



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