
Report To:	Inverclyde Integration Joint Board	Date:	8 September 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership	Report No:	IJB/97/2025/HM
Contact Officer:	Dr Hector Macdonald Clinical Director Inverclyde Health and Social Care Partnership	Contact No:	01475 715365
Subject:	Request by the New Surgery Kilmacolm to Close their Langbank Branch Surgery and Dispensary (General Practice)		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 This report provides information on the request by the New Surgery Kilmacolm to close their Langbank branch surgery and dispensary. Members of the Integration Joint Board are asked to note the report.

2.0 RECOMMENDATIONS

- 2.1 To note the HSCP's approval of the closure of the Langbank Branch Surgery & dispensary.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Langbank branch surgery has been in place for many years as a satellite surgery to the New Surgery's main premises in Kilmacolm. As the main surgery is in Inverclyde the Inverclyde HSCP is the partnership that oversees their contract. The branch surgery for historical reasons has a dispensary. Dispensing practices are usually reserved only for rural and island communities and allow supply of medicines where there is no access to community pharmacy. There are no other dispensing practices in Greater Glasgow and Clyde.

The practice have made a request to GG&C / Inverclyde HSCP to close the branch surgery. The practice proposes to continue care for their patients from their main site in Kilmacolm.

In October of 2024 the Practice had requested to reduce the hours of the branch surgery from 5 mornings to 3 mornings due to staffing pressures.

Although Langbank receives GP services from Inverclyde HSCP based practices it sits within the boundaries of Renfrewshire.

There are no Renfrewshire based GP practices that cover the Langbank postcode area.

- 3.2 GG&C has a process when applications to close branch surgeries are received. The process requires a 3 month consultation period with patients and other stakeholders. The Practice is responsible for consulting with its patients and the HSCP with other stakeholders. An initial EQIA was carried out during the process to help inform the consultation.
- 3.3 The proposed closure of the Langbank Branch Surgery by the New Surgery (Kilmacolm) is driven by sustainability concerns, operational inefficiencies, and the strain of maintaining two sites. The practice has identified closure will lead to increased appointment capacity at the main site.
- 3.4 The attached documents "*The Langbank Patient Consultation Report*" and the "*Report on stakeholder Consultation*" outline the methods undertaken and the feedback received.

The "Evaluation of the Consultation documents" looks at the issues raised and assesses mitigations.

- 3.5 Healthcare Improvement Scotland (HIS) have had oversight of our consultation process and made recommendations which they confirmed we had followed.
- 3.6 Evaluation suggests that although a loved community asset there are appropriate mitigations to ensure the residents of Langbank can continue to access General Practice Care. This may involve, as a number of patients have indicated, changing GP practice to one of those in Port Glasgow (74 of 314 respondents) due to easier public transport access. Consultation shows high levels of access to cars.

This is not a request the practice have undertaken lightly but they suggest it is necessary to ensure the sustainability of the practice moving forward and to meet the challenges facing Primary Care in the NHS in the coming years.

4.0 PROPOSALS

- 4.1 To allow closure of the Langbank Branch Surgery and dispensary.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities	x	
Equalities, Fairer Scotland Duty & Children and Young People	x	
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
n/a					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
n/a					

5.3 Legal/Risk

N/A

5.4 Human Resources

N/A

5.5 Strategic Plan Priorities

This proposal aligns with the direction of the HSCPs Strategic Plan 2024-27. The plan sets out the approach that resource should be appropriately focused where they can provide the greatest need. In accepting this proposal, the New Surgery Kilmacolm will be able to make significant changes to its practice and provide a greater level of appointments and services to registered patients.

Through this approach, the proposal will support the Strategic Plan's priority of providing early help. By providing a greater number of GP appointments, more local people will be able to see a GP faster and identify and address their concerns at an early stage.

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

The proposed closure of Langbank Surgery and dispensary has been assessed and has identified low negative impacts for those with certain protected characteristics, particularly Age (Older People) and Disability (physical frailty). However, supporting mitigations have been addressed this that will ensure overall impact will be limited.

x	YES – Assessed as relevant and an EqIA is required, a copy of which will be made available on the Council's website: https://www.inverclyde.gov.uk/health-and-social-care/equality-impact-assess-me
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Not applicable.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	No impact. There will be no barriers to young people accessing their GP. Findings from the consultation indicate that majority of children attend the Kilmacolm practice for all appointments.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Not applicable.
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	No impact. This proposal will not negatively impact on the ability of people who are new to Scotland accessing a GP practice.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. The decision does not constitute a strategic decision and has no relevance re socio-economic inequalities.

