

Borders NHS Board



Meeting Date: 2 September 2021

Approved by:	Lynn McCallum, Medical Director
Author:	Chris Myers, General Manager, Primary and Community Services Holly Hamilton-Glover, Contracts Manager, Primary and Community Services
COLDINGHAM BRANCH SURGERY	
Purpose of Report:	
<p>The purpose of this report is to appraise the NHS Borders Board on the work undertaken relating to Eyemouth Medical Practice's Coldingham Branch Surgery following the Practice indicating to Primary and Community Services that it is no longer sufficiently resilient or sustainable to remain viable.</p> <p>The paper provides the Board with a recommendation on the future provision of services at the Coldingham Branch Surgery.</p>	
Recommendations:	
<p>The NHS Borders Board is asked to note:</p> <ul style="list-style-type: none"> • The current situation relating to the sustainability concerns of the Coldingham Branch Surgery • That a Short Life Working Group was established to undertake a review, with the aim of ensuring the safe and sustainable delivery of medical and pharmaceutical service that meets the needs of Scottish Borders Population in the area • That following the conclusions of the review, this paper makes recommendations on the future provision of services in Coldingham Branch Surgery. The Board is asked to consider and accept these recommendations. <p>In the context of a lack of appropriate mitigating measures, and due to the potential impacts of sustaining the Coldingham branch surgery and dispensing service on the overall sustainability of the whole of Eyemouth Medical Practice putting at risk the provision of General Medical Services for a much wider population, the NHS Borders Board is asked to support the recommendations of the Short Life Working Group that:</p> <ol style="list-style-type: none"> a) NHS Borders withdraws the dispensing service contract, and; b) NHS Borders endorses the closure of the Coldingham Branch Surgery. 	
Approval Pathways:	
<p>This report has been prepared by the Primary and Community Services Clinical Board, in partnership with the NHS Borders Pharmacy and Communications and Public Engagement Teams, and has been endorsed by Eyemouth Medical Practice.</p>	

Executive Summary:	
<ul style="list-style-type: none"> • Eyemouth Medical Practice provides services in Eyemouth and in a Branch Surgery in Coldingham • The Coldingham Branch Surgery is both a Dispensing Practice and a Branch Surgery • The Coldingham dispensary has an eligible population of approximately 2,200 patients who are entitled to use the dispensing service. • Information shows that approximately 500 patients use the service each month with an average number of items dispensed of approximately 3,000 / month. • On 8th June 2021, Eyemouth Medical Practice wrote to the General Manager for Primary and Community Services to note that the GP Partners no longer feel that they can offer a safe, sustainable service that meets the needs of their patients in Coldingham • A Short Life Working Group was established to undertake a review, with the aim of ensuring the safe and sustainable delivery of medical and pharmaceutical services that meets the needs of Scottish Borders Population in the area. • This paper provides a summary of the review and recommendations on the future provision of services in Coldingham Branch Surgery for the NHS Borders Board. • The Board is asked to consider whether it supports the recommendation made by the Short Life Working Group to: <ul style="list-style-type: none"> ○ remove the Dispensing Contract from the Practice ○ support the closure of Branch Surgery services in Coldingham 	
Impact of item/issues on:	
Strategic Context	<ul style="list-style-type: none"> • The Primary Medical Services (Scotland) Act 2004 • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 • The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 • CEL 4 (2010) • Section 2B of the National Health Service (Scotland) Act 1978 • NHS Borders Pharmaceutical Care Services Plan 2020/21 • Scottish Government “Shaping the Future Together” Report of the Remote and Rural General Practice Working Group
Patient Safety/Clinical Impact	The withdrawal of the Dispensing Contract would improve the sustainability and capacity of Eyemouth Medical Practice
Staffing/Workforce	No NHS Borders workforce implications, albeit the situation impacts on practice staff
Finance/Resources	No financial impact on NHS Borders, the withdrawal of dispensing contract would have a financial impact on Eyemouth Medical Practice by reducing income to the Practice.
Risk Implications	<ul style="list-style-type: none"> • Risk of public / political concern, should the Branch Surgery not be deemed as sustainable.

	<ul style="list-style-type: none"> ○ This risk is deemed moderate due to impacts on people who use Coldingham Branch Surgery.
Equality and Diversity	A Healthcare Inequalities Impact Assessment has been undertaken and is enclosed in near final form in Appendix 2, pending a few minor changes which we do not anticipate will make a significant difference to the recommendations of the review process, however will be considered and acted on as part of any implementation phase.
Consultation	<ul style="list-style-type: none"> ● Eyemouth Medical Practice ● Area Pharmaceutical Committee ● GP Subcommittee ● Public / patient consultation ● Local community councils ● Local elected members ● Local MP / MSPs ● Healthcare Improvement Scotland Community Engagement team ● NHS Borders Board Executive Team ● NHS Borders Public Governance Committee
Glossary	<ul style="list-style-type: none"> ● General Medical Services: Defines the range of healthcare that General Practitioners provide under the General Medical Service contract (in their capacity as independent contractors) ● GP Partner: General Practitioners responsible for the running of their business

Primary and Community Services
Chris Myers, General Manager



NHS BORDERS BOARD

COLDINGHAM BRANCH SURGERY

1. Situation

- 1.1 Following notification from Eyemouth Medical Practice (EMP) of their concerns regarding the sustainability of services in Coldingham on 8th June 2021, a Short Life Working Group (SLWG) was established to undertake a review of services. Significant recruitment and retention challenges have led to a situation where the practice could no longer sustain the branch surgery and dispensing service in Coldingham. The letter received from EMP is contained in appendix 1.
- 1.2 As regulations note that the onus is on the Health Board to authorise a General Practitioner Contractor to secure the provision of dispensing services, it is a decision for NHS Borders on whether to withdraw their requirement or authorisation of the Contractor to continue to provide a dispensing service.
- 1.3 There are no provisions in GMS Regulations associated to the closure of a Branch Surgery. However the public involvement provisions outlined in CEL 4 (2010)¹ would apply, and so the Board are also asked to consider the provision of the Branch Surgery in line with the findings of the SLWG.

2. Background

- 2.1 Eyemouth Medical Practice provides General Medical Services from Eyemouth and a Branch Surgery in Coldingham. The Coldingham Branch Surgery offers a dispensing service from the site. Eyemouth Medical Practice has a list size of approximately 6,500 patients located across Eyemouth, Coldingham, Cockburnspath and surrounding areas.
- 2.2 There are no patients who are registered at Coldingham surgery as this operates only as a Branch Surgery site from Eyemouth. The Coldingham dispensary has an eligible population of approximately 2,200 patients who are entitled to use the dispensing service. Information shows that approximately 500 patients use the service each month with an average number of items dispensed of approximately 3,000 / month.
- 2.3 In 2017, Eyemouth Medical Practice (EMP) worked with NHS Borders to cease services at the Practice's former Cockburnspath Branch Surgery for sustainability and safety reasons.
- 2.4 On 8th June 2021, Eyemouth Medical Practice wrote to the Primary and Community Services General Manager to note that the GP Partners felt that they could no longer offer a safe, sustainable dispensing or branch surgery service that meets the needs of their patients using the Coldingham Branch. This triggered the establishment of the SLWG and the undertaking of a public consultation.

¹ Scottish Government. CEL 4 (2010). INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES. Available from: https://www.sehd.scot.nhs.uk/mels/cel2010_04.pdf

- 2.5 On the 6th July, EMP informed the Board that the dual role Phlebotomist and Dispenser had handed in their notice to take up a new opportunity and would be leaving the practice on 3rd September. On discussion between EMP and the SLWG, the agreed mitigation measure was to seek locum cover to support in the continuation of the service.
- 2.6 Subsequent to this, EMP informed NHS Borders on 10th August of their intention to temporarily suspend the dispensary service from 27th August due to their inability to obtain locum cover. EMP Partners carefully considered a range of alternative options however, felt that there was no other safe alternative than to suspend the dispensing service due to the potential negative impact for the wider EMP service provision. Following further work, the SLWG managed to work in partnership with EMP to find short term support from a retired member of Community Pharmacy staff to maintain the provision of dispensing services for a limited period of time. This facilitated the short term continuation of dispensary services until the conclusion of the review, and the formal recommendation to the Board for a decision. This should also ensure ongoing provision during the required implementation phase of the Board's recommendations.

3. Assessment

Eyemouth Medical Practice Sustainability Concerns

- 3.1 Eyemouth Medical Practice indicated that challenges sustaining their workforce due to recruitment and retention issues had led to a situation where they were no longer able to sustain the Coldingham Dispensing Service and Branch Surgery, and outlined the following concerns in their letter to NHS Borders:
- The pressure on the practice and staff to sustain two sites, which has impacted the practices' ability to recruit and retain staff.
 - The national shortage of GPs has made it increasingly challenging for the practice to recruit GPs. Whilst EMP have diversified their staffing skill mix, there have been recruitment and retention issues with both clinical and dispensary staff.
 - Difficulties in ensuring appropriate governance in place for the dispensing staff, for example, ensuring that two people are involved in the dispensing of medications.
 - The Coldingham Branch Surgery is unable to offer a full range of clinical interventions as the facilities there are limited.
 - Concerns over whether the Branch Surgery is fit for modern General Practice.
- 3.2 A Short Life Working Group was established with the aim of reviewing the concerns raised by Eyemouth Medical Practice and ensuring the safe, sustainable delivery of medical and pharmaceutical services that meets the needs of the local area population. The SLWG sought to review the areas of concern identified by EMP, below is a summary of the areas considered.

Regulations associated to the provision of dispensing services

- 3.3 In contrast to Pharmaceutical Regulations² that outline that a Pharmacist may apply to be included in the pharmaceutical list for the provision of pharmaceutical services, or that a Pharmacist may give notice to withdraw their name from the pharmaceutical list to the NHS Board and their name will be removed; the process outlined that applies to General Practitioners is different.
- 3.4 Paragraph 44 of “The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018”³ notes that the onus is on the Health Board to authorise a General Practitioner Contractor to secure the provision of dispensing services if it is authorised or required to do so.
- 3.5 As a result, in the case of a General Practitioner Contractor noting concerns about the ongoing viability of their dispensing service, it is a decision for NHS Borders on whether to withdraw their requirement or authorisation of the Contractor to continue to provide a dispensing service. This is in instances where the Health Board, is satisfied, after consultation with the Area Pharmaceutical Committee, by reason of (a) distance; (b) inadequacy of means of communication; or (c) other exceptional circumstances, that GP registered patients will have serious difficulty in obtaining from a pharmacist any drugs, medicines or appliances.

