

Report

Southside Medical Practice Update

Edinburgh Integration Joint Board

24 March 2017



Executive Summary

1. The Integration Joint Board has been previously informed with regards to the various stages to the process and risks attached to supporting and finding new accommodation for the Southside Medical Practice which is necessary by 30 June 2017 when the current premises will not be available. The purpose of this report is to inform the IJB that a solution has been found with regards to securing appropriate GP premises for the 5,000 patients of the Southside Medical Practice, and to note some of the detail concerning the move to the Conan Doyle Medical Centre.

Recommendations

2. Note the outcome of negotiations which agreed that the practice would move to Conan Doyle Medical Centre in May or June 2017.
3. Note the assurances given in regard to Section 17C funding available to the Conan Doyle practice for a five year period from 1 April 2017.

Background

4. The Southside Practice became directly managed by the Edinburgh Health and Social Care Partnership (EHSCP) on 1 January 2017 under the terms of Section 2C of the Primary Medical Services Act (Scotland) as part of a supportive process to prevent service failure.
5. The owners of the premises that are currently utilised by the practice at Bernard Terrace confirmed in November 2016 that they would not be available from 30 June 2017.
6. The University of Edinburgh offered and then withdrew an option for temporary premises. They subsequently offered a further option, but this was judged to be unsuitable.

7. An exploratory meeting was held with the owners of the Kittleyards development, which was originally an option for both the Boroughloch and also the Southside Practices.

Main report

8. NHS Estates advised in early February they had received notification that the Community Dentists were to withdraw from the Conan Doyle Medical Centre (located at Cameron Toll) which is in the catchment area of the Southside Medical Practice.
9. Negotiations between the EHSCP and the Conan Doyle Practice commenced on 6 February 2017 and concluded with an agreement being reached on 21 February 2017.
10. The Conan Doyle Medical Centre which was built in 2007, is a purpose built medical centre.
11. It is anticipated that further population expansion will happen in this catchment area mainly due to the continuing concentration of student accommodation in the inner section of the South East Locality.

Financial implications

12. Section 17C funding has an uncertain future, and General Medical Services (GMS) contract negotiations are currently ongoing. This form of funding is likely to be in place in 2017/18, but thereafter could be continued, increased, tapered or withdrawn. It should be noted that the funding stream continuation which is being agreed to has been in place for approximately 15 years.
13. The costs of a new build for Southside would be in the region of £2.5M. A medium term solution was being proposed at an estimated capital cost of £700K for refurbishment. The Lothian Capital Investment Group has already agreed £20k for a feasibility study of temporary accommodation which has been channelled into minor preparatory works at Conan Doyle.
14. All revenue costs for Conan Doyle are currently covered and any additional costs from more intensive use of the building can be covered by the available GMS income from Southside. A rent and rates saving will be made from Southside although this will be subsumed in the additional costs of the practice moving from 17J funding(standard contract practice funding) to 2C funding (related to a directly managed practice).
15. The economic and service advantages of making more intensive use of the Conan Doyle building, are judged to outweigh the risks of reduction or withdrawal of 17C funding over the five year period guaranteed.

16. Part of the agreement is that the host practice would not have access to any additional NHSL or EHSCP development or stability funding during the five year period.

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Links to priorities in strategic plan

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