

Borders NHS Board



PRIMARY CARE PREMISES MODERNISATION PROGRAMME

Aim

This paper aims to inform NHS Borders Board about the extensive development of primary care premises over the last 5 – 10 years and to update on the future year work programme developed by the Primary Care Premises Modernisation Steering Group.

Background

NHS Borders has had a longstanding commitment to the development of premises in primary care and over the last 10 years has been able to resource not only a number of new builds and major redevelopment of existing sites but also many smaller schemes in order to maintain the standard of our clinical facilities. The information in this paper describes these completed projects.

More recently during 2013, a programme of work commissioned by NHS Borders Chief Executive was carried out in order to identify and prioritise primary care premises issues at health centre sites across NHS Borders. (Report attached at **Annex A**) The Review identified four high priority sites in need of significant redevelopment and several schemes requiring less significant reconfiguration. The subsequent work on the identified priorities and progress to date is described in this paper.

Completed developments over the last 5 years

2010 – 2012:

- Jedburgh Health Centre was completely remodelled and extended, which included the addition of accommodation for dental and out-patient facilities. *Cost £2.68m*.
- Haylodge Hospital and Health Centre were reconfigured, included accommodation works to facilitate the co - location of Scottish Borders Council Day Service and NHS Borders Day Hospital. Two phases – *Costs: Phase 1 £299k, Phase 2 £223k*

2012 – 2014:

- Lauder Health Centre - new build within a regeneration of the town's public park area. *Cost £1.87m*
- Hawick Health Centre underwent some internal reconfiguration to improve and expand clinical capacity and a new paediatric therapy area was created. *Cost £30k*
- Knoll HC & Hospital – a safe room and 3 additional bookable clinical rooms were formed from a previously under-utilised area at the rear of the ward day room. *Cost £105k*

Completed developments pre 2010

- Stow and Newcastleton Health Centres – new builds on new sites.
- Kelso Health Centre underwent major redevelopment on the existing site.
- Currie Road Health Centre in Galashiels underwent major redevelopment on the existing site.
- Two new Dental Centres were also developed within primary care settings: at Coldstream with redevelopment of the former community hospital building adjacent to the health centre and at Hawick on the community hospital site.

A number of minor works schemes have also been completed throughout this 10 year period eg internal reconfiguration to improve existing or provide new clinical rooms at sites such as Earlston, Haylodge and Duns; improve or create new practice and community services office space eg at West Linton, Innerleithen; improve reception and record storage areas eg Selkirk, Hawick.

Current Primary Care Premises Modernisation Programme

Process

Working with the agreement of the GP Sub - Committee, correspondence was sent to all GP practices and NHS Borders Primary & Community Services staff based within or working from health centres to explain the process of developing a programme of required works through their involvement to identify their premises issues and working to seek solutions to these issues. Site visits were then undertaken. All premises issues raised at the visits and through additional discussions were documented and sent as a draft record to those involved for amendment as necessary and then approval as a true record.

A Primary Care Premises Group (terms of reference and membership at **Annex B**) was established with the remit to prioritise the documented premises issues. The Group consisted of GP Sub Committee representation, Estates, Community Nurse Management, Practice Management, P&CS Management, Delivery Support, AHP Management, Partnership and Finance.

The Primary Care Premises Group worked through a robust prioritisation process using an agreed criteria and scoring matrix. To aid prioritisation, it was agreed that there should be four Bands of premises issues delineated by an estimated cost parameter. The Bands agreed were:

Band 4	£0 - £50k
Band 3	£50 - £250k
Band 2	>£250k: refurbishment
Band 1	>£250k : extension / new build

Bands 1 and 2 were then amalgamated given that the cost envelope was the same and consequently the Review identified:

- Four sites as highest priority for major reconfiguration / development: Eyemouth, Selkirk, Melrose, Knoll. These were labelled Band 1.
- Four sites as having less urgent but still significant requirements: St Ronan's, Hawick Health Centre (HC), West Linton and Earlston. These were labelled Band 3.

- Five sites as requiring minor refurbishments, estimated at lower costs: Coldstream, Currie Rd, Greenlaw, Kelso, Stow. These were labelled Band 4 and the issues have been addressed through the standard Estates maintenance programme.
- Two sites as having medium-term need (ie 5 – 10 years time due to housing allocation and predicted practice population growth) for an increase in GP consulting room space: West Linton and Earlston. During the ongoing work to confirm requirements, these were subsequently labelled Band 1A.

Band 1 sites:

Within 2014/15 work has been underway to develop user-agreed design layouts for each of the four Band 1 sites. This has involved numerous meetings with site users and architects to consider options and then ensure that the layouts are appropriate, address the issues raised through the Review and are supported by all services affected by the proposals.

It has been possible to develop proposals based on reconfiguration or redevelopment at existing sites rather than having to consider completely new developments on new sites at far greater cost; the proposals are outlined below:

- Eyemouth HC: Extension of the existing building and a number of internal reconfigurations to provide additional GP consulting rooms and office accommodation, additional Health Board bookable clinical space, a safe room and improvements in disabled access WCs and shower room facilities, plus provision of a nursing suite (clinical and office space) on the lower ground floor which can be accessed out of hours. The extension impacts upon 6 car parking spaces but negotiations with the adjacent church regarding a reciprocal parking agreement will provide a solution and should increase parking options at the health centre. Site users (ie GPs and NHS Borders staff) are due to meet on Dec 3rd to consider sign-off of the design drawings.
- Selkirk HC: Extension of the existing building using a prefabricated construction to provide additional GP consulting rooms, improved / additional bookable clinical rooms, a safe room, improved staff accommodation and a patient / staff shower. The design layout has been approved by site users.
- Melrose HC: An upper floor extension plus extension and internal reconfiguration of the ground floor to create additional GP consulting rooms, a safe room, additional bookable clinical space, improved medical record storage and staff office accommodation. The design layout has been approved by site users.
- Knoll HC and Hospital site: Internal reconfiguration within the existing footprint of the building across the health centre, day hospital and former mortuary building to provide: additional GP consulting rooms, clinical rooms and practice manager accommodation for both GP practices, the creation of two separate GP reception areas, additional clinical space and improved office and reception accommodation for health board services. Site users (ie GPs and NHS Borders staff) are due to meet on Dec 2nd to consider sign-off of the design drawings.

Once all of the design layouts have been agreed by the site users, the Primary Care Premises Group will meet to consider and make recommendations regarding priority order of works.

It is estimated that all four of the above Band 1 schemes could be completed within an approximate **£2m** capital requirement. Capital resource within the Board remains limited. The Capital Planning Group and Clinical Executive Strategy Group continue to prioritise and make recommendation to NHS Borders Board on the use of the limited capital resource.

Band 2 sites:

The following work has been completed in-year:

- St Ronans HC (Innerleithen) – the former dental / podiatry room (recently unused) has been reconfigured to provide an additional bookable clinical room for use by all services and an assisted WC & shower room for staff and patient use has been formed from an under-utilised store room. Cost **£11.3k**
- Hawick HC – reconfiguration of an existing practice nurse’s clinical room to improve patient and staff safety and a cosmetic refresh of the practice patient area. Cost **£6.5k**
- West Linton HC – replacement and relocation of podiatry equipment to allow improved and multifunctional use of clinical space. Cost **£500**
- Earlston HC – reconfiguration and relocation of a number of rooms to provide two additional bookable clinical rooms, an improved therapy area, improved general storage and mobile patient record storage in a more appropriate location. Cost **£33k**

In addition to the above, it was agreed that the creation of a 3 – room podiatry “hub” on the Kelso Hospital site would sit within this Modernisation Programme. This work has also been completed in-year and through relocation of podiatry clinics to the new hub will release much needed capacity at 4 other health centre sites at Greenlaw, Coldstream, Kelso and The Knoll. The vacated rooms will become additional clinical space at each site. Cost **£9.5k**

Total cost of Band 2 completed work: **£60.8k**

Band 1A Sites

As part of the work programme developed by the Primary Care Premises Steering Group two sites were identified as having medium – longer term needs given the confirmed housing allocation and projected increase in practice population over the next 5 - 10 years. Working with the site users design layouts have been developed in readiness for future works. It is recommended that the 1A sites are considered as a priority within a “second phase” of the Primary Care Premises Modernisation Programme.

- West Linton HC – site users have agreed the design layouts to provide two additional GP consulting rooms, the provision of a safe room and some internal refurbishment to allow improved patient facilities.
- Earlston HC – site users have agreed the design layouts to provide two additional GP consulting rooms and a safe room.

Summary

All of the minor schemes identified through the Primary Care Premises Review have been completed this year and at comparatively low cost. These relatively small changes as requested by the site users, Review stakeholders and agreed by the Primary Care Premises Group have made a significant difference to patients and staff across several sites. Amongst other things, the works have provided additional clinical rooms, safe rooms, improved staff facilities, improved record storage and have contributed to patient and staff safety.

Design layouts have been developed for each of the four Band 1 sites; Melrose and Selkirk site users have signed off their individual layouts and meetings have been arranged at Eyemouth and The Knoll to discuss and agree their updated drawings.

Estimated costs have been produced for each design layout and these have been incorporated provisionally within the Capital Plan, phased over the years 2015 – 2019.

Once all four sites have agreed their design layouts, the Primary Care Premises Group will meet to consider the layouts and costs and will make recommendations to the Capital Planning Group.

Agreed design layouts are in place for the two Band 1A sites at West Linton and Earlston for progression as a second phase of the Primary Care Modernisation Programme once the Band 1 sites have been completed.

Recommendation

The Board is asked to **note** the work completed to date, in the preceding years and in the current financial year to develop and improve Primary Care facilities across NHS Borders.

The Board is asked to **note** the ongoing work within the Primary Care Modernisation Programme which aims to offer appropriate solutions at the four Band 1 sites and proposals for a second phase of the Programme at the two Band 1A sites.

Policy/Strategy Implications	Capital Programme
Consultation	Site users at all involved Health Centre sites; Estates and P&CS, Capital Management and Planning Groups, GP Sub Committee, Occupational Health & Safety, Partnership, Public Involvement Dept
Consultation with Professional Committees	GP Sub Committee
Risk Assessment	Carried out in accordance with standard

	Estates procedure using HAI-Scribe
Compliance with Board Policy requirements on Equality and Diversity	Included within HAI Scribe process
Resource/Staffing Implications	Estates Managers & Offices, LTC Manager, Contracts Manager

Approved by

Name	Designation	Name	Designation
David McLuckie	Director of Estates & Facilities	Carol Gillie	Director of Finance

Author(s)

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David McLuckie	Director of Estates & Facilities	Sandra Pratt	LTC Manager

ANNEX A



REVIEW OF
PRIMARY CARE PREN

ANNEX B

Primary Care Premises Group

Remit

The Primary Care Premises Group will:

- * Assess and prioritise primary care premises issues against agreed criteria.
- * Report on premises issues and potential solutions/recommendations to NHS Borders Board Executive Team, through the Property Review Group and to Primary & Community Services (P&CS) Clinical Board.
- * Take a lead role in progressing and act as a project board for any major primary care premises developments approved by NHS Borders.
- * Monitor progress of minor reconfiguration schemes.
- * Make recommendations where there are conflicting priorities for resources linked to minor reconfiguration schemes and minor schemes / equipment requests of over £15,000.

Process

Premises issues will be submitted to P&CS by GP practices, primary healthcare teams, P&CS managers, service users or will be identified through P&CS management site visits. The issues will then be passed to the Primary Care Premises Group for assessment and prioritisation.

In considering a range of premises issues the Group will use agreed criteria to inform assessment and prioritisation and will use relevant information to inform this process, including:

- * Population growth and increases in practice populations.
- * Information reported from P&CS / NHS Borders premises visits.
- * Information from space utilisation and physical space assessment programmes.
- * Scottish Borders Council's Local Plan.
- * Relevant national policy eg HEI, Health & Safety, Patient Safety

Once any major building programmes have been approved, the Primary Care Premises Group will oversee and monitor progress until work is complete.

The Primary Care Premises Group will produce reports and make recommendations to the Property Review Group and P&CS Clinical Board as required.

The Primary Care Premises Group will be kept informed of the status of any minor schemes resource allocation and will be involved in considering and making recommendations should conflicting priorities between requests for expenditure from this allocation become apparent.

The Primary Care Premises Group will meet monthly during any active building programme or assessment process but thereafter will meet quarterly.

Electronic communication will be used wherever possible to help reduce meeting time / frequency.

Extraordinary meetings may be called in the event of urgent or unexpected issues.

Reporting Framework

The Primary Care Premises Group will be a sub group of the P&CS Clinical Board and will have a regular agenda slot at the P&CS Clinical Strategy Board meetings. The Group will report to NHS Borders Property Review Group and Capital Planning Group.