(d) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

5.7 Clinical or Care Governance

There are no clinical or care governance implication from this report.

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Accepting the proposal will lead to a more effective service, with greater availability of GP appointments for people. This enhanced service will help local people to maintain and improve their health.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The GP practice will offer home visits and remote appointments to support those who have difficulty travelling, ensuring they can be fully cared for at home
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The proposal will ensure the Kilmacolm practice can provide a greater level of service for patients, including increased availability of appointments.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	By having greater access to a GP, people can get the right health and support at the right time, contributing to improved health overall.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	No impact

People using health and social care services are safe from harm.	The practice will ensure to uphold its quality standards ensuring all care and treatments provided are for the benefit of the patient and support them to receive care, safely in their own community
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff affected will be relocated to the Kilmacolm Practice, providing greater support to the overall practice team.
Resources are used effectively in the provision of health and social care services.	This proposal will support the Kilmacolm practice to re-organise it's resources for the benefits of patients.

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	x
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 See attached appendices & EQIA available online.

8.0 BACKGROUND PAPERS

- 8.1
 - i) Langbank Patient Consultation report
 - ii) Stakeholder Consultation Report
 - iii) Evaluation of the Consultation report

Langbank Patient Consultation Report

At the start of the consultation (24.04.25) there were 1011 patients registered at Langbank Branch. The consultation ran for 3 months until 25.07.25.

Questionnaires were sent to 428 households which covered 1011 patients on 24.04.25 and all new registrations since have been provided with a copy of the letter, consultation questionnaire and FAQs explaining the proposal.

To ensure everyone received the information we followed up a week later by sending out a text message with documents attached to all registered mobiles over 18 years of age.

As at 25.07.25

21 patients have left Langbank (moved away, died or registered elsewhere)

23 new patients have registered at Langbank

Current number of patients: **1013**

Age breakdown of Langbank Population as at 25.07.25

Age range in years	Number of patients	% of population
0-16	142	14%
17-24	78	8%
25-34	83	53%
35-44	124	
45-54	137	
55-64	193	
65-74	161	25%
75-84	80	
85+	14	

Number of questionnaires received back

187 questionnaire responses received responding on behalf of 314 patients

Response rate: 31%

We assume that non responders have no particular issues with the proposal to close the surgery
699 patients (69%)

Age breakdown of patient completing the questionnaire

0 - 24: 0 respondents

25 - 34: 1 respondents (0.5%)

35 – 44: 9 respondents (4.5%)

45 - 54: 6 respondents (23%)

55 - 64: 30 respondents (16%)

65 – 74: 44 respondents (24%)

75 – 84: 47 respondents (25%)

85 +: 6 respondents (3%)

Anonymous/Unknown: 44 respondents (24%)

Which surgery do you normally attend

Langbank: 145 questionnaires – 242 respondents

Kilmacolm: 6 questionnaires – 11 respondents

Both: 34 questionnaires – 58 respondents

Not applicable (can't access either, just registered): 2 questionnaires – 3 respondents

What will be the Impact of the Closure

Negative impact: 156 questionnaires - 265 respondents

Little or no impact: 19 questionnaires - 29 respondents

Not sure: 9 questionnaires - 15 respondents

Positive impact: 3 questionnaires - 5 respondents

Summary of Responses

Positives:

- Prefer to attend Kilmacolm as live between the two
- Would prefer a local service in Langbank but can travel to Kilmacolm with no issue
- I can attend either
- I have not used Langbank surgery in over a year, Kilmacolm is easy and prescriptions are dispensed at Boots
- Your FAQs confirm there will be no reduction in service provided and appointments should increase
- I support your decision to close. It would be excellent to keep it open but if it's draining the main practice and stretching your facilities it is the correct decision.
- Have been with this surgery for 40 years and it has been great
- I don't mind accessing Kilmacolm just now to get more convenient appointment times but worry these will be impacted by additional patients also using Kilmacolm.

