

West Lothian Local Development Plan 2 Evidence Report

Schedule	22. Healthcare Infrastructure
<p>Information required by the Act and NPF4 regarding the issue addressed in this section</p>	<p>Town and Country Planning (Scotland) (Act) 1997, as amended:</p> <p>To set out statutory compliance with the following</p> <ul style="list-style-type: none"> • section 15(5)(c) The health needs of the population of the district • section 15(5)(d) the infrastructure of the district (including health care facilities). <p>National Planning Policy 4 (adopted 13 February 2023):</p> <p>To set out evidence in relation to NPF4 policies:</p> <ul style="list-style-type: none"> • Policy 23 Health & Safety - LDP spatial strategies should seek to tackle health inequalities particularly in places which are experiencing the most disadvantage. They should identify the health and social care services and infrastructure needed in the area, including potential for co-location of complementary services, in partnership with Health Boards and Health and Social Care Partnerships. • Other relevant policies - Policy 2 – Climate mitigation and adaptation, Policy 15 – Local Living and 20-minute neighbourhoods. Policy 18 Infrastructure First. Policy 27 City, town, local and commercial centres <p>National Planning Framework 4 (adopted 13 February 2023)</p> <p>This schedule aims not to repeat the content of other topics covered by the LDP2 Evidence Report. Other schedules which should be read alongside this schedule on Healthcare Infrastructure are:</p> <ul style="list-style-type: none"> • 17 - Local Living • Local Place Plans
<p>Links to Evidence referenced in this schedule</p>	<ul style="list-style-type: none"> • NHS Lothian, GP Practice Data • NHS Lothian, “Ghost Patients” Comparing the number of patients registered with a GP Practice in England to the ONS Census 2021 • West Lothian Council, East Calder Health Centre Support Update

Summary of Evidence

Purpose, scope and structure of this schedule

This schedule focuses on Healthcare Infrastructure within West Lothian. The schedule and its evidence are set out in the following sections:

1. Current Healthcare Provision in West Lothian
2. Primary Care Future demand

Part 1 – Current Healthcare Provision in West Lothian

Current Primary Care services:

- 1.1 West Lothian is divided into 2 cluster areas for delivery of Primary Care services – east and west.
 - The West Cluster comprises 8 GP practices operating from 6 main locations: Bathgate, Armadale, Whitburn, Blackburn, Fauldhouse and West Calder with one practice operating a 7th satellite location in Blackridge.
 - The East Cluster comprises 12 GP practices operating from 9 locations: Broxburn, Linlithgow, Winchburgh, East Calder and 5 locations in Livingston.
- 1.2 All practices in West Lothian are currently type “17J” practices – that is practices run jointly by local GP partners as an independent business, operating to a standard, nationally negotiated contract with NHS Lothian. No practices are directly operated by the Health Board.
- 1.3 GP practice boundaries do not strictly follow local authority boundaries but 19 of the 20 practices in West Lothian operate predominately within the local authority area.
- 1.4 The exception is Almond practice who operate from 2 locations in Kirkliston and Winchburgh and are thus split evenly across the City of Edinburgh / West Lothian boundary.

Current capacity

- 1.5 NHS Lothian undertook a West Lothian practice capacity survey in 2022 which identified practice list sizes, number of clinical staff, both in terms of those able to see undifferentiated patients – i.e. General Practitioners and Advanced Nurse Practitioners as well as other clinical staff employed by practices such as Practice Nurses, Mental Health Nurses, Phlebotomists, Physiotherapists and Pharmacists.
- 1.6 The survey also looked at building capacity including number of consulting rooms, admin space condition and ownership. One issue that came out of the 2022 survey is that practices operate from buildings owned and operated by a number of different organisations including premises owned by NHS Lothian, West Lothian Council, GP practices who own their own building, practices owned by commercial landlords and shared ownership models.
- 1.7 Data showed that in nearly all West Lothian practices there was sufficient capacity for the current operations of staff employed by Primary Care practices with sufficient spare capacity to allow employment of additional staff to cater for expected growth in list sizes likely to come from housebuilding under LDP1.
- 1.8 The exceptions were in East Calder and Winchburgh which are nearing full capacity.

December 2024 List Sizes by practice

Practice Name	Town(s)	Operating location(s)	List Size	Consulting Rooms	
Almond	Winchburgh	Winchburgh	4981	14	(list size excluding Kirkliston)
Linlithgow	Linlithgow	Linlithgow	15599	13	
Ferguson	Broxburn	Strathbrock	6981	11	
Linden	Broxburn	Strathbrock	6746	8	
Wood	Broxburn	Strathbrock	7751	9	
East Calder	East Calder	East Calder	15370	10	
Barclay - Livingston	Livingston	Carmondean	12985	16	
Carmondean	Livingston	Carmondean	10084	12	
Howden	Livingston	Howden	12470		
Craigshill	Livingston	Craigshill	8964	8	
Dedridge	Livingston	Dedridge	10829	14	
Murieston	Livingston	Murieston	6835	10	
West Calder	West Calder	West Calder	10424	23	
Barclay - Fauldhouse	Fauldhouse	Fauldhouse PC	8332	10	
Ashgrove	Blackburn	Blackburn	7776	8	
Whitburn	Whitburn	Whitburn	12810	20	
Kingsgate	Bathgate	Bathgate PCC	8360	8	
Newland	Bathgate	Bathgate PCC	9401	10	
Simpson	Bathgate	Bathgate PCC	8785	10	
Barbauchlaw	Armadale, Blackridge	Armadale, Blackridge	17373	19	
TOTAL			202856		

1.9 As can be seen from the table the 20 practices in West Lothian have a collective list size of around 203,000 West Lothian based patients. This is significantly above the National Records of Scotland (NRS) estimate of population for West Lothian of 181,720 (mid 2022).