Regulations associated to the closure of a Branch Surgery

- 3.6 There are no provisions in GMS Regulations associated to the closure of a Branch Surgery. However the public involvement provisions outlined in CEL 4 (2010)⁴ would apply:
- 3.7 “The public involvement process should be applied in a realistic, manageable and proportionate way to any service development or change, including those that are time limited (temporary) or trialled through a pilot initiative, which will have an impact on the way in which people access or use NHS services. The process should be applied to any proposed service change.”

Recruitment and Retention

- 3.8 Over the past few years, the practice has undergone significant change in established staffing. With the retirements of Dr Booth in 2015, Dr Mason in 2017 and Dr Holt in 2019 plus the departures of Drs Williams and Henderson in 2018, the partnership has reduced to three remaining partners. In March 2017 when the practice applied to close the Cockburnspath branch surgery site, EMP had an establishment of 46 GP sessions per week this has now reduced to 28 sessions.
- 3.9 Due to the challenges with recruitment of GPs, EMP has opted to diversify the clinical workforce employing a paramedic practitioner and advanced nurse practitioner (ANP) to strengthen the clinical team. Unfortunately the paramedic

² The National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995. Available from: <https://www.legislation.gov.uk/uksi/1995/414/made>

³ The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018. Available from: <https://www.legislation.gov.uk/ssi/2018/66/made>

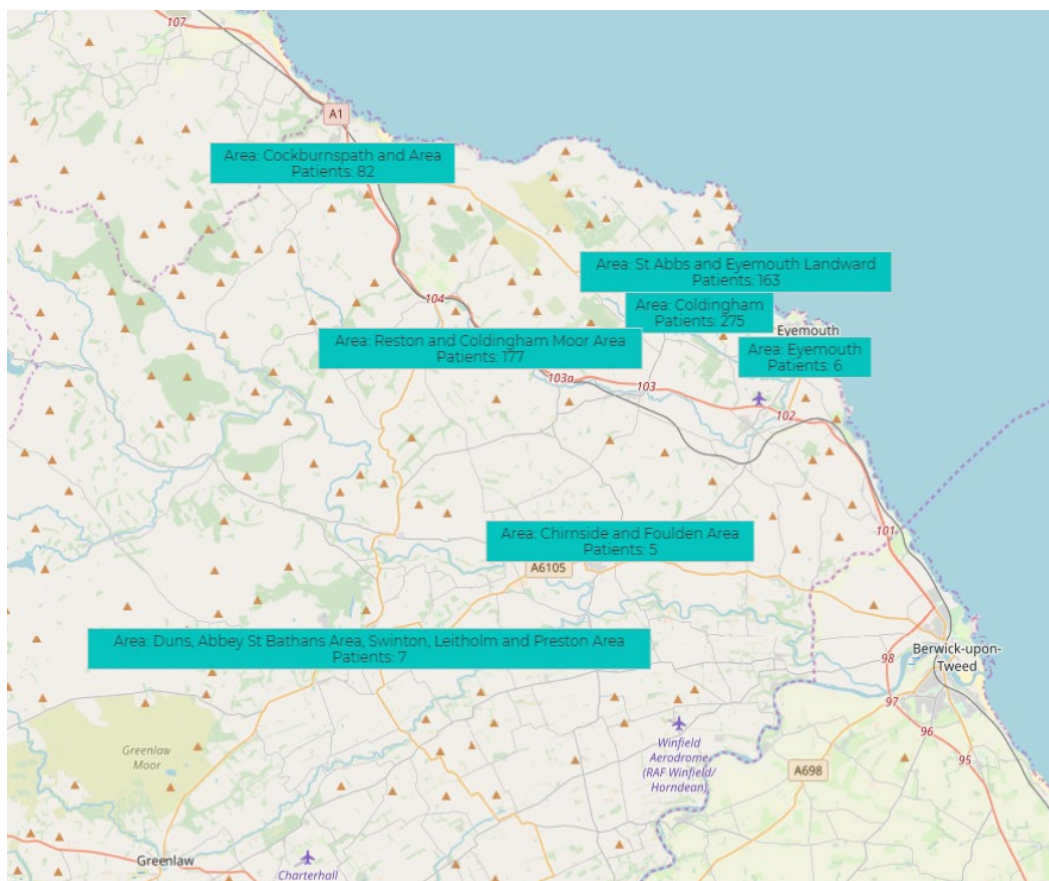
⁴ Scottish Government. CEL 4 (2010). INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES. Available from: https://www.sehd.scot.nhs.uk/mels/cel2010_04.pdf

practitioner recently resigned due to relocation. Whilst the paramedic practitioner and advanced nurse practitioner roles are unable to support the dispensary, they do support the overall provision of clinical services.

- 3.10 In late December 2020 one of the dispensing staff resigned from their position. Since then EMP have been unable to recruit to the vacancy despite a longstanding national job advert and notification on the practice website. As noted above, during the process of this review a further dispensary staff member will be leaving to pursue nurse training which will from the beginning of September leave the dispensary with only one member of staff. When the SLWG were first notified of this development it was agreed that a locum member of staff – a pharmacist, technician or GP – would be sought to allow the service to continue, however advertisements for this attracted no interest. Due to this, EMP subsequently informed the SLWG of their intention to suspend dispensing services. As noted above, following further work, the SLWG were able to find appropriate short term cover for the dispensing service.
- 3.11 Sustaining the Coldingham branch surgery and dispensing service would have significant impacts on the small EMP which would in the short to medium term lead to challenges in the overall sustainability of the provision of primary medical services from EMP, which would impact on the 6,500 registered patients in a rural area who would see further reducing service due to a reduction in capacity, and potentially be required to register with another practice in the event of practice closure due to sustainability concerns. This in turn could have significant impacts on the surrounding practices in Duns, Merse, Greenlaw, Coldstream and also affect practices in Dunbar, East Lothian and Berwick upon Tweed, Northumberland.

Dispensary Service

- 3.12 The Coldingham Branch Surgery has a dispensary service which has an eligible population of approximately 2,200 patients who are entitled to use the dispensing service. Information shows that approximately 500 patients use the service each month with an average number of items dispensed of approximately 3,000 / month.
- 3.13 The map below provides information on the number of patients, by local area, who had medications dispensed by the Coldingham dispensary.



- 3.14 A GP Dispensary service is limited purely to the dispensing of medications; it does not provide the wider services that community pharmacies provide.
- 3.15 A significant concern of EMP is the staffing of the practice dispensary service, which has been impacted by recruitment and retention difficulties. The service no longer has any resilience and is unsustainable with one member of staff.
- 3.16 The role of a dispenser is to prepare and label medicines in accordance with the prescription, and dispense the prescribed medication to the patient. Best practice requires prescription medications to be checked by two trained members of staff in dispensing. EMP has one full time Dispenser, and a dual role Dispenser to support part time. The dispensing provision is unable to continue with only one staff member. Loss of a dispensing staff member compounds the existing sustainability issues and creates risk in the ability to continue with the provision of safe and regulatory compliant dispensing services at the Coldingham branch.
- 3.17 Discussions were held with EMP and SLWG to identify what measures can be put in place to mitigate this risk to patients. The Practice sought to employ a Locum Pharmacist, Pharmacy Technician or a Locum GP to backfill GP Partner time to undertake the second check on prescription medications. Unfortunately the practice was unable to source locum support. This has led the practice to seek the implementation of their Pharmacy Resilience Plan, which is the diversion of all prescription dispensing to neighbouring community pharmacies.
- 3.18 Following this notification from EMP, Primary and Community Services have been seeking to support EMP in facilitating the continued provision of the dispensary service whilst the review reaches its conclusion and a final decision is made on the further provision of services at the Coldingham Branch Surgery. Pharmacy has

been working with EMP to identify potential cover arrangements that could be put in place for a four week period. It has now been confirmed that a locum pharmacist will be able to provide cover as a second dispenser until the 1st October.

Pharmaceutical Care Services Plan 2020/21

- 3.19 The current Pharmaceutical Care Services Plan 2020/21⁵ concludes that the current service provision is adequate for the population's immediate needs. Within Berwickshire, there is currently pharmaceutical provision within 5 other locations, with the closest being in Eyemouth which is 3.6 miles away from the Coldingham Branch Surgery, accessible in 8 minutes by car or 17 minutes by public transport (bus). It must be noted that unfortunately whilst there are short travel times by public transport, the bus service is infrequent, with buses every 1 hour and 25 minutes – 2 hours

Town	Community Pharmacies and Dispensing Practices	Distance from Coldingham	Travel time by car	Travel time by Public Transport
Coldingham	Dispensing Practice	-	-	-
Eyemouth	GLM Romanes Pharmacy	3.6 miles	8m	17m
Chirside	GLM Romanes Pharmacy	7.9 miles	16m	56m
Duns	GLM Romanes Pharmacy	13.7 miles	23m	34m
Coldstream	GLM Romanes Pharmacy	20.3 miles	36m	1h20m
Greenlaw	GLM Romanes Pharmacy	20.7 miles	25m	2h24m

Table 1 Berwickshire Pharmacy Provision

- 3.20 From an accessibility perspective, the closest pharmacy in Eyemouth has accessibility provisions including a hearing loop, wide door and aisle width (>800mm), a low counter height, suitable waiting area for wheelchairs and pushchairs and ramps and level access throughout.

Locality	Town	Community Pharmacies & Dispensing Practices	Hearing Loop	Door width 800mm or wider	Aisle width 800mm or wider	Counter Height between 750-800mm from floor	Suitable waiting area incl wheelchair/ Pushchair	Ramps & level access throughout	Automatic/ Semi automatic door open
Berwickshire	Chirside	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	-
	Coldstream	GLM Romanes Pharmacy	✓	✓	✓	-	✓	✓	-
	Duns	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	-
	Eyemouth	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	-
	Greenlaw	GLM Romanes Pharmacy	-	✓	-	✓	-	-	-

Table 2 Accessibility of alternative dispensaries in Berwickshire

- 3.21 In order to provide many of the additional services available to patients, community pharmacies must have a suitable environment that offers the patient the privacy expected of such services. The table below outlines the Confidential Services available in the surrounding Pharmacies.