Little or No impact:

- Little impact as long as we can drive
- Langbank is easier but I have never been given an appointment there

Negatives

Travel, parking and increased cost

- I can drive but will find collecting prescription from a pharmacy an inconvenience
- Winter travelling to Kilmacolm challenging, road conditions risky and dangerous
- Shortage of parking at Kilmacolm and car park is on a slope making it difficult
- No easy/direct public transport links for non-drivers to Kilmacolm, which is a 14 mile round trip
- I will have to collect my prescriptions by train and bus
- I cannot drive in the dark and the road is difficult.
- Increased car use and reliance on car
- Friends will give me a lift to Langbank but will not be so easy for Kilmacolm
- People who cannot drive will have to get a train to Port Glasgow and then a bus to Kilmacolm – train services are limited and cost money
- Cost implications, more expensive, time involved increased, bad for carbon footprint
- Seems a backward step, instead of one GP and one nurse travelling we all are

- Langbank surgery is a 5 minute walk from home, whereas Kilmacolm is a 20 minute car journey and no bus service
- Journey time by public transport is over an hour which is greatly increased.
- Concerns about having to cancel appointments last minute if not feeling well enough to drive or cannot get a lift to Kilmacolm

Inconvenience

- Prefer to have a surgery in the village I live in
- Work would be affected and school if appointments are at Kilmacolm
- Very inconvenient having to travel to Kilmacolm and school age children would need to take more time out of school.
- I am a shift worker and normally request my partner to pick up my prescriptions and he doesn't drive
- Does not suit my family's lifestyle
- For tests, consultation and dispensary I make at least 30 visits per year including as a carer for my wife
- I retired here and major factor in doing so was local doctors surgery
- I would need to get someone to take me and that is not always practical/accessible.
- Not so easy to get prescriptions

Service Issues

- The service in Langbank should be increased not reduced, hospitals are not coping, primary care should be increasing
- Appointments are at present a 7 week wait, closing Langbank will not reduce this by much if at all as doctors are only present at Langbank for 2 hours on 3 days.
- Less likely to book GP appointment
- Pressure on one site of increased patient numbers, extreme pressure on car parking
- Will lose the personal touch that Langbank surgery has, it is part of the community
- Visiting the doctors will become more stressful.
- Lack of health provision in the local community

Frequency of Visits to the surgery in the Last 12 Months (includes for appointments and prescription collections)

Never: 14 questionnaires – 19 respondents

1–3 times: 40 questionnaires - 62 respondents

4–6 times: 37 questionnaires – 71 respondents

7–9 times: 22 questionnaires – 37 respondents

10+ times: 74 questionnaires – 125 respondents

Transportation Methods to the Surgery

Walk: 107 questionnaires - 184 respondents

Car: 53 questionnaires – 86 respondents

Car and walk: 23 questionnaires - 38 respondents

Other (e.g., lift with someone, public transport): 5 questionnaires - 7 respondents

What will you do if the surgery closes

Attend Kilmacolm by car: 106 questionnaires – 189 respondents

Attend Kilmacolm by car or public transport: 2 questionnaires – 3 respondents

Attend Kilmacolm by public transport: 6 questionnaires – 13 respondents

Attend Kilmacolm by other means (e.g. lift): 4 questionnaires – 6 respondents

Attend Kilmacolm or register at a different practice: 8 questionnaires – 13 respondents

Register at another practice: 43 questionnaires – 74 respondents

Other (request telephone appointments or house visits, assess my options, don't know): 17 questionnaires – 20 respondents

Summary of Additional Comments

A review of the 'Any other comments' section revealed several recurring themes and concerns among respondents

1. Loss of Local Services:

Many respondents expressed concern that the closure of the surgery would be another blow to Langbank's minimal amenities, which has already lost its shop, library, and pub.

The surgery is seen as a vital community asset, especially for those without access to transport.

Felt some may not bother to book appointment when needed and ignore health conditions.

Suggestion of sharing the space with other health services e.g. dentist, chiropractor

More staff should be recruited to help run the service.

Negative impact for the young families and elderly.

Proposal would increase health inequalities.

