

Date 07 October 2026
Your Ref
Our Ref 11927

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Dear

FREEDOM OF INFORMATION – GP AND PRIMARY CARE PROVISION IN WALLYFORD

I write in response to your request for information in relation to GP and primary care provision in Wallyford

Question:

- I am writing to request information regarding East Lothian Council's plans for GP and primary care provision in Wallyford.

In 2021, East Lothian councillors supported a formal motion calling for the development of GP and primary care services for the Wallyford area.

In early 2022, planning application **22/00133/AMC** was lodged in relation to Area 5, Wallyford. The proposals included a grocery store, mixed-use units and an NHS facility building (Class 2). The application documents also included a specific architectural CGI entitled ***Area 5, NHS Facility – Wallyford, East Lothian***, dated 26 January 2022.

The proposed NHS facility was to be located within the St Clements Wells development, close to the new primary school. Although the planning application described the building as an NHS facility rather than specifically as a GP surgery, it appeared to reserve space for future healthcare provision.

A subsequent planning application, **22/01374/AMC**, was lodged in late 2022. This revised proposal retained the grocery store and mixed-use commercial units and included a fast-food takeaway but no longer referred to an NHS facility. According to the Council's planning portal, this application was subsequently approved in 2023.

In 2024, Local Democracy Reporting Service coverage indicated that the NHS had decided not to take up the land originally identified for healthcare provision. The site was therefore made available for commercial development, with Tesco expected to occupy part of the development.

As of 2026, there do not appear to be any current plans for a GP surgery in Wallyford. This is despite the significant expansion of the village, with approximately 2,050 homes either

completed or under development, placing additional pressure on existing GP and primary care services in Musselburgh and the surrounding area.

Under the Freedom of Information (Scotland) Act 2002, I would therefore be grateful if the Council could provide the following information:

1. **Feasibility work:** What feasibility work or assessment was undertaken following the 2021 motion calling for GP and primary care provision in Wallyford? Please provide copies of any relevant reports, assessments, correspondence, meeting minutes or recommendations.
2. **Decision not to proceed with the NHS site:** What reasons were provided by the NHS for deciding not to acquire, lease or otherwise make use of the site identified for an NHS facility within Area 5? Please provide any correspondence or documentation held by the Council relating to this decision.
3. **Population and GP provision assumptions:** What population projections, patient numbers, GP-to-population ratios, capacity assessments, or other assumptions were used when assessing whether a GP surgery or primary care facility in Wallyford was viable or necessary?
4. **Alternative sites and future provision:** Has the Council, NHS Lothian or any other relevant public body identified or considered an alternative site in Wallyford for a GP surgery or other primary care facility? If so, please provide details of the sites considered and the status of any proposals.

Where information relevant to this request is held in emails, reports, meeting minutes, briefing papers or correspondence between East Lothian Council, NHS Lothian, developers, or other relevant organisations, I would be grateful if these could also be included.

If any part of this request falls outside the information held by East Lothian Council, I would appreciate it if you could advise which organisation is most likely to hold the relevant information.

Answer:

I am advised that NHS Lothian was not involved in this process. As per Section 17 of the Freedom of Information (Scotland) Act 2002 formally I must advise that we do not hold this information

Wallyford remains identified within the East Lothian Primary Care Premises Strategy as a potential future location for primary care infrastructure. A copy of the strategy is attached.

East Lothian HSCP does not currently have an approved project to develop a primary care facility in Wallyford. No further information is held regarding active proposals for an alternative site or facility at this time.

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. 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.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

East Lothian Health & Social Care Partnership



East Lothian Health & Social Care Partnership

Primary Care Premises Strategy

2021

INTRODUCTION

East Lothian Health and Social Care Partnership (ELHSCP) is responsible for the provision of a wide range of health and social services within the area coterminous with the boundaries of East Lothian Council.

These services include the provision of acute and therapy services in hospital and community facilities, a wide range of community delivered health and social care services and Primary Care services.

Primary Care services, by definition, are restricted to General Medical Services (GMS for General Practitioners (GPs)) General Dental Practitioners, Community Pharmacists and Optometry Services. Each of the above operate under independent contractor arrangements, with their contracts held by NHS Lothian and managed by the Primary Care Contractor Organisation. Although a direct employment contract option is possible for GPs, this does not currently apply in East Lothian.

Except where facilities, occupied by a primary care service, are owned or leased by the NHS the only contractors for whom the organisation has responsibilities, regarding the provision of premises, are General Practitioners. The NHS does however have a responsibility to ensure that all other contractors conduct their business from suitable and compliant premises.

The main thrust of this document will therefore focus on GP premises with reference to other contractors as relevant.

This document does not address the GP and Community services manpower issues that have already reached critical levels. However, it is recognised that there is a direct correlation between premises capacity and the ability to accommodate additional staff.

In the main, East Lothian Primary Care premises are confined to the corridor defined by the route of the A1 trunk road or to the north of it. Population density is greater to the west of the county. However, there has and will continue to be significant population growth in the median and Eastern portions of the county due to housing developments, again predominantly along the A1 trunk road corridor.

National Records of Scotland projections demonstrate a significant step-increase in the population of East Lothian. This is contrary to the national trend and, proportionally, a far greater increase than that predicted for most other parts of South-East Scotland.

These, together with strategic changes will further increase the demands on Primary and Community services, over and above that already experienced over the last 10 years.

Peter Murray
Chair
East Lothian IJB

Alison Macdonald
Joint Director
East Lothian HSCP

EXECUTIVE SUMMARY

This strategy describes the current position in East Lothian, identifies the key drivers for change and their consequences and sets out a broad plan to address these issues.

It is based on a vision of modern, integrated, health and social care services provided in modern facilities with improved local access.

