

Date: 04/04/2024  
Your Ref:  
Our Ref: 8399

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Dear

## ENVIRONMENTAL INFORMATION – GP PRACTICES

I write in response to your request for information in relation to GP Practices.

Question:

1. Provide a copy of the methodology or methodologies used by the NHS Lothian to calculate capacity in existing and proposed GP practices.
2. Confirm the methodology used by NHS Lothian to calculate the costs of new medical practices.

Answer:

We have enclosed the National calculation used to determine the costs required to provide GP premises for new housing proposals. This includes construction cost per sq metre and size requirements per GP. I have also attached a National note which includes the calculation of required GP space.

Question:

3. Provide a breakdown (by profession) of the number of GPs and other healthcare professionals and the whole-time equivalent for each roll employed at and/or working from the following medical practices:
  - a. Southern Medical Group;
  - b. Liberton Medical Group;
  - c. Gracemount Medical Practice; and
  - d. Ferniehill Surgery.

Answer:

a.	We do not hold as independent contractor*
b.	We do not hold as independent contractor*
c.	6 GPs 3 Nursing staff 9 admin staff including 2 porters 1 Asst Practice Manager 1 Practice Manager 1 Pharmacist 1 MSK

	Additional staff using building: District Nurses, Health Visitors ,(planned )Community Treatment and Care Service ( 2 rooms), Childhood Community Vaccinations Team, Visiting Mental Health services.
d.	We do not hold as independent contractor*

\*As per Regulation 10(4)(a) of the EIRs – information not held, formally I must advise we do not hold this information.

**Question:**

4. Provide a copy of the GP practice catchment area map or, if not available, written descriptions of the boundaries of each catchment for the following medical practices:
- Southern Medical Group;
  - Liberton Medical Group;
  - Gracemount Medical Practice; and
  - Ferniehill Surgery.

**Answer:**

Boundary maps are enclosed with this response.

Code	Practice	Ref	Contractual narrative
70588	The Southern Medical Group 322 Gilmerton Road Edinburgh EH17 7PR	24/08/23	To the north, Lady Road at Cameron Toll. To the west, Liberton Road to Kirk Brae and Lasswade Road, and south to the A720 Edinburgh, also including the Murrays estate. To the east, Old Dalkeith Road, as far as its junction with Ferniehill Drive; southeast to the A772 including housing estates at Ferniehill, Candlemakers and the Drum as far the A720, Edinburgh City Bypass. To the south, the A720, Edinburgh City Bypass and to encompass all new building ongoing or forthcoming north of this.
70376	Liberton Medical Group 65 Liberton Gardens Edinburgh EH16 6JT	08/09/16	From the City By-Pass, Lasswade Road, Gilmerton Dykes Street, Gilmerton Dykes Drive, Guardwell Glen, Ellen's Glen Loan, Ellen's Glen Road, Gilmerton Road, Liberton Road, Liberton Brae, minor roads by Liberton Tower Mains, Tower House and Meadowhead, Mortonhall Gate, Frogston Road East to its west end, then south to the City By-Pass

70516	Gracemount Medical Practice 24 Gracemount Drive Edinburgh EH16 6RN	01/02/23	City Boundary from Sheriffhall to Broomhills, then north-west to Mortonhall Gate, Liberton Drive to Liberton Tower, passing to the north of Leadervale Road to Alnwickhill Road, Liberton Brae, Kirkbrae, Mount Vernon Road, Kingston Avenue, Old Dalkeith Road, Tweedsmuir Gait, Tweedsmuir Drive, The Wisp, Old Dalkeith Road to Sheriffhall.
70164	Ferniehill Surgery 8 Ferniehill Road Edinburgh EH17 7AB	08/02/19	Edinburgh City Bypass to the South, Old Dalkeith Road to the junction of Kingston Avenue to the east, Kingston Avenue and Mount Vernon Road to the north, and the junction of Mount Vernon Road and Lasswade Road, along Lasswade Road to the City Bypass to the west

Question:

5. Provide floorplans, including the dimensions and function of each room, for the following medical practices:
- Southern Medical Group;
  - Liberton Medical Group;
  - Gracemount Medical Practice; and
  - Ferniehill Surgery.

Answer:

I have attached the floorplan for Gracemount Medical Centre. Ferniehill, Liberton and Southern are GP owned premises and we do not hold this information.

Question:

6. Provide an accommodation schedule demonstrating how the floorspace is currently used for the following medical practices:
- Southern Medical Group;
  - Liberton Medical Group;
  - Gracemount Medical Practice; and
  - Ferniehill Surgery.

Answer:

I have attached room information for each property. This information is provided by the GP Practices.

