being progressed.</p>
Rinnes Medical Practice, Dufftown (Incorporating Tomintoul)	2,952	<p>NHSG owned. No change planned. Minor investment and maintenance will be required over next 10 years.</p> <p>Tomintoul - GP leased - Under the National Code of Practice for GP Premises, the Rinnes Medical Group have applied to NHS Grampian, to take on their Lease at Tomintoul, following the expiry of an initial ten-year term. The premises are currently leased from a private Landlord for the provision of full GMS services. Work is being progressed on this.</p>
Elgin Health Centre (The Maryhill Group) Elgin (incorporating Rothes)	22,626	<p>NHSG owned. Upgraded 2008. In July 2021 secured tender for Elgin Community Surgery patient base. The increased patient numbers have increased priority for essential branch surgery improvements as current premises is well over capacity.</p> <p>Remedial works are being progressed to address some capacity issues i.e., more clinical and office space.</p> <p>Works being progressed regarding the provision of a permanent extension which will replace temporary buildings.</p> <p>MLDP has identified major housing developments over the next 10 years.</p>

Keith Health Centre	7,282	<p>NHSG owned. Major upgrade required.</p> <p>Strategic Needs Assessment completed in December 2019. Work progressing toward Initial Document. This work was paused as a result of the Covid Pandemic and has now resumed.</p>
Glenlivet Community Surgery	605	<p>NHSG Owned. Reconfiguration works completed in 2020.</p> <p>Minor investment and maintenance may be required over next 10 years.</p>
Forres Health Centre - Culbin & Varis	16,254	<p>Hub Co Owned. Building opened in September 2014.</p> <p>High quality health facility, contract maintenance in place.</p> <p>MLDP indicates an extension may be required at Forres health Centre, to mitigate the impact of new housing developments.</p>

8.5. Moray Priorities

GMS Premises	Current Issues	Proposals
High Priority		
Maryhill	Lack of adequate space, poor fabric of buildings, lack of parking, staff unable to co-locate, etc.	Short term: Reconfiguration of current premises. Discussions on-going regarding possible options. Longer term: Extension required. Strategic Needs Assessment/SBAR completed, being progressed to NHS G AMG.
Fochabers Medical Practice	Lack of adequate space, poor fabric of buildings, lack of parking, staff unable to co-locate, etc.	New build required. Identified site within locality, agreed in principle, site feasibility study is being progressed. Strategic Needs Assessment/SBAR being progressed.
Moray Coast branch surgeries	Lack of adequate space. Subbranches - Burghead & Hopeman, are not to the standard required for a health care site.	Work being progressed regarding an increase of clinical space through the refurbishment of the Laich Dental Suite. Work progressing regarding the preferred future model of health and care provision for the locality that includes permanent closure of the branch surgery.
Keith Health Centre, Keith Community Hospital	Lack of adequate space, poor fabric of buildings, lack of parking, staff unable to co-locate, etc.	Work being progressed to IA stage. Moray Bed Base Model being reviewed at same time.
Medium Priority		
Linkwood	Lack of adequate for clinical teams, multi-disciplinary teams and other care providers.	Reconfiguration of current premises in the short-medium term. Probable development required for the longer-term dependant on requirements for Elgin South.
Ardach	Additional space for clinical teams, multi-disciplinary teams and other care providers.	To be appraised, outcome needs to mitigate the impact of new housing developments.
Seafield and Cullen	Additional space for clinical teams, multi-disciplinary teams and other care providers.	Reconfiguration of current premises in the longer term. Outcome needs to mitigate the impact of new housing developments.

Other Primary Care Contractors	Additional assistance with Consulting room space, confidential and compliant with all necessary regulations.	To be appraised, outcome needs to mitigate the impact of new housing developments.
Other Priorities		
"Third space"	Provision of appropriate clinical / non-clinical space to allow for changing model of delivery i.e., for vaccinations etc.	To be appraised, likely to escalate in priority as information becomes available and as new GP contract continues to be implemented.

9. Pharmacy

GP practices continue to engage Pharmacists and Pharmacy Technicians to enhance their multidisciplinary teams and build clinical capacity and the Health Board are working to increase the role of Community Pharmacy Teams in more clinical roles. Independent prescribing, lifestyle support, remote consultation, administering travel and influenza vaccines and management of prescriptions are a few of the initiatives now embedded in community pharmacies in Grampian. The roll out of these initiatives and the desire to expand these further, including electronic prescribing pilots, increases the need for 1 to 1 consultations and premises. Both GP and Community Pharmacy must have the workforce capacity and premises layout to cope with this increased role and workload for pharmacists and pharmacy technicians over the next 5 years.

