

# Report

## **Niddrie/ Durham Road/ Craigmillar Medical Practice Leases Edinburgh Integration Joint Board**

24 March 2017



### **Executive Summary**

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1. A joint lease currently exists for Craigmillar Medical Centre, the Craigmillar Medical Practice and the Durham Road Medical Practice with NHS Lothian, (now part of the Edinburgh Health and Social Care Partnership). All have responsibilities which now need to change to reflect the creation of the Niddrie Medical Practice.

### **Recommendations**

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That the IJB:

2. agrees that the whole lease for the building will now be held by NHS Lothian. That two mirror leases for the Craigmillar Medical Practice and the Niddrie Medical Practice are established to reflect their constituent parts of the building; and
3. that the IJB recognises this means that the GP partners of both practices are released from their current liabilities to cover the risk of the neighbouring practice, should that neighbouring partnership fail or cease to exist.

### **Background and Main Report**

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4. In 2013 the Durham Road Practice stated its intention to withdraw service from their branch surgery in Craigmillar Health Centre. The contract was offered out and a new partnership (the Niddrie Medical Practice) was established from January 2014.
5. Part of the negotiation with the successfully appointed partners of the new (Niddrie) partnership was an expectation that they would grow and that the then Community Health Partnership (a predecessor to the EHSCP) would expect to support them until they reached a sustainable list size, or for a period of three years.
6. The Niddrie Partnership patient list covers a geographical area with one of the most heavily deprived areas of the city where 82% of the population are in the lowest deprivation quintile as per the Scottish Index of Multiple Deprivation.
7. The Niddrie Practice has grown steadily from its inception where it had 2,100 patients to its current list size of 3,500.

8. GP partners have historically been obliged to take on personal responsibility for the payment of leases until another partner takes over this responsibility. These arrangements have become a major disincentive for prospective partners, since the stability of a partnership can no longer be assumed in the current environment.

## Key risks

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9. A national working party on GP premises concluded its findings in late 2016 and is due to report shortly. What is anticipated is a move to allow health boards and health and social care partnerships to share more of the associated risk of buildings leased (not owned) by GPs. The financial implications of these recommendations for health boards are not yet understood but could be significant for NHS Lothian both in capital and revenue terms.

## Financial implications

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10. There are no immediate financial implications to the IJB resulting from this proposal. Should one of the practices fail, the EHSCP and NHS Lothian would require premises for the delivery of GMS without interruption and would therefore assume responsibility for the associated lease payments.

## Involving people

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11. There are no plans to involve the public and patients in these arrangements. The actions being proposed are designed to safeguard general medical services to the local population.

## Impact on plans of other parties

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12. Nothing noted.

## Background reading/references

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Nothing noted

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**Ensuring a sustainable model of primary care:**  
Actions 15, 16 and 18.