It proposes a multifaceted approach including the continued development of improved, new (additional) and replacement GP Practice and Community Services premises

When seeking to identify any significant historical and future changes in demand and capacity upon General Practice, the strategy took account of validated historical data (Information Services Division [**ISD**]), national population and demographic projections (National Records of Scotland [**NRS**]) and Housing Land Audits (**HLAs**) provided by East Lothian Council (**ELC**).

This has allowed a picture to emerge that demonstrates the continuum over the past ten years and into the future and has highlighted that, for East Lothian:

- Practice List size grew by 11,000 (10.8%% on 2012 ISD List Size)
- NRS projections predict that there will be a further population growth of 7,300 by 2030,
- There is a disparity between the validated historical data on practice list size and NRS historical projections, the practice lists size being consistently higher.
- When historical lists size are extrapolated, combining these with the cumulative population impacts of the HLA, a significantly different and diverging picture emerges than if NRS projections were used in isolation.¹
- In addition to the population volume increases that have and are projected to occur note must be taken of the changing demographics of East Lothian, indicators for which suggest that, from 2020, there will be an increase in the over 65 years population of 28.4% by 2030 and 48.5% by 2043.

It notes that capital funding will be required in the case of several GP practices premises and that additional revenue will be required to support the running costs of extended, larger, or new facilities.

In addition, revenue funding will be required for the additional manpower costs needed to address the increased capacity requirements, in both Primary and Community services, for the growing and changing population of East Lothian.

It should be noted that GP practices do not operate in isolation from the NHS services, provided in the community. Indeed, the capacity, or lack, of community services has a direct bearing upon the level of demand upon GP practice capacity with knock-on impacts on Out of Hours services, A&E services and unplanned admissions to acute services.

CURRENT PREMISES PROVISION

Primary Medical Services (GP Practices)

East Lothian has 10 premises providing accommodation for 15 GP Practices. These comprise NHS owned primary care centres, NHS owned individual practice premises, practice owned medical centres and premises leased from private landlords.

These range from new facilities, such as Musselburgh Primary Care Centre (MPCC, built in 2012), which also accommodates East Lothian community services, to older facilities such as Cockenzie Health Centre that do not have the physical capacity to allow the practice to meet the needs of its practice population and North Berwick Group Practice which is accommodated in premises which do not meet modern standards. The map in Appendix 1 shows the distribution of GP premises in East Lothian.

As part of the revised GMS Contract in 2018, the Scottish Government and the Scottish GP Committee of the British Medical Association agreed a National Code of Practice for GP Premises which sets out how the Scottish Government will support a shift, over 25 years, to a new model in which GPs will no longer be expected to provide their own premises. The Code sets out how the Scottish Government will achieve a significant transfer away from GPs of the risks of providing premises. In addition, the Scottish Government's long-term strategy is that no GP contractor will need to enter a lease with a private landlord for GP practice premises. NHS Boards will gradually take on the responsibility from GP contractors for negotiating and entering into leases with private landlords and the subsequent obligations for maintaining the premises

A number of practices have, as a result of population growth outgrown their premises, including some in facilities built within the last decade.

ELHSCP has addressed several facilities issues:

- Riverside Medical Practice, accommodated in MPCC (2012)
- Inveresk Medical Practice, accommodated in MPCC (2012)
- Tranent Health Centre, extensive improvement and extension (2014)
- Gullane Medical Practice, moved into new build (2014)
- Ormiston Medical Practice, new build completed in 2019.
- Dunbar Medical Centre, three practices, new premises 2004,
- Prestonpans Medical Practice, extensive improvement and extension (2017)

Facility issues still to be addressed, not in priority order, include:

- The Harbours Medical Practice (old building/capacity and population pressures) – an extension is planned to commence in 2021
- North Berwick Medical Practice (old building/capacity and population pressures)
- Newtonport Surgery in Haddington, comprising:
 - The Orchard Medical Practice (capacity and population pressures)
 - Tyne Medical Practice (capacity and population pressures)
 - Lammermuir Medical Practice (capacity and population pressures)
- East Linton Medical Practice (aging Port-a-Cabin and population pressures)

Blindwells development which in phase one will be adjacent to and potentially impact on Tranent, Cockenzie and Prestonpans practices provides an opportunity at an appropriate stage in the development's establishment to consider provision of purpose-built premises. It is estimated that its population will grow to c700 (c300 dwellings) before public sector accommodation becomes available.

Housing developments in the Wallyford area are completing at a significant rate and impact upon Inveresk and Riverside practices with c2,000 dwellings already with planning approval.

All the premises above are subject to physical capacity issues, functional and/or compliance issues, some of which are long standing.

Primary Care Services provided by ELHSCP

In line with the 2018 revised GMS contract, ELHSCP provides a range of services that were part of Primary Medical Services previously. These services set out in the East Lothian Primary Care Improvement Plan (PCIP) are provided in two main hubs - East Lothian Community Hospital and MPCC – with some provided within GP practices.

These revised service delivery arrangements reflect the commitment within the GMS contract to develop: *“collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community”*. Further, the services aim to ensure that primary care services are equally accessible to all East Lothian patients, regardless of where they live and GP practice they are registered with.

Expansion of these services is limited by the capacity constraints in all venues currently hosting them.

NHS Community Services

NHS Community services are provided in or from a range of, GP practices and NHS premises of varying suitability. These services are subject to the same range of facility and capacity issues as the GP services. Some of the GP premises have had to cease, accommodating NHS staff and/or their clinical activity due to space pressures in their premises. Some GP premises pressures are being relieved through redirection of GP team activity to new services, such as CTACs and CWIC.

There is now only one facility, at Newtonport Clinic in Haddington, dedicated solely for NHS community services. All other community services are now predominately based at East Lothian Community Hospital and MPCC with some at Belhaven Hospital.

Independent General Dental Practices and Salaried Public Dental Service

There are 18 premises providing General Dental Services and 2 locations providing Public Dental Service (East Lothian Community Hospital and MPCC). There are currently no General Dental Services in buildings which house other primary care services, in East Lothian.