Initiatives that involve the dispensing of medications from community pharmacies that had previously been dispensed from hospital settings are already in place. To expand this, an electronic prescribing element is now being tested for specific therapeutic areas. For some medicines this requires a greater clinical input from the pharmacy team and an increased requirement for collection and disposal of special wastes associated with these medicines. NHS Grampian waste management process for community pharmacy and changes to facilities within community pharmacy premises for storing the increasing volume and complexity of that waste has been necessary.

Robotic dispensing is used by several pharmacies to manage their dispensing processes in a quicker and safer manner. However, these dispensing robots require a large floor space and a specific environment to work from and this only comes from a significant financial outlay.

Upgrade to meet required premises standards is required within some premises, including increased designated clinical space and improved conditions in order to deliver planned services which may be requested by the Government. Premises and consulting and treatment rooms must be fit for purpose and be provided to the same standards as other consultation facilities with due consideration of e.g., infection control, health and safety and access to hand washing facilities or IT as necessary.

The Local Authority Local Development Plans highlight that some areas may require relocation of existing community pharmacies, or additional pharmacies delivering pharmaceutical services as there are limited expansion opportunities within existing town centre pharmacies to meet growth. However, this is governed by regulation and out-with the scope of this document.

Pharmaceutical Care Services Planning is being developed at a national level as a means of standardising how Health Boards ensure pharmaceutical services are included in their overall plans. A short life working group has been looking at developing reports and parameters for such planning documents in order to inform and to help identify issues and gaps in pharmaceutical service delivery.

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Many community pharmacies are keen to offer integrated/shared premises. Commissioning and contract negotiations could make this problematic. Achieving Excellence would suggest co-location of health services is an option to consider by Health Boards although it is not the answer to all pharmaceutical need. Certainly, co-location of GMS and pharmacy services would encourage closer working relationships as per BMA/RPS recommendations. Delivery of pharmaceutical services distant from GMS premises, however, may offer patient choice and encourage self-care. Properly designed consulting and treatment rooms in pharmacies allow other health professionals e.g., nursing and podiatry staff, opportunities to provide clinics from within the community pharmacy, which may make these services more accessible to patients – in line with care closer to home initiatives. Remote consultations through Near Me from pharmacy premises are also becoming an acceptable option of service delivery for patients.

Some pharmacies deliver to remote communities where patients find transport difficult. This is not part of NHS Core Pharmacy Services and is often done on a goodwill basis. Maintenance of these pharmacy services may be jeopardised by the financial implications of poor investment in premises support, and this would be detrimental to patient care.

Community pharmacy contractors in NHS Grampian have now all been moved to the SWAN secure network and have had Wi-Fi capacity installed. In addition, all pharmacy contractors have received an updated financial contribution towards a hand-held tablet that could be used via Wi-Fi to work remotely from the pharmacy PC for example in consultation or treatment rooms for improved patient services or in staff rooms for example for improved training resource access. There is still the major stumbling block of community pharmacy teams not being able to access or contribute to patient records and only having indirect access to patient's emergency care summary. Even with the new hand-held device access, there is often limited access to computers within the pharmacy where the existing IT has been developed primarily for the dispensing process. IT to support Medication: Care and Review service and care planning is desirable within areas other than the dispensary e.g., consulting and treatment rooms. Software and systems that link to other health services are cumbersome where they exist and a move to shared electronic records would improve patient safety. However, the introduction of these systems is limited and space in many dispensaries is short for IT hardware.

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10. Optometry

In relation to Optometry, over the next 10 years, premises developments are largely dependent on independent practitioners. National developments in care and treatment will influence internal premises redesigns.

Examples are highlighted below -

The electronic referral system was updated to CAT 20 in 2020 which provides connectivity for Optometrists to use SCI gateway referral in each Optometry practice. In 2022, the 'once for Scotland' Electronic Patient Record in Secondary Care: 'Open Eyes' is being piloted by some HBs in Scotland. Initially, cataract and glaucoma pathways in secondary care are piloted, but the direction of travel is for Primary Care to also use Open Eyes for patients. This means Primary Care referrals will no longer be duplicated in two pathways. It also has significant advantage of two-way communication. Open Eyes was used as a Casualty Record very successfully through COVID when Emergency Eyecare Treatment centres were set up.

