

Cabinet Secretary for Health and Sport
Jeane Freeman MSP



Scottish Government
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Minister for Local Government, Housing and Planning
Kevin Stewart MSP

Local Authority Chief Executives
Health Board Chief Executives

Our ref: A23624091

8 March 2019

We are writing this letter to you jointly after a recent Ministerial discussion which followed a letter from the British Medical Association. In their letter they raised concerns that decisions on new housing and other developments are not routinely factoring in the consequent pressure of new population on GP practices in that area.

Such concerns are understandable given the duty of care that GPs must have for their patients and the effect of building a new housing estate or care home on a GP practice list. In recent years practices have reported increasing difficulties in recruiting new GPs and members of their wider multi-disciplinary team, which means that in some instances they can struggle to meet the demands of an increased patient list.

As you know, to help address the wider issues around GP practice sustainability, the Scottish Government is committed to increasing the number of GPs in Scotland by at least 800 over the next decade and we are investing £7.5 million in 2018/19 in GP recruitment and retention. Also as part of the 2018 GP Contract, we are expanding the multidisciplinary team (including nurses, physiotherapists and pharmacists) to work in and around practices to improve practice sustainability and improve patient care.

Since 2015 we have been undertaking a comprehensive review of the planning system in Scotland to ensure that the future development and use of land is undertaken through a streamlined and efficient process.

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Within this time the Place Principle has also been introduced, which is about service providers and those looking after assets working collectively with communities to maximise the impact of their resources to support inclusive growth and create more successful places. Primary health care provision is part of this and the Place Principle approach demonstrates it is not only the planning system that has an impact on Scotland as a place.

Our approach to public health reform is to consider the 'whole system', and the broad range of factors which influence public health. In that regard, and given the concerns of the British Medical Association, it is important that we take this opportunity to highlight existing and forthcoming duties for Planning Authorities and Health Boards in regard to development planning and its relationship to primary care.

Planning Authorities cover every area of Scotland and each has a duty to prepare a development plan for their area. The development plan forms the basis for determining planning applications across Scotland.

We believe that the most influence can be had on development decisions through early engagement in the preparation of the development plan and we encourage meaningful engagement between Planning Authorities and Health Boards at all stages of plan preparation process.

The development plan contains a spatial strategy and relevant policies against which planning applications are assessed. It sets out the preferred location of development in the short to long term. Reflecting the primary health care needs of an area in the development plan therefore means that new development can be supported in locations or at times when the impact of the development on primary health care facilities can be managed.

Legally Health Boards are key agencies for the purpose of planning. Sections 18(10) and 21(5) of the Town and Country Planning (Scotland) Act 1997 create statutory duties for key agencies to co-operate with Planning Authorities in the preparation of local development plans and the associated delivery programme.

Proposals under the Planning (Scotland) Bill, currently before the Scottish Parliament, oblige Planning Authorities to have regard to the views expressed by key agencies in preparation of the evidence report which precedes the preparation of a local development plan. The Bill also currently contains provisions that mean that in future consideration of the capacity of health services will be required in the preparation of a development plan.

The benefits of information sharing between Planning Authorities and Health Boards in the preparation of a development plan are clear. Both parties can understand the aspirations of the other and the likely future development and resource commitments in an area. This can open up approaches to managing service impact for example through locating housing development where there is capacity, or by allocating room for new health care services in an area set for growth that does not currently have sufficient health care resources. The timing of when development is brought forward can also be a means of managing pressures on health care resources.

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Beyond making provision for new health care facilities, the medical profession can provide a vital input to the broader aspects of planning which have an impact on population health and wellbeing. The planning system influences the availability of formal and informal space for recreation, the infrastructure for walking, cycling and travel by bus and train, as well as promoting the delivery of good quality environments in a way which works with communities. All of these factors affect the health of communities in terms of physical activity and mental wellbeing. Good placemaking can therefore be a contributing factor to reduced need for primary care services from the outset.