The Public Dental Service is managed by West Lothian HSCP on behalf of the

Lothian HSCPs, but East Lothian HSCP has a responsibility since some of the services are located in shared premises.

Building Condition/ Disability Discrimination Act (DDA) Compliance

All NHS owned buildings feature in the NHS Lothian property strategy.

There are major issues of DDA compliance and functional suitability with some GP premises mentioned in above and all have capacity issues.

The NHS Lothian Capital Planning Primary Care Premises Prioritisation List which advises on assessed needs, based on premises condition, compliance and functional suitability is being revised in Autumn 2021.

In dentistry, there are two key issues, DDA compliance and decontamination standards. For General Dental Practitioners development funding has been made available by Scottish Government and managed by the NHS Lothian Primary Care Contractors Organisation, to address compliance with decontamination standards.

East Lothian Council

Gullane Health Centre/Day Centre, a project taken forward in partnership with East Lothian Council and completed 2014, is currently the only example of shared facilities in East Lothian. There is some co-location of intermediate care teams and the home equipment service and some council staff are co-located with community mental health teams.

Reflective of the integration agenda, Social Work, other Council services, together with other public sector and third sector services, have been accommodated in East Lothian Community Hospital.

THE DRIVERS

Demand

The growth in demand on Primary Care premises is affected by numerous factors, few of which can be immediately influenced by Practices or the HSCP including:

- Changes with regards to GMS Contract between Scottish Government and GPs with a refocusing of the GP role as expert medical generalists. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team.
- National Code of Practice for GP Premises which sets out how the Scottish Government will support a shift, over 25 years, to a new model in which GPs will no longer be expected to provide their own premises.
- Population growth in locality (impact on Practice lists size) [Appendix 2]
- Changing demographics, particularly those impacts related to a growing elderly population, in terms of consultation frequency, complexity and duration, and the increase in the incidence of domiciliary visits. [Appendix 3]
- Deprivation issues across populations (historically high users of health services, particularly Primary Care) [Appendix 4]
- Local Development Plans (impacts of recent and future housing developments on population growth and practices list sizes) [Appendices 2 & 5]
- The movement of condition specific patient care into the Primary Care setting and the further expectations of “Shifting the Balance of Care” from the acute sector into the Primary Care and Community setting.

Population Growth

Determining what the population growth in East Lothian has been, and projecting what it may be in the future, is subject to a number of data variables, dependent upon the source of the data in question.

Traditionally, most planning assumptions for public services, including the NHS, have been based on National Records Scotland (NRS) data and information.

To inform the production of this document and in addition to the NRS data, various other data and information sources were examined to obtain a broader picture, with a significant degree of variance becoming apparent.

This included Local Authorities Housing Land Audits (HLA), which predict the level of house completions by locality each year, from which the rise in population for an area and therefore for Primary Care services can be calculated.

The other source of information examined was that produced by the Practitioner Services Division (PSD) of National Services Scotland (NSS). This data reports the

size of General Practice lists at 01 January, 01 April, 01 July and 01 October each year.

There is disparity between NRS (GRO) projections and the reality at GP practice level. Whilst it is accepted that there will be a degree of churn in practice list sizes; the data from each practice, as of 01 April each year, is compared and validated against the NHS Central Register (NHSCR) Demographic Extract.

Since 2012 Practice list sizes across East Lothian, have grown by 11,000 (10.8%) to just under 114,000.

Compared with the projections forecast by NRS there is a consistent and diverging gap (2021 = around 5,700) between the reported cumulative East Lothian list size and the NRS population estimate for each year.

The NRS population projections show that the South-East region will expand contrary to that of the rest of Scotland. This expansion will be more apparent in Lothian and will be particularly significant in East Lothian which will see the one of the largest proportional expansions in Scotland, the region and this Health Board area.

Based on the 2018 NRS population projections (2020), East Lothian will experience a population increase of over 7,300 (6.8%) between 2020 and 2030, with 85% of that increase in the 65 years+ age group.

It should be noted that the current East Lothian Council HLA predicts a population increase of c19,000 by 2026.

Particular note should be made of the proposed Blindwells development which could provide additional housing for a population of up to 5,000 (c1,600 houses). Smaller, but still substantial, developments are at advanced planning stages for all major population centres in East Lothian.

Demographics

It has been long accepted that the changing demographics across Scotland will have a significant impact upon all NHS services, over time. This is particularly true of Primary Care and Community services and increasingly so when 'Shifting the Balance of Care' is factored into planning for the future.

The aging population is one of the main demographic factors highlighted by GPs as impacting upon capacity.

The growing, elderly, population across East Lothian brings with it issues of increasing numbers of patients with multi-morbidity and frailty. This patient group frequently requires a disproportionate time for each consultation and access GP services with greater frequency than younger patients.

The demographics of East Lothian is projected to change significantly over the next ten years and continue to do so over the succeeding ten years, as summarised below, full 2020 to 2030 projections in Appendix 3.

Age Group	2020-2030	% change	2020-2043	% change
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0 to 14	-693	-3.8%	-474	-2.6%
15 to 24	1,156	10.5%	432	3.9%
25 to 44	1,954	7.9%	1,458	5.9%
45 to 64	-1,338	-4.3%	2,204	7.1%
65 to 74	3,118	25.8%	2,303	19.0%
75 to 84	2,397	32.7%	5,846	79.8%
85+	741	28.2%	2,540	96.8%
Total	7,335	6.8%	14,309	13.3%

65+	6,256	28.4%	10,689	48.5%
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Table 1: East Lothian Demographic Change

The impact of a growing elderly population, in terms of co-morbidity, complexity and additional use of material and manpower resources, must not be underestimated.