Membership:

Jeff Cullen, GP representative for GP Sub Committee

David McLuckie, Director of Estates

Claire Fernandez, Practice Manager and Practice Nurse

Beverly Meins, Community Nurse Manager

Pamela Gordon, Head of Podiatry and AHP representative

Irene Clark / John McLaren, Partnership

Susan Swan, Deputy Director of Finance

Warwick Shaw, Head of DeliverySupport

Matt Hall, Senior Projects Manager, Estates

David Ballentine, Estates Officer

Costas Kontothanassis, Contracts Manager, P&CS

John Smith, Property & Quality Systems Officer

Sandra Pratt, Long Term Conditions Manager P&CS

Associate member: Charles Johnston, Senior Planning Officer, Scottish Borders Council



REVIEW OF PRIMARY CARE PREMISES

1 INTRODUCTION

This document describes a programme of work commissioned by NHS Borders Chief Executive at the beginning of January 2013 and carried out between January – March 2013 in order to identify and prioritise primary care premises issues at health centre sites across NHS Borders.

2. BACKGROUND

NHS Borders has recently completed a range of capital projects, an example being Jedburgh Health Centre redevelopment and within its 5 year capital plan (2012 – 2017) is currently taking forward various building programmes eg Lauder Health Centre, the planned Roxburgh Street Health Centre, and the redevelopment of out-patient facilities at BGH. All Scottish Government allocated capital funding has been fully committed within this plan against prioritised rolling programmes of replacement for Medical Equipment, Estates and IM&T. In addition, indicative allocations have been earmarked within the plan to address risk-assessed areas from the State of the Estate Report and Service Redesign & Efficiency Projects.

At the present time the organisation has no access to additional resources to support any new building projects. However, the Board Executive Team (BET) felt that it would be prudent to have an up-to-date understanding of premises issues across primary care. They requested that work was carried out to collate premises issues related to health centre sites, ranging from small alterations to larger redevelopments and to identify potential schemes, which would then be prioritised and progressed to a sufficient level of detail in order that NHS Borders could be in a position to respond quickly and appropriately should further opportunistic funding become available during the future financial year(s).

The work was initiated in January 2013 with the expectation that this report on the identified issues and their initial prioritisation and recommendations would be produced by the end of March 2013.

Concurrently, a space utilisation review programme commenced, led by Borders Improvement Support Team (BIST) and using external contractors, to consider current use of non-clinical accommodation; suggest operational protocols for alternative ways of utilising non-clinical space and identify potential opportunities for the release of specific accommodation units such as Westgrove and Newstead Headquarters.

The two programmes have and will continue to cross-reference relevant aspects of their work.

3. PROCESS

3.1 Visits:

- Working with the agreement of the GP Sub- Committee, correspondence was sent to all GP practices and NHS Borders Primary & Community Services staff based within or working from health centres to explain the background to the programme of work and to seek their involvement in discussions to identify their premises issues.
- It was stressed that at the present time there is no guarantee that additional capital funding will be made available to NHS Borders and no expectation that large new-build schemes would be supported.
- A programme of visits to each site was then arranged at mutually convenient times over a span of 7 weeks from the end of January – mid March 2013.
- It was agreed that visits would not be carried out to those sites owned by GP practices or where redevelopment has been completed very recently, is currently underway or already approved and planned. A list of these sites is at **Annex A**.
- Those sites not to be visited were contacted to explain why and all indicated that they were comfortable with this approach.
- In all, 16 health centre sites have been visited. At each visit, discussions were held with GP practice representatives and NHS Borders services on site and a walk-round of the premises took place, referencing and updating floor-plans and identifying additional issues or potential quick solutions.
- All premises issues raised at the visits and through additional discussions were documented and sent as a draft record to those involved for amendment as necessary and then approval as a true record.
- To provide as much relevant detail as possible for the prioritisation process, additional information was sought from other services e.g. planned service redesign in podiatry and dental services and discussions were held with SBC Planning & Research Department, NHS Borders Planning & Performance Dept and Estates Dept.

3.2 Prioritisation:

- 3.2.1 A Primary Care Premises Group was established with the remit to prioritise the documented premises issues.
- 3.2.2 The Group consisted of GP Sub Committee representation, Estates, Community Nurse Management, Practice Management, P&CS Management, Delivery Support, AHP Management, Partnership and Finance. The Public Involvement Office advised that public involvement was not appropriate at this initial prioritisation phase but would be essential in any subsequent option appraisal process. The remit and membership of the Primary Care Premises Group are at **Annex B**.
- 3.2.3 NHS Borders has pursued a proactive modernisation programme for primary care premises over the last decade¹. This programme was initially informed by a survey of

¹ Modernising our Network of Health Centres for “Getting Fit for the Future”. NHS Borders(2006)

building state, suitability and potential carried out by Chartered Surveyors Wheeler and Sproson.

3.2.4 To ensure a robust and consistent approach to the prioritisation process within the current primary care premises review, a matrix & scoring system were developed, based upon those used within the Wheeler and Sproson survey. This matrix shows GP practice population figures for 2008, as at January 2013 and also those projected for 2026². The 2026 projections use statistics on planned and potential housing development zones across Borders as contained within Scottish Borders Council's (SBC) Local Plan. The projections will be revised as the Local Plan is updated and discussions about this are ongoing with SBC Planning & Research Department.

3.2.5 The matrix also records specific assessment categories and scores, significant points for each site taken from the practice visits plus other relevant information and comments made by the Primary Care Premises Group during the prioritisation session. The agreed assessment categories were:

<p><u>Accommodation Provision (AP)</u></p> <ol style="list-style-type: none"> 1. Up to standard. <ol style="list-style-type: none"> i) Without further work ii) With general maintenance work 2. Can be brought up to standard using minor schemes allocations 3. Can be brought up to standard using: Min reconfiguration with possible extension. 	<p><u>Functional Suitability (FS)</u> (Room relationships and circulatory patterns)</p> <ol style="list-style-type: none"> A. Very satisfactory. B. Generally acceptable but requires improvement in some areas. C. Below an acceptable standard.
	<p><u>Quality of Environment</u></p> <ol style="list-style-type: none"> A. A satisfactory to high standard. B. A generally acceptable standard but requiring some improvement. C. Below an acceptable standard.

Fig 1 Assessment criteria

3.2.6 The Group met once for one 3 hour session on Monday 18th March to discuss all health centre sites visited, their respective premises issues and to agree a prioritised list. The issues spanned everything from minor alterations to major redevelopment and potential new builds. All are detailed in the individual site reports at **Annex C**.

3.2.7 Using the matrix, the issues for each health centre visited were discussed in detail and scored according to the agreed assessment categories above at Fig 1.

3.2.8 Some additional information had been gathered which assisted in the discussion e.g. where specific service redesign might release some room capacity; where previous refurbishment or improvements had been made and when. The list of this additional information is at **Annex D**.

3.2.9 Each member of the group was able to add comment, query or challenge and all participated. Specific comments agreed by the group were noted on the matrix. Where opinions differed over scoring levels, further discussion took place and consensus was achieved for all sites.

3.3.0 It was acknowledged by the Group that there are different factors and implications pertaining to premises issues at each individual location which needed to be considered within this part of the process and will also need to be considered in any subsequent

² Mapping of Local Plan, Structure Plan alteration and LPA to practice populations. WShaw, NHS Borders (2008)

optional appraisal processes.

3.3.1 The Group agreed that to aid prioritisation, there should be five Bands of issues, each delineated by an estimated cost parameter. The five Bands agreed were:

- Band 5 £0 – £50k
- Band 4 £50 - £100k
- Band 3 £100k - £250k
- Band 2 >£250k: refurbishment
- Band 1 >£250k: extension / new build

3.3.2 Once the scoring process was complete, each site was placed within one of these five Bands. **The completed matrix is shown at Fig 2 overleaf.**

ASSESSMENT MATRIX and SCORING

~LOCATION	Pract No.	List at 1/4/08	List 1/1/13	ProjList 2026	AP	FS	QE	Relevant points	Group comment / additional information	Band
Coldstream	16206	3799	3654	4704	1(ii)	B	A	-Some issues re available clinical space but manageable -possible podiatry move - Maintenance / Estates issues	Suggestion made to explore combining DNS' and CHT Room	5
Duns (Merse, DMG + Chirnside)	16066 16583	8746	9375	10263	3(ii)	C	B	- GPs: lack of consulting room space - Patient confidentiality - reception areas - NHSB services lack of clinical space -possible podiatry move -some estates issues -suggest explore reconfiguration - has had previous investment to remodel reception	Reconfiguration already planned within Community & Day Hospitals. Recommendation to consider alongside HC issues – Group agreed this was a sensible way forward.	2
Earlston	16564	2910	3011	3814	3(i)	B	B	-lack of clinical space -lack of office accommodation - potential to reconfigure physio room -possible podiatry move -request explore potential to extend -current alteration of reception area & office	It was recommended that there is no reconfiguration is made to Physio room yet until current BGH reconfiguration is resolved as community physio space may required within the redesign. Some staff may be moving to the new Lauder HC which may free up rooms / desks at Earlston. Reassess once Lauder is open.	3
Eyemouth	16507	6320	6251	7420	4	C	C	-significant lack of clinical	Question the merit of making	1

								<ul style="list-style-type: none"> space -safety risk from blocked corridors -significant confidentiality Issues -maintenance / estates Issues -waiting area too small - reception currently being remodelled -request for redevelopment or new build on new site 	<p>continual investment in short-term improvements that do not solve the overarching capacity problem. Recommendation would be for major redevelopment / new build. Patient & staff safety concerns.</p> <p>SBC building within site - ? options.</p> <p>Former High School building - ? options</p>	
Galashiels (Currie Rd)	16233 16244 16259 16193	14566	14792	17371	1(ii)	B	A	<ul style="list-style-type: none"> -No major issues - maintenance / estates issues - major redevelopment 2006 		5
Greenlaw	16475	1342	1318	1696	2	B	B	<ul style="list-style-type: none"> -recent refurbishment -security keypad required -heating issues; awaiting replacement - maintenance / estates issues -possible podiatry move 	<p>Upgrade of existing heating system approved under SGHD scheme</p> <p>No space for community services to be based on –site. All services are provided as visiting services and use the upstairs clinical room which is not ideal for all patients.</p>	5
Hawick Health Centre	16545	11117	10872	Status quo	2	B	B	<ul style="list-style-type: none"> -safety issues PN room -explore options for reception space -security light / alarm rear Courtyard - maintenance / estates issues 	<p>Large building with a range of smaller issues at cumulative cost but provides benefit for large population.</p>	4

								-currently undergoing redevelopment: dental & podiatry rooms; paediatrics therapy - since 2000, new consulting rooms, library & other room improvements		
Hawick O'Connell St.	16141	6946	6564	Status quo				Keypad lock req'd. Practice –owned premises but NHS Borders to fund fitting of keypad door entry for nursing offices.	To be resolved from P&CS budget Remove from issues list	
Haylodge House	16160 16211	10904	11,137	13164	2	B	C	Current reconfiguration of HC answers all practice issues . Reconfiguration of HC currently underway. Haylodge House accommodates NHSB Borders staff	To be picked up in BIST space utilisation programme rather than primary care premises development.	
Kelso	16136	11365	11737	13512	2	B	A	-No major issues -medium term need for additional GP consulting room -reception area improvement possible if record storage swapped with PM room. -reception desk too low -major redevelopment before 2006	Major redevelopment before 2006. Issues relatively easily resolved	5
Melrose	16051	6482 (inc Newt)	6641 (inc Newt)	9228	4	C	C	-significant lack of clinical space - significant lack of office accommodation - confidentiality issues re	Complex. Practice also highlighted major issues at their own premises at Newtown St Bowell's.	1

								<ul style="list-style-type: none"> record storage -confidentiality issues reception -maintenance / estates Issues -request new build / redevelopment -second site owned by practice, also with major issues 	<p>Should further consideration be given to 2 sites or 1 site?</p> <p>Requires major redevelopment / new build.</p>	
Newcastleton	16047	1607	1524	2106	1(i)	A	A	-No issues		
Selkirk	16085	7550	7356	8905	4	C	C	<ul style="list-style-type: none"> -Significant lack of clinical space -existing consulting rooms with no wheelchair access -significant confidentiality issues throughout building -safety issues re radiators, baby exams, taps, windows -maintenance / estates Issues -possible podiatry move -request redevelopment / new build -currently undergoing refurbishment of reception -reconfiguration of physio & reception since 2002 	<p>Question the merit of making continual investment in short-term improvements that do not solve the overarching capacity problem.</p> <p>Patient & staff safety concerns .</p> <p>Recommendation would be for major redevelopment / new build.</p>	1
Stow	16550	4339	4296 (incl Lauder)	5247	1(ii)	A	A	<ul style="list-style-type: none"> -No major issues -maintenance / estates issues -replacement of central heating system in hand under SGHD scheme -reprovisioned 2005/6 		5

St Ronan's	16121	4196	4424	5528	2	B	B	-Inadequate access to clinical space -dental room soon to be freed up -possible podiatry move -issues re patient confidentiality / privacy & dignity PN rooms -practice request shower facilities -some maintenance / estates issues - reconfiguration of reception & PM office since 2000	Patient confidentiality & privacy /dignity a concern	4
West Linton	16174	3407	3475	3814	2	B	B	-Request exploration of extension longer-term -Fit for purpose currently but ? future in view of planning permission for new housing.	Internal reconfiguration & redesignation of rooms has helped to date but more significant reconfiguration may be necessary longer-term.	3

Fig 2. Prioritisation matrix, scores and initial banding

3.3.3 Discussions then took place to prioritise the sites within each of the five Bands. In doing so, it was felt that the sites in Bands 3 and 4 were all relatively close in priority level, though for slightly different reasons and although the two bands had been estimated as different cost levels, the Group decided to amalgamate them in order to reflect the totality of mid-range projects which should go on to be prioritised in the next phase, should the process be approved. Consequently, the Band categories became:

- Band 4 £0 - £50k
- Band 3 £50 - £250k
- Band 2 >£250k: refurbishment
- Band 1 >£250k : extension / new build

3.3.4 The Group decided that Band 4 (up to £50k) should be considered separately through joint discussion with P&CS and Estates as the issues within this Band are relatively straightforward and could be solved through various budget options eg maintenance, minor capital allocation, budget slippage. It was emphasised however that the issues in this Band range in type and complexity and must be prioritised with equity and fairness.