Question:

7. Provide a breakdown of the latest capacity calculation undertaken for the following medical practices:
- a. Southern Medical Group;
  - b. Liberton Medical Group;
  - c. Gracemount Medical Practice; and
  - d. Ferniehill Surgery.

Answer:

We do not have a capacity calculation for these practices.

Question:

8. Provide a copy of the impact assessment(s) that NHS Lothian has undertaken to assess the impact of patients from new housing development in South East Edinburgh and Gilmerton.

Answer:

Enclosed is the South East Outer Strategic Assessment.

Question:

9. Confirm the proposed additional floorspace at that NHS Lothian considers necessary to mitigate any perceived direct or cumulative impact of patients from new development in South East Edinburgh and Gilmerton.

Answer:

It is anticipated that two practices of approximately 800m<sup>2</sup> each will be required. This was planned to be one in Liberton High School and one other in the SE Outer area.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing, Midwifery and AHPs**  
Cc: Chief Executive

## **Method for Calculating Developer Contributions**

### **1. Purpose**

- 1.1. To encourage all Health Boards to adopt a similar method for calculating developer contributions by explaining the method used by NHS Grampian below.

### **2. Background**

- 2.1. This guidance should help Health Boards calculate developer contributions for primary care premises where the projected population from new housing developments will place pressure on local primary care services. The intention is that one method, or at least very similar methods, will be used by all Health Boards in the future.
- 2.2. The issue is not what method is used, it is whether the chosen method clearly demonstrates (to Housing Developers, Local Authorities and Scottish Government Reporters) why the contribution is being sought and how it has been calculated. The method explained below should assist Health Boards demonstrate that the tests regarding planning obligations in Circular 3/2012 are met. [Planning Circular 3/2012: planning obligations and good neighbour agreements \(revised 2020\) - gov.scot \(www.gov.scot\)](http://www.gov.scot/Resource/Doc/224004/annex1.pdf)
- 2.3. Calculating a developer contribution is a small part of the overall process for securing developer contributions. Health Boards are required to be involved in all stages of the Local Development Plan (LDP) process from the call for sites stage through to the adoption of the Local Authority LDP. The LDP should make potential Housing Developers aware of the likelihood of a contribution being sought and what the contribution might be.

### **3. Recommended Floor Space Allowance per GP**

- 3.1. Annex 1 of the GP Premises Guidance Note 1 for the GP Premises Directions sets out the guidance which Health Boards should use in determining floor area allowances for which GPs can be reimbursed under the GP Premises Directions. The Guidance Note provides recommended space schedules for premises accommodating different numbers of practitioners. This method for securing developer contributions is based on the recommended floor area allowances for GP practices as contained in the Guidance Note. [https://www.sehd.scot.nhs.uk/gpweb/7/index7\\_dir.html](https://www.sehd.scot.nhs.uk/gpweb/7/index7_dir.html)
- 3.2. The Guidance Note provides floor space allowances in relation to GPs only, but the floor space allowances are applicable to other Healthcare Professionals (such as Advanced Nurse Practitioners) as they generally have the same floor space requirements as GPs. The method adopted in NHS

Grampian does not take into account timetabling for room usage within primary care premises, as there are a number of factors which affect the use of premises, such as staff vacancies, sick leave and annual leave.

#### **4. NHS Grampian Methodology:**

##### **4.1. Potential Additional Patients**

4.1.1. Identify all housing developments within the current LDP. Some Health Boards may have a number of Local Authorities within their Board area and therefore will have more than one LDP to review.

4.1.2. Identify the projected average household numbers for each Local Authority.

Each housing unit identified within the LDP will be classed as standard 3 bed housing. This is referred to within the LDP as a SHUE (Standard Housing Unit Equivalent). The projected average household numbers per SHUE can be obtained from The Household Projections for Scotland document produced by National records for Scotland which identifies the projected average household size per Local Authority Area. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/households/household-projections/2018-based-household-projections>

4.1.3. Calculate the number of proposed additional patients from each development:  
*Proposed Additional Houses x Average Household = Number of additional patients*

##### **4.2. Existing Primary Care Premises**

4.2.1. Identify the existing patient numbers for each primary care premises.

4.2.2. Identify the existing floor area within each primary care premises.

4.2.3. Identify which housing developments would be served by which primary care premises (patient boundary information will be required for this step).