Should be allowed to register in Bishopton as this is closer than Port Glasgow.

Non-residents do not understand the importance of the surgery to the village.

The loss of the surgery might encourage people to use 111 or 999 more frequently.

We value our village GP Surgery and want to keep it open and active for a large village of many people of all ages.

2. Transport and Accessibility:

A recurring issue is the lack of public transport to Kilmacolm.

Elderly residents and those without cars fear they will be unable to access care.

Suggestions included a request bus service or home delivery of prescriptions.

Query if longer opening hours would be introduced at Kilmacolm to cope with demand.

Support for the proposal if appointment numbers are increased.

The practice will end up having to cover more house visits if patients are unable to travel into surgery.

Concerns about Port Glasgow or Bishopton surgeries refusing to register patients as they are already over stretched or if these are able to cope with additional registrations.

Cost of travelling by public transport, around £11 per trip.

Arrange transport to Kilmacolm, otherwise keep the surgery open.

3. Value of the Dispensary:

The dispensing service at Langbank is highly valued, especially for urgent or regular medication but many patients would appreciate having their prescriptions delivered by local pharmacies. Some suggested prescription delivery or 2-month supplies to ease the transition.

Support requested to change prescriptions over to new pharmacy.

Suggestion of a 24 hour vending machine to be installed in Langbank instead.

Suggestions of closing the dispensary to save the surgery.

Electronic sending of prescriptions to pharmacies should be brought in, the current paper system is archaic.

4. Emotional and Practical Impact:

Long-term patients (some for over 30 years) feel disappointed and let down.

Loss of a surgery that has been in the village since the 1960's.

Concerns were raised about increased pressure on carers and families.

Some questioned why Kilmacolm wasn't considered for closure instead.

Concerns if have to cancel appointments last minute if not well enough to attend Kilmacolm.

Support for the decision if it means the long term sustainability of the practice, it is the medical care that is important not where it is.

Support for the proposal, while no one likes change it seems that the closure is for the best.

Concerns about the future of the surgery building and that it will become derelict.

5. Concerns about fairness of the consultation process

Queries as to why Renfrewshire HSCP is not leading on this process as council tax is paid to Renfrewshire, seems unfair when Renfrewshire residents will be directly impacted.

Summary

Consultation

The consultation ran from 24/04/25 to 25/07/25 and we collated all questionnaire received and patient feedback passed on from the HSCP.

Dr. McCusker and Dr. Stark attended the Langbank Community Council meeting on 14/05/25 along with Dr. Hector MacDonald and Alan Best representing the HSCP. A number of questions were sent to us ahead of the meeting which Drs. McCusker and Stark were able to directly address and answer, although judging by the questionnaires that continued to come in and the issues raised it does not look like these were widely shared with the community.

We were contacted by a few local councilors/elected officials asking to discuss the closure with us, however they didn't follow up to arrange any meetings and there has been no contact since.

Addressing the Questions Raised

Travel - Public transport is an issue with no direct link between Langbank and Kilmacolm. However since covid general practice has evolved and we are able to see more patients remotely either by phone or video consultations, therefore not every appointment needs to be face to face. We currently use telephone for 34% of our patient contacts and make use of email and text message to communicate with patients e.g. sending in photos, forms.

We understand that Finlaystone Road/Old Greenock Road is not perceived as a good road to travel on in the dark or winter however the main A8 from Langbank to Port Glasgow and the A761 from Port Glasgow to Kilmacolm would be the recommended route and is the preference of the surgery staff and doctors.

We recognise that some elderly patients will struggle to travel to Kilmacolm if they have limited mobility or are unwell and we are prepared for an increase in requests for house visits. We are supported by the ANP and District Nursing teams who already cover Langbank area and we understand they will continue to do so.

Dispensary – Local pharmacies have been contacted and have no issues taking on the additional dispensing patients. M&D Greens offer a free delivery service to Langbank, Boots Kilmacolm may have a charge. If we were no longer dispensing we would move patients onto a standard 2 month prescription therefore collections and deliveries would be less frequent. Our admin team will be able to support any patients to transfer their prescriptions to a community pharmacy and a number of

patients have already chosen to move their dispensing and have commented to us about the benefits of the delivery service.