3.3.5 The remaining 3 Bands were then discussed and prioritised in turn.

3.3.6 The prioritisation outcome is shown below in **Fig 3**:

Band 1	£250k + with rebuild	Band 2	£250k + with refurbishment
= 1. Eyemouth		1. Duns, whole site	
= 1. Selkirk			
2. Melrose			
Band 3	£50k - £250k	Band 4	up to £50k (to be managed By P&CS / Estates)
1. Hawick HC		Coldstream	
2. Earlston		Currie Rd HC, Gala	
3. St Ronans		Greenlaw	
4. West Linton		Kelso	
		Stow	

Fig 3. Prioritisation outcomes by Band

4. SUMMARY OF OUTCOMES

In considering the premises issues at each health centre location, the Primary Care Premises Group identified the order of priority at this stage but also considered various common themes that had emerged from the site visits which they felt should be considered Borders-wide rather than practice by practice. The Group also identified commonly raised issues that are related to changes in NHS Borders service delivery policies as part of the efficiency programme.

4.1 Order of Priority

- 4.1.1 The areas identified as most urgent and requiring significant redevelopment were Eyemouth, Selkirk, Melrose and Duns.
- 4.1.2 However, it was recognised that any solution to the issues at Melrose is further complicated by the additional issues at the practice –owned premises in Newtown St Boswell’s and may therefore require further and more detailed discussion around the practice’s plans overall, taking into account any planned local development around Newtown / St Boswell’s and the possibility of any Developer Gain before being able to progress further.
- 4.1.3 The initial order of priority was therefore agreed as **Eyemouth and Selkirk, followed by Duns, with Melrose as high priority but requiring some further work.** Subsequent option appraisal and financial appraisal processes will confirm the final order.
- 4.1.4 Smaller and less urgent areas for reconfiguration or development were identified and prioritised as **Hawick, Earlston, St Ronans and West Linton respectively.**
- 4.1.5 It was felt that Hawick Health Centre was the top priority in this Band. Although a range of smaller issues were identified at this site, there is a cumulative cost given the size of the building and overall, the improvements offered would provide benefit for a large population.
- 4.1.6 At Earlston there may be some options for internal redesign once the new Lauder Health Centre is complete and some services relocate. It was felt that options for redevelopment / extension are explored once the impact on the Earlston accommodation of the new Lauder HC is fully known and taking into account any potential redesign within physiotherapy services at BGH.
- 4.1.7 At St Ronan’s there are some patient confidentiality and privacy / dignity issues which make it a higher priority than West Linton, which is fit-for-purpose currently, but may require significant reconfiguration longer-term in view of the increasing local population.

4.2 Borders-wide issues

- 4.2.1 Record Storage: The storage of patient records is an issue for many of the practices visited. While practices are becoming more and more paper-light and are now scanning certain documents, first and second volume notes still need to be retained in order to access relevant information in a timely fashion. In some instances there are patient confidentiality issues because of where records have to be stored.

At least one practice have back-scanned their records and now store the paper copies with an external company off-site. This incurred an initial cost to scan all records and then subsequent maintenance and ad-hoc retrieval fees but the practice report that it is working well.

In most health centres, the space taken up by record storage is significant. Where capacity is at a premium, the space freed up if the records could be moved would offer potential options to redesign and would solve some of the local accommodation issues, which may then negate the need for more costly reconfiguration.

Most practices where this was discussed are wary of the cost and time to back-scan as well as the ongoing cost and reliability of external contractors in supporting storage and retrieval. They all reported that they would be prepared to consider this option if it was a Borders-wide approach supported by an agreed policy framework which provides for confidentiality and security issues.

Nursing services and AHPs have similar issues but not the volume associated with GP records.

- 4.2.2 Kitchen worktop desks: Many staff across all locations are still using kitchen worktop desks. These units no longer meet occupational health and safety requirements in terms of height and depth and many, though not all, are in a state of disrepair.

- 4.2.3 Shelves in WCs: The vast majority of both disabled-access and standard WCs in all NHS Borders properties, including BGH, have no fitted shelf. Patients, public and staff may have conditions or disabilities such as diabetes or stoma whereby a surface is required, close to the washbasin, on which to lay out their clinical packs. Currently the only surfaces available for this purpose are the lavatory cistern or seat or the closed lid of a waste bin – none of which offer an hygienic option . At all of the health centre sites this was an issue
- 4.2.4 Extension cables: Mostly but not exclusively applying to GPs, many people are using extension cables and socket bars because of the increasing amount of electronic equipment required within the clinical environment. Although in many instances the cabling is or can be managed safely, there are examples of trailing cables due to the lack of or inappropriately placed wall sockets . The physical room specifications as part of the BIST space utilisation programme will help to identify areas where further sockets may be required.

4.3 Policy Issues

- 4.3.1 Domestic services: Most practices commented on changes to cleaning rotas which have seen domestic services staff working different shift patterns with slight alterations to duties and no longer working in the evening after surgeries have closed. Comments were made by some that this necessitates vacuuming around patients and being unable to access consulting rooms to clean them as clinics are underway during the day. Those that commented about this felt that this is not conducive to a calm patient environment and many questioned the standard of cleanliness compared to previously high standards.
- 4.3.2 Heating: Several practices commented that buildings are now very cold at the beginning of the week after the central heating has been turned off at the weekend and do not warm up until towards the end of the week. Many reported that patients complain of the cold temperatures, especially in consulting rooms where they are required to undress for clinical examination.
- 4.3.3 Internal and external paintwork and decoration: Many sites highlighted that both the interior and exterior of the buildings are looking very tired and grubby and require repainting. None knew if there is a painting rota / plan in place and whether or not their site is part of this.
- 4.3.4 Gardening & grounds: Several practices highlighted that the gardens and / or grounds are no longer maintained at the level previously experienced.
- 4.3.5 The Primary Care Premises Group felt that it would be helpful for NHS Borders to clarify to the GP practices the current service policies in place and for the relevant service managers to discuss any outstanding issues directly with the Practice Managers.

5. RECOMMENDATIONS

The Primary Care Premises Group recommend that:

1. Work progresses to develop options, outline plans and cost estimates for redevelopment / refurbishment schemes in Eyemouth, Selkirk, Melrose and Duns as outlined in the previous section 4.1. An option appraisal process and financial appraisal should then be followed and subsequently, business cases developed as appropriate.
2. Work should be done to develop plans and estimated costs for the smaller reconfiguration schemes at Hawick HC, St Ronans, Earlston and West Linton. Further prioritisation would then be necessary should resources become available.
3. There are different factors and implications pertaining to premises issues and potential solutions at each individual location. There are also points of practicality for all potential schemes e.g. the time needed for planning approvals, likelihood of developer gain, site availability and if funding is available. It was emphasised that all of these factors must be considered within the prioritisation / options appraisal processes recommended in points 1 and 2 above and may influence the order of implementation should resource allocations become available but with specific conditions attached e.g. they must be used within a defined timeframe.
- 4 P&CS and Estates jointly manage within existing processes, the Band 4 schemes (up to £50k) and issues raised under maintenance / estates / general issues at each visit and report into the Primary Care Premises Group.
- 5 A budget is established to support the cost of architects, planning costs and development of plans so that processes are not delayed when bids are time-critical.
- 6 The Primary Care Premises Group is re-established with the remit to oversee any primary care premises development programmes and to report / feed into the Property Review Group.
- 7 The BIST space utilisation and primary care premises development programmes continue to work in liaison to ensure efficient use of accommodation.
- 8 NHS Borders consider the Borders-wide and Policy-related issues identified in the paper and agree any response.

Author: Sandra Pratt, LTC Manager, Primary & Community Services

Date: 28th March 2013

The practice managers at all of the sites listed below were contacted to explain that visits would not take place to these premises and why; all were comfortable with this approach.

Premises owned by GP practices

- Chirnside
- Newtown St Boswell's
- Coldingham

N.B. O'Connell Street Hawick, which is also GP practice-owned, was visited at the Practice Manager's request because of issues affecting NHS Borders staff based on-site.

Where Development has been completed very recently

- Jedburgh

Where development is underway or planned

- Lauder
- Roxburgh Street

The Review covered Health Centre sites only and did not include community or day hospitals.

PRIMARY CARE PREMISES GROUP

Remit

The Primary Care Premises Group will:

- * Assess and prioritise primary care premises issues against agreed criteria.
- * Report on premises issues and potential solutions/recommendations to NHS Borders Board Executive Team and to Primary & Community Services (P&CS) Clinical Board.
- * Take a lead role in progressing and act as a project board for any major primary care premises developments approved by NHS Borders.
- * Monitor progress of minor schemes.

Process

Premises issues will be submitted to P&CS by GP practices, primary healthcare teams, P&CS managers, service users or will be identified through P&CS management site visits. The issues will then be passed to the Primary Care Premises Group for assessment and prioritisation.

In considering a range of premises issues the Group will use the following to inform assessment and prioritisation:

- * Outcomes of the space utilisation and physical space assessment work.
- * Population growth and increases in practice populations.
- * Information reported from P&CS / NHS Borders premises visit programme Jan – March 2013.
- * Local Housing Plan information.

Initial Function

The Group will meet a maximum of 3 times initially to assess and prioritise the issues identified by the P&CS / NHS Borders premises visits Jan – Mar 2013. At the end of this process a report will be produced for NHS Borders Chief Executive and for P&CS Clinical Board.

The requirement for the Group to continue longer term, in accordance with the remit outlined in Paragraph 1, will be then reviewed and agreed and the ongoing membership, function and meeting frequency will be confirmed.

Initial Membership (until April 2013):

- o Sandra Pratt, LTC Manager, P&CS (Chair)
- o Costas Kontothanassis, Contracts Manager, P&CS
- o David McLuckie, Director of Estates
- o John Smith, Property & Quality Systems Officer, Estates
- o Dr Jeff Cullen, GP, GP Sub Committee
- o Beverly Meins, Community Nurse Manager, P&CS
- o Warwick Shaw, Head of Delivery Support
- o Susan Swan, Acting Deputy Director of Finance
- o Claire Fernandez, Practice Manager, Merse Medical Practice
- o Pamela Gordon, Head of Podiatry and SLT, for AHP services
- o John McLaren, Partnership (Julie Caulfield as alternate)

N.B Where sections are blank on the visit reports, no issues were raised under that particular heading

Location: Coldstream Health Centre

Date of Visit: 25th January 2013

Met with: Yvonne Archibald, Practice Manager

Cynthia Wise, Community Nurse Manager

GP PRACTICE

- No major issues overall.
- Although there are no major issues, the practice can have difficulties with finding clinical space when 1st and 2nd year Registrars are both working. The 2nd yr Registrar often has to use the Library / meeting room. Visiting services also require access to clinical and / or desk space which can further compromise available space.
- *In one of the GP consulting rooms there is a marked dent in the floor which has been repaired previously but still presents a falls risk and requires further repair / replacement.*
- *Dr Platt requires a new desk chair as the existing one is very worn.*
- *All GPs have numerous pieces of electronic equipment but too few appropriately sited sockets. This means that they are all using extension cables.*
- Reception area:
 - Record storage is adequate.
 - *Not enough sockets for amount of equipment being used.*
 - *The heating is turned off at the weekend which results in the reception area being extremely cold at the beginning of each week. A draft from the front door compounds this.*
- *Practice Manager's office is very small and also houses some 2nd volume records.*
- *As there is no longer regular garden maintenance, the grounds can become overgrown quite quickly.*
- *Bins are not provided by NHS Borders and have to be emptied by the Practice Manager.*
- *The Practice have kindly offered to fund the development of a shower room for the use of all staff on site by converting the existing cloakroom situated next to the DSR opposite the coffee room.*

NHS BORDERS SERVICES

- The District Nurses' office is somewhat cramped, however they can access other rooms when necessary.
- Additional storage space would be very useful – cupboard space rather than shelves. *Review & clear out of existing cupboards to ascertain true extent of the issue?*
- *The coffee room is well used but is too small for the number of staff.*

SUMMARY

Building / Refurbishments for consideration

- One new desk chair required for one of the GPs
- Additional electric sockets in GP consulting rooms

Maintenance issues / issues for Estates

- In one of the GP consulting rooms there is a marked dent in the floor which has been repaired previously but still presents a falls risk and requires further repair / replacement.
- Maintenance of adequate temperature throughout the week in practice reception area.