##### **4.3. Projected Premises Floor Area Requirements**

4.3.1. Identify the primary care projected premises entitlement by calculating the existing patient numbers and the projected additional patients from the proposed housing developments. To do this you need to identify the total projected patient list and divide by 1500 (Patients per Healthcare Professional) to confirm the number of Healthcare Professionals required to serve the total projected patient list: *(Existing patient numbers + projected additional patients) / 1500 = Number of Healthcare professionals required*

4.3.2. Determine the floor space required for the number of GPs using the GP Premises Directions 2004, Guidance Note 1: Annexe 1, Schedule 1A (table extract below). [https://www.sehd.scot.nhs.uk/gpweb/7/index7\\_dir.html](https://www.sehd.scot.nhs.uk/gpweb/7/index7_dir.html)

PARAGRAPH 51 / EFFECTIVE FROM 1 APRIL 2000 UNTIL 31 MARCH 2001																				
SCHEDULE 1A - PREMISES FOR 1 - 5 Practitioners																				
Gross Internal Areas (GIA) and National Building Cost Allowances																				
Number of Practitioners	1 GP	2 GP	3 GP	4 GP	5 GP	6 GP	7 GP	8 GP	9 GP	10 GP	11 GP	12 GP	13 GP	14 GP	15 GP	16 GP	17 GP	18 GP	19 GP	20 GP
Gross Internal Area (GIA) Allowance July 2002 - (sq m)	199	294	406	580	644	730	797	885	967	1,049	1,126	1,201	1,304	1,383	1,542	1,609	1,703	1,785	1,849	1,940
Practice Unit - (sq m)	199.0	234.0	406.0	554.0	618.0	730.0	797.0	865.0	967.0	1049.0	1126.0	1201.0	1304.0	1383.0	1542.0	1609.0	1703.0	1785.0	1849.0	1940.0
Additional Facilities - (sq m)	72.0	88.0	77.0	92.0	100.0	106.0	112.0	120.0	127.0	134.0	141.0	148.0	157.0	164.0	179.0	186.0	193.0	201.0	208.0	214.0
Total Estimated Floor Area - (sq m)	271.0	380.0	483.0	646.0	718.0	836.0	909.0	1005.0	1094.0	1183.0	1267.0	1349.0	1461.0	1547.0	1721.0	1794.0	1896.0	1986.0	2055.0	2154.0

Note:

- From 0.50 above the GP unit size would be rounded upwards i.e. a GP unit size of 2.50 GPs would be rounded up to a 3GP size, a unit size of 2.49 would remain as a 2GP size.
- NHS Grampian includes the additional facilities floor areas included within Schedule 1A when calculating floor area allowances

#### 4.4. Identifying the Requirement for Developer Contributions

4.4.1. A projected shortfall/excess in primary care floor space can be calculated by subtracting the existing floor area from the projected floor area. If the existing floor area is equal to or larger than the projected floor area allowance, then the premises has enough space to accommodate the additional patients from the developments and developer contributions are not required.

4.4.2. If the existing floor area is smaller than the projected floor space then this shows that there will not be enough space to accommodate the total number of existing and future patients. Therefore developer contributions will be required to fund the increase in floor space required to accommodate additional patients from a new housing development.

4.4.3. It might be the case that the primary care premises has insufficient floor space for its patient list even before any housing is built. In that case, developer contributions can still be sought to mitigate the impact of the additional patients from any new housing development.

4.4.4. It should be borne in mind that the Housing Developer is only required to pay for the impact of the development. The Housing Developer is not required to pay to resolve existing shortfalls in floor space. Accordingly, they should only be expected to contribute to the floor space requirements generated by the development, even if that means there would still be a shortfall in floor space after the additional floor space has been created. The Health Board will need to identify a separate funding source to cover the existing floor area shortfall.

#### 5. Type of Mitigation Measures Required

5.1. Confirmation on whether the extension/new build rate or internal reconfiguration rate is required. As part of the LDP Supplementary Guidance or Planning Note on Developer Obligations an extension/new build rate and



an internal reconfiguration rate should be agreed with the Local Authority. Evidence on how these figures have been derived will be required.

- 5.2. The type of mitigation measure required e.g. internal reconfiguration, extension or new building would need to be agreed through engagement with your Health and Social Care Partnerships. It is advisable to establish early on in the process what specific infrastructure will be required. Having a clear facilities plan will demonstrate to Housing Developers and others why a contribution is required.
- 5.3. In the situation where some primary care premises will have a floor area shortfall but no room to extend and there are no plans to replace the facility then an internal reconfiguration rate should be used.
- 5.4. NHS Grampian have created an infrastructure requirements spreadsheet which is shared with each Local Authority as the evidence base. NHS Grampian will engage with relevant HSCPs on a regular basis to ensure the infrastructure requirements identified are up to date. A link to a typical spreadsheet is attached below.