Deprivation Levels

East Lothian has some significant pockets of deprivation (see Appendix 4), however in general it is less deprived than the Scottish average as shown in the ISD Scotland national statistics release at:

https://beta.isdscotland.org/media/7256/table7_practice_populations_by_deprivation_status_2010_2020.xlsx

At a Scotland level the impact of deprivation inequalities are stark, including:

- Average life expectancy of men in the **most** deprived areas is **70.1 years**, in the **least** deprived areas it is **81 years**;
- For women it is **76.8 years** in the most deprived areas, in the least deprived areas it is **84.2 years**;
- Exclusive breastfeeding rate at 6-8 weeks is **15%** in the most deprived areas, in the least deprived areas it is **40%**;
- GP consultations for anxiety per 1,000 patients is **62** in the most deprived areas, in the least deprived areas it is **28**; and
- Alcohol-related hospital admissions per 100,000 of population in the most deprived areas are **1,621**, in the least deprived areas it is **214**.

People in more deprived areas have higher rates of vascular disease, mental health problems, obesity, alcohol and drug misuse problems, diabetes and most types of cancer.

Children in deprived areas have significantly worse health than those in more affluent areas. For example, they have lower average birth weights and breastfeeding rates, have poorer dental health and are more likely to be obese.

GPs working in deprived areas will have a workload that reflects the prevalence of multi-morbidity in their population. Their population will also have a higher need for

support with other social needs, which often impacts on their use of healthcare services.

As well as high need for primary medical care, their patients will have greater need for other community health and social care services.

However, although Scotland has a higher ratio of GPs to people compared with every other UK country, the distribution of GPs does not necessarily reflect the respective needs of people according to the level of deprivation in their area.

From the perspective of inequity of access, the distribution of General Practitioner services across East Lothian does not fully reflect the higher levels of ill health and wider needs found in deprived areas, or the need for more preventative health care. The distribution of other primary health care services, such as pharmacies, is more closely matched to need.

The Deep End group of practices¹, which serve the most deprived populations in Scotland, argues for better integrated care for these patients. The group has made the following recommendations to meet their enhanced needs:

- Provide extra time for consultations and best use of serial encounters for patients in the most deprived areas.
- Provide additional clinical capacity, equivalent to one additional GP per 1,000 patients in the most deprived areas.
- Develop a stepped approach to engagement for attached workers in general practice.
- Provide attached alcohol workers.
- Develop a National Enhanced Service for Vulnerable Families (NES).
- Recruit practice attached community link workers.
- Enhancements to GP training to give GP trainees experience of work in deprived areas.

¹ <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/about/>

WORKING IN PARTNERSHIP WITH EAST Lothian COUNCIL

ELHSCP has a close working relationship with East Lothian Council (ELC) and its elected members and officials.

East Lothian IJB has elected representatives as members. These partners were important participants in the process of planning for the East Lothian Community Hospital.

At present, other than at the Gullane Health and Day-Care Centre, there are no shared facilities although some ELC Social Work staff are accommodated with specific NHS teams, in particular the Discharge Response Team and Community Mental Health Team.

The diagram below demonstrates the East Lothian Community Partnership structure



PROPOSED PREMISES STRATEGY

Overview

In order to address the range of drivers for change ELHSCP and ELC will need to take a flexible approach. Focusing on one driver or priority could exclude others and result in inequity of access and skewed development. Therefore the following multi-layered strategy is proposed. These should not be seen as a priority ranking since effort will be directed at all levels.

The six GP practices referred to above, as having facility issues to be addressed, occupy four premises, the three Haddington practices occupying one building.

Primary care services provided by ELHSCP require additional space to expand services and to increase the close working with community services.

Public Dental Services are accommodated at MPCC and East Lothian Community Hospital.

The Blindwells development will impact upon three practices, in its early phases; these are Prestonpans, Cockenzie and Tranent. It should be noted that patients rarely transfer, to a more local new practice, once registered.

Joint Facilities

Wherever possible and as opportunities present, ELHSCP and ELC should develop multipurpose joint facilities to bring together a range of NHS and Council services in communities.

The co-location of Gullane GP Surgery with an ELC run Day Centre into a new facility in 2014 is an excellent example of ELHSCP and ELC working in partnership.

Joint facilities could provide services for a whole community such as GP practices and practice based community health services, mental health services, and social work services, Local Authority services together with other public and voluntary sector services as appropriate.

These facilities could deliver the following benefits:

- Allow the NHS and the Council to significantly improve some of their worst premises and ensure compliance with legislation.
- Improve access to services for those communities.
- Support NHS and shared strategies by providing space for shifting the balance of care where critical mass justifies the co-location of services.
- Improved opportunities for the integration of Health and Social Work teams.
- Maximise efficiency in use of capital and revenue by sharing space and through joint procurement.
- Provide capacity to allow general practices to register additional patients.
- Provide space for other independent contractor services particularly pharmacy and dentistry.

East Lothian Premises Priorities

North Berwick

- NHS owned Health Centre and GP bedded ward, built c1984.
- 19.5% increase in practice list size from 2012 to 2021
- Proportion of patients in Deprivation Quintile 1 & 2 is negligible
- Proportion of patients over 65 (PHS 2021) = 26.5% (c2,500)
- Housing Land Audit (2019) projected local population increase = c2,000
- Site constraints may require re-provision of premises
- Insufficient consulting rooms for the number of GPs in practice
- Reduction/relocation in the local provision of visiting services, due to space constraints, has led to an inequity of access for the practice population.
- The administrative function has grown and been accommodated where space has been available leading to a sub-optimal dispersal across the facility.
- Ongoing review of Edington Hospital, which shares site, will have input into options.