Emergency Care Summary (ECS) – this was rolled out to Optometrists in the Emergency Eye Care Treatment Centres during COVID. In a letter on 24th May 2022 to Chief Executives from Caroline Lamb, Director-General for Health & Social Care to Chief Executive, it says: "The Emergency Care Summary was extended to allow access to Optometry, Dentists and Community Pharmacy (during COVID). We will now work to formalise a set of directions to support the sharing of the ECS dataset, formalising permissions granted at the start of the pandemic".

It is essential that a specific Optometry IT facilitator continues in post as more and more care is centred in community Optometry practices over years to come, with ongoing resource allocated.

Ongoing work is progressing with North of Scotland (NoS) Care Portal which would mean access to hospital Ophthalmology notes and scans through SCI Store and the ECS. This would lead to two major improvements: safer co-management of patients, sometimes with IP qualified Optometrists and fewer re-referrals of patients who have been seen by HES and discharged. In 2022, the NoS Care Portal is currently being piloted in NHS Highland by Pharmacy colleagues.

The ageing demographics in Grampian, as in the whole of Scotland, have led to increased demand for glaucoma and wet ARMD treatment. Following on from 'hospital clinics in the community', initially set up through Remobilisation Funding, community clinics for glaucoma patients continue. With ongoing training, these clinics progress from data gathering to decision making, reducing the need for vetting by Ophthalmology. This will supplement the additionally qualified NESGAT Optometrists, whose NES training began in 2020 for discharge of hospital glaucoma patients to them. In 2021, two community Optometrists have been trained in Intravitreal Injections during Remobilisation for wet ARMD and so there is now capacity for more clinics to run in peripheral hospitals or in the four specific NHSG 'hubs'.

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With an increase in the elderly population, pre-cataract operation assessments can be carried out in the community in hubs where there are appropriate scanning machines installed. Since GOS Regulations changes in October 2018, more pre-cataract screening and one stop cataract appointments have resulted in more timely and accurate treatment as well as reducing unnecessary hospital appointments.

Currently there is a spread of 54 practices throughout Grampian and 2 mobile practices. Although each practice has its own patient base, this is fluid as there is no registration of patients. Indeed, the same patient may attend several practices over the years throughout Grampian e.g., a City practice near to their work and a Shire practice where they live. However, with the advent of community glaucoma service, some glaucoma patients will be discharged from the hospital to be registered with an accredited Optometrist at a particular practice.

Over the next 10 years, the extended General Ophthalmic Services regulations will become embedded. The extended supplementary GOS option will allow non-prescribing Optometrists to refer to registered Independent Prescribing (IP) Optometrists to treat 10 conditions. In 4 of these conditions, these can also be treated through co-prescribing by non-IP Optometrists signed up to the NHS Grampian Local Enhanced Contract, as stipulated in the Clinical Accord.

Over the next 10 years the community Low Vision Service will also become embedded. A geographical spread of Optometry practices staffed by Optometrists and Dispensing Opticians who have passed the accredited training will now be seeing low vision patients close to their homes. The service will gradually revert from hospital-based clinics to community practices, helping improve access of care.

The Grampian Eye Health Network (GEHN) is a successful model of care for those needing unscheduled appointments for eye emergencies. The Grampian EHN has been embedded into the new GOS Regulations since October 2018; all Optometry practices in Scotland are required to triage and manage emergency eye appointments. The spread of practices in Grampian means that patients can attend locally and if an appointment is not available, the practice can find the patient a 'home' at a nearby practice. There is also an option of Urgent referral clinics run in the community for out of hours which can be augmented by Attend Anywhere/Near Me to the on-call Ophthalmology consultant.

Over the next 10 years, as the population age rises, there will be more need for eye care and related age conditions. In some areas of Grampian e.g., Alford, Laurencekirk, Inch, Mintlaw, Keith and Fochabers, there continues to be limited or no access to optometry practices. In 2020 - 2021, there was also closure of Optometry services linked to the Alford GP practice. To counteract these areas for no provision of eye services, there is potential to incorporate Optometry rooms within future community secondary care 'hubs. This would be in keeping with 'Home First' and treating patients in the community. Telehealth links installed in these rooms would also aid this type of consultation. In the auspices of Modernising Primary Care agenda, GMS could also utilise these Optometry hub facilities, facilitating the new GMS contract, by directing patients accordingly for both for General Ophthalmic and Enhanced Services.