Issues with registering elsewhere - Port Glasgow Health Centre has 3 surgeries within it and having consulted with them the HSCP is not aware of any current registration issues in taking on extra patients. Bishopton Surgery is only able to register patients who live in their Bishopton catchment area.

However, from the consultation responses only 74 patients confirmed they would register elsewhere and a further 13 said they would attend Kilmacolm or register elsewhere so we would hope the numbers leaving would remain small.

Appointments – By closing the Langbank surgery the GPs will have travel time freed up and time from checking and dispensing prescriptions. We estimate that 2 hours will be saved 3 times a week (6 hours) from travel and dispensing admin which would equate to an extra 3 surgeries (24 patients) and we would be able to increase the number of appointments we have in Kilmacolm.

Communication - Having staff working together within one premises will make team communication easier. Kilmacolm has much better, more modern facilities and will make patient care more equal across both surgeries.

The dispensing function at Langbank introduces an additional layer of operational complexity. Currently, we are required to run separate systems and maintain distinct lists, such as for special requests and messages, which can lead to confusion among staff and increase the risk of administrative errors. By transitioning all patients onto a unified system, we can significantly simplify the prescription process. This change will enhance efficiency, reduce the likelihood of mistakes, and allow staff to focus more effectively on delivering safe and consistent care.

Branch Surgery Closure

We fully acknowledge that the closure of the branch surgery would represent a loss for the community and for those patients who have valued its presence over the years. This decision has not been taken lightly.

However, the reality is that general practice has changed significantly. The demands on our clinical teams have increased dramatically, with rising patient volumes, more complex care needs, and growing administrative responsibilities. Operating across two sites has become increasingly unsustainable under these pressures.

Running two separate surgery sites places a significant strain on both financial and operational resources. Each location requires its own infrastructure, staffing, equipment, and administrative oversight, effectively duplicating many core functions. This not only increases overhead costs but also stretches our clinical and support teams, making it more difficult to maintain consistent service levels across both sites.

In the current climate, where general practice is under increasing pressure, this model is no longer sustainable. Consolidating services into a single, well-supported site will allow us to allocate resources more efficiently, reduce duplication, and focus on delivering high-quality, coordinated care.

To ensure the continued excellence of our clinical services, it's essential to confirm our doctors are medical professionals, not dispensary managers. Their training, expertise, and value lie in patient care, diagnosing, treating, and supporting individuals with skill and compassion. Dispensary operations, while critical to the smooth running of our practice, involve a distinct set of responsibilities: inventory control, regulatory compliance, financial oversight, and logistical

coordination. These are complex tasks that require dedicated administrative support and operational leadership, not the diversion of clinical staff from their primary duties.

When our doctors are carrying out dispensary functions on top of their clinical work, we risk diluting their focus, increasing burnout, and compromising the quality of care. It is no longer sustainable nor strategic to continue not just as a matter of efficiency; but as a commitment to clinical excellence and organisational integrity.

Maintaining safe, high-quality care requires us to focus our resources and clinical capacity where they can have the greatest impact. Consolidating services into a single site will allow us to streamline operations, improve team coordination, and ensure that our doctors can continue to deliver the level of care our patients deserve, without the strain of managing two separate locations.

We understand the emotional and practical implications of this change, and if closure goes ahead we are committed to supporting patients through the transition with clear communication and continuity of care.

Supporting Patients Through the Transition

We recognise that the closure of the branch surgery may cause concern and inconvenience for some patients. To ensure a smooth and supportive transition, we would implement the following measures:

1. **Clear and Early Communication**

Patients would be informed well in advance through letters, text messages, and notices in both surgeries.

2. **Continuity of Care**

All patients would continue to have access to the same clinical team at the main site, ensuring continuity of care and familiarity with their healthcare providers.

3. **Prescription and Repeat Medication Adjustments**

We would ensure that prescription services are not disrupted. Patients will be supported in updating their preferred pharmacy or collection arrangements.

4. **Feedback and Listening Channels**

Patients will be invited to share their concerns and suggestions through surveys or drop-in sessions, helping us to address issues proactively and compassionately.