1.10 This rate of approximately 11% "Ghost Patients" is at the upper end of what would be expected. NHS England data shows 33 Local Authorities with a rate of 12% or higher "ghost patients", primarily associated with large cities and areas with large numbers of transient or migrant populations.

Other services delivered by NHS Lothian

1.11 As well as directly employed staff there are a number of other services delivered in Primary Care buildings in West Lothian by NHS Lothian. This includes: district nurses, health visitors, school nurses, nursery nurses, midwives, physiotherapists, podiatrists, retinopathy screening, orthoptists, community psychiatric nurses (CPNs), speech and language therapists, dietitians, sexual health clinicians, phlebotomists and other specialist nurses. This usage varies significantly by practice but can have a significant impact on availability of space for employing additional primary care staff.

- 1.12 Additional work is required by NHS Lothian to determine the future requirement of building capacity for delivery of these additional primary care services that are not operated directly by General Practice but which are delivered in their buildings.

Part 2 – Primary Care Future Demand

List growth forecasting

- 2.1 As part of the 2022 Primary Care audit NHS Lothian undertook analysis of likely list growth at each practice in West Lothian. For most practices a moderate increase of 5-15% was expected.
- 2.2 The exception was at East Calder which has a list size growth of 29% forecast.
- 2.3 Given the poor condition of the existing building and the clear forecast growth in East Calder a new build GP practice was identified as the lead investment priority for West Lothian Health and Care Partnership and a business case approved. Both WLHSCP and NHS Lothian agree that a new Health Centre for East Calder is required. As requested by the Scottish Government, all Health Boards must undertake regular capital prioritisation exercises. Within NHS Lothian, replacement of East Calder Health Centre is noted as a 'category A priority – immediate requirement'.
- 2.4 Unfortunately, the proposal is currently on hold but it is hoped that NHS Lothian will be able to recommence delivery of the project soon.

Number of practitioners needed in relation to list size.

- 2.5 Traditionally in Scottish Primary Care practice a ratio of 1:1500 (Practitioner:List Size) has been considered a maximum ratio between Full Time Equivalent (FTE) clinical staff able to see undifferentiated patients – i.e. General Practitioners (GPs) and Advanced Nurse Practitioners (ANPs) to List Size. This number has historically been broadly used across a number of different health boards and policies.
- 2.6 The European Union of General Practitioners and British Medical Association (BMA) Scotland have recommended a safe level of patient contacts per day in order for a GP to deliver safe care at not more than 25 contacts per day. This includes a mix of face-to-face and remote contacts.
- 2.7 This would translate to an FTE staff member undertaking in the region of 5,500 consultations per year. Depending on practice population national median consultation rates may be in the region of 4-6 per patient on a list. Using a central figure of 5 this would translate to a ratio requirement of 1:1,100 to meet the 25 contacts per day target.
- 2.8 A gap in evidence has been identified. This is that West Lothian specific data from the Public Health Scotland - General Practice activity visualisation is needed to confirm the current annual consultation rates per patient for Primary Care services in West Lothian.

Developer Funding for practice expansion.

- 2.9 The current West Lothian Local Development Plan (LDP) (2018), Policy HOU 7 Healthcare and Community Facilities in New Housing Development, sets out that developer contributions could potentially be taken where health service provision is identified as inadequate to meet the needs arising from a proposed development(s).

2.10 Such contributions were proposed to be set out in Supplementary Guidance to the LDP. Supplementary Guidance was not prepared prior to the Planning (Scotland) Act 2019 coming into force and a decision was made that contributions would be sought via Local Development Plan 2 (LDP2) instead.

Next Steps

2.11 Officers are working with NHS Lothian to examine the potential for healthcare infrastructure contributions in future. In order to do this, officers need to agree a baseline for the primary care infrastructure requirement per 1000 practice list size. This is because the “necessity” test in Planning Circular Planning Circular 3/2012 requires proof that there is a shortfall in infrastructure capacity.

2.12 A full analysis of current Annual Consultation Rates, building capacities and utilisation by non General Practice staff and current building investment plans is needed to understand any future capacity shortfalls and investment requirements.

2.13 Current staffing levels, recruitment issues, building maintenance etc naturally form part of the experience of communities as they engage with primary care services but staffing concerns and building condition do not form relevant planning considerations either as part of the development of LDP2 or development management decisions.

Summary of Stakeholder Engagement

This will summarise the steps taken by the planning authority to seek the views of all relevant stakeholders. This will also summarise the views expressed, and explain how they have been taken account of in the Evidence Report

Pre-existing engagement - Officers have been working with NHS Lothian on healthcare infrastructure and evidence required to justify developer contributions for healthcare in LDP 2. This process will continue though the Evidence Report stage.

Statements of Agreement / Dispute

This will include statements from stakeholders highlighting their agreement or the areas they dispute.

Summary of Implications for the Proposed Plan

West Lothian has experienced significant growth in housing stock and population over the LDP1 period. While some general practice list numbers have increased, the evidence across West Lothian is that most GP practices in West Lothian have the physical space to undertake more consultations if additional staff could be recruited.

Thorough analysis of consultation rates, “ghost patients”, building capacities and utilisation of primary care buildings by a variety of different healthcare staff is needed to understand the overall infrastructure requirement for each practice and whether investment is needed at each practice as part of delivering LDP2.

Based on the evidence the proposed plan is required to:

- Take into account existing infrastructure availability as a significant factor in the site selection process.
- Ensure potential new infrastructure is carefully matched to any current and future development sites to ensure sufficient healthcare infrastructure is in place across West Lothian.