LDP Health Service  
Infrastructure Require

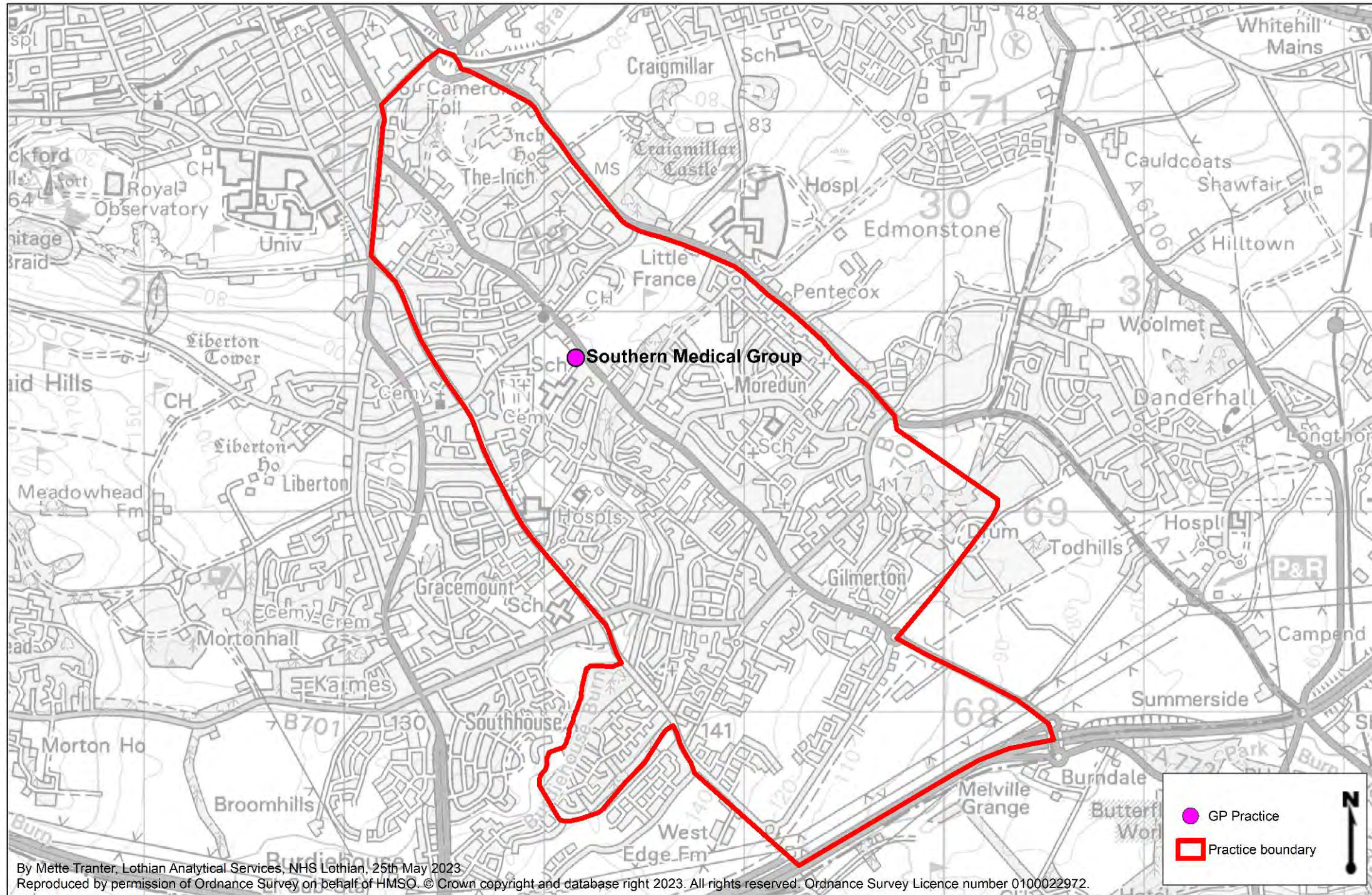
Allan Robertson - Property Planning Manager, NHS Grampian  
David Murdoch - Head of Local Care Infrastructure, Scottish Government

Revised Calculation for Developers Obligations 2023									
Location	Build Cost per sqm		Floor Area (sqm) per GP sqm (3)		Patients per GP (4)		Average household Size (5)		Obligation per SHUE
Aberdeenshire									
Permanent Accommodation (1)	£4,434.61	x	271	/	1500	x	2.30	=	£1,842.73
Internal Reconfiguration (2)	£2,484.38	x	271	/	1500	x		=	£0.00

