Dr W Mouat
Dr D Kelsey
Dr D Mair
Dr S MacRae
Dr W McCann
Dr P Thomson
Dr E Delaney
Dr G Ward-Smith
Dr N Ferri

Old Aberdeen Medical Practice
12 Sunnybank Road
ABERDEEN
AB24 3NG
Tel: 01224 486702
Fax: 01224 551516

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Chief Executive
Summerfield House
2 Eday Road
Aberdeen

Dear Professor Croft,

As General Practitioners working within a 2C (salaried) practice within Aberdeen City, we write to express our sincere concern in relation to the 2C redesign process currently being undertaken by the Aberdeen City Health and Social Care Partnership.

At Old Aberdeen Medical Practice, we look after around 11000 patients with 5.5 full time equivalent GPs. It is a happy and stable working environment. We are proud of the care we provide and value the principles of general practice in terms of being accessible, forming strong working relations with patients and providing longitudinal and holistic care. Continuity of care is highly valued by patients and doctors and the balance of evidence shows that it leads to more satisfied patients and staff, reduced costs and better health outcomes. We see the 'new way of working' as a 'wartime' necessity and look forward to a post Covid era when our doors will open again.

Aberdeen City 2C practice management recently announced there must be change in the way we operate and that we will either undergo a merger or be put to tender. We were invited to a consultation process that was inadequate in many respects. It was rushed through during the summer holiday period with a week's notice, over 150 participants were expected to attend MS Teams format meetings and we were allowed only 3 working days to vote on our preferred remodelling option, none of which we were actively involved in designing. We have since been informed that we will not be told the outcome of the voting results. We have not been provided a clear agenda as to why change is necessary as there are no acute sustainability issues. Given the huge organisational changes general practices all over Scotland

have had to contend with (during this ongoing pandemic) the timing of yet more change and upheaval seems preposterous. There has been a recruitment problem in one of our 2C practices, but this has not been helped by the failure of ACHSCP to advertise vacancies within a sensible timeframe. We believe the 2C model is an attractive one for prospective recruits and it certainly goes a long way towards meeting the New Contract ethos of 'reducing the risk' of being in General Practice.

Our concern lies not only with the inadequate consultation process but also with the potential fate of our practice and a possible tender and takeover. Much of our concern relates to a previous 2C tender in the city in 2017, namely Northfield Practice and the branch surgery, Mastrick. Given the level of deprivation in the area this practice covered, closing the branch surgery was not seen as an acceptable proposal by the 2C managers at that time. However, on succeeding with their tender, the successful tendering party almost immediately stopped seeing patients at the branch surgery and shut it down. More recently, accessibility for these patients with complex health needs has been further hindered by the practice at Northfield being open only 2 days a week. On the other days, patients have the option to take public transport (many fear this at the present time), to drive (significant numbers of patients being unable to afford a vehicle) or to walk for 3 miles each way from the Northfield area to the city centre practice who won the tender. The takeover practice promoted itself as an 'innovator' of electronic consulting and telephone triage-based systems long before Covid. We do not believe this model promotes easy access to care for a socioeconomically deprived population and creates barriers to healthcare leading to worse health outcomes. We fear this model of care could be our fate and that of our patients in a few months time. This is not a model of care in which we would wish to work with and is a model recognised to be flawed by many GPs across the city and beyond. Patients who struggle to access daytime GP care impact heavily on the workload of the Out Of Hours service and Accident and Emergency.

Due to a lack of transparency throughout the consultation process, a lack of trust has developed between the 2C practice teams and our ACHSCP management. To compound the unrest and stress currently put upon our practice teams (and this is substantial) all 2C practices in the city have now been subjected to a rotational practice manager system. Each practice requires, more than ever before, a stable leadership and a trusted practice manager to help navigate through this first winter of the pandemic. Losing this stability has had a detrimental effect on all our teams at a time when morale is at an all time low.

A few weeks ago, at Old Aberdeen Medical Practice, we became aware of an apparent 'breach' of our patient records system. On reporting this, our managers advised us the decision to allow access was unilateral and granted by our Primary Care Clinical Lead. We are not at all satisfied by the explanation provided for this access and are willing to share our reasoning behind this. We have valid concerns

that access to this practice information and our systems will lead to unfair advantage and conflict of interest in a potential tendering process and we need to discuss this further should tendering be the outcome.

Management have advised that the Integration Joint Board will sit next month and we will thereafter be informed of the likely future of our practices. In an environment which should be fostering inclusivity and transparency, there will be no invited representative for the 2C practices. This, we believe, is undemocratic as these changes will impact upon us and our teams directly.

The cost of living in Aberdeen means that recruitment of medical staff has always been challenging. This heavy-handed consultation, along with concerns relating to the questionable processes detailed herein, has left many of our 2C GPs considering relocation outwith Aberdeen. This loss of GP workforce could destabilise primary care across the city and leave ACHSCP struggling to provide any form of acceptable service. We have repeatedly raised this prospect with our local management and our impression is that our concerns have been disregarded.

We write in the hope that **urgent** action can be taken to halt the 2C redesign process. We are happy to provide corroborating evidence regarding the issues raised above.

Yours Sincerely,

Dr Walter Mouat Dr Dawn Kelsey Dr Dianne Mair Dr Sue Macrae

Dr Wendy McCann Dr Paula Thomson Dr Elizabeth Delaney

Dr Gemma Ward-Smith Dr Natalia Ferri

Cc Jeane Freeman, Cabinet Secretary for Health and Sport.