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Through NHSG Endowment and Improvement monies, many of Grampian community Optometry practices have been made more compliant with the Equality Act 2010 e.g., wheelchair ramps. Access to Improvement funds will also have an impact on patients in the Optometry practices themselves. In 2022, post COVID, a Scottish Government grant also funded ventilation units in Optometry practices, taken up by some in Grampian.

11. Dentistry

The current Covid-19 pandemic has had a significant impact on the access to and delivery of dental services across Grampian. During the COVID -19 pandemic, dental practices have been operating a reduced service due to infection control and prevention requirements. As a consequence of those constraints, patient appointments have been lower than normal and dental teams continue to prioritise patients based on oral health needs as they work through the backlog of patients. This has also had an adverse impact on registration of new NHS dental patients across Scotland.

From November 2021 we have been working with the Scottish Government to put mitigating measures in place to address the emerging issues including:

- Funding secured from the Scottish Government to improve and upgrade ventilation for GDS and PDS sites. The programme of works is currently being developed.
- The offer of a recruitment and retention bonus over two years to new dentists to the Dental List wanting to practise up in North Aberdeenshire and Moray.
- In addition, the Scottish Dental Access Initiative grant now includes Moray. This means grants of £50,000 and above are available to allow practices to extend – or new practices to be established – provided there is a seven-year commitment to providing NHS treatment.
- The Scottish Government allocated Winter Preparedness Funding for the Public Dental Service to all NHS Boards in November 2021. This funding is to support immediate mitigations to allow NHSG PDS to continue to support NHS dental capacity by increasing capacity very quickly.

Rationalisation of PDS premises will have to be suspended in some instances given the uncertainties around the remobilisation/recovery of dental services and efforts will be concentrated on making retained and newer premises more suitable for the changes in health and safety standards and potential increase in demand.

As of March 2022, there were 92 High Street practices and 330 General Dental Practitioners (GDPs), excluding PDS dentists, in Grampian. However, these figures are not Whole Time Equivalents so neither time period is directly comparable. We are of the opinion that further premises development on the high street are likely to be influenced by market forces and the impact of the financial support model for dental practices as established by Scottish Government. The option of SDAI grant practices will also be considered, however, we are hopeful that more practices will be established by dental practitioners to meet the likely increase in demand from the projected population growth and planned residential developments across Grampian.

The NHS Grampian Dental Plan 2016 – 2022 states that the vision for oral health in Grampian is for 'the best possible oral health for all'.

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This is anchored in the belief that the Grampian population should be able to develop and maintain their dentition and oral health in a good state with minimal intervention from dental services through their life course.

The strategic goal is to create an equitable and responsive oral healthcare system with more focus on prevention, supported self-care and management, and treatment for all in relation to need with a reduction in unnecessary variations in practice and outcomes.

Improved access to high quality dental services is an essential element of our strategy and a clean and safe care environment is a core component of quality services. Replacement of some PDS premises such as Stonehaven and Peterhead and upgrading infrastructure including ventilation systems and regular maintenance of existing PDS premises is vital for delivering on our overarching strategic priority of reducing the prevailing inequalities in access to dental care and oral health outcomes.

12. Overall Grampian Priorities - Factors to Consider

In the previous section the three IJBs outlined the current position in relation to premises in their area and highlighted their top priorities. There are a number of key factors that need to be considered in taking forward the overall priorities for NHSG.

GMS contract and Memorandum of Understanding

Most GP practices are run as independent businesses and provide services for NHS boards. NHS boards specify what healthcare services they need and then fund the GPs to do this work through an arrangement called the General Medical Services contract.

The General Medical Services Contract, 2018, sets out new plans to improve the way healthcare is delivered to patients in the community and the way GPs will work and be paid in Scotland. The contract is supported by a Memorandum of Understanding between Scottish Government, BMA, Integration Authorities and NHS Boards. builds on these arrangements and represents a landmark statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) (“the Act”) of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist. The MOU also recognises the role of NHS Boards in service delivery and as NHS staff employers and parties to General Medical Services (“GMS”) contracts.