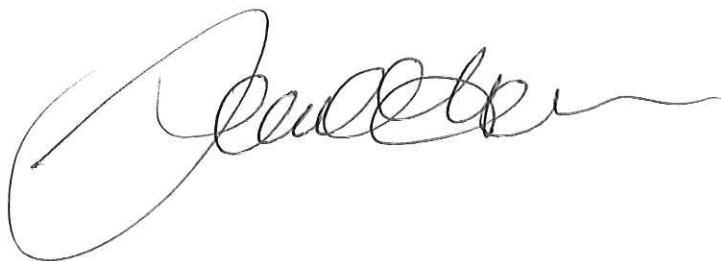
Planning Authorities already publish a 'development plan scheme' online so Health Boards do not have to wait to receive a copy of a consultation document on the development plan. The development plan scheme can be used to identify when key stages, such as monitoring, main issues report, and proposed plan will happen and both the Planning Authority and the Health Board can be proactive in discussing their respective interests at all of those stages.

We understand that all services face time and resource pressures but cooperation in development plans is not a new additional pressure, it is an existing statutory duty. However, we are conscious that GP practices themselves may not have previously been involved in the development plan process. Health Boards should consider how best to ensure that the voice of GP practices can be communicated to Planning Authorities. There may be merit in seeking views from GP Clusters which would avoid each practice approaching the Health Board or the Planning Authority individually.

The annex to this letter highlights some practical examples from Planning Authorities to demonstrate the value of integrating primary care services into development planning.

We have a significant challenge to meet in terms of delivering new homes in good quality places and would urge you to make the most of the informal and formal opportunities to work together to ensure that new development and primary care services can be delivered in a mutually supportive manner. We would also like to thank you for the time you already put into delivering great places in Scotland.

Should you wish to discuss this further, please get in touch with lead officials Neil Robertson of the Scottish Government's Primary Medical Services Branch - neil.robertson3@gov.scot or Simon Bonsall of the Scottish Government's Planning and Architecture Division – simon.bonsall@gov.scot.



JEANE FREEMAN



KEVIN STEWART

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Annex

Examples of Development Plans that account for primary health care service needs

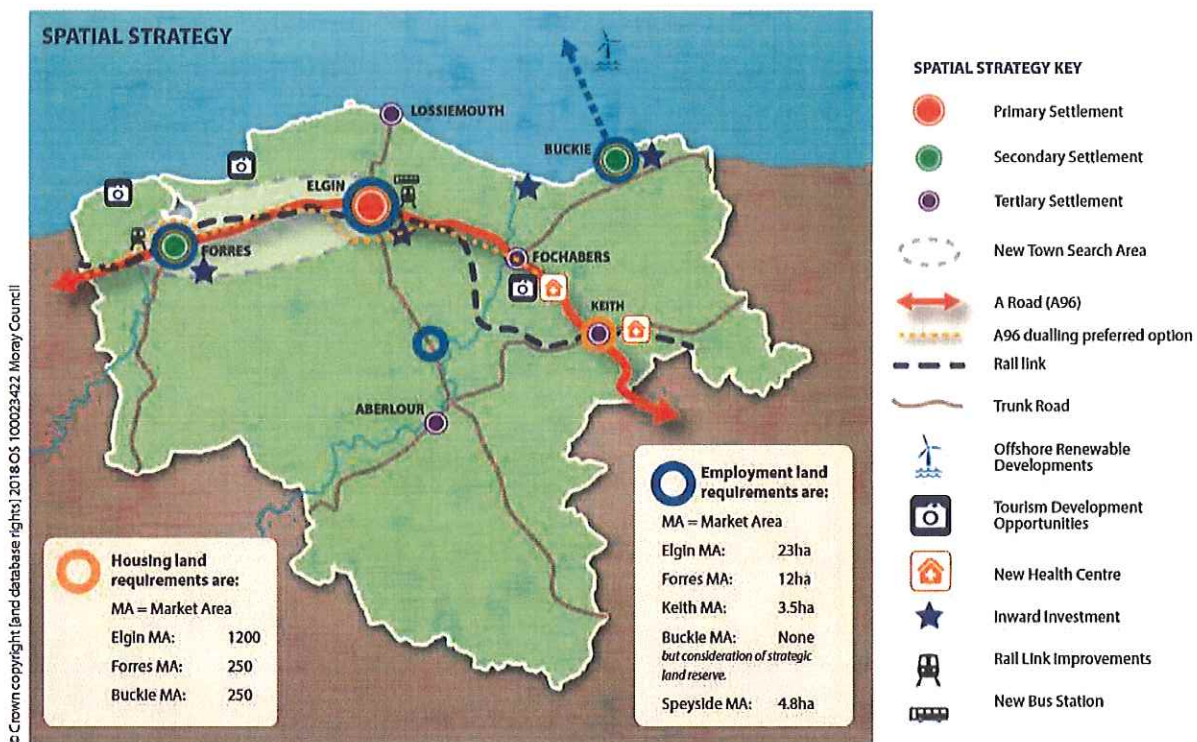
Moray – Proposed Plan

http://www.moray.gov.uk/moray_standard/page_122783.html

This plan tabulates and maps primary care services needs arising from anticipated development indicated in the proposed plan.