IM&T

Other General issues

- No shelves in disabled or standard WCs

Location: Duns, The Knoll Health Centre,

Date of Visit: 14th and 15th February

Met with: Claire Fernandez, Practice Manager, Merse Medical Centre

Norman Kellett, Practice Manager, Duns Medical Group

Beverly Meins, Community Nurse Manager

GP PRACTICES

The premises are shared by Merse Medical Practice and Duns Medical Group along with NHS Borders services. The practices have a shared reception area.

The issues from both practices and NHS Borders services are listed below; there are certain cross-over points with each perspective and potential to consider solutions if all of the issues are looked at together therefore the summary section is structured to reflect this.

Merse Medical Practice

- There are 6 GP partners, all of whom carry out clinics at Chirnside as well as Duns. There are 4 part-time practice nurses, one of whom holds clinics at Chirnside.
- On the consulting corridor the GP consulting rooms for both practices are mixed across both side, based on historical useage of the rooms. This is not an issue for the GPs but some patients find it difficult to find the particular room to which they have been directed. *Install room signage at 90° to room doors so that it is visible when walking along the corridor?*
- Room accessibility for the practice dictates the way in which the practice nurses can work.
- The practice manager's office has kitchen worktop desks and is used as a clinical space for the practice nurse on some days of the week. There is no wash basin in the room – after each patient, the practice nurse has to go along to the staff WC to wash her hands. The doorway is not wide enough for the larger wheelchairs some patients now use.
- There is an area of missing plasterwork in the practice manager's office. *Estates to repair.*
- The reception area has been redesigned to allow more appropriate use of the “back-office” space across both practices, which has been very beneficial. However the side door is hung so that when it is opened, it hits anyone using the fax machine / mail sorting desk. *Re-hang door to open the other way / install glass panel so that it is apparent when someone is standing behind the door?*
- In the front reception office, although staff across both practices work very well together, there are issues of patient confidentiality at times. Patients of the practice have commented on this. There is a very large radiator which runs the length of the side wall and limits any reconfiguration of the room as it stands. This radiator can also be extremely hot. *The practice would like to explore the possibility of extension into the “dead space” area adjacent to the front porch to provide a separate reception area for each practice.*
- The floor tiles in the front reception area are lifting and are becoming a safety issue. *Repair / replace floor tiles.*
- The GP consulting rooms all have carpets rather than a washable surface. *Replace carpeting with appropriate flooring?*
- The smallest of the GP consulting rooms on the right hand side of the corridor has an adjoining internal door which is a major confidentiality issue as conversations can be heard from and into the adjoining rooms. *Remove adjoining door and brick up.*
- In the practice nurse's room at the end of the corridor, ther is a large crack in the wall. *Estates to investigate and repair.*
- There is a large disabled WC, the door of which opens onto the corridor and can hit people as they walk along. *Rehang the door so that it opens against the corridor end wall?*
- The corridor opposite the visiting consultants' room and outside the GP consulting room has several chairs in situ which are used by patients of visiting consultant clinics. There is a major issue of patient confidentiality as patients are asked about their personal details while in these chairs and often weighed using the scales which are fixed against the wall in this area.

- The Test Room houses a small fridge and is used infrequently. *This room could be refurbished to provide a confidential seating area to which patients of the visiting consultants could be taken to be asked personal details.*
- The patient chairs in all of the GP consulting rooms are becoming very worn. *Replace patient chairs?*
- The interior decoration of the building, with the exception of the rear reception area and the practice nurse's room is looking very tired and could do with refreshing. *Repaint?*
- Patient records have been scanned and paper records are stored offsite with an approved storage company.

Duns Medical Group

- There are 2 GP partners, 1 regular locum GP and 1 practice nurse.
- The practice wishes to highlight the increase in practice population over the last 5 years. If the upward trend continues, the practice would need to consider a 3rd GP partner in the longer term.
- The biggest issue for the practice is a lack of consulting rooms. The available space dictates how the practice can function on a day-to-day basis eg one of the GPs has to move out of their room one day per week to free it up for the visiting ophthalmologist who has equipment in this particular consulting room. This GP then has to use the practice nurse's room which means that she cannot work on that day.
- The visiting services consulting room use chairs in the corridor for their patients and discuss personal details which can be overheard. The Test Room houses a small fridge and is used infrequently. *This room could be refurbished to provide a confidential seating area to which patients of the visiting consultants could be taken to be asked personal details.*
- The treatment room is a huge space, with two distinct sections. *Would it be possible to explore division of this room to provide a smaller treatment room area and an additional clinical space? Alternatively, explore moving the treatment room and freeing up an additional clinical room on this corridor? (see summary section)*
- The practice nurse's room can frequently become uncomfortably hot, especially during the summer months. The heating pipes run under the floor and the temperature is very difficult to control. Estates have looked into this in the past. *Estates to advise.*
- Reception area works reasonably well and the recent reconfiguration has allowed additional space in the rear office for both practices.
- Outside, there is no pavement which means that patients have to walk on the road which is ever busier.

NHS BORDERS SERVICES

- The visiting consultants room is very dark, with mismatched furniture and has no storage space for the various services who use the room. It is used by a number of BGH Consultants for clinics, LASS, Sexual Health services and others. The patient chairs in the corridor compromise patient confidentiality. *The service would support the reconfiguration of the Test Room to use for taking patient details.*
- Treatment Room is a good space but storage is poor. *The service would like to replace the existing cupboards with storage racks*
- The midwives use a room constructed in the corner of the main waiting room. There are issues of confidentiality as conversations can be heard from the waiting area. *Soundproof or replace the door? Swap over the function of the room?*
- Health Board Reception. The room houses 2 people and has a very small window which is often awkward to access while other duties are being carried out. *Move door to opposite end of room & insert window where door was? Explore possibility of re-siting reception – swap with midwife's clinical room? (would require door to be moved in HB reception). Move to day hospital entrance and explore development of Health Board "wing" which could offer the potential to free up other rooms in the current consulting room corridor of the health centre – see summary.*
- Health Education Room – bookable room used by health visitors, SLT, Paediatric OT, Mental Health services and as a meeting room.

- The START team have been moved into the former SLT / OT office. OT and SLT have moved into upstairs office space but also use the Health Education Room as a clinical space. SLT have the use of the day hospital assessment kitchen space but have some issues with the appropriateness of this room as a clinical space. *Review as part of possible Health Board “wing”?*
- The treatment / BECS room is also used by Diabetes Retinopathy service.
- The podiatry room is used full time.
- Upstairs is all office space plus a conference / meeting room which is also used by Psychology, Mental health services and occasionally as a clinical space by the midwives
- The basement houses storage space, staff changing and a small staff room for ward staff.

SUMMARY

The community hospital and day hospital are also within the premises footprint and discussions have been underway within these areas about some reconfiguration of space which would enable co-location of day services with Social work and would provide some extra clinical rooms. The proposal below would complement this.

Building / Refurbishments for consideration

- Explore the feasibility of relocating all NHS Borders services into one “wing” of the building which would see reconfiguration of the day hospital corridor would incorporate the proposed changes within the community hospital (above), re-siting of Health Board Reception and possibly the visiting consultant room which would free up rooms in the current g room corridor of the health centre for use by the GP practices.
- If above not feasible, explore potential to reconfigure current treatment room space and reconfigure / re-site Health Board reception..
- Reconfiguration of Test Room.
- Removal and bricking up of adjoining door in small GP consulting room to improve confidentiality.
- Explore the feasibility of extending out into the space next to the front entrance of the health centre to create a separate reception space for Merse Medical Practice.
- Install new room signage on consulting room corridor.

Maintenance issues / issues for Estates

- Rehang door of disabled WC.
- Assess & repair crack in practice nurse’s room.
- Assess & repair plasterwork in practice manager’s room.
- Repair / replace flooring in reception and GP consulting rooms.
- Soundproofing of current midwife’s clinical room.
- Rehang reception door / insert glass panel.
- Review, advise & repair if possible heating issues in practice nurse’s room, Duns Medical Group

Other General issues

- No shelves in disabled or standard WCs.
- Repainting of interior space.
- Pavement outside required.
- Replace patient chairs in GP consulting rooms.

Location: Earlston Health Centre

Date of Visit: 4th February 2013

Met with: Yvonne Archibald, Practice Manager; Jayne Turner, Health Visitor

GP PRACTICE

- Capacity has become a huge problem over recent years. The practice has supported change of use of various rooms to try to accommodate the range of services provided from the health centre. *Most people have to hot-desk as others need to use their designated space.*
- Currently, reconfiguration of the reception area is almost complete and will provide a Practice Manager's office within the reception footprint. The patient records, which have occupied this space to date will now be stored in what has been used as the practice manager's office.
- There are 3 GP consulting rooms. Room 3 is also used by the practice nurses and visiting services, in particular LASS and the dietitian. *When both practice nurses are in, there is often a delay for patients due to rooms not being available.*
- The treatment room is used by the District Nurses, GPs and Practice Nurses
- A small GP admin office was created to allow GPs to vacate their rooms for others to use when carrying out admin tasks.
- The store room is used by all services and is an adequate space.
- Most office spaces are furnished with "kitchen worktop" desks. *Reassess in view of working environment issues?*
- *The staff room has recently been refurbished but is not big enough for the number of staff on site.*
- The community room was originally meant to be available for clinical use as a bookable space. However, it used as a base by SLT and is also used by visiting Mental Health services. *Is there the potential to free this room up at specific points in the week as another designated clinical space available for those on site to use? If physiotherapy room could be altered to create additional clinical space, could this room be used as an additional office / hot desking space for a wider number of on-site staff? Perhaps not in an ideal location within the building for clinical use as it is within the staff "corridor".*
- The physiotherapy room is a large room used by physiotherapy, podiatry and breast feeding group at various points in the week. The health visitors report that this is a most unsuitable environment for the breast feeding group. *The layout of the room is not conducive to effective use of space and enquiries have been made in the past about partitioning off a section of the current area to make another office / consulting room. The response to date has been that this would be too expensive to do but this may be an option to explore at this point in time?*

NHS BORDERS SERVICES

- District nurse / health visitors office: very cramped and can be very noisy if all staff are in at once, making it hard to concentrate. Most are part time however which means that a full office does not occur all of the time and once the new Lauder health centre is completed at least one member of staff will have office space there which will help alleviate the issue. *The room is fitted with kitchen worktops as desk space.*
- The breast feeding group has to be held in the physiotherapy room which is the only room large enough but is cold and clinical and not the right environment for new mothers. *Discussions are underway to source an off-site community location in which to hold this group.*
- Regulations state that there must be designated breast feeding areas within our buildings. In Earlston the breast feeding area had been sited in the room that will now hold the medical records. The Health Visitor is making enquiries to see if the facility can be "moveable" according to room availability at any one time. *Could the typist's office between the doors at the main entrance be designated as this space as it is not used full time and is warm, safe and discreet?*

SUMMARY

Building / Refurbishments for consideration

- Explore the redevelopment / reconfiguration of the physiotherapy room to create an additional office or consulting room.
- Explore options for extension to the building to create additional clinical and office space.