Newtonport Surgery, Haddington

- Landlord owned Health Centre built mid 1980's, accommodating three GP practices serving a wide area centred on Haddington. Port-a-Cabin installed 2006.
- Lease runs to July 2026 with considerable other charges
- 10.5% increase in practice list size from 2012 to 2021
- Cumulative proportion of patients in Deprivation Quintile 1 & 2 = c20% (c3,300)
- Cumulative proportion of patients over 65 (ISD 2021) = c21.5% (c3,500)
- Housing Land Audit (2019) projected local population increase = c2,600
- Site constraints may require re-provision of premises

East Linton

- Landlord owned Health Centre built in 1985, serving a wide geographical area centred on East Linton. There are challenges around engagement with the landlord a part of the work of NHS Lothian taking over ownership of the lease.
- 13.7% increase in practice list size from 2012 to 2021
- Minimal patients in Deprivation Quintile 1 & 2
- Proportion of patients over 65 (ISD 2021) = c26% (c700)
- Housing Land Audit (2019) projects minimal local population increase to 2024
- NHS Owned aging Port-a-Cabin extension 2004
- Options focused on landlord re-provision of accommodation to replace and increase

that provided by aging Port-a-Cabin.

New developments

Major housing developments across East Lothian but particularly in the Blindwells, Haddington, Musselburgh and Wallyford areas. As these are currently greenbelt sites, there is no GMS provision for any of the proposed housing.

NHS Community Premises

The only dedicated premises for community services is the Newtonport Clinic in Haddington. This was provided to allow the relocation of Health Visitors from the overcrowded Newtonport Surgery, which accommodates the three Haddington GP practices.

These premises are sub-optimal and will be poorly placed to provide services that integrate with the practices.

Dental Services Premises

There are no stand-alone Public Dental Service premises in East Lothian, facilities being provided at MPCC (Musselburgh) and East Lothian Community Hospital (Haddington).

There are no known premises issues with General Dental Practitioner premises other than those involving decontamination facilities, which are being taken forward by NHS Lothian's Primary Care Contractor Organisation.

Ranking of Priorities

All the projects above will need to go through a formal prioritisation process to inform Lothian Capital Investment Group (LCIG) in accordance with the NHS Lothian Capital Prioritisation Process.

The table below gives an indicative prioritisation of the projects which is similar to the prioritisation list sent to LCIG by ELHSCP in November 2018 – Wallyford is the new addition.

Strategic Assessments (SA) have been prepared for four projects. These are North Berwick, Haddington, Blindwells and Wallyford. Once the SAs have been agreed, they will need to be fully prioritised locally prior to submission to LCIG.

	Project	Comments
1	North Berwick	Stand-alone business case to be developed but ultimately will need to be connected to Edington Hospital plans
2	Blindwells	Stand-alone business case to be developed
3	Haddington	Stand-alone business case to be developed
4	Wallyford	Stand-alone business case to be developed
5	East Linton	Expected to go through Capital Steering Group process

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East Lothian Health & Social Care Partnership