The development of primary care service redesign in the context of delivery of the new GMS contract should accord with seven key principles:

- **Safe** – Patient safety is the highest priority for service delivery regardless of the service design or delivery model.
- **Person-Centred** - Partnerships between patients, their families and those commissioning and delivering healthcare services work to provide care which is appropriate and based on an assessment of individual needs and values and is outcome focused, demonstrates continuity of care (in the context of both professionals and services), clear communication and shared decision-making. Having regard to the five principles underpinning the Health and Social Care Standards: dignity and respect, compassion, to be included, responsive care and support and wellbeing.
- **Equitable** – Fair and accessible to all.
- **Outcome focused** – making the best decisions for safe and high-quality patient care and wellbeing.
- **Effective** - The most appropriate treatments, interventions, support and services will continue to be accessible, provided in the most appropriate place by the right person at the right time to everyone. Changes to service delivery should not result in any diminution of care or outcomes for patients.
- **Sustainable** – Delivers a viable long-term model for general practice that is resilient in the context of the wider community care setting on a continuous basis;

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and promotes and supports the development of the skill mix within the practice setting.

- **Affordability** and value for money – Making the best use of public funds; delivering the general practice model within the available resources; with appropriate quality assurance processes.

An important determinant of success will be how the planned changes are implemented, seek to influence and depend on wider services.

This change has already started with the move away from the Quality and Outcomes Framework introduced in the 2004 GMS contract. The new approach introduced by the GMS Statement of Financial Entitlements for 2016 - 2017, sees GP practices working together in local Clusters with their HSCP and NHS Boards to identify priorities and improve the quality of services and outcomes for people.

Further key enablers for change include provision of premises, information sharing arrangements and workforce development.

Premises and location of the workforce will be a key consideration in delivering the multi-disciplinary arrangements envisaged in the plan. It is important, therefore, that in addressing the requirements for premises and sustainability, that we take full account of the general direction of national strategy and the future vision for General Practice.

HAI/HEI Compliance

It is important that we continue to address HAI/HEI issues across primary care.

GP Premises Funding – digitisation of paper GP records (backscanning)

All three Health and Social Care Partnerships within NHS Grampian have an allocation of Scottish Government funding to assist with the digitisation of paper GP records to make improvements to GP premises and release space for clinical, training and administrative uses. An initial approach was for all 3 Partnerships to jointly commission a company to backscan all GP records across Grampian. Due to issues with quality of work, this approach was discontinued. The 3 Partnerships are now working on their own approaches to backscanning which will be discussed with colleagues in due course.

Priority Practices have been identified as follows: -

Aberdeen City	Bucksburn Medical Practice
	Gilbert Road Medical Group
	Torry Medical Practice
	Old Machar Medical Practice
	Kingswells Medical Practice
	Holburn Medical Practice
	Calsayseat Medical Group
Aberdeenshire	Ellon Medical Group

	Aboyne Health Centre
	Banchory Group Practice
	Alford Medical Practice
	Cruden Medical Group
	Central Buchan Medical Practice
	Mintlaw Group Practice
	Peterhead Health Centre
Moray	Linkwood Medical Practice
	Glenlivet Medical Practice
	Maryhill Group Practice
	Fochabers Medical Practice
	Ardach Medical Practice
	Moray Coast branch surgeries

Technology

The increased use of new technologies in the delivery of patient care has been accelerated by the extraordinary circumstances of the COVID-19 crisis.

IT upgrades support emerging digital technology (i.e., the development of virtual consultations to enable a digitally connected model of care and enabling appropriate accessible shared information), to ensure patients receive a continuous and consistent service, which provides a safer and more streamlined approach to patient centred care.

Embedding changes will be essential going forward as digital technology will transform the way in which health and social care services are provided empowering people to self-manage and live more independently. As this develops and becomes established within service delivery this will have a direct impact on the estate and how buildings are used.

Integration

The integration of Health and Social Care continues to be a priority with all Partnerships and Partners being committed to enabling co-locations where new service models can be delivered to enhance service provision, strengthen relationships between professionals and provide a cohesive service through collaborated working.

It is essential that co-location options continue to be explored when looking at developments and space functionality throughout the healthcare estate to enable this more integrated approach to patient care and support.

Environmental Sustainability

A new 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development' was adopted nationally in November 2021. This supersedes CEL 2 (2012) 'A Policy on Sustainable Development for NHS Scotland 2012'.