Report compiled by Practice Manager and GP Partners

Rebecca Greene

Dr. Barry McCusker

Dr. Kim Stark

Dr. Victoria Lee

31st July 2025



Inverclyde HSCP

Stakeholder Consultation Report

Proposed Closure of Langbank Branch Surgery

Introduction

This consultation was initiated following a formal request from the New Surgery GP Practice (Kilmacolm) to close the Langbank Branch Surgery. The objective was to evaluate how best to meet the ongoing healthcare needs of approximately 900 patients currently registered at the branch.

To ensure a comprehensive assessment, feedback was sought from a broad range of stakeholders, including neighbouring GP Practices, community pharmacies, elected representatives, and local community groups. While the Inverclyde Health and Social Care Partnership (HSCP) did not directly collect patient feedback, the responsibility for engaging with patients and gathering their views rested with the GP Practice. The HSCP role focused on engagement with a wider stakeholders and assessing the broader implications of the proposed closure on local services and the community.

The Practice's patient consultation process was conducted concurrently with HSCP stakeholder engagement, and a separate report has been produced by the Practice to reflect their findings.

The overarching aim of this consultation was to understand the potential impact of the branch closure on patients, explore viable alternatives to support affected individuals, and identify mitigation strategies to minimise disruption to healthcare access.

Background

The Langbank Branch Surgery has operated for many years as a satellite facility to the New Surgery's main premises in Kilmacolm. As the principal site is located within Inverclyde, the Inverclyde Health and Social Care Partnership (HSCP) holds contractual oversight of the Practice .

Historically, the Langbank site has included a dispensary, a feature typically reserved for rural or island communities where access to community pharmacy services is limited. Notably, this is the only dispensing Practice within the NHS Greater Glasgow and Clyde (GG&C) area. While the dispensary previously generated income that helped offset the operational costs of maintaining two sites, dispensing fees have remained static since 2002. Additionally, the dispensing function places further demands on GP time, as clinicians are required to fulfil both prescribing and dispensing roles.

The New Surgery has formally submitted a request to GG&C and Inverclyde HSCP to close the Langbank Branch Surgery. The rationale for this proposal centres on enhancing the long-term sustainability of the Practice . Operating across two sites has led to increased financial and staffing pressures, and the dual-site model is perceived as a barrier to recruiting and retaining clinical staff. Furthermore, recent changes, such as the unfunded rise in employer National Insurance contributions have added to the financial strain faced by GP Practices.

Consultation Rationale

The New Surgery has been experiencing increasing operational pressures associated with maintaining services across two sites. In response, the Practice has submitted a formal request to close the Langbank Branch Surgery. As part of the decision-making process, it is essential to undertake a structured consultation to engage with patients, stakeholders, and service partners. This consultation aims to assess:

1. **The capacity of neighbouring healthcare providers** to absorb and effectively support the patient population currently registered at the Langbank Branch.
2. **The potential impact on patient access, continuity of care, and overall service delivery**, particularly for vulnerable groups and those with complex health needs.
3. **Opportunities to mitigate disruption**, including the provision of additional administrative support, enhanced transport options, and the identification of alternative service models to maintain continuity of care.

This process is intended to ensure that any decisions taken are informed by a comprehensive understanding of the implications for patients and the wider health and social care system.

Summary of Stakeholder Feedback

1. General Practice Feedback

Birkmyre and Newark Medical Practices (Port Glasgow Health Centre):

- Both Practices confirmed that their patient lists are open, and they are willing to accept registrations from Langbank residents should the branch surgery close.
- They indicated that while they are prepared to support the transition, a significant influx of new patients may necessitate short-term administrative support to manage the increased workload effectively.
- The Practices expressed a commitment to collaborative working to ensure equitable distribution of patients and maintain service quality.
- Neither Practice is in a position to assume full operational responsibility for the Langbank site, citing similar financial and logistical challenges associated with managing dual-site operations.

Bishopton Medical Practice (Bishopton Health Centre):

- Although geographically closest to Langbank, Bishopton Medical Practice does not currently include Langbank within its catchment area.
- Following suggestions raised at the Langbank Community Council meeting, the Practice was approached regarding the possibility of extending its boundaries or taking over the branch surgery.
- The Practice advised that it is unable to accommodate this request due to existing pressures linked to rapid population growth in its own locality.
- Bishopton is the nearest Renfrewshire HSCP Practice to Langbank.