East Lothian Health & Social Care Partnership

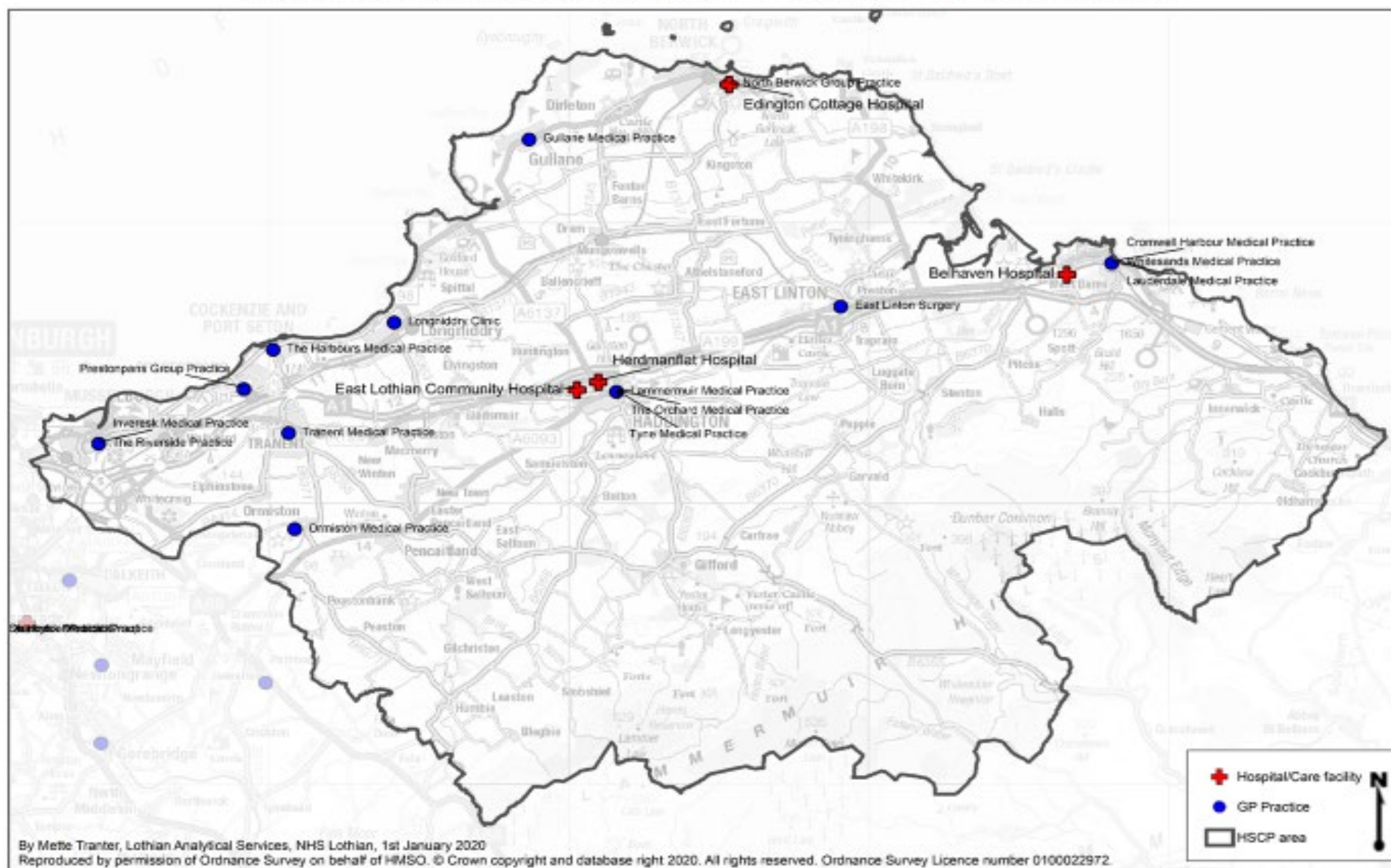
Primary Care Premises Strategy

Appendices

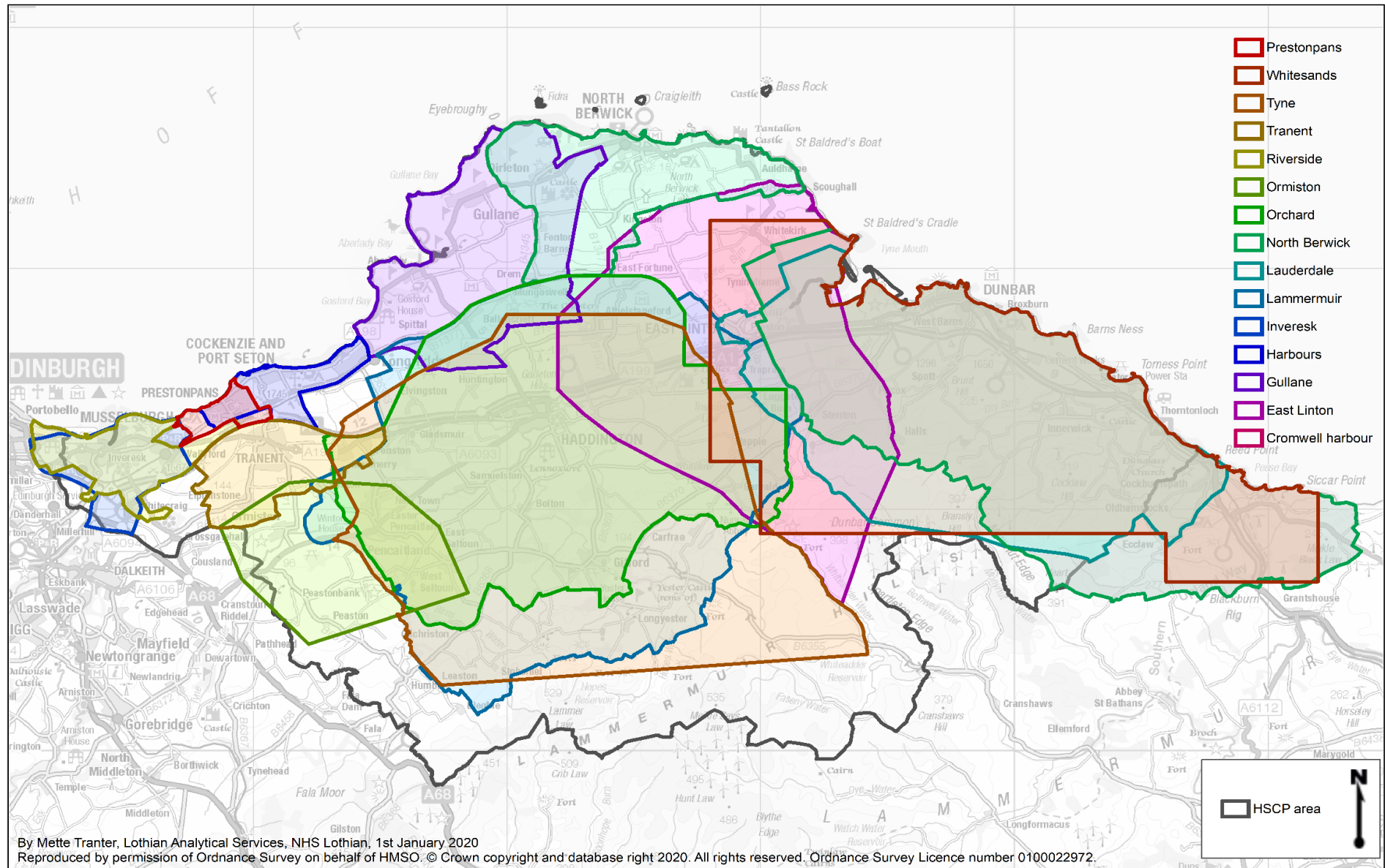
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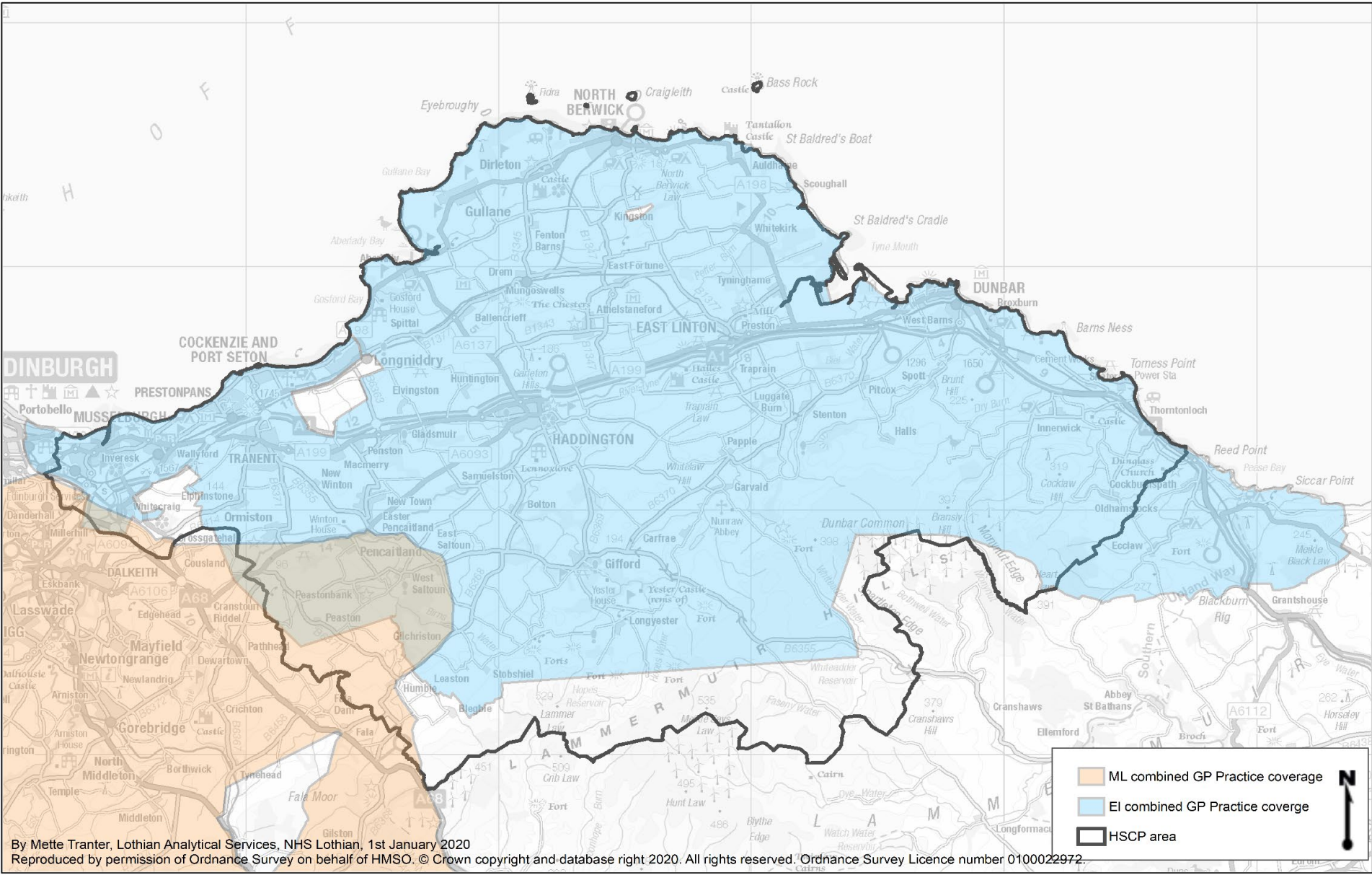
Map showing Hospitals and GP Practices in East Lothian