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The purpose of this policy is to provide a framework for NHS Scotland to maximise its contribution to mitigating and limiting the effects of the global climate emergency and for the development of an environmentally and socially sustainable health service that is resilient to the locked-in impacts of climate change. As such, the policy is mandatory for all NHS Scotland bodies and its scope extends to all of their activities.

The aims of this policy must be fully integrated into all planning, management decisions and operational practices across NHS Scotland in order to respond fully to the global climate emergency and achieve an environmentally and socially sustainable health service.

The full policy can be found by [clicking here](#).

12.1. The 4 Priority Action Areas

1. Complete work to existing planned priorities carried forward from the previous Primary Care Premises Plan.
2. Continue to allocate premises improvement grants against annual allocation to offset the need for significant capital works.
3. Access Developer Obligation funding to improve resources in areas where developments have impacted on the existing infrastructure.
4. Follow the process detailed within the Scottish Capital Investment Manual (SCIM) to plan and develop future Primary Care facilities.

12.2. Risks

Financial

The biggest single risk is financial. Without improvement grant monies and without the ability to seek capital from NHSG Asset Management Group or other funding streams, all improvement activity would cease. Premises would be at varying degrees, over time, at risk of failing to meet their contractual services. With an ever-increasing patient demand and extension of the scope of the improvement grant funding to cover other primary care contractors, the condition of Primary Care Premises will deteriorate over time. Taking on new leases for GP premises will increase demand for capital investment.

COVID-19

Due to the need for physical distancing and dedicated infection prevention and control procedure time, there is a risk that there may be limitations in moving patients through care pathways quickly and efficiently to meet demands and optimize patient flow, as the volume of care that can be provided face to face is reduced.

As we remobilise to business as usual, we need to ensure that our premises are fit to provide the necessary services as we emerge from the pandemic.

Resource

The impact of COVID on dental services has raised the risk of reduced NHS dental access and potential need for PDS resources to provide greater capacity to care for unregistered or deregistered patients. Changes to the GP contract and transferring work from GPs to other healthcare professionals does not come with a capital allocation for the development of new premises for our new workforce to work within, greatly increasing demand on resources.

Policies

Changes to policy and priorities for each of the contractor services, for example the new GMS 2018 contract, the integration agenda and funding streams all impact on priorities.

Sustainability

The threat to sustainability of GMS services highlights the importance of supporting General Practice to address the premises and practice sustainability issues (which include releasing clinical space as well as space for multi-disciplinary teams, training, administrative and storage purposes), in order to continue to build a strong and resilient General Practice and Primary Care core within each locality.

Information Technology

Developments in IT and new technology can have a positive impact, but some innovations, for example robotic dispensing requires considerable space.

Ventilation

There is a risk of GP practice buildings not having ventilated spaces that meet clinical standards for carrying out minor surgery. The extent of this risk is currently being established for appropriate action to be taken.

Review Process

The NHSG Primary Care Premises Group will review progress against the plan on an ongoing basis. The Group will provide an annual update in line with the NHSG Asset Management Plan.

The Chair of the NHSG Primary Care Premises Plan will annually provide an update of progress/issues to the NHSG Asset Management Group.

The IJB representatives and Contractor representatives will liaise with the bodies they represent.

12.3. Conclusion / Recommendations

We need to transform how Primary Care is delivered, demographic changes are increasing demand on services and available resources are not increasing at the same time. This is a landscape of change and challenge and services provided in primary

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care are under pressure. These issues have been compounded with the COVID-19 Pandemic.

In order that people continue to receive good quality services we need to introduce new ways of working focused on earlier intervention and prevention, and re-shape and transform how we deliver services. We have already begun this process, but we need to continue to build on our successes and maximise new opportunities, working collaboratively with all partners. This includes encouraging and enabling people with supported self-management.

Covid has paved the way for many practices to use alternative methods of consulting. Almost all practices have seen a considerable increase in the amount of telephone consulting with some practices also using Video consulting via Near Me. Asynchronous consulting is also available at many practices using the e-consult platform. For some practices this has allowed patient choice and reduced footfall in the practice. Use of hub working has evolved in some practices with others looking for available space in their premises to allow for this.

Developing a resilient Primary Care service will be critical in ensuring safe, effective and person-centred care. Appropriate and sustainable services, being able to meet the needs of current and future generations of people working and living in Grampian.