2. Community Pharmacy Feedback

M&D Green Pharmacies (Port Glasgow):

- Both branches confirmed they have sufficient capacity to support additional patients and currently operate a collection and delivery service for Langbank residents.
- They viewed the potential increase in patient numbers positively and do not anticipate significant disruption to their operations.

Rowlands Pharmacy (Port Glasgow):

- Rowlands Pharmacy indicated that the closure of the Langbank dispensary would have minimal operational impact.
- They confirmed they have adequate capacity to absorb additional demand and are confident in their ability to support affected patients.

3. Feedback from Elected Representatives and Community Groups

- Local councillors and the constituency MSP raised concerns regarding transport and accessibility, particularly for elderly and mobility-impaired residents.
- There was notable anxiety about potential increases in waiting times and reduced appointment availability at Kilmacolm and Port Glasgow Practices.
- Concerns were also expressed about the loss of continuity of care, with patients potentially needing to register with new GPs, disrupting long-standing clinical relationships.

4. Patient Feedback

- The Inverclyde HSCP did not directly collect patient feedback; this responsibility was undertaken by the New Surgery.
- A separate report detailing patient views has been compiled by the Practice .

5. GP Subcommittee Feedback

- The GP Subcommittee raised no objections to the proposed closure.
- They emphasised the importance of proactive engagement and support for neighbouring Practices that may experience increased demand as a result of patient transfers.

6. Langbank Community Council Feedback

- Feedback was gathered through an open meeting held on 15 May, attended by both HSCP and Practice representatives, as well as via a written submission from the Community Council.
- Key concerns included:
 - **Transport limitations:** No direct bus service; travel to Kilmacolm via Port Glasgow requires a combination of bus and train, which may be unreliable, especially in adverse weather.
 - **Pressure on Port Glasgow Practices:** Concerns about capacity and lack of direct consultation with their patient populations.
 - **Alternative provision:** Questions raised about the feasibility of Bishopton Medical Practice extending services to Langbank.
 - **Access to medicines:** Anxiety over the impact of losing the dispensary service.
 - **Sustainability of the New Surgery:** Fears that a significant patient migration could undermine the long-term viability of the Kilmacolm site.

Key Issues Raised:

1. Patient Access:

- Respondents raised that closure of Langbank's surgery would potentially disproportionately impact those with limited mobility or without reliable transport options.
- The distance to alternative GP Practices is a key concern.

2. Capacity of Other Healthcare Providers:

- Feedback suggests that nearby GP Practices have the capacity to absorb additional patients, although temporarily this could place pressure on administrative and operational systems.
- Community pharmacies in Port Glasgow also confirmed they have the capacity to meet the additional demand and already offer a collect and deliver service for Langbank patients.
- Bishopton Health Centre is not an option for the Langbank patients.

3. Continuity of Care:

- Some respondents felt the loss of Langbank's branch surgery would disrupt continuity of care for some patients who have long-standing relationships with their current GPs.
- There is concern about the emotional and practical impact this will have on more vulnerable patients.

4. Communication and Support:

- It is essential that patients are provided with clear guidance and support during any transition, including information about how to register with new Practices and how to access continued care.

Suggestions for Mitigation:

- **Additional Administrative Support**

- If large numbers of patients (e.g. 900) transfer to surrounding Practices, there will be a need for additional short term administrative resources to ensure smooth processing and registration.

- **Transport Solutions**

- Given the transport challenges, particularly for elderly or vulnerable patients, stakeholders have suggested exploring potential solutions such as enhanced local transport or home visit services for those with significant mobility issues. Note the Practice have already made provision for increased home visiting and a proportion of their home visiting is already provided by the Advanced Nurse Practitioner team based in Port Glasgow Health Centre. The Practices early consultation suggested very high access to cars from patients.

- **Digital Services**

- There is some support for expanding digital consultation options, although concerns remain regarding digital exclusion for older or more vulnerable groups. Of note the vast majority of GP Practice remote consultations are telephone calls.

Considerations and Next Steps

The proposed closure of the Langbank Branch Surgery presents several important considerations, particularly in relation to patient access, continuity of care, and the capacity of surrounding GP Practice s to accommodate additional registrations.