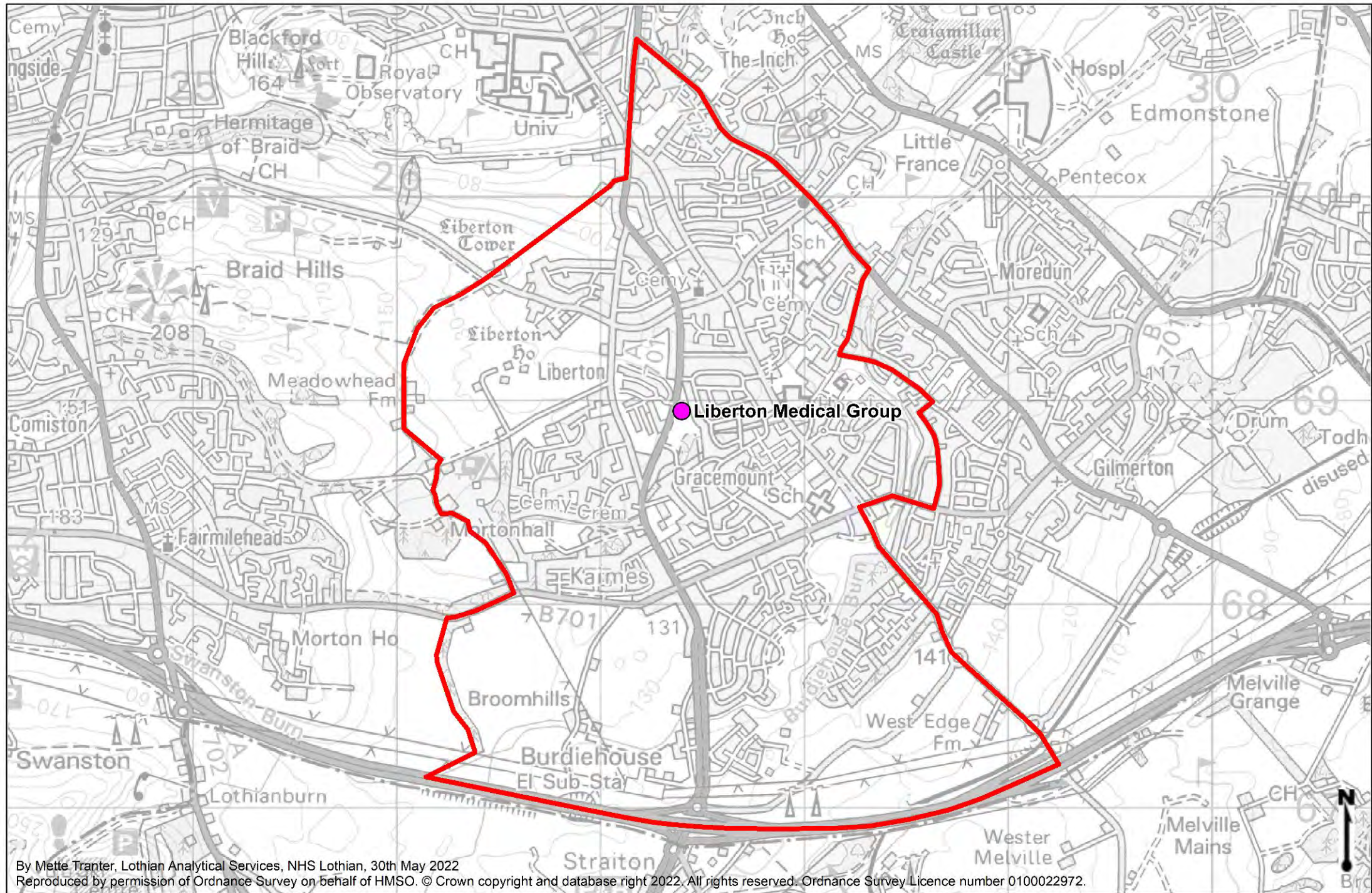
#### Notes

- 1 Total project cost based on information taken from Quality and Efficiency document produced by Scottish futures Trust & updated to 4Q 2022 increased by 5% inflation.
- 2 Total project cost (excl. external works) based on information taken from Quality and Efficiency document produced by Scottish futures Trust & updated to 4Q 2022 increased by 5% inflation
- 3 271sqm floor area allowance for 1GP. Figure taken from Scottish Health Planning Notes. Please note that although Guidance refers to a GP, this can also include other Healthcare Professional.
- 4 1500 patients per GP
- 5 Household size based on Local Authority Area for 2022 taken from household projections for Scotland, National records for Scotland