Maintenance issues / issues for Estates

IM&T

Other General issues

- No shelves in disabled or standard WCs

Location: Eyemouth Health Centre

Date of Visit: 26th February 2013

Met with: Gitte Blackley, Practice Manager

Beverly Meins, Community Nurse Manager

GP PRACTICE

- The practice feel very strongly that the building as it stands currently is no longer fit for purpose and that significant redevelopment is required to increase capacity to an appropriate level. *The practice would request exploration of how the existing building might be extended and developed or reprovisioned elsewhere. If the site must be retained, they suggest the potential to build above the practice manager's office & meeting room, redevelop the basement or even build out on a raised frame over a section of the car park.*
- Work is currently underway to reconfigure the existing waiting area and reception space in response to significant concerns about patient confidentiality.
- There has been a significant increase in the number of babies and children being registered with the practice over the last two years.
- The external fabric of the building is beginning to deteriorate eg the wooden gates leading to the basement area are rotten and require replacement and the windows leak. *Repair / replace. The steps up to the front entrance used to be kept free of slippy leaves / ice etc by a handyman but this service is no longer available - safety issue.*
- There are 6 GP partners four of whom work full time and two part-time, 3 practice nurses and a phlebotomist. The practice is now a training practice and has a trainee for 18 months at a time, with the potential to have a second trainee in the future.
- *There are currently 5 GP consulting rooms, one of which was created last year by moving the health visitors' office into the basement area and the staff room into the former health visitors' room. This has not fully resolved the clinical capacity issue. Because of the limited clinical space, the GPs have to manage their workplans according to room availability.*
- *Having been unable to access clinical space within the Health Centre, Psychology services have to use a room at Coldingham branch surgery which means that the GPs have restricted access at that site.*
- *The practice offer extended hours which means that there is a pressure on services to vacate rooms promptly to enable this to take place.*
- *The meeting room has had to become a hot-desking area for GP admin time and also is used for diabetes retinopathy screening despite it being in a non-patient corridor. Meetings have to be carefully scheduled around these functions.*
- Visiting services use Rooms 6 and 7, the Health Education Room or Day Hospital clinical rooms.
- *There is no pram park or cycle stand and because of the distance into the health centre, parents bring prams and pushchairs inside and place them in the corridors, as do patients using electric wheelchairs. This blocks fire exit routes and main thoroughfare within the health centre.*
- *The waiting area is used for all services and is not big enough – often patients have to stand.*
- *Security and confidentiality are compromised because of clear windows on the treatment room aspect of the building.*
- *The mail cupboard has had to be moved to stand in the day hospital corridor to afford some extra space in reception.*
- The basement houses patient records and DN storage space at one side and the health visitor's office at the other. There is a separate entrance to this part of the building. The health visitor's room windows open onto a bus-stop outside and even when closed, conversations in the room can be heard when standing outside. The heating and ventilation system is somewhat unpredictable and the room can become quite hot at times. There is a panic button and response system in place. *The practice suggests this room could be used by nursing services out of hours. The separate entrance may make things a little easier for them by avoiding the need to come right through the health centre and deactivating the alarm system. There may also be scope to reconfigure the whole basement area to provide additional office space.*
- *There is no safe room for use by mental health services.*

- *Car parking space is inadequate*
- There is an SBC building adjacent to the health centre premises. *While this would require significant redevelopment, would gaining this building offer any feasible options for additional space for health services?*

NHS BORDERS SERVICES

- The health education room is used by health visitors for clinics and by a range of visiting services as a bookable clinical space.
- The treatment room is used by the NHS Borders nursing staff and the practice nurse over 5 full days.
- The DN's & Midwives room houses 8 people, some of whom are part time and are rarely there together. There are usually 4 or 5 people max in the room at any one time.
- In the basement the Health Visitor's office currently holds 3 staff. If the room was reconfigured it could offer additional desk space. The windows open onto a bus stop outside from where conversations in the room can be heard. The heating is unpredictable and the room frequently gets very hot and stuffy. *Explore reconfiguration of the room / whole basement area. Assess windows for soundproofing. Review & repair / replace heating & ventilation systems.*
- Visiting AHP services find it difficult to access bookable rooms as they are frequently used to capacity
- While on site some day hospital issues were highlighted:
 - The main day hospital area is not used after the patients go home at around 2:45 / 3pm. *Might there be scope for other services to use this space later in the afternoon?*
 - There are 2 consulting rooms within the day hospital which are used for out-patient clinics by visiting consultants from BGH and other clinical services. They are divided by an adjoining door through which all conversations can be heard from one room to the other, resulting in a confidentiality issue. *Could this door be blocked up or soundproofed?*

SUMMARY

Building / Refurbishments for consideration

- Explore all options to address longstanding premises issues:
 - Potential to extend / expand existing building and redevelopment of basement build.
 - Consider feasibility of new build on a new site.
 - Assess feasibility of gaining adjacent SBC building to offer further flexibility.
- ***While considering the above options, thoughts are required about those issues outlined above where potential solutions may be feasible shorter-term to help alleviate urgent problems:***
 - Redevelopment of basement area and subsequently redesign of room use across all services on site.
 - Build pramstore to reduce risks from blocked corridors and fire exit routes.
 - Review security / confidentiality issues caused by windows on treatment room side of the building and resolve as required.
 - Repair / replace external rotten woodwork and windows.
 - Block up / soundproof adjoining door between day hospital consulting rooms.
 - Review and repair / replace heating and ventilation systems.

Maintenance issues / issues for Estates

- Safety of steps at front entrance.

IM&T

Other General issues

- No shelves in disabled or standard WCs
- Car parking inadequate.

Location: Galashiels, Currie Road Health Centre

Date of Visit: 22nd & 25th February 2013

Met with: Mary Cockburn, Practice Manager, Drs Owen, Smith Practice

Roy Thomson, Practice Manager, Braeside Practice

Norman Kellett, Practice Manager, Waverly Practice

Dr Rodger Glenfield

Hazel Mitchell, Business. Mgr, Dietetics / Administrator Health Board

The premises are shared by 4 GP practices and NHS Borders services. The issues from all practices and NHS Borders services are listed below; there are certain cross-over points with each perspective and benefits if they are considered together therefore the summary section is structured to reflect this.

GP PRACTICES

Waverly Practice

The practice reported no major premises issues and feel that there has been huge benefit from the relatively recent extensive redevelopment of the Health Centre.

Braeside & Drs Owen & Smith Practices

The practices gave a joint perspective on issues. Both practices feel that there are no major premises issues but highlighted some salient points:

- The building is frequently very cold at the beginning of the week and does not reach an ambient temperature until mid-week. Patients complain about the temperature in the consulting rooms and staff find it most uncomfortable. *Estates to assess.*
- The carpet at the front entrance is very worn and stained from water damage as a result of heavy rain, flooding and snow. *Assess slope and way in which water runs into the front entrance and repair. Replace carpet.*
- There is a high demand for clinical rooms throughout the building from visiting services eg Mental Health services, AHPs. While practices make every effort to help with this, it does reduce the flexibility for them to work in different ways.
- The treatment rooms and reception areas have no natural light. While this is understandable it is not ideal.
- The air circulation system is not always very efficient – *air conditioning would be preferred.*
- Record storage is adequate.
- Waiting room chairs are still reasonable but are looking grubby. *General Services to clean chairs.*
- Since the change in the work scheduling for domestic services the practices have noted a marked deterioration in service: it seems disorganised and now operates during the day when access to clinical rooms is extremely limited. Clinics often run until 7pm or later but the domestic cover stops at 7pm. There have been comments made by patients and staff querying the standard of cleanliness. *General Services Managers to discuss with Practice Managers?*
- *All GPs are using extension cables due to the increasing number of electronic equipment they are required to use.*
- Braeside Practice have a late night surgery which requires patients and staff to access the side entrance. There is no outside light at this entrance, making it very dark and potentially dangerous. *Install outside light.*
- The side entrance door is ill-fitting and very drafty, making the corridor extremely cold. Indeed daylight can be seen through all edges of the door. *Replace or repair door.*
- Braeside Practice have recently given up Room 16, which is now used by LASS and would seek information about a rent reduction. *This has been discussed with Costas Kontothanassis since the*

visit. Costas thinks this would be appropriate but requires a formal request from the practice in order to process things.

- There is very little space for display of patient information / monitor.
- The outside landscaping is becoming very untidy. *For consideration by Estates.*

Dr Glenfield's Practice

- The practice have 1 GP partner, a salaried GP plus an undergraduate student at regular intervals. There is a part-time practice nurse.
- The practice currently has 2 consulting rooms, both of which are shared use with the GPs and practice nurse.
- On occasions, LASS and the health visiting service use one of the consulting rooms if it is free.
- The practice list size has increased over recent years and with the advent of the railway, the practice feels this may increase further over the next 5 years. This would require additional capacity, with a possible requirement for an additional consulting room. *Explore how this may be met in the longer-term?*
- In Room 72, there is a smell from the sink. *Estates to investigate and repair.*
- During the summer months, the practice area gets very hot and the air circulation system is not always effective. *Air conditioning would be preferred.*
- Since the change in the work scheduling for domestic services the practice has noticed a marked deterioration in service and have received complaints from patients on occasion.
- Record storage is almost at capacity and may become an issue longer-term.
- The storage cupboard is very small.
- The carpet in the reception area is looking very tired.

NHS BORDERS SERVICES

- Plans are in place for podiatry and dental services to move rooms to allow single use clinical space – podiatry to room 58; dental services office to room 34 and dental clinical area to Room 61. *The services have not been informed when this will happen – Estates to confirm?*
- Room 32 is used by Speech & Language Therapy (SLT) as office space. There can be up to 7 SLTs in the room at one time plus admin support. When several clinicians are in at once it can be extremely difficult for the admin support postholder to concentrate. This has been raised through SLT line management who are looking into potential solutions.
- Bookable clinical space (2 rooms plus Health Ed Room plus safe room) is at a premium, with most being used to capacity.
- Ad hoc access to additional office space is also difficult There have been occasional requests to access Room 81, upstairs admin office for Drs Owen & Smith Practice for administrative duties. The practice have been very helpful in supporting this. *Discussions to continue between the services on-site re access to this room.*
- Room 2 is shared by the Community Nurse Manager and Health Board Administrator. It could house a 3rd person but would need additional network cabling and additional desk.
- In rooms 85 and 87 (community nurses) there are kitchen worktop desks. *Replace desks?*
- On the older side of the building, the windows are single glazed and the rooms are therefore noisier and colder than other rooms. *Install double glazing?*

SUMMARY

Building / Refurbishments for consideration

- Installation of double glazing in specific areas
- Assess way in which ground slopes / water runs into the health centre & repair. Replace carpet in front entrance.

- Explore future provision of 3rd Consulting Room for Dr Glenfield's practice (could be through internal discussion / redesign of room use?)
- Replacement of kitchen worktop desks

Maintenance issues / issues for Estates

- Install outside light at side entrance.
- Repair / replace door at side entrance.
- Review heating issues & air circulation system..
- Assess smell from sink Room 72.
- Assess use of extension cables & resolve as necessary.
- External maintenance (of landscaping)

IM&T

Other General issues

- No shelves in disabled or standard WCs
- Washing of chairs in patient waiting area
- General cleaning issues

Location: Greenlaw Surgery

Date of Visit: 29th January 2013

Met with: Cath Cotton, Practice Manager

GP PRACTICE

- The practice feel that the building has been much improved by the extension and refurbishments carried out over recent years, however there are one or two issues still to address.
- There are an adequate number of clinical rooms, with no issues raised about them. There are a number of visiting services (Mental Health teams, paediatrics, prescribing team, podiatry, LASS etc) who access clinical space through a booking system.
- *The current heating system relies on electric storage heaters which make the environment either far too hot or far too cold. The practice were informed by Estates that a replacement central heating system would be costed up but they have received no further word about this.*
- *The reception area roof has leaked and caused severe damage to ceiling tiles. Estates were informed and the practice are awaiting replacement.*
- *The entry steps to the front of the building are crumbling following the recent very wet weather. This poses a safety risk – PM to inform Estates.*
- *There is an impressive disabled access WC, however there are no shelves beside the wash basin. A coat hook would also be helpful.*
- There is adequate record storage in an upstairs room which also affords office space, *although there is no telephone point.* The practice are beginning to backscan to reduce the number of records stored.
- General storage is adequate but requires review and tidying to maintain effective use of space.
- While service from IM& T services has been very good, *IT connections can be very slow.*
- *There is an issue about security and safety at the back door, which is used by several members of staff. A swipe card / coded door entry would solve this problem and would also be useful on the inner door through to the clinical areas.*
- *Car park lines are very worn and require repainting.*
- *Paint is peeling in the waiting room due to the leak in the roof.*
- *General maintenance of grounds poor.*

SUMMARY

Building / Refurbishments for consideration

- Replacement of central heating system.
- Secure door entry system for rear door and one internal door.
- Installation of a telephone point in the records office.
- Installation of a coat hook in the disabled WC.