This approach allows proposed plan policy 'PP3 Infrastructure and Services' to state:
 'a) Development proposals will need to provide for the following infrastructure and services:
 i) Education, Health, Transport, Sports and Recreation and Access facilities....'

The justification for the approach notes 'Development should be adequately serviced in terms of transport, water, drainage, and local education, recreation and health facilities to accommodate the resultant growth.'



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Table 5 New/ extended healthcare requirements to accommodate growth proposed in MLDP2020.

	Health Centre	Dental Chairs	Community Pharmacy
Elgin	1 new health centre for 7 GP's and support staff located within the Elgin South masterplan area Maryhill Health Centre: Extension to accommodate 4 additional GP's and support staff Elgin Community Surgery: Extension to accommodate 1 additional GP and support staff	5 additional dental chairs	1 additional pharmacy
Forres	Forres Health Centre: extension to accommodate 4 additional GP's and support staff	2 additional dental chairs	Reconfiguration of existing pharmacy outlets (location tbc)
Buckle	Ardach Health Centre: Future extension to accommodate 1 additional GP and support staff Seafield & Cullen Medical Practice: Reconfiguration of existing practice to accommodate 1 additional GP and support staff		
Keith	New Health Centre		
Lossiemouth	Moray Coast Medical Practice: extension to accommodate 1 additional GP and support staff		
Fochabers	New Health Centre		
Roths	Roths Medical Centre: reconfiguration to create additional consulting space. Work completed.	1 additional dental chair	
Dufftown	Rinnes Medical Practice: extension to accommodate 1 additional GP and support staff	1 additional dental chair	
Aberlour	Aberlour Health Centre: reconfiguration to accommodate 1 additional GP and support staff.	1 additional dental chair	

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<https://www.west-dunbarton.gov.uk/council/strategies-plans-and-policies/local-development-planning/local-development-plan/>

The 'Delivering Our Places' policy for Queens Quay, Clydebank, identifies an approved Design Framework' for a portion of the site with planning permission granted for a range of infrastructure including a Health and Care centre.

The development strategy for the area includes:

'To allow a mix of uses on either side of Cable Depot Road and to encourage research, business and industrial uses associated with the hospital to be located there;'



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<https://www.glasgow.gov.uk/index.aspx?articleid=16186>

One of four strategic outcomes of the plan is:

‘A connected place to move around and do business in by improving accessibility for all citizens to employment, education, healthcare, shopping and leisure destinations, and providing more sustainable travel options and creating an integrated and efficient transport network.’

The placemaking principle of the plan has a significant focus on health, succinctly tabulated as:

Table 2: Relationship between health and placemaking objectives

WORLD HEALTH ORGANISATION DETERMINANTS OF HEALTH TRANSLATED INTO HEALTHY OBJECTIVES FOR PLACEMAKING:	
Opportunity for healthy lifestyle;	Social cohesion and supportive social networks;
Housing quality;	Access to diverse employment opportunities;
Access to high quality facilities – educational, cultural, leisure, retail, health & open space;	Opportunity for local food production and healthy food outlets;
Road safety and a sense of personal security;	An attractive environment with acceptable noise levels and good air quality;
Good water quality and sanitation; and	Reduction in emissions that threaten climate stability.