Map showing GP Practice boundaries in East Lothian



Map showing overlap of Midlothian & East Lothian GP Practice coverage



East Lothian Health & Social Care Partnership

GP Practice List Sizes at 01 January Each Year – 2012 to 2021

Practice Code	Practice name	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Change 2012-2021	% Change 2012-2021
76000	Tyne Medical Practice	5,614	5,703	5,684	5,772	5,879	5,986	6,138	6,280	6,385	6,423	809	14.4%
76029	Gullane Medical Practice	4,982	4,974	5,009	5,101	5,184	5,224	5,178	5,197	5,332	5,549	567	11.4%
76033	Riverside Medical Practice	9,170	9,330	9,479	9,604	9,805	10,073	10,302	19,456	19,740	19,832	1,903	10.6%
76048	Eskbridge Medical Practice	8,759	8,797	8,702	8,683	8,764	8,862	8,738	*				
76052	The Harbours Medical Practice	9,835	9,771	9,412	9,514	9,910	9,988	9,948	9,845	9,767	9,723	-112	-1.1%
76071	Lammermuir Medical Practice	4,817	4,777	4,747	4,690	4,592	4,628	4,624	4,712	4,847	5,012	195	4.0%
76086	Whitesands Medical Practice	4,413	4,396	4,384	4,406	4,456	4,572	4,721	4,783	4,866	4,964	551	12.5%
76103	The Orchard Medical Practice	4,680	4,623	4,675	4,679	4,676	4,694	4,785	4,950	5,135	5,269	589	12.6%
76122	Prestonpans Group Practice	8,402	8,590	8,828	8,771	8,638	8,678	8,794	9,004	9,207	9,311	909	10.8%
76137	North Berwick Group Practice	7,831	7,858	7,907	8,021	8,154	8,266	8,504	8,832	9,069	9,361	1,530	19.5%
76141	Inveresk Medical Practice	8,436	8,503	8,637	8,702	8,727	8,712	8,758	8,970	8,959	8,980	544	6.4%
76161	Lauderdale Medical Practice	3,373	3,433	3,471	3,528	3,619	3,689	3,769	3,957	4,046	4,143	770	22.8%
76180	Cromwell Harbour Medical Practice	3,742	3,740	3,781	3,809	3,893	3,991	4,105	4,280	4,475	4,687	945	25.3%
76194	East Linton Surgery	2,488	2,511	2,513	2,564	2,677	2,726	2,717	2,747	2,776	2,828	340	13.7%
76211	Ormiston Medical Practice	3,177	3,145	3,179	3,190	3,168	3,201	3,202	3,325	3,426	3,645	468	14.7%
76226	Tranent Medical Practice	13,136	13,478	13,854	14,005	14,079	14,191	14,355	14,258	14,270	14,190	1,054	8.0%
East Lothian Total		102,855	103,629	104,262	105,039	106,221	107,481	108,638	110,596	112,300	113,917	11,062	10.8%

* Eskbridge Medical Practice merged with Riverside Medical Practice in January 2018.