Maintenance issues / issues for Estates

- Repair of steps down to front entrance
- Replacement of damaged ceiling tiles in reception area.
- Repainting of waiting area where leak has damaged wall.

IM&T

- IT connections very slow at times

Other General issues

- No shelves in disabled or standard WCs
- Car parking lines very worn and indistinct.

Location: Hawick Health Centre

Date of Visit: 30th January 2013

Met with: Susan MacKenzie, Practice Manager; Claire Scott, Paediatric OT; Fiona Houston, Community Nurse Manager.

GP PRACTICE

- There are 9 GP partners, 1 GP Registrar, 1 Salaried GP. The practice is a teaching practice for medical students who come in 3 week blocks. They have up to 9 students per year.
- Staff numbers on site across all services have increased, making access to appropriate rooms difficult at times. *Room availability often dictates which days some part-time staff can work.*
- The GPs work 4 clinical days and 1 admin day but often are unable to access rooms for their admin day.
- IT connections are very slow since the introduction of EMIS
- Reception space is a major issue and a high priority for the practice in terms of any refurbishment. It is compartmentalised, making it a very impractical working space compounded by the storage of all patient records within the rear section and other equipment such as fridges being inappropriately sited. The practice would consider off-site storage options for records but the cost is thought to be prohibitive and the view is that it would be better to look at a Borders-wide solution rather than practice by practice. *Explore reconfiguration options for reception?*
- A ceiling height glass panel had been installed between the computer room and reception area to allow some light into the former, which houses 3 members of staff. *A lower glass panel allowing sight into the reception area would allow the computer suite staff to feel less cut off and more a part of the team.*
- One of the Practice Nurses works clinically in Room 127 which was converted from what had been a computer room. It is very narrow and very cramped and has a large sink and workbench at one end of the room which means that the examination couch can only fit immediately adjacent to the door. There is no space to fit a cubicle curtain for patient privacy. The configuration of the room means that the patient is always between the practice nurse and the door with no possible means of escape in a dangerous situation. Wheelchair access is impossible. *Staff and patient safety issues as this room stands. Remove sink and reconfigure room?*
- Interior decoration is quite shabby throughout the health centre. This has been reported to Estates by the practice who are able to repaint but the practice has been told that this would be within the working week. They would prefer the work done at a weekend to avoid disruption to services. *Discuss with Estates.*
- Flooring throughout the ground floor rooms was replaced in 2005 because of significant flood damage. This is light grey in colour and is now becoming noticeable marked. *Replace flooring?*
- The drop-off bay at the front entrance is marked for drop-off and emergency vehicles only but people park and leave cars in this space, causing obstruction and potential safety risk. *Since the visit, this has been drawn to the attention of Lothian & Borders Police who have asked their traffic warden to patrol the area from time to time and speak with those drivers who are causing obstructions.*
- Store room is large and allocated for all services. It is currently cluttered which reduces the capacity somewhat. *Review & tidy to make best use of space?*
- *The contract for window cleaning has been stopped so the windows are not cleaned and are extremely dirty.*

NHS BORDERS SERVICES

- *In view of recent burglaries and risk of further break-in, a security light and possibly security cameras in the courtyard behind pharmacy.*
- There is no bariatric seating in the patient waiting area in the NHS Borders services corridor and the chairs are becoming very worn. *Fiona to identify number of replacement chairs required.*

- ATOS welfare benefits service use NHSB rooms for assessments and clients of this service also use the patient waiting area. On occasion there have been problems with these clients becoming agitated or verbally aggressive.
- Interview Room 159 – *wall cupboard requires to be removed or moved.*
- Health Education Room – open cupboard at end of the room houses various pieces of equipment and is potentially a safety risk to any children using the room. *Request made to explore feasibility of building a partition wall to close off the cupboard and putting in an access door.*
- The paediatric therapy area is no longer an appropriate space from which to provide assessment and intervention. For some time therapists have had to access other clinical rooms within the health centre for this purpose; this has been problematic as space is at a premium and available rooms have often been unsuitable for the clinical interventions required. Plans have recently been approved for a redevelopment and extension of the existing paediatric therapy area, incorporating some of the physiotherapy waiting area. *Funding has been approved and a phased approach to improvement of this and other clinical rooms has been taken. The paediatric therapy area work will begin when redevelopment of the former dental rooms is complete.*
- However the paediatric occupational therapists and physiotherapists feel that although welcome, this work will still only provide an adequate treatment space and that the ideal would be to have a bigger, wheelchair accessible paediatric treatment area, with a plinth, wash basin, space for gait assessment and ceiling track hoist as well as an additional, safe place for children to be assessed with stairs, mats, therapy balls and toys.
- Podiatry services will be moving into one of the redeveloped dental rooms. There are some concerns over the distance from the main waiting area for patients and staff with mobility problems and the potential impact on appointment times. There may be the potential to use the treatment room waiting area but space is very limited here due to the width of the room and radiator position. *Service to discuss with nursing services or adjust time allowances for travel from main waiting area to treatment room?*
- Adult physiotherapy services, dietetics and speech and language therapy services have no issues with current accommodation.

SUMMARY

Building / Refurbishments for consideration

- Removal of sink & worktops in practice nurse's room (Rm 127) and reconfiguration to make safe clinical area.
- Installation of security lighting and assess for installation of security camera in courtyard next to the pharmacy.
- Review of reception area to consider how reconfiguration might support more effective use of space.
- Installation of lower glass partition between computer room and reception.
- Assess health education room open cupboard area re installing solid partition and door access.

Maintenance issues / issues for Estates

- Replace flooring in main entrance and foyer, practice corridors and clinical areas.
- Room 159. Wall cupboard to be removed / repositioned.
- Advice re drop –off bay at front entrance.
- Repainting.
- Window cleaning.

Other General issues

- No shelves in disabled or standard WCs
- Provision of bariatric chair
- Replacement of waiting room chairs.

Location: Hawick O'Connell Street

Date of Visit: 4th February 2013

Met with: John Fishwick, Practice Manager; Fiona Houston, Community Nurse Manager

O'Connell Street Medical Practice premises are owned by the GP practice and not by NHS Borders. However, some of NHS Borders nursing staff are based on-site and the Practice Manager asked for a visit so that issues raised by them could be noted.

The practice highlighted that although they continue to improve and modernise the premises, space is an issue when trying to accommodate requests from visiting clinical services. These services currently include LASS, Psychology, Pharmacy, Mental Health Services, Midwives and while the practice welcomes such services they are finding it increasingly difficult to free up appropriate rooms for them.

Given that space is at a premium on all sites, would it be beneficial for discussions to take place between both Hawick practices and the relevant clinical services who require rooms to review the most effective way forward for all concerned?

Nursing Services

The community nursing staff occupy rooms upstairs accessed via a stairway from the entrance foyer to the premises which leads to a door fitted with a yale lock at the top of the stairs. The staff are concerned about personal safety and confidentiality as the door at the top of the stairs is rarely locked and they cannot always hear if someone ascends the stairs and enters their corridor. Two solutions have already been discussed with Estates:

- Fit a keypad with coded entry to the door at the top of the stairs
- Install a door at the bottom of the stairs with a keypad entry

An Estates officer is to visit to assess these options.

Location: Haylodge Health Centre & Haylodge House, Peebles

Date of Visit: 14th February 2013

Met with: Ann Scott, Community Nurse Manager.

Telephone discussion with Margaret Mayer, Practice Manager

GP PRACTICES

- The Health Centre is currently undergoing major reconfiguration which will provide additional and more suitable clinical space for the practices as well as some NHS Borders services.
- The GP practices feel that this reconfiguration will answer their premises issues and have nothing further to raise at this time.

NHS BORDERS SERVICES

- There is a lack of appropriate office space for nursing staff within the health centre. *The current kitchen facilities are soon to be downgraded and may free up some additional space that could potentially be converted into office space?*
- There is also a lack of storage space in the health centre – the Community Nurse Manager has asked Estates if there might be scope to convert some of the former laundry space for storage.
- New facility for day hospital / services shared with SBC built in former lower ward area. Includes therapy area, day room, two clinical rooms *but the space is largely unused after 2:30pm when day patients / clients have gone home. Could this space be used after 2:30pm for additional DN clinics / physiotherapy services / consultant clinics / additional visiting services?*
- The CNM had been told that there are issues with the physiotherapy room but she had not been given any detail. The physiotherapy service has been contacted about this but no reply has been received to date.

Haylodge House

- The building is old and accommodation is over four floors with quite steep stairways and many unoccupied areas. However there may be the potential to provide additional office space and storage capacity through redevelopment and / or refurbishment.
- All offices are fitted with kitchen worktop desks. *Replace?*
- Most offices currently accommodate more people than there are allocated desk spaces. *However there are several empty rooms within the building. If the building is to be retained, refurbishment of at least some of these rooms could offer additional office accommodation and ease the capacity issues. Some rooms would be habitable as they stand with a little tidying and re-organisation (eg the DN's "ante-room") Subsequent bullet points identify some specific points and where refurbishment or re-organisation may be feasible:*
- First Floor
 - All rooms fitted with kitchen worktop desks
 - Room 2.6 Currently Paediatric OT & Physio room. Currently holds 5 people (1 full time, 4 x part time). Risk assessment identifies as a room for 2 people. There is no access to the window and space is at a premium. A risk assessment has been done and forwarded to the space utilisation programme.
 - Room 2.31 is very small and houses 4 people (space utilisation forms will identify hours)
 - There is a plan within the service to swap over the health visitors room with the midwives room as the rooms would offer a better fit for each service. Additional network points have been ordered. There are some issues for the midwives about storage of specific equipment. *There are other storage possibilities situated very close to the proposed room that would*

house equipment. Eg Room 2.11 currently houses a printer and one or two other items but is to be considered for midwifery storage.

- There is a kitchen and coffee / meeting room on this floor.
- Room 2.18 is used as male changing rooms but is a large space currently only used by 3 or 4 staff. *There are substantial male and female changing facilities in the basement which are under-utilised. This staff changing area could be accommodated within the basement space, freeing up Room 2.18 as a four person office.*
- Room 2.9 is a District Nurse store room. It is very cramped and very full. *Could be tidied and reviewed? Potential to re-site in one of the many empty rooms in the building.*

- Top Floor

- Room 3.11 houses the START team
- Room 3.10 was used by Social work but is now empty. *Could be used for storage or if door repositioned, could be refurbished as an office.*
- Room 3.12 is a very large kitchen area. *Kitchen could be reduced to provide a small but functional kitchen area and additional office or storage space.*
- Room 3.8 is used as an office by the Breast Feeding counsellor. This is a temporary post. *One person office will be freed up when this post ceases.*
- Room 3.1 Speech & Language Therapy office. Spacious room but gets very hot.
- District Nurses Room – houses up to 6 people, although they are not always all in at one time. Only has 2 computers and 3 desks. The room gets very hot and there are no blinds at the window. *Fit a blind to assist with temperature control?*
- DNs also have room adjacent to above which currently has in it one desk and is very cluttered with numerous old chairs and other redundant equipment. *If this room was cleared it could be refurbished as a comfortable 2 person office which would relieve the capacity issues in the main DN office.*

Ground Floor

- Store room – holds health visitor books, parentcraft equipment, continence supplies. *Clear out & tidy to provide additional storage capacity?*
- Health Education Room – Bookable space used by Mental health services, as a parentcraft room by health visitors, child health clinics, as a meeting room.
- Consulting room – accessed through health education room. Used primarily by child health but is not soundproof so conversations can be heard from the health education room. *Soundproof?*
- Seminar Room – used infrequently by Mental health Services. *Could be freed up as additional clinical or office space?*
- Room 1.3 Used by Mental Health service once per week. Has network point. *Could be used as additional office space by other services on remaining 4 days per week?*

Basement

- Huge space taken up by staff changing facilities, including a shower facility and laundry collection point. All of the space does not appear to be used. *Review how much of the changing area is used by staff. Could accommodate First Floor male changing? Assess feasibility of adaptation to provide storage capacity / other functions?*

Health Centre

- Health Board Reception - no issues reported
- Treatment Room – adequate
- 2 Consulting rooms for nursing staff – both quite small but adequate
- In the new refurbishment there is to be an area for Mental Health services – *will this take Mental Health services out of Haylodge House, freeing up office or clinical space there?*
- There is very little nursing storage on the ward – *CNM has enquired about using part of the current laundry space for storage as it will be freed up within the refurbishment.*

- The existing kitchen is to be regarded. *The CNM is in discussion with catering services about use of some of the freed up space for additional offices.*

SUMMARY

Building / Refurbishments for consideration

- Complete reassessment of Haylodge House with a view to upgrading current office spaces, refurbishment of empty rooms to provide additional office and storage space. Clinical space is only possible on the ground floor and would be limited.
- Replacement of all kitchen worktop desks to comply with current regulations.