# Approved boundary for Southern Medical Group (70588)

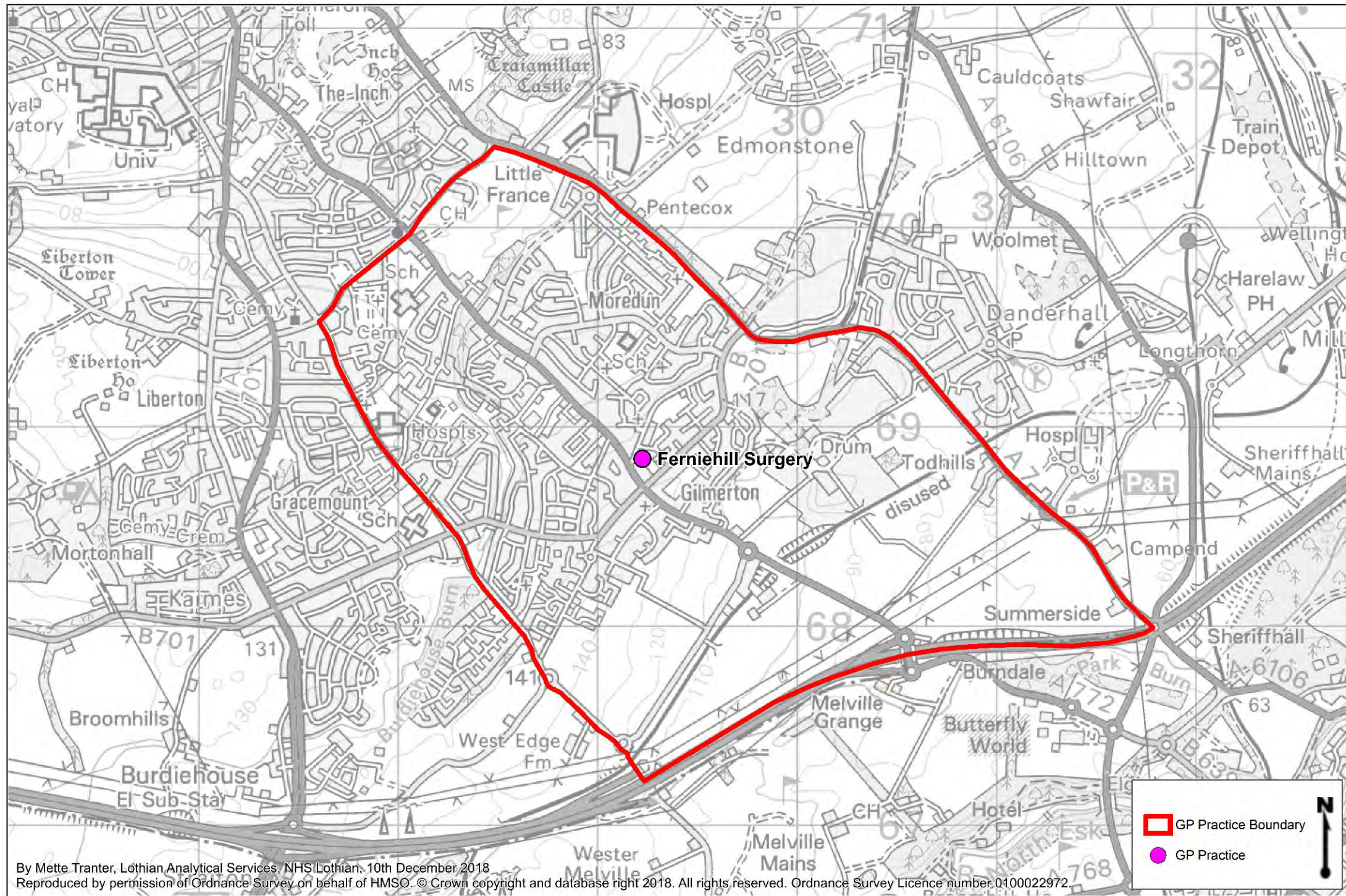


# Approved Practice Boundary Map for Liberton Medical Group (70376)

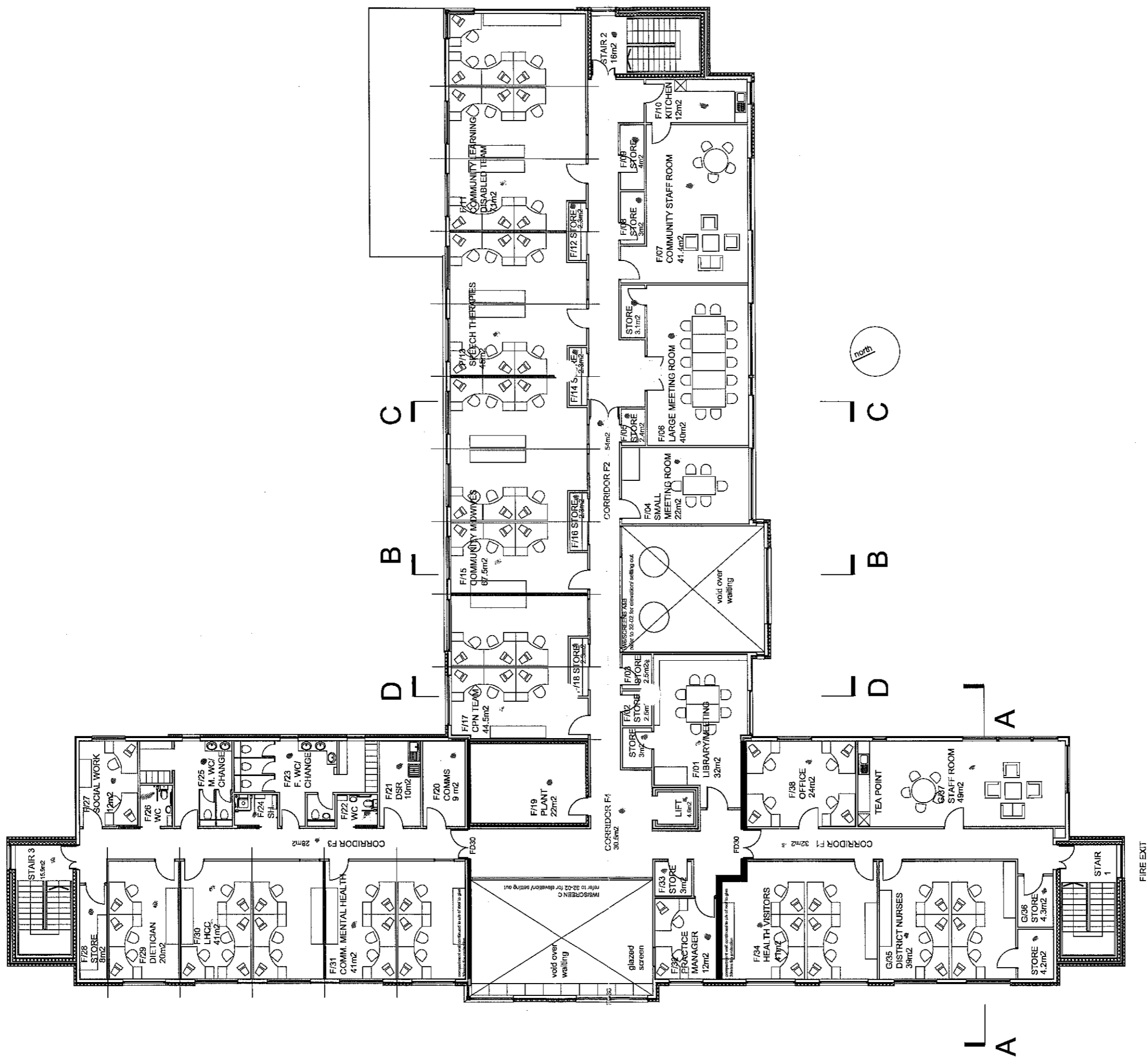




# Approved boundary for Ferniehill Surgery (70164)







FIRE EXIT

REVISIT  
 A- GENERAL UPDATE - MAR 05 - JCL  
 B- STAIRS AMENDED - JUNE 05 - JCL  
 C- STAIRS AMENDED - JUNE 05 - JCL  
 D- SOUTH WING RECONFIGURED - AUG 05 - JCL  
 E- GENERAL UPDATE - MAR 05 - JCL

campbellandarnott

PROJECT: HOWDENHALL MEDICAL CENTRE SOUTH WING EDINBURGH	CLIENT: JAMES WALKER (LEITH) LTD
DATE: 1:10 PM DRAWN BY: JAW	DATE: JANUARY 2002 CHECKED BY: JAW
PROJECT: FIRST FLOOR PLAN	PROJECT: INFORMATION
PROJECT: 9922	PROJECT: 00-04

ARCHITECTS  
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 Leith, Edinburgh, EH6 4X  
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 The above is a preliminary drawing and is not to be used for construction purposes without the written consent of the architects.



## List of Rooms - Southern

	Room Type	Service Use eg Practice/ Community / Communal	Floor
<i>Eg</i>	<i>Consulting - GP/Practitioner</i>		<i>G</i>
1	Dr Stuart Blair	Practice GP	G
2	Dr Andrew Devaney	Practice GP	G
3	Dr Alison Stewart	Practice GP	G
4	Dr Catriona Wardrop	Practice GP	G
5	Dr Lorna Robinson	Practice GP	G
6	Dr Polly Dunne	Practice GP	G
7	Karen Parker	Practice Nurse	G
8	Eilidh Mowat	Nurse Practitioner	G
9	Physio	physion - community	G
10	Phlebotomy x 2	HCA	G
11	Link Worker	community	G
12	Reception	Practice	G
13	Waiting area	Practice	G
14	Toilet	communal	G
15	kitchen	communal	G
16	small office	Practice	1st
17	PM office	Practice	1st
18	admin office	practice -community	1st
19	secy office	practice	1st
20	staff room	communal	1st
21	toilet	communal	1st
22			
23			
24			
25			