⁵ NHS Borders Pharmaceutical Care Services Plan 2020/21. Available from:

<http://www.nhsborders.scot.nhs.uk/media/712063/Appendix-2020-37-Pharmaceutical-Care-Services-Plan-2020-21.pdf>

Locality	Town	Community Pharmacies & Dispensing Practices	Privacy - Is a separate enclosed room available?	Sound proof & private	Located close to, or part of, main counter	And/or area screened from main retail area	Wheelchair accessible	Large enough for 2 people plus Pharmacist	Worktop /desk	Hand washing facilities
Berwickshire	Chirnside	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Coldstream	GLM Romanes Pharmacy	✓	✓	✓	✓	-	✓	✓	✓
	Duns	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Eyemouth	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Greenlaw	GLM Romanes Pharmacy	-	-	-	-	-	-	-	-

Table 3 Confidential Services available in alternative dispensaries in Berwickshire

- 3.22 In addition, there are around 82 patients living in the north of the Berwickshire area registered to Eyemouth Medical Practice who will have closer access to Pharmacies in Dunbar (East Lothian).
- 3.23 A paper was presented to the NHS Borders Area Pharmaceutical Committee (APC) on the 27th July 2021 outlining the concerns raised by EMP. The APC considered the provision of services in the context of the current Area Pharmaceutical Care Services Plan and concluded that there was sufficient provision of pharmaceutical services in the area should the Coldingham Dispensing Service cease provision.

Coldingham Branch Surgery Building

- 3.24 EMP raised a concern in their letter that the Coldingham site was not fit for purpose or modern General Practice. A site visit to the Coldingham Branch Surgery was undertaken by the SLWG to understand the physical building restrictions and concerns raised in the letter. A description of the branch service site is contained in appendix 4.
- 3.25 Whilst the surgery building is compact, especially in light of current Covid-19 infection control guidance; with controlled appointments and patient flow the building could continue to be used. There is no bariatric provision at the branch surgery and there are other limitations to the facility which mean, as stated in the letter from the EMP Partners, that if patients need a procedure or investigation then they have always had to travel to Eyemouth for a second appointment to complete an episode of care. Due to staffing issues, it would also not be possible to provide a chaperone service in the Branch Surgery, where required.

3.8 Public Consultation

- 3.26 NHS Borders initiated the public consultation process following notification that EMP felt unable to sustain services going forward. A public consultation was undertaken from 3rd July to 9th August 2021 with all patients registered to EMP receiving a letter outlining the situation and inviting them to feedback their comments and suggestions.
- 3.27 A total of 132 responses were received. Healthcare Improvement Scotland considers this to be a good response rate, noting that some responses were also received from community councils on behalf of their local area. The following key themes were identified during the consultation:
- Transport issues, e.g. bus times, cost, ability to use public transport, distance from bus stops, lack of shelter and parking.
 - Availability of GP appointments
 - Ageing/increasing population

- Limitations of parking both at EMP and Eyemouth Community Pharmacy
 - Repeat prescription delivery services to local shops
 - Concerns over already busy Eyemouth Community Pharmacy
- 3.28 The responses from the public have been incorporated into the Health Inequality Impact Assessment (HIIA), contained in appendix 2. A meeting to consider potential mitigating measures has been undertaken with the SLWG and EMP.
- 3.29 Acting upon advice from the Healthcare Improvement Scotland Community Engagement team the public feedback and our responses have been compiled into a frequently asked questions (FAQ) document, contained in appendix 3. The FAQ was published on both NHS Borders and Eyemouth Medical Practice's websites on Friday 20 August, with the relevant link sent to stakeholders and to patients who asked for direct progress updates.
- 3.30 In addition, a meeting hosted by John Lamont MP with key representatives from the Coldingham Community, along with NHS Borders Chief Executive and members of the SLWG was scheduled to occur on 31 August 2021. Due to the timescales for circulation of Board papers, we have not been able to include feedback from the meeting within this report, but this will be given verbally during the NHS Borders Board meeting. Written feedback has been received as part of the consultation process by the majority of people who will be attending the meeting.

Health Inequality Impact Assessment

- 3.31 A Health Inequality Impact Assessment (HIIA) was undertaken to assess the impact to patients and the local population of the potential two outcomes; ceasing of the dispensing service and closure of the Coldingham branch surgery. The full HIIA is attached for information in appendix 2, a summary of the outcome is noted below.

Potential cessation of dispensing service

- 3.32 The potential cessation of the dispensing service at Coldingham Branch Surgery would transfer the dispensing of NHS prescriptions to community pharmacy services. Patients can take their prescription to any community pharmacy; the closest to Coldingham is Eyemouth Community Pharmacy. To assist patients, the practice (in line with the NHS Borders Unified Prescribing Policy) will look to move to issue 56 repeats as standard. This will mean that patients will receive 2 months of medication rather than 1, reducing visits to the pharmacy by 50%. The practice will also promote the use of the NHS Scotland Chronic Medication Service for those with a long term condition.
- 3.33 The cessation of the dispensary will impact on all individuals who regularly use this service in Coldingham. However, this will have a particular impact on those for whom travel out with Coldingham or additional travel to Eyemouth poses additional challenges due to;
- Health condition
 - Disability
 - Mobility
 - Independence
 - Limited access to transport options
 - Additional cost of travel

- 3.34 The possible mitigating measure for the above individuals is the prescription delivery service often offered by community pharmacies, however, it should be noted that this is not an NHS service and is provided at the discretion of community pharmacies, and may incur a charge. In addition, community pharmacies offer a much wider range of services than prescription dispensing.
- 3.35 Consideration as to additional mitigating measures could be put in place to ensure that individuals can continue to receive their regular medication, such as delivery to local village shop.

Potential closure of branch surgery

- 3.36 A closure of the Coldingham Branch Surgery would mean that all face to face consultations would take place at Eyemouth Medical Practice. This service change would impact on all individuals who would ordinarily (pre-Covid) attended Coldingham Branch surgery for a face to face appointment. It should be noted that since the start of the Covid-19 pandemic (March 2020) all face to face consultations have been undertaken at the Eyemouth site. This was intended to be a temporary measure in response to the Covid-19 pandemic guidance.
- 3.37 Whilst the closure of the Coldingham Branch Surgery will impact on all individuals who previously regularly used this service, this will have a particular impact on those for whom travel out with Coldingham or additional travel to Eyemouth poses additional challenges due to:
- Health condition
 - Disability
 - Mobility
 - Independence
 - Limited access to transport options
 - Additional cost of travel
- 3.38 There are a number of potential mitigating measures which will support individuals in accessing face to face consultations with their GP;
- Home visits for individuals who are too unwell to attend surgery
 - Community transport services
 - Arrangement of appointment times in line with public transport timetables
 - Offering of remote phone or video consultations
- 3.39 In addition, Eyemouth Medical Practice is a larger more modern facility which can offer a wider range of services; this can negate the need for two visits.
- 3.40 Whilst continuation of a branch surgery and dispensing service may be the most desirable outcome for those who use the dispensing service, this is unlikely to be feasible due to the sustainability concerns outlined by Eyemouth Medical Practice. Due to insufficient workforce, and significant challenges recruiting new staff, the Dispensing Service and Branch Surgery simply cannot be sustained and staff by what is now a small team without major detriment to the services available from the medical practice (e.g. reduction of appointments, impacts on home visiting). In turn, this would place further significant pressure on the Practice and could lead to the ultimate closure of Eyemouth Medical Practice and a significant loss of General Medical Services to 6,500 people in the area.

GP Subcommittee

- 3.41 A paper was presented to the GP Sub Committee on the 26th July 2021 outlining the concerns raised by EMP. GP Subcommittee were asked to discuss the sustainability concerns impacting General Practice and advise on any additional measures that could be undertaken to mitigate. GP Subcommittee was supportive of the Practice and of the review approach being undertaken, noting the difficulty of covering two sites with limited staff, and the context of broader recruitment issues affecting a number of practices. In addition, a letter was sent by the Chair of GP Subcommittee outlining its position, which is enclosed in Appendix 5.
- 3.42 GP Subcommittee agreed that there no further actions that could be taken to support the practice with service provision.

Review Conclusion

- 3.43 Following detailed discussions with the Partnership, it has become apparent that despite the significant efforts the Partners have made over a number of years to sustain the Coldingham Branch; there remain significant ongoing concerns in relation to the provision of Dispensing and Branch Surgery services from Coldingham Branch Surgery. The conclusion of the SLWG is that the continued provision of dispensing services and the Branch Surgery would be unsustainable as this would have significant impacts on the broader sustainability of Eyemouth Medical Practice, which would impact both on staff within the practice and the patients registered to the Practice in the medium to long term. This aligns to the view taken by GP Subcommittee. This is for the following reasons:
- A significant degree of pressure being placed on the Eyemouth Medical Practice team to maintain the Branch Surgery and Dispensing Service in the context of a need to cover key areas such as annual leave and multiple sites. This has in turn had a significant impact on the Practice's ability to retain and recruit staff. If this is not addressed it will make future recruitment and the ongoing sustainability of Eyemouth Medical Practice increasingly challenging and could potentially lead to closure of the practice in the medium to long-term.
 - There is a national shortage of GPs and this has made it increasingly challenging for the Practice to recruit GPs when former GPs have retired from the Practice. Eyemouth Medical Practice have diversified their workforce to continue to provide sufficient cover for the Practice's patients, but there have been significant challenges recruiting and retaining staff as there have been poor recruitment prospects for both the dispensing and clinical teams.
 - There are difficulties in ensuring appropriate governance and supervision of the dispensing service with a reduced number of GP Partner sessions resulting in increased patient dissatisfaction and dispensing errors. In addition, the reduced number of GP partner sessions is impacting on Eyemouth Medical Practice's ability to provide responsive services to their patients.
 - Responses from the public consultation and the impacts on patients identified in the HIIA have been considered however, whilst continuation of a branch surgery and dispensing service may be the most desirable outcome for those who use the dispensing service, this is not considered to be feasible due to the sustainability concerns for the Practice and impacts on the wider Practice Population.