Maintenance issues / issues for Estates

- Review heating system.

IM&T

Other General issues

- No shelves in disabled or standard WCs

Location: Kelso Health Centre

Date of Visit: 25th January 2013

Met with: Cameron Scott, Practice Manager

GP PRACTICE

- Practice feels very fortunate in having very good accommodation.
- Practice list is rising steadily and is predicted to increase further as a significant number of new houses are planned on the Roxburgh Estate. While the practice is just about managing with current list size, they feel that they will probably require an additional GP in the future to adequately support the increased population - this will have an impact on existing accommodation which is already reaching capacity.
- Currently 10 GP partners plus 1 GP retainer. Partners each have a consulting room and the GP retainer hot – desks wherever there is a space.
- GPs consulting rooms not used full time for surgeries but GPs use them after surgery times for administrative tasks linked to clinical workload, nGMS data etc as they need to access their computers for this.
- Psychology services use the GP rooms two days per week.
- Ad hoc requests are received from NHS Borders clinical services to use GP rooms when demand outstrips capacity in NHSB clinical space.
- Visiting consultant clinics have increased over recent months which also impacts on capacity within NHSB clinical space. *Potential for review of room management processes??*
- *GP Practice suggests that an additional GP consulting room may be required in the medium term. They feel that this is not pressing immediately but may become so as the population expands over coming years. They suggest one option would be to build a one storey extension next to Room 28 (Practice Nurses currently) extending into what is currently a planted area at the rear of the building. They acknowledge that there may be cheaper options.*
- Patient records (current) are stored behind Reception in tall shelved sections. They obscure the view from and to the front desk from the back office so that sometimes patients are left waiting without anyone realising they are there or without the patient realising that the reception staff are answering phones etc. The records are needed for regular reference by the GPs and wider PHCT so need to be accessible. *PM suggests investigation to see if the records would fit into his existing office / coffee room. If they could be moved there he would move downstairs, offering the opportunity to be closer to his team. If a glass partition was installed between the back office and Reception to protect confidentiality, then the staff would see any patient standing at the reception desk and any patients at the reception desk would see if staff were on the phone etc and understand why they could not come to the desk immediately. With some possible modifications (glass partition between areas?) to the back office space, the 3 staff based in the coding room at the rear of the office would feel more integrated with the wider team. Space for the staff coffee room would need consideration.*
- *The Practice Manager asked if the Reception desk height could be checked – he feels it may be a little low with regard to personal safety for the reception staff.*
- *The gutters leak in each of the round-walled rooms, creating damp patches on the inner surfaces.*
- *The central heating is controlled centrally, rather than by individual room / area thermostats. Many staff complain about being too hot or too cold, depending on which room they are in.*
- *The patient waiting areas are frequently very cold at the beginning of the week during winter months as the central heating seems to be lowered at weekends so the waiting areas take quite a while to reach optimum temperature. The practice receives many complaints from patients about this.*
- *Staff and patients routinely complain about lack of car parking spaces at the Health Centre.*

- *IM&T – connections continue to be extremely slow. This is worse at Yetholm branch surgery.*
- *No shelves in disabled or standard WCs*

Dental Services

- Some capacity issues which could be relieved somewhat if BGH dental accommodation was resolved. There is the potential to close the Local Decontamination Unit within Kelso and transport the equipment to Coldstream Dental Centre for sterilisation. Discussions are ongoing within the service about these issues.

SUMMARY

Building / Refurbishments for consideration

- Assessment of PM's office space for potential movement of patient records upstairs from current site. If feasible, movement of records and refurbishment of back office space to accommodate PM and coffee room. Installation of glass partition between reception area and back office and between coding room and back office.
- Explore all possible options for additional 1 x GP consulting room. Potential solution on ground floor level to rear of Room 28, extending out onto existing planted area?
- Reception desk height – assessment and raising if appropriate (*personal safety issue*).

Maintenance issues / issues for Estates

- Leaking gutters in all round-walled rooms.
- Patient waiting area – maintenance of adequate temperature.

IM&T

- Connections extremely slow.

Other General issues

- Car parking spaces
- No shelves in disabled or standard WCs

Location: Melrose Health Centre

Date of Visit: 28th February 2013

Met with: Karen Kennedy Practice Manager

Beauty Kureya, Senior Nurse / Health Visitor

GP PRACTICE

- The practice feel strongly that the building is no longer fit for purpose and requires urgent extensive upgrading & expansion or replaced with a new build.
- The practice work across the Melrose site, owned by NHS Borders and the Newtown St Boswell's premises, which are owned by the practice. The practice also report significant issues at the Newtown St Boswell's site and feel that these premises are also no longer fit-for-purpose. Populations in both communities are increasing, with new housing developments a major factor.
- The practice has 4 GP partners, three of whom are full-time and one part-time. There is one salaried GP 2 practice nurses (both part-time and 2 Healthcare Assistants (both part-time) The male GPs work across both sites.
- There are 2 GP consulting rooms and 1 practice nurse room. All 3 rooms are used by all practice staff at various points in the week and can be accessed by other health services.
- *Clinical space is at a premium and the practice have increasing difficulty in accessing consulting room space when needed. There has been an increase in the number of NHS Borders staff on site over recent years but no proportionate expansion of space. The ability to offer space to visiting services is very limited and the practice sees this as disadvantageous to the local population.*
- *There is no designated space for GP admin time – the GPs have to hot desk wherever there is a space.*
- *Record storage is an issue. Most are stored in reception, which takes up a significant amount of space and 2nd Volume notes are stored in a cupboard in the Practice Manager's room which is a confidentiality issue. The practice would be prepared to consider backscanning if there was an agreed Borders-wide policy and approach.*
- The Reception area is small and provides desk space for 3 people. *There is an issue of confidentiality due to the proximity of the reception desk to the work area, although there have been no patient complaints about this. The practice would like to partition the reception space to provide designated workspaces but until the records are moved this is not possible.*
- The treatment room is used for phlebotomy and occasionally by the GPs for minor surgery but is mostly used by the district nurses and health visiting services.
- The central heating is fine overall, however Consulting Room 2 is either too hot or extremely cold. Estates have looked into this on several occasions. *Estates to check and advise.*
- There are no complaints about maintenance although the outside of the building is now looking tired and in need of repainting. *Repaint exterior?*

NHS BORDERS SERVICES

- The Health Visitors room has 3 desk spaces but 2 days per week there are 4 people in the room. The senior nurse often has to meet staff members in this room as it is the only available space which leads to privacy issues. The desks are kitchen worktop desks and the drawer units are falling apart. *Replace worktop desks.*
- No filing space for confidential staff records was reported as an issue but empty filing cabinets were discovered during the visit in the district nursing room. *Senior Nurse to move records to identified cabinets.*
- The Health Education Room is on the non-patient corridor and is designated as a bookable room. It has on occasion had to be used by the health visitor for clinics if other clinical areas are not free; the counselling service sometimes uses this room too. The room is now used as a meeting room.
- District nurses room – no issues.
- The Treatment Room is primarily used by the DNs but the midwife and health visiting service also use it occasionally if other clinical areas are unavailable. Phlebotomy and occasional GP minor

surgery is also done in this room. The blinds have to remain closed as there are paths outside the windows. Drug fridges are situated in the room as there is nowhere else for them to go, which means that there can be interruptions during individual patient consultations. There is no surface for safe baby examination which is currently done on top of a work surface with the risk of banging baby's head on the cupboard above or on the floor. The treatment couch is very old and heavy. *Are there any options to review the timetabling of use of the treatment room which might offer the flexibility to incorporate practice nurse time and therefore help the clinical space capacity issues across all services? Could this be discussed across the services on-site? Replace examination couch?*

- There is no designated space for breast feeding other than the WC identified as a baby changing area.
- There are shelves in the staff and disabled WCs

SUMMARY

Building / Refurbishments for consideration

- Explore all options to address longstanding premises issues:
 - New Build on existing or different site.
 - Expansion / redevelopment of existing premises.

Maintenance issues / issues for Estates

- Review heating issues in Consulting Room 2.
- Replace kitchen worktop desks.
- Repainting of exterior.

IM&T

Other General issues

- Review of room use / timetabling options for existing clinical areas.
- Assess examination couch in treatment room and replace if appropriate.

Location: Newcastleton Health Centre

Date of Visit: 1st February 2013

Met with: Gordon Blake, Practice Manager

GP PRACTICE

- There are 2 GP partners and 1 Assistant GP.
- No real issues and there are very rarely any capacity issues.
- The distance from other centres sometimes means that there is a wait for non-urgent deliveries / responses but the practice completely understand the reason for this and it is not usually a problem.
- The original windows from previous use of the building are currently being replaced.
- The visiting services room hosts physiotherapy, podiatry, LASS and dietetics.
- Disabled access is good.
- The large community room is well used by local community groups and once a year the practice use this space for flu vacs, providing tea and biscuits from the integral kitchen. The heating in this room can be poor, however and sometimes requires boosting. There is a generator on-site to provide replacement heating for the community room in any emergency situation.
- There is a mortuary facility at the rear of the building for which the practice pays a proportion of the rent. It has 3 refrigerated areas and is used by local undertakers in liaison with the practice.

SUMMARY

Building / Refurbishments for consideration

Maintenance issues / issues for Estates

IM&T

Other General issues

- No shelves in disabled or standard WCs

Location: Selkirk Health Centre

Date of Visit: 31st January 2013

Met with: Donna Wheelans, Practice Manager; Dr Jeff Cullen;

Dr Angus McVean; Lynne Scott, Health Visitor

GP PRACTICE

- The practice feel very strongly that the building is not fit for purpose and requires urgent extensive upgrading & expansion or in preference, replaced with a new build.
- Work is currently underway to restructure the records storage area to the rear of Reception to provide an office for the practice manager and some additional desk space for admin work. The records are being moved to an outside storage area to free up the required space. *Confidentiality remains a major issue at the reception desk and will not be resolved by this reconfiguration.*
- There are 6 GP partners, 1 Registrar, 1 Retainer, 1 Salaried GP and only 6 designated GP consulting rooms. *The staff changing room on the staff corridor has been turned into a 7th Consulting Room which the GPs can access and which is used by visiting services. This has meant bringing patients into a previously “non-patient area” and has compromised confidentiality as clinical staff have offices and meeting space on this corridor, where confidential information and discussions are held.*
- *Personal safety may also be compromised for staff using this 7th consulting room as it is away from the main area of the building and there are times when no-one is in the adjacent rooms.*
- *Dr Cullen’s consulting room and the two rooms at the end of the consulting corridor are L-shaped rooms split into two sections with examination couches sited in the very small end section. There is very little space and performance of thorough examinations can therefore be extremely difficult. These consulting rooms are inaccessible to wheelchair users, meaning that examination of this patient cohort has to take place in a different clinical area – which is often very difficult to source within the health centre at short notice.*
- *The two middle GP consulting rooms on the consulting corridor have no windows and can feel very claustrophobic.*
- *There are 2 practice nurse’s rooms, both of which overheat extensively and they are unable to open the windows. In both rooms the water is scalding hot. In the PN room next to the podiatry office there is a large fridge which is very noisy and the practice nurse would like this to be moved to another room. There have also been issues with leaking through the ceiling in this room.*
- *The Mothercraft Room is adjacent to one of the GP consulting rooms with an adjoining door between the two. Everything being said in either room can be heard, compromising patient confidentiality. The room is used largely by health visitors and visiting services.*
- *It has been brought to the attention of the practice that when standing outside the building, conversations can be heard from within the GP consulting rooms.*
- *The physiotherapy room has a reasonably sized treatment area which houses a wide plinth, parallel bars, various pieces of equipment and space for gait analysis / re-education. There is a further section at the rear of this room which accommodates 2 further treatment couches. *Could we enquire how this space is used to assess the feasibility of blocking off the end section to create a separate bookable consulting room space with access from the main corridor?**
- *Water has leaked through the ceiling in the physiotherapy room.*
- *The practice feel that the baby changing room is a reasonably sized room which is used relatively infrequently and question whether the facility could be moved elsewhere in the building to free up this room as additional office / interview room space.*
- *Due to the increase in IT equipment all GPs need to use extension cables to accommodate everything.*
- *The noise from Andrew Lang services in their accommodation above the non-patient area can be very intrusive.*
- *The general decor and appearance of the building both inside and out is becoming very dilapidated.*
- *Car parking capacity is inadequate.*
- *Many radiators are lacking safety covers and pose a risk to patients and staff.*

- *The existing elbow taps cannot be used correctly and in line with infection control procedures as they swing towards the wall which makes it impossible to manipulate them without holding by hand.*
- There is often a problem with local youths congregating around the building out of hours, climbing onto the flat roof and leaving litter and debris around the site.
- There was one instance recently of a building contractor making repairs on the flat roof but who walked over a skylight which gave a clear view of a patient undergoing a medical examination on the couch directly beneath the skylight. There is no other way to position the examination couch.