Source: Public Health Scotland publication (26 January 2021)

https://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/_docs/HistoricListSizesJan2021.csv

N.B. Data validated every quarter against CHI Data Base and NHS Central Registry

East Lothian Demographic Projections 2018 to 2043

Age Group	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2043
0 to 14	18,332	18,335	18,371	18,315	18,271	18,164	18,090	18,060	17,888	17,771	17,757	17,702	17,678	17,897
15 to 24	11,110	11,029	11,002	11,027	11,065	11,192	11,320	11,389	11,635	11,860	12,022	12,119	12,158	11,434
25 to 44	24,103	24,460	24,764	25,066	25,400	25,773	25,963	26,234	26,358	26,427	26,439	26,614	26,718	26,222
45 to 64	31,075	31,208	31,244	31,258	31,077	30,898	30,789	30,605	30,466	30,369	30,212	30,070	29,906	33,448
65 to 74	11,733	11,827	12,101	12,336	12,419	12,521	12,853	13,181	13,587	13,978	14,460	14,808	15,219	14,404
75 to 84	6,898	7,151	7,327	7,523	8,019	8,380	8,642	8,881	9,089	9,264	9,404	9,509	9,724	13,173
85+	2,539	2,629	2,625	2,693	2,721	2,814	2,825	2,891	2,952	3,047	3,109	3,281	3,366	5,165
Total	105,790	106,639	107,434	108,218	108,972	109,742	110,482	111,241	111,975	112,716	113,403	114,103	114,769	121,743

65+	21,170	21,607	22,053	22,552	23,159	23,715	24,320	24,953	25,628	26,289	26,973	27,598	28,309	32,742
65+ as % of Total	20.0%	20.3%	20.5%	20.8%	21.3%	21.6%	22.0%	22.4%	22.9%	23.3%	23.8%	24.2%	24.7%	26.9%

Age Group	2020-2030	% change	2020-2043	% change
0 to 14	-693	-3.8%	-474	-2.6%
15 to 24	1,156	10.5%	432	3.9%
25 to 44	1,954	7.9%	1,458	5.9%
45 to 64	-1,338	-4.3%	2,204	7.1%
65 to 74	3,118	25.8%	2,303	19.0%
75 to 84	2,397	32.7%	5,846	79.8%
85+	741	28.2%	2,540	96.8%
Total	7,335	6.8%	14,309	13.3%

65+	6,256	28.4%	10,689	48.5%
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Source: NRS 2018 based principal population projections for Council areas

<https://www.nrscotland.gov.uk/files//statistics/population-projections/sub-national-pp-18/detailed-tables/pop-proj-principal-2018-council-year.xlsx>

East Lothian Deprivation Levels in Practice Populations (January 2021)

Deprivation Quintiles 1 and 2 the most deprived in society, as measured by the Scottish Index of Multiple Deprivation and reported by Public Health Scotland. There will be small variations from practice list sizes, as reported by Public Health Scotland.

Practice Code	Practice name	Quintile 1 - Most Deprived	Quintile 2	Quintile 3	Quintile 4	Quintile 5 - Least Deprived	Not Known	List Size	% in Quintile 1	% in Quintile 2	% in Quintiles 1 and 2
76033	Riverside Medical Practice	1,717	10,206	3,011	2,620	2,311	22	19,887	8.6%	51.3%	60.0%
76122	Prestonpans Group Practice	1,637	3,744	780	2,431	645	7	9,244	17.7%	40.5%	58.2%
76141	Inveresk Medical Practice	776	4,322	1,292	1,285	1,206	4	8,885	8.7%	48.6%	57.4%
76226	Tranent Medical Practice	2,232	5,609	1,602	4,015	780	10	14,248	15.7%	39.4%	55.0%
76211	Ormiston Medical Practice	2	1,578	853	1,099	15	1	3,548	0.1%	44.5%	44.5%
76103	The Orchard Medical Practice	1	1,155	2,127	1,333	611	20	5,247	0.0%	22.0%	22.0%
76052	The Harbours Medical Practice	439	1,542	3,168	637	3,929	5	9,720	4.5%	15.9%	20.4%
76000	Tyne Medical Practice	0	1,245	2,363	1,753	1,017	18	6,396	0.0%	19.5%	19.5%
76071	Lammermuir Medical Practice	0	911	2,111	1,392	517	13	4,944	0.0%	18.4%	18.4%
76180	Cromwell Harbour Medical Practice	0	829	2,654	393	707	2	4,585	0.0%	18.1%	18.1%
76086	Whitesands Medical Practice	0	800	2,797	436	888	4	4,925	0.0%	16.2%	16.2%
76161	Lauderdale Medical Practice	0	641	2,397	335	738	2	4,113	0.0%	15.6%	15.6%
76194	East Linton Surgery	0	4	358	1,668	773	2	2,805	0.0%	0.1%	0.1%
76137	North Berwick Group Practice	0	5	1,398	3,804	3,991	13	9,211	0.0%	0.1%	0.1%
76029	Gullane Medical Practice	0	0	858	2,842	1,768	3	5,471	0.0%	0.0%	0.0%
Total East Lothian		6,804	32,591	27,769	26,043	19,896	126	113,229	6.0%	28.8%	34.8%

Source: Public Health Scotland publication (26 January 2021)

https://beta.isdscotland.org/media/7256/table7_practice_populations_by_deprivation_status_2010_2020.xlsx

Summary of East Lothian Housing Land Audit 2019 Projections and Population Impacts

ELC Housing Land Audit 2019	Total Dwellings	Complete by 03/19	Remaining as at 04/19	19/20	20/21	21/22	22/23	23/24	Total 19/24	24/25	25/26	Post 25/26
East Lothian Summary												
Housing Projections	13,659	1,817	11,765	1,240	1,337	1,495	1,325	1,247	6,644	1,045	666	3,451
Population Impact @2.3 person per dwelling	31,416	4,179	27,060	2,852	3,075	3,439	3,048	2,868	15,281	2,404	1,532	7,937

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