- The APC considered the provision of services in the context of the current Area Pharmaceutical Care Services Plan and concluded that there was sufficient provision of pharmaceutical services in the area should there be a withdrawal of the Coldingham dispensing service contract

4. Recommendations

- 4.1 In the context of a lack of appropriate mitigating measures, and due to the potential impacts of sustaining the Coldingham branch surgery and dispensing service on the overall sustainability of the whole of Eyemouth Medical Practice putting at risk the provision of General Medical Services for a much wider population, the SLWG recommends that the NHS Borders Board support the recommendations that:
- a. NHS Borders withdraws the dispensing service contract, and;
 - b. NHS Borders endorses the closure of the Coldingham Branch Surgery.

Appendices

Appendix 1 - Eyemouth Medical Practice letter to NHS Borders

Eyemouth Medical Practice



The Health Centre, Houndlaw Park, Eyemouth, Berwickshire, TD14 5DD. Tel: 018907 50599 Fax: 018907 51749

Dr David Cooksey
Dr Yaw Nyadu
Dr Kirsty Robinson

Tuesday 8th June 2021

Mr Christopher Myers
General Manager P&CS
NHS Borders

Dear Mr Myers,

I am writing on behalf of the partnership to initiate a dialogue with NHS Borders around the sustainability of our dispensing service from the Coldingham branch surgery. Sadly, we no longer feel that we can offer a safe, sustainable service and we feel that the needs of our patients would be better met by accessing the wider range of services offered by the local community pharmacy. This letter is written after comprehensive discussions within the partnership about the future resilience of the practice. Inevitably, the position regarding the dispensing service is inextricably linked to the provision of a branch surgery in Coldingham so we have taken the liberty of discussing both issues in this letter.

The practice has an increasing patient list which is set to continue to expand with the new housing developments planned for Eyemouth and Ayton. The reopening of the train station in Reston will also promote housing expansion in the locality as it becomes a viable commuter route into Edinburgh and Newcastle. The Coldingham dispensary has an eligible population of approximately 2,200 patients who are entitled to use the dispensing service. Information shows that approximately 880 patients use the service each month with an average number of items dispensed of approximately 3,000 / month.

Over the past few years, the practice has undergone immeasurable change. With the retirements of Dr Booth in 2015, Dr Mason in 2017 and Dr Holt in 2019 plus the departures of Drs Williams and Henderson in 2018, the partnership has reduced to three remaining partners. In March 2017 when the practice applied to close the Cockburnspath branch surgery site, our letter to the Board stated that we had an establishment of 46 GP sessions per week. This has now been reduced to 28 sessions. We remain committed to the partnership model and hope to offer our current salaried GP the opportunity of joining the partnership in the near future. As recruitment of GPs has been so difficult and unsuccessful over recent years, the practice has opted for diversification of the clinical workforce employing a paramedic practitioner and advanced nurse practitioner to strengthen the clinical team. Unfortunately, our paramedic practitioner has recently resigned from his post to relocate to the Highlands. It is of note however that nurse or paramedic practitioners are unable to contribute to the oversight of the dispensing service. To improve our chances of securing future clinicians and promote the benefits of the local area, the practice participates in GP and PCIP ANP training believing that this will showcase our practice strengths

and provide experience of working in a more rural community. We are also currently offering a placement to a GP Returner.

The decision to request this change has been carefully considered over a lengthy period of time. Closing the branch premises and ceasing dispensing services will result in a net financial loss for the partnership but despite this, we believe that it is the correct approach to ensure that our business model is sustainable for the future. However, reducing the financial risk to our partnership is consistent with the approach of the new GMS contract. As partners we feel that it is imperative for us to focus our time and efforts on what we do well and currently operating the dispensary is inevitably diluting our contribution. It is our wish to consolidate our resources from a single base in Eyemouth and focus GP time on our role as expert medical generalists as defined by the new GMS contract. Prior to the Covid pandemic, a GP consulted at Coldingham surgery 4 mornings a week. Surgeries were booked from 9 to 11.30am so the visiting GP used the remainder of the session to sign prescriptions, check the dispensing of controlled drugs, provide support to the dispensary staff and perform any local home visits. However, from March 2020 at the start of the pandemic, consulting at Coldingham was stopped due to the restrictions related to Covid-19 and has not resumed since. GMS services have instead been provided to all patients from Eyemouth. GP partners travel to Coldingham at least three times a week to oversee dispensing services but the return journey realistically results in the loss of a minimum of an hour of GP time on each visit day. This is time that we could be utilising for clinical care.

The travel distance by road between the Eyemouth and Coldingham practices is only 3.2 miles. Eyemouth Pharmacy currently provides a community pharmacy service from the centre of Eyemouth to the surrounding areas and a delivery service to many patients in the catchment area of the Coldingham dispensary who would be eligible for dispensing services. Many patients eligible for dispensing services who work in Eyemouth or who travel to Eyemouth for local services (shops, hairdressers, banks, dentist, cafes and takeaway food outlets) will already use Eyemouth Pharmacy to provide medication. We are also aware that patients based in Cockburnspath use pharmacy providers based in Dunbar. As a dispensary, Coldingham surgery is unable to provide over the counter medication sales and cannot provide services such as Pharmacy First so contractually it is limited to a very narrow range of medication services compared to a modern community pharmacy.

The partnership has always been keen to sustain dispensing services from Coldingham but despite long-standing membership of the Dispensing Doctors Association and use of their resources for members it has become increasingly difficult over recent years to stay up to date with regulations and guidance around good practice. Compliance with the Falsified Medicines Directive is an example of increased bureaucracy and complexity that has had a negative impact on the dispensary service. There are few colleagues who have knowledge in this area and it is difficult for GP partners to gain an understanding of the contractual basis and payment structure of this service. Dr Robinson has been a member of the national Scottish Government Dispensing Group for over two years but even with this involvement it is time consuming and challenging to practice as a dispensing doctor. In April 2020, the partnership commissioned an independent review of the dispensary by an experienced Practice Manager from Highland with expertise in this field. This confirmed that our administrative and financial processes were good and did not identify any significant areas for review or development. There is no doubt that the complexity of this additional role for GP partners is time consuming, stressful and contributing to the exceptional workload pressures that we are experiencing at the current time.

The increasing involvement of the NHS Borders pharmacotherapy team with the practice has highlighted the intricacies of our part-dispensing arrangements. Specific knowledge of our

practice area and dispensing processes are currently required by pharmacotherapy team members to provide services to the practice. This makes it more difficult to provide cover for leave. As a result, the induction of new members is more complicated. The practice also finds the same difficulties with locum GPs, GP trainees and other associated or temporary staff.

In 2015 and 2017 the Coldingham surgery was subject to criminal damage and theft of drugs. This resulted in the need for expensive repairs and led to the decision to install CCTV in the premises. GP partners living locally need to be available as key holders at all times to respond to alarm activations. A liaison officer from Police Scotland performed a security review of the premises at the start of the Covid pandemic. A minor recommendation was made which was duly undertaken but despite these measures, we feel that our dispensing staff remain vulnerable when lone working at the premises. It would not be commercially viable to have two members of staff in the building at all times so our dispensing staff are vulnerable to abusive and criminal behaviour.

In late December 2020, one of the dispensing staff resigned from her position. Since then we have been unable to recruit a suitable individual to the vacancy despite a longstanding national job advert and a notification on the practice website. There has been no interest in the post from a suitably qualified individual. The practice has a full time Lead Dispenser, a healthcare support worker providing temporary cover who is trained to dispense and a member of the reception team who is currently completing her "Buttercups" training. We are gravely concerned that our Lead Dispenser is under immense pressure currently and that there is little or no resilience within our dispensing team. This individual has taken minimal annual leave over the past 6 months but we feel that this is placing an unfair and unrealistic pressure upon her to single-handedly maintain the service. Business continuity was considered with Dr Sheena MacDonald on behalf of P&CS at the start of the Covid pandemic and as a result it was evident that dispensing practices had a unique vulnerability within the wider service as we were advised that NHS Borders pharmacists would not be able to work within our environments to assist with emergency cover.

Unfortunately, our staffing crisis has led to lengthier dispensing times than we would like over the past few months. This has inevitably resulted in an increase in patient dissatisfaction and complaints. We have also seen an increase in the number of dispensing errors made over recent months and this is inevitably the result of staff fatigue and workload pressures. The partnership has no desire to offer a poor or unreliable service to our patients hence the need for us to seek resolution to our dilemma by remedying this intolerable position without undue delay. In the absence of additional, trained staff this is something that we cannot easily rectify.

In the event of closure of the dispensary, the role of the Lead Dispenser would need to be reviewed. The practice has sought preparatory legal advice from an employment law specialist and is fully appraised of the correct process to follow. We will continue to be supported by this firm throughout the process to ensure that the member of staff involved is treated sensitively and fairly.

The above information primarily addresses the issues related to dispensing services. We are aware that the dispensing provision is very closely linked to the availability of branch surgery premises so the points raised below relate specifically to the latter.

1. Due to Covid restrictions, no clinical services have been provided from the Coldingham site since March 2020. Instead, over the past fourteen months patient care has been diverted to the Health Centre in Eyemouth. Patients have accommodated this change and the practice has not received any feedback outlining difficulty with this approach.

2. Coldingham branch surgery is unable to offer a full range of clinical intervention to patients as the facilities there are limited. Therefore, if patients need a procedure or investigation then they have always had to travel to Eyemouth for a second appointment to complete an episode of care.
3. Lone working by dispensers at the site is unsatisfactory for the reasons listed above.
4. Lone working at the site by clinicians results in an absence of peer support and advice from colleagues. This increases medico-legal risk and is stressful for clinicians. Isolated working can place clinicians at risk of accusations of misconduct from patients and sadly these events are becoming increasingly common for the profession.
5. A chaperone cannot be made available for consultations at Coldingham. This means that patients need to be asked to reschedule appointments at Eyemouth where a suitable trained person can be present for an examination. There is a risk that clinicians proceed without a chaperone in these circumstances in an attempt to avoid inconvenience to patients.
6. Opportunities for mentorship and supervision are limited at the branch surgery reducing the benefit of the additional consulting space.
7. Due to the small footprint of the surgery and the layout of the building, compliance with social distancing and Covid safety measures would be difficult. There is a single door for entry / exit and very limited space in the entrance vestibule and porch. It is currently difficult to control the movement of patients attending to collect medication so there would be little or no scope to increase traffic with clinical consultations. To ensure that staff can take their rest breaks in a socially distanced manner, a consulting room is currently being used for this purpose.
8. In order for a GP to join the partnership, a substantial capital investment is required as a result of ownership of the Coldingham surgery. Nationally, partnership is becoming a less attractive option for GP colleagues. If partnership is a colleague's desired career choice then many are available without the need for capital investment. Thus, attempts to recruit a new GP partner to rural Eyemouth with the additional financial burden of a significant capital contribution have become increasingly difficult over recent years and may well become impossible. It is right that as a partnership we are mindful of the need to adapt our business model to ensure, as much as possible, a secure future. There are no other GP practices in the area so if the practice fails to recruit then the provision of general medical services to our community will be under serious threat.