NHS BORDERS SERVICES

- Patients often remark on the shabby waiting areas and chairs.
- *Car parking spaces are often in very short supply, which causes difficulty for nursing staff who need to carry equipment in and out of the health centre.*
- *The reconfiguration of the former staff changing area to a 7th consulting room has helped to improve capacity issues for visiting services but has led to privacy and confidentiality issues in what is supposed to be a “non-patient” area of the building. The room also gets very hot in summer months and very cold in the winter.*
- *Treatment Room: staff cannot open the window for ventilation because conversations from inside the room can be heard outside if the window is open. Due to the room layout, in order to do dopplers, furniture has to be moved – there are consequent moving and handling issues.*
- The midwife works from Selkirk Health Centre 2 days per week and hot desks in either the DNs or HVs office; *sometimes having no access to a PC.* For clinical consultations, the midwife uses practice nurse’s consulting room.
- In the Health Visitor’s office there are 4 members of staff plus a student nurse on occasions and sometimes a medical student. *The window in this room is painted shut.* The health visitors use the redundant lift shaft as a storage area.
- Mothercraft Room: Used on a bookable basis in order to accommodate visiting services. The need to accommodate increasing numbers of visiting services has meant that health visitors, who need access to a large area for their baby clinics, groupwork etc, have to book the room well in advance. There are huge confidentiality issues due to the interconnecting door with the adjacent GP consultation room (also documented above). The health visitors need a safe place to weigh infants – the current arrangement in the room means that there is a great risk of hitting the baby’s head on cupboards sited directly above the weighing surface. *Possible solution: block up the door through to the GP consulting room and reposition existing / build new cupboards across the door space, so providing a practical sound-proofing barrier. Explore the cost of installing a purpose –built weighing surface.*

SUMMARY

Building / Refurbishments for consideration

- Explore all options to address longstanding premises issues:
 - Move existing services from Andrew Lang Unit, reconfigure this space and redevelop the existing health centre building to become one larger fit-for-purpose building.
 - Move existing services from Andrew Lang Unit. Demolish both the Andrew Lang Unit and the existing health centre building and build new building on existing site.
 - New build on different site (? former mill buildings). Sell off existing site.
- ***While the practice’s preferred way forward is a new build, thoughts are required about those issues outlined above where potential solutions may be feasible shorter-term to help alleviate urgent problems:***
 - Explore feasibility of creating additional consulting room space in the main building in order to move the 7th consulting room away from the “non-patient” staff area by reconfiguring the

two bedded bay in the physiotherapy room and re-housing the baby-changing facilities. This in turn would create additional office space on the “non-patient” corridor.

- Block up interconnecting door between mothercraft room and adjacent consulting room; remove existing cabinetry; install cupboard / storage space to create practical soundproofing; install fit-for-purpose weighing surface.
- Assess existing windows & replace as appropriate to address ventilation and sound-proofing issues.
- Review door widths and turning space to support wheelchair access to consulting rooms.

Maintenance issues / issues for Estates

- Resite the fridge currently in the practice nurse’s room.
- Re-assess existing heating system and repair / replace as necessary.
- Redecoration.
- Review car parking layout & repaint bays

IM&T

Other General issues

- No shelves in disabled or standard WCs

Location: Stow Health Centre

Date of Visit: 25th February 2013

Met with: Wilma Mays, Practice Manager

GP PRACTICE

- The practice has no major issues with the premises and are very pleased overall with the accommodation provided.
- The health centre is currently heated via an LPG system. *This mode of heating is being replaced and is in hand through Estates.*
- The dispensary has recently been refurbished.
- The meeting room is well used by on-site services, visiting services and local community groups.
- General storage space is adequate.
- Record storage is adequate, though there is not a lot of spare space in which to accommodate future notes.
- Visiting services access clinical space on a booking basis. *Occasionally this can lead to capacity issues and requires one of the GPs to vacate a consulting room to complete admin tasks elsewhere in the building.*
- *The carpet at the entrance to the consulting room corridor is quite worn.*
- *The patio door leading out from the staff room has been damaged by recent wet weather and requires repair / replacement.*
- *IT connections are very slow (can take up to 10 mins to log on).*
- *Window in practice manager's office is very drafty.*
- *There are no shelves in disabled or standard WCs*

SUMMARY

Building / Refurbishments for consideration

- Assess carpet at entrance to consulting room corridor & replace if necessary.

Maintenance issues / issues for Estates

- Replacement of existing central heating system (in hand)
- Assessment & repair as necessary of patio door and practice manager's office window.

IM&T

- IT connections very slow.

Other General issues

- No shelves in disabled or standard WCs

Location: St Ronan's Health Centre, Innerleithen

Date of Visit: 12th February 2013

Met with: Elaine Meikle, Practice Manager

GP PRACTICE

- There are 3 x GPs, 1 x Registrar and occasionally, a medical student in the practice.
- Capacity is an issue within the health centre and it is becoming increasingly difficult to free up clinical space - both for practice staff and for visiting services. The fourth consulting room is used by the practice but also by health visitors, district nurses, midwives, BCAT and other visiting services.
- All 4 examination couches are quite old and worn. *For replacement?*
- The Treatment Room (Rm 06) is used every day, mostly by the district nurse but the practice nurses also use this room for certain procedures.
- The Prep Room (Rm 07) frequently has to be used as an additional treatment room space by the practice nurse. However there is no screen to provide privacy for the patient. The room gets very hot and the window does not open. *If this room continues to be used in this way, reconfiguration is required to provide a more appropriate and screened patient area and repair / replacement of the window.*
- Interview Room (Rm 02) is used by the practice nurse 4 days per week and by LASS one day per week. The practice nurse has to use this room as a clinical space for which it is wholly inappropriate. There is a plinth in the corner but no screen to provide privacy for the patient. The room configuration means that the patient is between the practice nurse and the door. The practice nurse uses an old chair from the waiting room to sit at her desk. *This room requires reconfiguration / refurbishment if it is to continue to be used as a clinical space. Preferred option would be to access a different room. A new chair is required for the practice nurse.*
- The dental room and store (Rms 38 and 39) have not been used for approx 12 months. *Since the visit to the health centre a discussion with the Dental Services Manager has confirmed that the dental service no longer requires these rooms and were meeting with Estates end of Feb to agree a timescale for removal of the equipment and chair to BGH. Cabinetry will remain. Given that these two rooms will be vacant, are there options for the practice to use at least one as an additional clinical space (and perhaps withdraw from inappropriate clinical use of Interview Room 02 and Prep Room 07)?*
- There is only one female staff WC for approx 20 female staff. There are however another 3 unisex WCs in the building and one male staff WC. The disabled access WC has a shelf.
- The practice would like to highlight the need for a staff shower and changing facility. This is becoming a bigger issue as more and more staff cycle into work.
- Storage overall is a bit of an issue, with the main problem being lack of space for practice stationery. *Tidy all storage areas & review?*
- Health Ed / Physiotherapy room . Mostly used by physio but also by smoking cessation service and dietetics. One patient chair is very worn. There is a store room at the end of this room that is not well used. *Replace patient chair. Potential to re-site cupboard door to corridor and allocate for GP stationery – or staff shower?*

NHS BORDERS SERVICES

- The Podiatry service is currently working towards realignment of the service based around 4 main "hubs", each with a number of satellite clinics at various locations. This realignment will of course be dependent upon consultation processes but may eventually free up rooms at some sites. Any such outcomes will play into ongoing premises discussions.

SUMMARY

Building / Refurbishments for consideration

- Reconfiguration of the 2 dental rooms, freeing up 2 additional rooms at least one for practice nurse clinical space?
- Reconfiguration of Interview Rm 02 (currently practice nurse office & clinical space).
- Reconfiguration of Prep Room 07.
- Partition and re-siting of cupboard door in physio/health ed room.
- Explore feasibility of shower & changing facility; installation if feasible.

Maintenance issues / issues for Estates

- Replacement of 4 examination couches (GP consulting rooms).
- Replacement of practice nurse's chair.
- Replacement of patient chair in physio room.
- Provision of one bariatric chair in the waiting area.

IM&T

Other General issues

- There are no shelves in the standard WCs

Location: West Linton Health Centre

Date of Visit: 12th February 2013

Met with: Julie Downie, Practice Manager

GP PRACTICE

- There are 3 GP partners, one of which is full time and the other two part time (6 sessions and 7 sessions) and one Retainer who works 3 sessions.
- Space is at a premium but there has been some remodelling which has allowed the creation of better record storage and a 4th Consulting Room.
- The practice nurse currently shares clinical space with the treatment room (DN hours). Demand for space throughout the health centre often means that the practice nurse has to move around and access different rooms. The practice would find it beneficial to have a fixed clinical space for the practice nurse.
- Planning permission has been granted for 90 new houses in West Linton, which has the potential to increase the practice list size. *The practice feel that additional waiting room and possibly clinical space will be required within the health centre longer term. Explore feasibility of extending the premises.*
- The dental room has been shared with podiatry but the dentist no longer works from West Linton. The podiatry service uses the room twice a month and is valued by the practice. The chair in this room is a dental chair and is fixed in the centre of the room, with dental trays and water supply attached. *Dental services have confirmed that they no longer need use of this room. Podiatry have confirmed that they will continue to use it but would be happy for the chair to be moved to the periphery of the room in order to make it more suitable to be used by other clinical services when they are not in situ. Explore cost of moving the chair and refurbishing appropriately to develop as a suitable clinical space? Would this then become a more useful permanent space for the district nurse (podiatry 2 days per month would need to have protected access)?*
- The Health visitor's office is also used occasionally to see patients when other rooms are not available.
- Health Education Room is used by physiotherapy one day per week and is also used by other services eg dietitian, midwife, optometrist.
- Speech & Language Therapy room – SLT use this room fairly infrequently but it is also used by DAAT, MH teams, LASS etc.
- The workroom is used by the health visitor for taking baby weights etc.
- There is one store room for all services.
- *There are no shelves in standard or disabled WCs*
- *Most windows are only single-glazed and can rooms can be very cold at times.*

SUMMARY

Building / Refurbishments for consideration

- Removal and re-siting of dental / podiatry chair; (compare cost to cost of replacement)
- Explore feasibility of longer term extension of the health centre.

Maintenance issues / issues for Estates

- Replace single-glazed windows with double-glazing.

Other General issues

- No shelves in disabled or standard WCs

ANNEX D ADDITIONAL INFORMATION GATHERED TO INFORM DISCUSSION

- Currently capital projects with an estimated cost of over £250k must be offered to hub as the Scottish Government mandatory procurement route for projects to deliver Community Healthcare premises. Any capital project with an estimated cost of over £1 million must be approved by SGHD Capital Investment Group. These requirements need to be built into the time assessment and approval/procurement process.
- SGHD has provided one off funding through the Eco-Hospital Fund for projects which will reduce carbon emissions and NHSB were successful in obtaining funding to upgrade the heating system at the Greenlaw premises and also to provide containerised biomass boilers for the three LPG sites at Newcastleton, Stow and West Linton, giving these three sites fuel security through the dual fuel capability.
- Although many GP practice populations have risen over the last 5 years, some are not significant increases and other practices have reduced in list size. The projections indicate increases in all areas but Hawick, where a status quo is expected.
- Dental services are moving out of West Linton & St Ronan's Health Centres which offers some opportunity to review & redesign room use on-site to be more efficient.
- Podiatry service is currently working through a service redesign which will see them forming 4 service "hubs" each with satellite clinics. This will potentially allow them to move out of 7 Health Centre sites, freeing up additional capacity at each of these locations (Selkirk, St Ronan's, Greenlaw, Knoll, Coldstream, Stow and possibly Earlston – though this depends on Gala hub possibilities). This is still work in progress and depends on room availability in the 4 hub localities.
- At Duns, discussions have been held between P&CS and Social Work to progress co-location of day services and day hospital. Some thoughts have been collated about reconfiguration within the hospital ward area to accommodate this which have also included some possible changes in the day hospital. The premises visit to the Health Centre highlighted the potential for some reconfiguration to provide solutions to the practices' needs and NHS Borders staff issues. P&CS is of the opinion that it would make sense to consider both sets of reconfiguration ideas as one overall piece of work. Both GP practices agree with this approach
- Haylodge House, while not part of the Health Centre, was visited and reviewed (notes on the matrix and as a visit report – Annex B) This will be picked up within the BIST space utilisation survey work