Policy ‘CDP2 Sustainable Spatial Strategy’ supports new development proposals that ‘5. Protect and reinforce town centres as the preferred locations for uses which generate significant footfall, including retail and commercial leisure uses, offices, community and cultural facilities and, where appropriate, other public buildings such as libraries and education and healthcare facilities;’

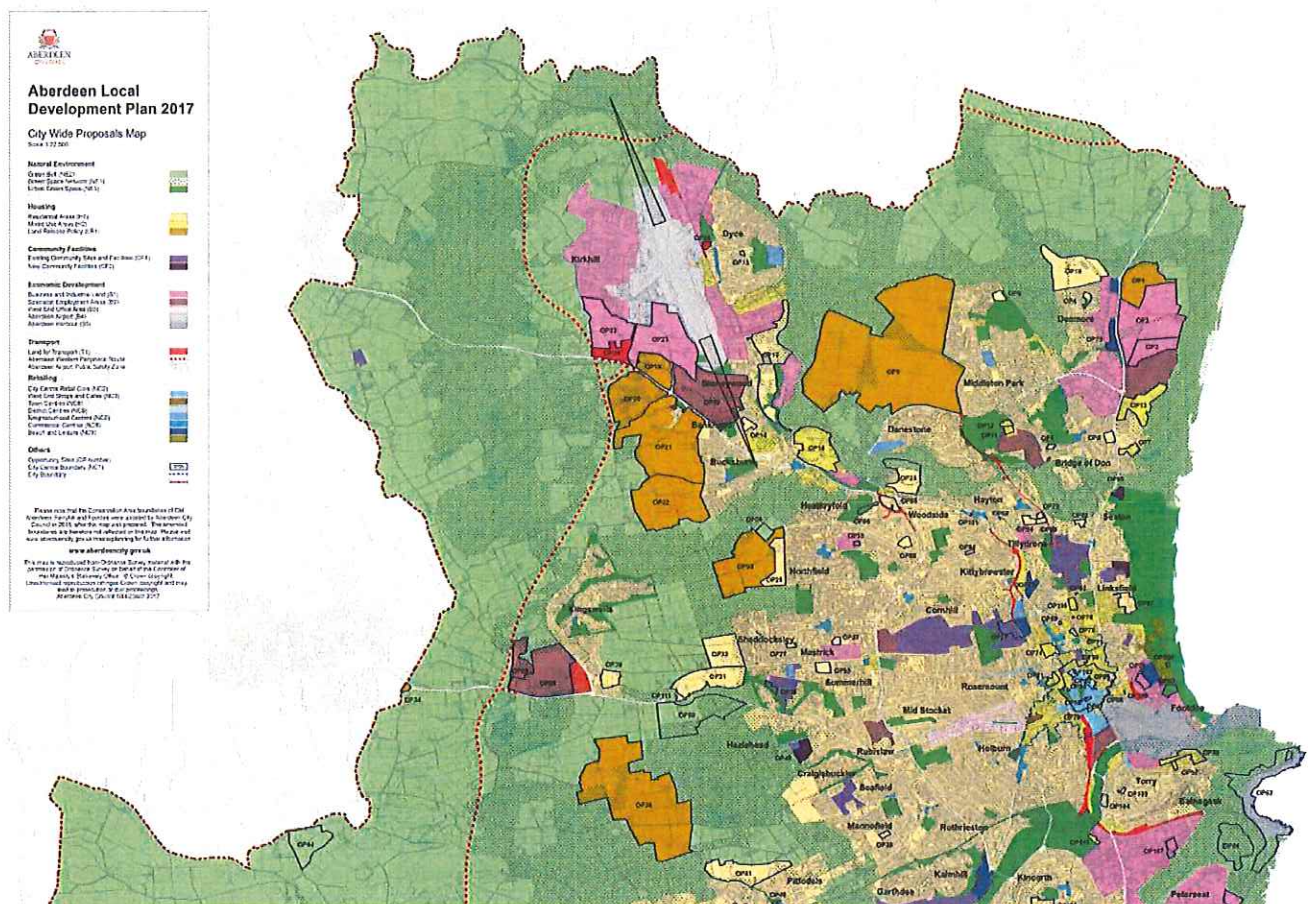


<https://www.aberdeencity.gov.uk/services/planning-and-building/local-development-plan/aberdeen-local-development-plan>

Policy 'CF2 – New Community Facilities' supports proposals for new community facilities in principle provided they are in locations convenient to the community they serve and are readily accessible.

The plan highlights the need for new General Practice health centres and specialised health centres which should be supported in principle. The plan also notes the importance of Foresterhill as the main focus for the development of acute healthcare services and medical training.

Land is identified for new community facilities on the associated 'proposals map', an excerpt of which is below.



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