To conclude and in summary, the practice wishes to consider the future of the dispensing service and branch surgery provision at Coldingham with Board colleagues as the partnership does not consider that either remain viable elements of our business model. We have reached this conclusion as a result of :-

- i. Poor recruitment prospects for both the dispensing and clinical teams.
- ii. An unacceptable level of stress being placed on our sole, Lead Dispenser to maintain a dispensing service despite the need for annual leave.
- iii. Difficulty in ensuring appropriate governance and supervision of the dispensing service with a reduced number of GP partner sessions resulting in increased patient dissatisfaction and dispensing errors.
- iv. Risks of both dispensers and clinicians lone working from the branch premises.

We would be more than happy to provide any further additional information that might be needed to support this application. The practice welcomes assistance and advice from other relevant members of the organisation to reach an acceptable solution to our current predicament.

We thank you in advance for your support and look forward to hearing back from you in the near future.

Yours sincerely,

Dr K Robinson

Dr D Cooksey

Dr Y Nyadu

GP Partners

Appendix 2 – Draft Health Inequality Impact Assessment (HIIA) – to be finalised**HIIA Scoping Workshop Report****Relates to NHS Health Scotland HIIA Guidance January 2015**

Policy/service/programme title: Coldingham Branch Surgery

Date of workshop:

Location: via MS Teams

Programme lead:

Equality and diversity lead:

This is a report of the findings from a workshop held to identify potential impacts of this policy, including differential impacts on different population groups. The workshop was the first stage of a Health Inequalities Impact Assessment of the policy. Findings are based on the knowledge and experience of those present at the workshop.

This report is not a definitive statement or assessment of impacts but presents possible impacts that may require further consideration. The report also identifies some questions to be addressed to understand the impacts further. The purpose of further work following this scoping stage is to inform recommendations to improve impacts on health and enhance actions to reduce health inequalities, avoid discrimination and take action to improve equality and enhance human rights.

People present:

- *Richard Copland, Public member*
- *Morag Driscoll, Public member*
- *Carol Graham, Public Involvement Officer*
- *Holly Hamilton-Glover, Contracts Manager*
- *Clare Oliver, Head of Public Engagement and Communications*
- *Adrian Mackenzie, Lead Pharmacist, Community Pharmacy*
- *Chris Myers, General Manager*
- *Dr Kirsty Robinson, GP Partner*
- *Cathy Wilson, Clinical Service Manager*

Rationale and aims of service change:

On 8th June 2021, Eyemouth Medical Practice wrote to the General Manager for Primary and Community Services to note that the GP Partners no longer feel that they can offer a safe, sustainable Dispensing or Branch Surgery service that meets the needs of their patients using the Coldingham Branch. This triggered an establishment of a Short Life Working Group (SLWG) to review the Coldingham Branch provision and undertake a public consultation.

Eyemouth Medical Practice indicated that challenges sustaining their workforce due to recruitment and retention issues had led to a situation where they were no longer able to sustain the Coldingham Dispensing Service and Branch Surgery, and outlined the following concerns in their letter to NHS Borders:

- The pressure on the practice and staff to sustain two sites, which has impacted the practices' ability to recruit and retain staff.
- The national shortage of GPs has made it increasingly challenging for the practice to recruit GPs. Whilst EMP have diversified their staffing skill mix, there have been recruitment and retention issues with both clinical and dispensary staff.
- Difficulties in ensuring appropriate governance in place for the dispensing staff, for example, ensuring that two people are involved in the dispensing of medications.
- The Coldingham Branch Surgery is unable to offer a full range of clinical interventions as the facilities there are limited.
- Concerns over whether the Branch Surgery is fit for modern General Practice.

A formal decision is yet to be taken – this will be taken at the NHS Borders Resources and Performance Committee on 2nd September. There are two potential outcomes which this HIA will assess the impact of to patients:

1) Ceasing of the dispensing service at Coldingham Branch Surgery – this will mean that prescriptions will need to be dispensed at a neighbouring community pharmacy, the closest of which is Eyemouth.

2) Closure of the Coldingham Branch Surgery in its entirety, with all services being provided from the main Eyemouth site (with the exception of prescription dispensing, which the practice would cease provision of and this would move to community pharmacy). The impact of this would be that all face to face patient appointments would be undertaken at the Eyemouth Practice site.

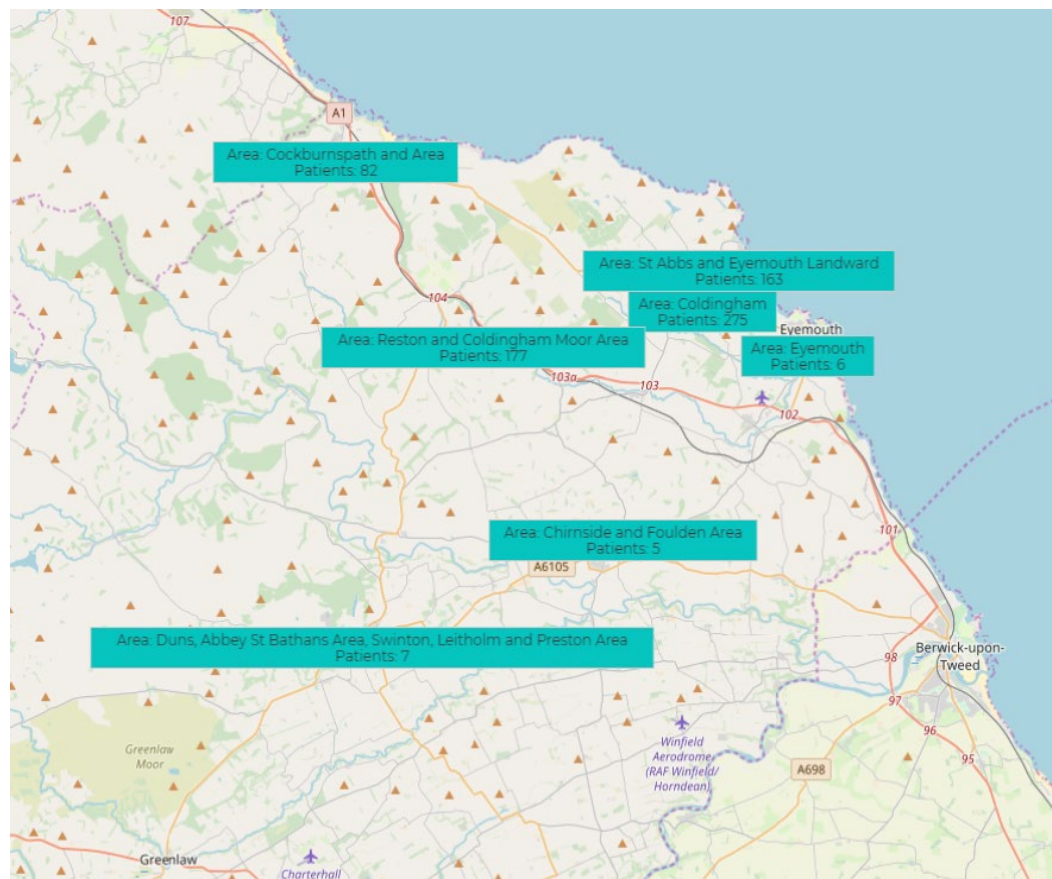
1. Who will be affected by this service change?

Eyemouth Medical Practice has a list size of approximately 6,500 patients located across Eyemouth, Coldingham, Cockburnspath and surrounding areas.

Eyemouth Medical Practice provides General Medical Services from the main surgery building in Eyemouth and a Branch Surgery in Coldingham. The Coldingham Branch Surgery offers a dispensing service from the branch surgery. There are no patients who are registered at Coldingham surgery as this operates only as a branch surgery site from Eyemouth Medical Practice.

The Coldingham dispensary has an eligible population of approximately 2,200 patients who are entitled to use the dispensing service. Information shows that approximately 500 patients use the service each month with an average number of items dispensed of approximately 3,000 / month.

The map below provides information on the number of patients, by local area, who had medications dispensed by the Coldingham dispensary.



Within Berwickshire, there is currently pharmaceutical provision within 5 other locations, with the closest being in Eyemouth which is 3.6 miles away from the Coldingham Branch Surgery, accessible in 8 minutes by car or 17 minutes by public transport (bus).

This service change has the potential to impact on all patients registered with Eyemouth Medical Practice, particularly those who have previously used the Coldingham Branch surgery. Prior to the Covid-19 pandemic the branch surgery operated with one GP consulting between the hours of 9am – 11.30 am four mornings each week, seeing an average of 10 patients per session. These appointments were not limited to patients living in Coldingham and could be allocated to patients from across the entire Practice catchment area.

A public consultation was undertaken from 3rd July to 9th August 2021 and all patients registered to EMP were written to outlining the situation and inviting participation in the consultation. A total of 132 responses were received. The following key themes were identified during the consultation:

- Transport issues, e.g. bus times, cost, ability to use public transport, distance from bus stops, lack of shelter and parking.
- Availability of GP appointments
- Ageing/increasing population
- Limitations of parking both at EMP and Eyemouth Community Pharmacy.
- Repeat prescription delivery services to local shops.
- Concerns over already busy Eyemouth Community Pharmacy.