It is important to build on the innovations that have been developed to ensure the right framework and support is in place to be able to return to more normal service provision, but also retaining the ability to respond to future outbreaks of COVID-19. It will therefore be necessary to design and deliver bespoke accommodation capable of delivering agile and flexible services whilst continuing to rationalise the healthcare estate where possible and ensure that remaining premises are maintained to a high standard and are brought up to required standards.

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The priority projects agreed by the Primary Care Premises Group for 2022 - 2023 are as follows (listed by HSCP then alphabetically) -

Aberdeen City Health and Social Care Partnership
Danestone Medical Practice
New Dyce/Gilbert Road, Bucksburn (North Corridor project)
Torry Medical Practice
Aberdeenshire Health and Social Care Partnership
Banchory Group Practice
Ellon Medical Group
Peterhead Health Centre
Moray Health and Social Care Partnership
Fochabers Medical Practice
Keith Health Centre, Keith Community Hospital
The Maryhill Group, Maryhill Medical Practice
Moray coast branch surgeries

Current Grampian priorities include: -

Aberdeen City Health and Social Care Partnership
New Dyce/Gilbert Road, Bucksburn (North Corridor project)
Danestone Medical Practice
Aberdeenshire Health and Social Care Partnership
Ellon Medical Group
Banchory Group Practice
Moray Health and Social Care Partnership
Keith Health Centre, Keith Community Hospital

These are new and emerging projects which need to be scored and order of priority determined.
Aberdeen City Health and Social Care Partnership
New Dyce/Gilbert Road, Bucksburn (North Corridor project)
Torry Medical Practice
Aberdeenshire Health and Social Care Partnership
Peterhead Health Centre
Moray Health and Social Care Partnership
Fochabers Medical Practice
The Maryhill Group, Maryhill Medical Practice
Moray Coast branch surgeries
"New" Elgin South

Gordon Edgar
 Project Manager, ACHSCP
 On behalf of the Chair, Primary Care Premises Group

Aberdeenshire Council

Integrated Impact Assessment

Development of AHSCP Property Asset Strategy

Assessment ID	IIA-000742
Lead Author	Fiona Campbell
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Service Reviewers	Alison McCann
Approved By	Chris Smith
Approved On	Friday September 16, 2022
Publication Date	Friday September 16, 2022

1. Overview

This document has been generated from information entered into the Integrated Impact Assessment system.

The Aberdeenshire Health and Social Care Partnership Property Asset Strategy is being developed to ensure that property used by the Partnership supports the effective and efficient delivery of services. The implementation of the Strategy will support delivery of accommodation that is fit for purpose, meets demand and is sustainable in the long term. As elements of the strategy are implemented, individual IIAs will be carried out as required.

During screening 0 of 10 questions indicated that detailed assessments were required, the screening questions and their answers are listed in the next section. This led to 0 out of 5 detailed impact assessments being completed. The assessments required are:

In total there are 0 positive impacts as part of this activity. There are 0 negative impacts, all impacts have been mitigated.

A detailed action plan with 0 points has been provided.

This assessment has been approved by chris.smith@aberdeenshire.gov.uk.

The remainder of this document sets out the details of all completed impact assessments.

2. Screening

Could your activity / proposal / policy cause an impact in one (or more) of the identified town centres?	No
Would this activity / proposal / policy have consequences for the health and wellbeing of the population in the affected communities?	No
Does the activity / proposal / policy have the potential to affect greenhouse gas emissions (CO2e) in the Council or community and / or the procurement, use or disposal of physical resources?	No
Does the activity / proposal / policy have the potential to affect the resilience to extreme weather events and/or a changing climate of Aberdeenshire Council or community?	No
Does the activity / proposal / policy have the potential to affect the environment, wildlife or biodiversity?	No
Does the activity / proposal / policy have an impact on people and / or groups with protected characteristics?	No
Is this activity / proposal / policy of strategic importance for the council?	No
Does this activity / proposal / policy impact on inequality of outcome?	No
Does this activity / proposal / policy have an impact on children / young people's rights?	No
Does this activity / proposal / policy have an impact on children / young people's wellbeing?	No

3. Impact Assessments

Children's Rights and Wellbeing	Not Required
Climate Change and Sustainability	Not Required
Equalities and Fairer Scotland Duty	Not Required
Health Inequalities	Not Required
Town Centre's First	Not Required

4. Justification

The development of the strategy will not have any impact in the areas detailed. Implementation of individual aspects of the strategy may have impacts, which will be identified through individual IIAs as each progresses.