**Form Prem 1A**

State rooms used, nature of use and number of sessions

**List of Rooms**

Enter number of sessions for am, pm or evening

Eg	Room Type	Service Use eg Practice/Community / Communal	Floor	Mon			Tue			Wed			Thu			Fri		
				am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve
1	Consulting - GP/Practitioner		G	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
2	" (OR MYIA)	PRACTICE	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
3	" (OR PUA)	"	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
4	" (OR CAONLEY)	(REGISTRATION) PRACTICE	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
5	" (OR PATRICK)	"	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
6	" (OR PICTON)	"	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
7	" (OR HOWETT)	(REGISTRATION)	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
8	" (OR SWEK)	PRACTICE	EXPANSION															
9	" (OR AED ROOM)	"	EXPANSION															
10	" (OR FIELD)	"	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
11	PRACTICE NURSE (LEANE)	"	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
12	" (ASHLEY)	"	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
13	" (MIDWIFE)	(COMMUNITY)	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
14	Midwife Assistant	(PRACTICE)	EXPANSION															
15	Waiting visitor room (HARRIS)	(COMMUNITY)	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
16	Waiting room (SHOCK)	RW	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
17	INTERVIEW ROOM (PARKER)		g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
18	RECOVERY ROOM (GARDNER)	ALL	g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
19	OFFICE (CLINICAL BOOKS)		g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
20	NURSES WAITING ROOM		g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
21	DRS WAITING ROOM		g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
22	SMOKE ROOM 1 MEETING ROOM		g	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
23	LIBRARY	PRACTICE HOURS	1st F	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
24	WAITING VISITOR ROOM	LIBRARY	1st F	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	



List of Rooms

State rooms used, nature of use and number of sessions

Room Type	Service use eg Practice / Community / Communal	Floor	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
			am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Eg Consulting GP room	Practice	G												
1 GP/ANP	Practice	G	X	X	X	X	X	X	X	X	X	X	X	
2 GP	Practice	G	X	X	X	X	X	X	X	X	X	X	X	
3 GP	Practice	G			X	X			X	X	X	X	X	
4 GP	Practice	G			X	X	X	X						
5 GP	Practice	G			X	X	X	X	X	X	X	X	X	
6 GP	Practice	G	X	X	X	X	X	X	X	X	X	X	X	
7 GP	Practice	G					X	X	X	X	X	X	X	
8 GP	Practice	G	X	X		X		X	X	X	X	X	X	
9 GP	Practice	G	*	X	X	X	X	X	X	X	X	X	X	
10 GP/CVT	Practice/community	G	X		X		X	X	X	X	X	X	X	
11 HCA	Practice	G	X	X	X	X	X	X	X	X	X	X	X	
12 PN	Practice	G	X		X		X	X	X	X	X	X	X	
13 CLW	Community	G			X	X			X	X	X	X	X	
14 Treatment Room	Practice	G	X	X	X	X	X	X	X	X	X	X	X	
15 PN	Practice	G	X	X	X	X	X	X	X	X	X	X	X	
16 Treatment Room	Practice	G	X	X	X	X	X	X	X	X	X	X	X	
17 PM Room	Practice	F	X	X	X	X	X	X	X	X	X	X	X	



## List of Rooms - Ferniehill

	Room Type	Service Use eg Practice/ Community / Communal	Floor
<i>Eg</i>	<i>Consulting - GP/Practitioner</i>		<i>G</i>
1	Consulting - GP/Practitioner	practice	G
2	Consulting - GP/Practitioner	practice	G
3	Consulting - GP/Practitioner	practice	G
4	Consulting - GP/Practitioner	practice	G
5	Consulting - GP/Practitioner	practice	G
6	Consulting - GP/Practitioner	practice	G
7	consulting - ANP	practice	G
8	Consulting - nurse	practice	G
9	consulting - nurse	practice	G
10	consulting - phlebotomist	practice	G
11	waiting room	practice	G
12	reception	practice	G
13	Office - communal	practice	G
14	Office - communal	practice	G
15	Office - Practice Manager	practice	G
16	Office - reception	practice	G
17	office - Pharmacist	practice	G
18	coffee room - communal	practice	1
19	meeting room - communal	practice	1
20	kitchen - communal	practice	1
21	toilet	practice	1
22	toilet	practice	G
23	toilet	practice	G
24	toilet	practice	G
25	toilet	practice	G
26			
27			
28			
29			
30			

# PROJECT: GP Capacity in South East Outer Area

**What are the Current Arrangements:** GP services in SE outer area provided by Ferniehill, Southern, Inchpark, Gracemount, and Liberton practices. A considerable number of housing developments are programmed in the South East wedge up to and beyond 2026, requiring additional GP provision for the planned population growth. Current practices are all restricted and several are in accommodation which is not fit for purpose with little or no ability to increase capacity.