2. How will the programme impact on people?

The group sought to identify potential differential impacts of the policy on different population groups these impacts are noted below

Population groups and factors contributing to poorer health	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
<p>Issues that apply to all the population groups mentioned in the table below</p>	<p>Individuals will no longer be able to obtain new and repeat prescriptions from Coldingham and will have to travel to a neighbouring town, ask another person to collect their prescription or rely on the community pharmacy delivery service to obtain their prescription.</p> <p>Community Pharmacy is able to provide a much wider range of services than a dispensing practice, patients may benefit from this wider service provision when using the community pharmacy.</p> <p>Individuals will no longer be able to attend face to face appointments at the Coldingham Branch Surgery and will have to travel to Eyemouth</p>	<p>Prescription dispensing – many community pharmacies offer a delivery service, this is not an NHS funded service and therefore is not mandatory for pharmacies to offer. As it is not an NHS service it could also be withdrawn at any point by the pharmacy or patients could be charged for the service.</p> <p>Patient appointments with GP – many consultations are being undertaken virtually or via telephone, whilst implementation of this initiative was brought forward due to the Covid-19 pandemic, this was already a move being made by General Practice in the UK to enhance access to GP services.</p>

	<p>Medical Practice for a face to face appointment.</p> <p>Eyemouth Medical Practice is a larger site with enhanced facilities, patients may benefit from only having to attend one appointment should they need a procedure rather than an initial appointment at Coldingham and a further appointment at Eyemouth.</p>	<p>Patients have fed back that being able to access clinical care without the need for a journey to the practice is more convenient more many, saving both time and money. Particularly easier for individuals with childcare / carer responsibilities and no transport.</p> <p>Reducing the travel time between sites, and the need to spend GP time on the dispensing service will likely increase the GP time available to delivery of patient consultations.</p> <p>Focusing on a single site service, reducing the stress of stretching limited staff to cover two sites may support the recruitment and retention of staff to the practice.</p> <p>Should Covid-19 infection prevention and control measures (which make appointments take longer than they did pre-pandemic) be reduced in the future, then this would lead to the clinical time saved from reduced travel associated to attending Coldingham becoming available for Direct Clinical Care within the main practice.</p> <p>Monitor impact of service change.</p>
<p>Issues that apply to all the population groups mentioned in the table below that are linked to the Covid-19 pandemic</p>	<p>It should be noted that currently no face to face appointments are being undertaken at the Coldingham site due to Covid-19 restrictions, this have been in place since the start of the pandemic in March 2020.</p>	<p>Patient appointments with GP – many consultations are being undertaken virtually or via telephone, whilst implementation of this initiative was brought forward due to the Covid-19 pandemic, this was already a</p>

	<p>For those individuals who were in the shielding group or who had been isolating there could be a greater fear of attending medical appointments in a larger/different practice building.</p> <p>Some individuals may not wish to use public transport access to medical appointments, when previously they may have been able to walk to the Coldingham Branch.</p>	<p>move being made by General Practice in the UK to enhance access to GP services.</p> <p>Highlight the approach to keeping individuals and staff safe from Covid-19 and what is expected at appointments.</p> <p>Monitor impact of service provision during Covid-19.</p>
Population groups and factors contributing to poorer health	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
<p>Age: older people; middle years; early years; children and young people</p>	<p>Potential for a negative impact on multiple age groups depending on individual circumstances.</p> <p>Some older and younger age groups especially may not be able to easily travel or be willing to travel outwith Coldingham for medical appointments or to collect prescriptions.</p> <p>Some patients may not have transport and may have to rely on others to support them to take them to appointments or use public / community transport.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Community Transport information to be provided to patients registered who attended Coldingham Branch Surgery/dispensing service and would have to attend Eyemouth should the service cease.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p>
<p>Gender: men; women; people</p>	<p>No specific impact identified.</p>	<p>N/A</p>

undergoing gender reassignment; pregnancy and maternity; experience of gender-based violence		
Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long term medical conditions	<p>Potential for a negative impact on individuals with a range of different disabilities depending on individual circumstances.</p> <p>Some patients may not have transport and may have to rely on others to support them to take them to appointments or use public transport. However, due to their disability they may be unable to travel far, walk to bus stops, use public transport or travel alone, especially if they are experiencing exacerbations of their condition.</p> <p>A change in venue/healthcare professional may cause anxiety for the individual and perhaps be less willing to attend a medical appointment at a new/different site.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p> <p>Community transport options are available to support individuals.</p> <p>'Remote' consultations either by telephone or video link are available.</p>
Race and ethnicity: minority ethnic people; non English speakers; gypsies/travellers; migrant workers	<i>Tbc – more info required</i>	
Refugees and asylum seekers	<i>Tbc – more info required</i>	
Religion & belief: people with different religions or beliefs, or none	No specific impact identified.	N/A
Sexual orientation: lesbian; gay; bisexual; heterosexual	No specific impact identified.	N/A

Marriage: people who are married, unmarried or in a civil partnership	No specific impact identified.	N/A
Looked after and accommodated children and young people	No specific impact identified.	N/A
Carers: paid / unpaid, family members	<p>Some carers may have to travel further to attend appointments, therefore having to take longer away from their carer responsibilities. This may make attendance at appointments or pick up of prescriptions more challenging.</p> <p>Carers may require supporting those whom they care for to attend appointments, this would require them to support the individual to travel further for face to face appointments.</p> <p>If Carers collect prescription medication for individuals, they may now need to travel to a community pharmacy in a neighbouring town.</p> <p>Young Carers may not be able to travel outside of their local area, and may not be able to support their relatives to attend appointments at the Eyemouth site.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p> <p>Community transport options are available to support individuals.</p>
Homelessness: people on the street; staying with friends / family; in hostels, B&Bs	Some patients may not have their own transport and may not be able to access the public transport system or taxi service due to cost. This may make some individuals less likely to seek healthcare when needed or collect prescription medication.	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery.</p> <p>Consideration can be given to the allocation of appointment times for individuals who</p>

		<p>require to use public transport.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p> <p>Community transport options are available to support individuals. There is a cost for this service however this can be discussed at time of booking.</p>
Involvement in the criminal justice system: offenders in prison / on probation, ex offenders	No specific impact identified.	N/A
Addictions and substance misuse	No specific impact identified.	N/A
Staff: full/part time; voluntary; delivering / accessing services	<p>There will be a change to the working patterns and locations of staff members who currently work at the Coldingham site.</p> <p>There is potentially a significant impact on dispensing members of staff, should the dispensary service cease, who will no longer undertake the role for which they have been employed and therefore redundancy may be considered.</p>	Will be managed internally by Eyemouth Medical Practice.
Low income	Some patients may not have their own transport and may not be able to access the public transport system or taxi service due to cost. This	Patients may be able to have a home visit should they be too unwell to attend the surgery.

	<p>may make some individuals less likely to see healthcare when needed or collect prescription medication.</p>	<p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p> <p>Community transport options are available to support individuals. There is a cost for this service however this can be discussed at time of booking.</p> <p>Patients have fed back that being able to access clinical care without the need for a journey to the practice is more convenient more many, saving both time and money. Particularly easier for individuals with childcare / carer responsibilities and no transport.</p>
Low literacy	<p>For some individuals it may be that the information provided so far on the potential service change and the public consultation may have been difficult to understand.</p>	<p>Consideration to be given as to whether the patient information provided should be in more accessible options.</p>
Living in deprived areas	<p>Some patients may not have their own transport and may not be able to access the public transport system for various reasons. This may make some individuals less likely to see healthcare when needed or collect prescription medication.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery.</p> <p>Consideration can be given to the allocation of appointment times for individuals who</p>

		<p>require public transport.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p> <p>Community transport options are available to support individuals. There is a cost for this service however this can be discussed at time of booking.</p>
Living in remote, rural and island locations	<p>Coldingham could be considered a remote/rural community as is much of the Borders. Whilst there is generally a need to travel to access services, shopping, education etc, this may be more challenging for smaller remote communities.</p> <p>Transport – cost and accessibility – may mean that some individuals have difficulty travelling further to a GP or pharmacy outwith Coldingham.</p> <p>Public transport services to/from Coldingham are limited, this may make a round trip for an appointment/prescription a lengthy journey.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p> <p>Community transport options are available to support individuals.</p>
Discrimination / stigma	No specific impact identified.	N/A
Any other groups and risk factors relevant to this policy	No further groups identified.	N/A

3. How will the programme impact on the causes of health inequalities?

The group identified the following potential impacts of the policy on the causes of health inequalities

Will the policy impact on:	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
<p>Income, employment and work</p> <p>Availability and accessibility of work,</p> <ul style="list-style-type: none"> • paid / unpaid employment, wage levels, job security • Tax and benefits structures • Cost / price controls: housing, fuel, energy, food, clothes, alcohol, tobacco <p>Working conditions</p>	<p>Staff who usually work at the Coldingham Branch Surgery will experience a change to their working conditions.</p> <p>Access to health services is an important factor in minimising the impact of health inequalities.</p>	<p>This will be managed by Eyemouth Medical Practice.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Some patients may be able to benefit from a prescription delivery service offered by community pharmacies.</p> <p>Community transport options are available to support individuals.</p>
<p>The physical environment and local opportunities</p> <ul style="list-style-type: none"> • Availability and accessibility of housing, transport, healthy food, leisure activities, green spaces • Air quality and housing / living conditions, exposure to pollutants • Safety of neighbourhoods, exposure to crime • Transmission of infection • Tobacco, alcohol and substance use 	<p>The change in service may result in the ceasing of use of the Coldingham Branch Surgery by the GP Practice. This will remove the provision of primary medical services from Coldingham.</p> <p>Community Pharmacy offers a wider range of services than a dispensing practice, including access to primary care health advice and support to those who use tobacco and other substances.</p>	<p>The Eyemouth Medical Practice is a much more modern and larger primary medical service facility where face to face appointments will be offered when appropriate.</p>
<p>Education and learning</p>	<p>No specific impact to patients identified.</p>	<p>N/A</p>

<ul style="list-style-type: none"> • Availability and accessibility to quality education, affordability of further education • Early years development, readiness for school, literacy and numeracy levels, qualifications 		
<p>Access to services</p> <ul style="list-style-type: none"> • Availability of health and social care services, transport, housing, education, cultural and leisure services • Ability to afford, access and navigate these services • Quality of services provided and received 	<p>The change in service may result in the ceasing of use of the Coldingham Branch Surgery by the GP Practice. This will remove the provision of primary medical services from Coldingham.</p> <p>The Eyemouth Medical Practice is a more modern and larger primary medical service facility where face to face appointments will be offered, however, individuals will have to travel further to access these services.</p> <p>Community Pharmacy offers a wider range of services than a dispensing practice, however individuals will have to travel further to access these services.</p>	<p>Promotion of the transport options available to individuals.</p> <p>Identify options to allocate appointments in line with public transport timetables.</p> <p>Promote the benefits of wider community pharmacy service provision.</p>
<p>Social, cultural and interpersonal</p> <ul style="list-style-type: none"> • Social status • Social norms and attitudes • Tackling discrimination • Community environment • Fostering good relations • Democratic engagement and 	<p>It may take time for the local population to accept a change in service and loss of local community GP practice and dispensary.</p>	<p>Public consultation has been undertaken and the views of the community have been listened to.</p> <p>Decision will be taken at a public board meeting which is open to be attended by members of the public on the virtual platform (due to Covid-19 restrictions).</p>

representation • Resilience and coping mechanisms		Provide detailed explanation on rational of decision on future of Coldingham Branch surgery will be made.
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4. Potential impacts on human rights

The group identified the following potential human rights impacts:

No specific impacts were identified against the individual articles of the human rights act outlined below. All staff are covered by professional standards and codes of conduct and are recruited on the basis of corporate values to respect and uphold human rights, this is fundamental to the delivery of care to individuals.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (absolute right)	No specific impact identified.	N/A
The right not to be tortured or treated in an inhuman or degrading way (absolute right)	No specific impact identified.	N/A
The right to liberty (limited right)	No specific impact identified.	N/A
The right to a fair trial (limited right)	No specific impact identified.	N/A
The right to respect for private and family life, home and correspondence (qualified right)	No specific impact identified.	N/A
The right to freedom of	No specific impact identified.	N/A

thought, belief and religion (qualified right)		
The right to freedom of expression (qualified right)	No specific impact identified.	N/A
The right not to be discriminated against	No specific impact identified.	N/A
Any other rights relevant to this policy	No specific impact identified.	N/A

5. Will there be any cumulative impacts as a result of the relationship between this policy/programme/service change and others?

None identified currently.

6. What sources of evidence have informed your impact assessment?

Evidence type	Evidence available	Gaps in evidence
Population data eg demographic profile, service uptake	<ul style="list-style-type: none"> Information has been gathered on the number of eligible patients using the dispensing service and the Coldingham branch site, along with the number of items dispensed per month. The NHS Border Pharmaceutical Care Services Plan has been reviewed. Identification of travel times to neighbouring community pharmacy services and their accessibility. Visit to Coldingham Branch Surgery to 	Detailed information on the local population demographics.

	<p>review facilities.</p> <ul style="list-style-type: none"> • Local knowledge of area. 	
<p>Consultation and involvement findings eg any engagement with service users, local community, particular groups</p>	<ul style="list-style-type: none"> • A public consultation was undertaken, 3rd July – 9th August, all patients registered with EMP were written to outlining the situation and inviting participation in the consultation. • A short life working group was established including public / patient membership. • The feedback received from the consultation has been incorporated into this document. • Discussions have been held with the local community pharmacy most likely to be impacted by the potential change to understand the level of support available. 	<p>A further meeting is due to take place with the local MP and Community Councils.</p>
<p>Research eg good practice guidelines, service evaluations, literature reviews</p>	<ul style="list-style-type: none"> • Advice has been sought from Scottish Government on regulatory requirements or best practice examples on the ceasing of dispensing services and closures of branch surgeries. • Advice sought from Healthcare Improvement Scotland (HIS) Community Engagement on the public engagement. 	
<p>Participant knowledge eg experiences of working with different population groups, experiences of different policies</p>	<ul style="list-style-type: none"> • The members of the SLWG have a varied clinical and managerial background in the NHS. • A public member and patient representative were involved in the initial review of the public consultation findings. 	<p>N/A</p>

7. Summary of key impacts, research questions and evidence sources

1) Ceasing of the dispensing service at Coldingham Branch Surgery – this will transfer the dispensing of NHS prescriptions to community pharmacy services. Patients can take their prescription to any community pharmacy, the closest to Coldingham is Eyemouth Community Pharmacy.

The ceasing of the dispensary will impact on all individuals who regularly use this service in Coldingham. However, this will have a particular impact on those for whom travel out with Coldingham or additional travel to Eyemouth poses additional challenges due to;

- Health condition
- Disability
- Mobility
- Independence
- Limited access to transport options
- Additional cost of travel

The possible mitigating measure for the above individuals is the prescription delivery service often offered by community pharmacies, however, it should be noted that this is not an NHS service and is provided at the discretion of community pharmacies, and may incur a charge. In addition, community pharmacies offer a much wider range of services than prescription dispensing.

Consideration as to additional mitigating measures could be put in place to ensure that individuals can continue to receive their regular medication, such as delivery to local village shop.

2) Closure of the Coldingham Branch Surgery - all face to face consultations would take place at Eyemouth Medical Practice.

This service change would impact on all individuals who would ordinarily (pre Covid) attend Coldingham Branch surgery for a face to face appointment. It should be noted that since the start of the Covid-19 pandemic (March 2020) all face to face consultations have been undertaken at the Eyemouth site. This was intended to be a temporary measure in response to the Covid-19 pandemic guidance.

Whilst the closure of the Coldingham Branch Surgery will impact on all individuals who previously regularly used this service, this will have a particular impact on those for whom travel outwith Coldingham or additional travel to Eyemouth poses additional challenges due to;

- Health condition
- Disability
- Mobility

- Independence
- Limited access to transport options
- Additional cost of travel

There are a number of potential mitigating measures which will support individuals in accessing face to face consultations with their GP;

- Home visits for individuals who are too unwell to attend surgery
- Community transport services
- Arrangement of appointment times in line with public transport timetables
- Offering of remote phone or video consultations

In addition, Eyemouth Medical Practice is a larger more modern facility which can offer a wider range of services.

8. Who else needs to be consulted?

No additional stakeholders need be involved or consulted in the process at this time, this will remain under review.

9. Suggested initial recommendations

Whilst continuation of a branch practice and dispensing service may be the most desirable outcome for those who use the dispensing service, this is unlikely to be feasible due to the sustainability concerns outlined by Eyemouth Medical Practice. Due to insufficient workforce, and significant challenges recruiting new staff, the Dispensing Service and Branch Surgery simply cannot be sustained and staff by what is now a small team without major detriment to the services available from the medical practice (e.g. reduction of appointments, impacts on home visiting). In turn, this would place further significant pressure on the Practice and could lead to the ultimate closure of Eyemouth Medical Practice and a significant loss of general medical services to 6,500 people in the area.

Conclusions of the review are due to be submitted to the NHS Borders Board on 2nd September 2021. Following the decision, detailed communication of the rationale of the decision to the registered practice population via letter, with information on the mitigation measures NHS Borders and the practice are able to support.

Appendix 3 - FAQ

Eyemouth Medical Practice & NHS Borders

Patient consultation on impact of potential closure of Coldingham Branch Surgery and Dispensary

Frequently asked questions (FAQ) following 6 week Consultation Period

TRANSPORT & ACCESSIBILITY

1. As the bus service is so infrequent if patients need to wait for a bus after an appointment could a shelter or waiting provision be provided to avoid people having to wait unprotected in all weathers?

There is a shelter at the bus stop closest to the Practice by Eyemouth Community Centre (Albert Road). In addition there is a shelter at the bus stop next to the Co-Operative Food Store on the High Street.

2. How do we access community transport and is there a cost for this service?

Community Transport is available to anyone in the community who cannot access transport. As the service is provided through volunteers people are asked to book with as much notice as possible.

There is a charge for this service which will be discussed at the time of booking.

To book Community Transport please call 0300 456 1985.

3. There are insufficient/limited parking spaces at Eyemouth for patients. Is there anything that could be done to improve this?

There are two designated disabled car parking spaces, one duty GP parking space and one duty community nursing space which are protected in case of the need to attend an emergency, and a further 16 car parking spaces for general use. These spaces are shared with the Day Hospital, Community Centre, Registrar's office and Seashells nursery. Staff working in the health centre are aware of the limited car parking provision and are encouraged to use alternative parking in the vicinity of the health centre site. Unfortunately there is no scope to create additional car parking spaces within the site footprint.

APPOINTMENT AVAILABILITY

4. There is already an issue with having to wait for an appointment with a GP at Eyemouth Medical Practice. Will this just cause the waits to become longer?

The team in Eyemouth Medical Practice are working to try to provide as responsive a service as possible to their registered patients. However due to challenges associated to finding new GPs following the retirements of three GPs and the departure of two further GPs, along with similar issues for other clinical staff in the team, despite the best efforts of the practice to expand the clinical workforce, this has reduced the amount of consulting time available for patients in the practice.

As noted below, Eyemouth Medical Practice is not alone in this position, and unfortunately there are a range of vacancies across a number of GP practices in the Borders and across other rural parts of Scotland. Due to the current situation across Scotland, NHS Borders plans to commence work to GP sustainability shortly.

Because all patient contacts have been taking place at the Health Centre in Eyemouth since the

onset of the pandemic there will be no impact on waiting times for an appointment. Every time a patient needs an appointment currently, the first conversation with a clinician takes place over the phone and this will continue for the foreseeable future. If a patient is calling about an urgent issue they will be phoned back by a clinician on the same day. If a face to face appointment is deemed necessary, the practice is currently offering approximately 85% of these appointments on the same day. For routine appointments, if a patient asks for a named doctor the wait is currently between five and six weeks which reduces to between four and five weeks if patients are happy to see the first available clinician. As a result of recent changes to procedures, more patients are accessing same day clinical advice now than before the pandemic. If GPs do not have to travel several times a week to Coldingham to undertake administrative tasks, this will release additional time for clinical duties. In accordance with national developments, General Practice now consists of a multidisciplinary team and often assistance can be provided by healthcare professionals (such as physiotherapists, pharmacists and psychologists) without the need to consult with a GP.

5. As the bus service is very infrequent can the practice ensure appointments are given to Coldingham patients based on the bus timetable to avoid long waits before and after appointments?

There is now greater flexibility to offer appointments at a time to suit patients due to the new way of working with all initial clinical contact being over the phone. So if a patient requires a face to face appointment and relies on public transport the practice staff will be happy to accommodate this as far as is possible.

6. The GPs only appear to work part time - can they not extend their working hours?

The GP Partners and all the staff at Eyemouth Medical Practice work exceptionally hard to provide a service to the people of the community, in the context of a reduced workforce due to recruitment issues.. Partners and staff also have families and personal commitments. Working patterns are a matter for individual negotiation as flexibility will often improve recruitment and help to retain experienced team members. It is also important to remember that there is a significant workload which is not patient facing with clinicians regularly working late and at weekends to meet demand and keep up with workload.

7. Why is there such a challenge in the recruitment and retention of staff? Could incentives not be offered to recruit to the area?

The Practice encourages personal development and some staff have moved on to promoted posts or other development opportunities. There has also been a recent spell of scheduled retirements. The recruitment crisis in relation to the national shortage of GPs, Pharmacy Staff and other healthcare staff is not unique to Eyemouth or indeed the Borders – it is impacting on general practice across the UK. Further information can be found [here](#). The Partners are currently advertising for a second Advanced Nurse Practitioner and an additional GP. These posts have been advertised for a number of weeks now with very limited interest being shown; which is in common with other Practices in similar remote and rural locations across Scotland.

8. Can I switch to a different Practice (e.g. Dunbar?)

To register with a GP Practice you are required to live within the Practice boundary area of the Practice you wish to register with. There are currently restrictions on the movement of patients between practices due to Covid-19. All practices are currently following this Scottish Government guidance which states that practices are not obliged to accept patients who are already registered with a GP in their area.

For more information on registering with a GP please visit NHS Inform

<https://www.nhsinform.scot/care-support-and-rights/nhs-services/doctors/registering-with-a-gp-practice>

ACCOMMODATION

9. You say that the Coldingham surgery is not fit for modern general practice, why is this when there was a refurbishment in recent years?

Although 2017, when the second consulting room was added to the Coldingham branch surgery, does not seem that long ago, modern general practice has changed since then. The building does not have adequate access for people with disabilities and it cannot accommodate bariatric patients. Nor is it sufficient in size to be able to accommodate social distancing measures as a result of the Covid-19 pandemic.

10. You say that one of the reasons is that there is lone working and that is a safety issue. Why can't security measures be put in place especially with new technology available?

There are security measures in place which include CCTV cameras and panic buttons. However lone working presents too much of a risk for staff; and following two break-ins there is understandably heightened anxiety. Risk assessments have been undertaken and the risks cannot be mitigated without a second member of staff being on site which is not feasible.

11. Coldingham and surrounding area are increasing in population so why close a practice that will be needed more in future years?

The Practice is not closing. Should the Board of NHS Borders decide that the Coldingham Branch surgery is unsustainable, medical services will continue to be provided to the population from the Health Centre in Eyemouth.

12. Could volunteers help at Coldingham to support practice staff?

We appreciate the offer of support from the community in relation to providing volunteers to support staff safety. The roles that need support to be carried out though are trained dispensers and GPs; both of which are trained professional roles so volunteers would not solve the problems in this situation.

PHARMACY & DISPENSING

13. I'm aware that the Eyemouth pharmacy is already very busy. How will these additional patients affect the wait for prescriptions?

No concerns have been raised about the ability to meet additional demand. The practice will work with local pharmacies to look at ways of reducing the impact on patients. This may involve the use of what are termed 'serial prescriptions' where the practice issue a prescription for up to 12 months to suitable patients. This enables people to collect 28 or 56 days of medicines at a time.

14. Will my local Pharmacy provide a delivery service to Coldingham patients for dispensed medicines?

Your local pharmacy may offer a delivery service of dispensed medicines to people who require it. As this service is not funded by the NHS and is paid for by the pharmacy themselves, you should contact your local pharmacy to discuss this with them. Pharmacies ask that patients only use

delivery services where they have no other means of obtaining their dispensed medicines.

15. Previously we have been able to collect prescriptions at our local shop/post office. Will this service be retained?

Eyemouth Pharmacy (George Romanes Pharmacy) has informed us that it is their intention to continue their current arrangement, however please contact your local pharmacy directly to discuss how you can obtain your dispensed medicines if you or someone you nominate are unable to collect them in person. We would always encourage medicines to be collected directly from a pharmacy wherever possible as this provides the best opportunity for pharmacy staff to offer you advice on how to use your medicines and answer any questions you may have.

16. How close to Coldingham are the nearby pharmacies that you mention?

- Eyemouth Pharmacy - 3.0 miles
- Chirnside Pharmacy - 6.3 miles
- Duns Pharmacy - 10.4 miles
- Lloyds Pharmacy, Dunbar and Aitken Pharmacy, Dunbar - 15.8 miles,

There are other Pharmacies in Berwick Upon Tweed. Due to these being in England patients should note that they may not be able to access the same services as if they visited a pharmacy in Scotland. Some Scottish residents may need to pay for their prescriptions if they are dispensed in an English Pharmacy.

- Boots, Lloyds and Castlegate Pharmacies, Berwick Upon Tweed Centre - 12.8 miles
- Lloyds Pharmacy, Union Brae, Berwick Upon Tweed - 13.3 miles
- Tesco Pharmacy, Berwick Upon Tweed - 15.0 miles

(This information has been sourced from [NHS Inform](#) and Google Maps)

17. How will patients be informed of where their prescription will be dispensed?

By default, the practice will transfer dispensing patient's prescriptions to Eyemouth Pharmacy. Further details will follow in due course and will be available on the practice website. Practice staff will assist patients where possible to make suitable arrangements to use whichever pharmacy they wish to.

However, patients should note that only the Romanes pharmacies (Eyemouth, Chirnside and Duns) collect prescriptions from the practice. Patients will need to collect paper prescriptions from the practice should they wish to use alternative community pharmacies.

20 August 2021

Appendix 4 – Coldingham Site Visit

Building Location

The surgery is a small building within central Coldingham located at the edge of Coldingham play park, with ample parking available. It is within walking distance of local amenities.

Entrance

There is a single door for entry and exit, and no scope for a one way system. The entrance porch is compact, and immediately takes you into the reception area. Managing a flow of patients coming for appointments and to pick up prescriptions whilst maintaining social distancing would be a challenge. Entry to the building is currently controlled.

Reception/Waiting Area

The reception and waiting area are open plan. Social distancing requirements limit the number of people that can be safely accommodated in the reception area to a maximum of three. In the waiting area there is space for only two individuals to be seated, then a further one individual can be standing at reception.

Should the social distancing guidance reduce to 1 metre, which is expected circa 9th August, this could potentially allow one additional person to be seated in the waiting area (would need to assess/measure). However at present, the guidance has not been changed for healthcare settings.

Reception staff sit behind a clear screened area, with space for one member of staff. Scope for ventilation appeared to be limited.

Consultation Room

There is only one consultation room functional for patient consultations; the second consultation room (the smaller of the two) has been converted to allow staff to take rest breaks or to allow members of staff to work whilst complying with social distancing.

The consultation room whilst small is adequate and has a patient couch and desk, with good lighting and ventilation. Face to face patient consultations have not been undertaken in this room during Covid, therefore it currently does not meet Covid infection control standards (e.g. curtains would have to be changed and room cleared of additional items to reduce cleaning).

Dispensary

The dispensary is adjoined to the staff side of the reception area, whilst appearing a small room with space for one member of staff, it appeared well stocked and organised. In order to dispense medication to patients in a timely, secure manner, the dispensers need to work with two members of staff in the dispensary for lengthy times during their shifts.

Additional Room

The second consulting room has been repurposed into a staff rest area. There is also a desk in the room to facilitate a second member of staff working should this be required. The room is suitable for one member of staff.

Appendix 5 – Letter from Chair of GP Subcommittee

The O’Connell Street Medical Practice

Partners: Dr K Buchan Dr R Michie Dr Lynn Buchan Dr R Johnstone Salaried GP: Dr Linda Bruce

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KMB/JW

5th August 2021

Mr Chris Myers
General Manager
Primary and Community Service
NHS Borders

Dear Mr Myers

I write to you as chair of GP Sub offering the Committee’s opinion on the paper presented to the committee on the 26th of July 2021, related to sustainability issues raised by Eyemouth Medical Practice related to their branch surgery at Coldingham.

As discussed at the meeting, it is clear that the Partners of Eyemouth Medical Practice have put forward a well thought through and reasoned letter explaining their reasons behind what is obviously, a very difficult decision. It is clear that this decision has not come lightly to the Practice and they have invested a significant amount of effort into trying to sustain the branch surgery.

GP Sub welcomed the full and clear letter from the Partners at Eyemouth Medical Practice and supported both the letter from the Medical Practice but also the paper put forward, unanimously. I would be minded to say that GP Sub is aware of the impact on the local community however we feel that this is the best way forward to manage sustainability issues for Eyemouth Medical Practice.

GP Sub were asked to consider what further supporting measures could be considered for both the practice and also to further support measures for General Practice in total.

It is clear that all possible options have been explored by Eyemouth Medical Practice with a willingness to try and deliver a service in an alternative way. The practice has been innovative when they have not been able to recruit GP Partners and expanded into use of extended role Practitioners. This issue is not only for Eyemouth Medical Practice but is a UK wide issue and increasingly practices are finding it difficult to recruit Doctors and specifically Partners. The subsequent affect is that Practices become increasingly difficult to run. We have seen practice loss throughout Scotland yet fortunately, we have not had a loss of a practice in NHS Borders. As we deliver the new contract, there is a significant amount of support to practices to deliver

healthcare in an innovative manner. Locally, we continue to develop our contract however there is a lot of ongoing work that needs to be done. The Committee could not offer any new advice as to which supporting measures could be considered other than support the work that has been done by The Eyemouth Medical Practice.

We continue to support the development of the Primary Care Improvement Plan and hope that this will offer some glimmer of light in the difficult situation we find ourselves within Primary Care. This is further enhanced by other work that is being developed through partnership working between Integrated Joint Board, GP Sub/LMC and NHS Borders.

Yours Sincerely

Dr Kevin Buchan
Chair of GP Sub