Stakeholder feedback suggests that while GP Practice s and community pharmacies in Port Glasgow are broadly able to absorb increased patient numbers, concerns remain regarding the impact on vulnerable populations, especially individuals with limited mobility or without access to private transport as well as the administrative burden on receiving Practices.

A further report will be developed to consolidate stakeholder and public feedback, and to explore potential mitigation strategies and service solutions aimed at minimising disruption and safeguarding patient care.

Dr Hector Macdonald

14/08/2025



Evaluation on the consultation on the Langbank Branch Surgery proposed closure request by the New Surgery Kilmacolm.

This report summarise the key themes from the Practice and Stakeholder reports on the New Surgery's proposal to close their Langbank Branch Surgery and looks at any mitigations that may be in place or needed should this happen. It will also look at the practices reasoning behind the request and the potential consequences of the closure not being allowed.

The summary of practice and stakeholder feedback from those representing local residents shows that the Langbank branch surgery is felt to be important to the local community and most respondents would prefer it remain open.

Langbank , although on a main train line , has no direct bus service to either Kilmacolm or Port Glasgow. Although feedback demonstrates a very high level of car access this has been a key message from feedback.

The option of patients to move practice if needed to Port Glasgow Health Centre was raised by the New Surgery in their initial communication with patients. This raised issues during the consultation of potential capacity in Port Glasgow and also the question of Bishopton Health Centre as an option .During the consultation it was established that Port Glasgow would have capacity if needed and that due to their own capacity and population changes Bishopton would not have capacity.

Continuity of care was another theme and the practice have stated they would ideally keep caring for all their current patients but with services based at the main site in Kilmacolm.

The practice also described that the move could be supported by wider use of remote consultations and accepted an increase in home visits may be necessary. This prompted concerns from stakeholders of potential digital exclusion for the elderly.

In the next section I've outlined key themes and concerns raised in the consultation and also the potential mitigations that may address these.

Proposed Mitigations

1. Transport Solutions

Why: Langbank residents, especially elderly or mobility-restricted individuals, face significant transport challenges. There is no direct bus route to Kilmacolm, and travel often requires a combination of train and bus, which the public feedback suggested can be unreliable in poor weather

Mitigation

The consultation shows high levels of access to cars and willingness to travel to the Kilmacolm site.

The transfer to Port Glasgow Health Centre GP practices is an available option for patients and is one stop on a direct train line.

The practice has made provision for increased need for home visits

2. Additional Administrative Support

Why: If up to 900 patients transfer to surrounding practices, this could overwhelm existing administrative systems.

Mitigation: Provide short-term administrative resources to Port Glasgow practices (Birkmyre and Newark) to ensure smooth patient registration and processing.

3. Remote Services Expansion

Why: Remote consultations can reduce the need for travel, but digital exclusion remains a concern for older or vulnerable patients.

Mitigation:

Expand telephone and video consultations.

Maintain telephone as the primary remote consultation method, which is already widely used.

Continue using email and text messaging for communication, including sending forms and photos.

Pharmacy First - services unavailable from the dispensary but available from local community pharmacies offer phone or face to face access for advice and medication provision for minor ailments.

4. Continuity of Care

Why: Patients fear losing long-standing relationships with their GPs.

Mitigation

If remaining with the Kilmacolm practice the clinical team will remain the same.

Any patients wishing to move will have their full medical records transferred to the new GP practice. IT systems are the same.

5. Prescription and Dispensary Adjustments

Why: Closure of the Langbank dispensary could potentially disrupt access to medications.

Mitigation:

Transition patients to local community pharmacies, such as M&D Green, which offer free collection and delivery to Langbank.

Move patients to a standard 2-month prescription cycle to reduce frequency of collections.

6. Clear Communication and Support

Why: Patients need clarity and reassurance during the transition.

Mitigation:

Communicate changes early and clearly via letters, texts, and notices.

Offer guidance on how to register with new practices and access continuing care.

Practice to work with local pharmacies to ensure smooth transfer of medication supply.

The Practices case for closure

The practice has outlined their case describing the changes that have occurred since the current branch and dispensary were first opened.

They reference increasing complexities of care and changes the Primary care is now delivered.

They describe the dispensary as being an inefficient use of their clinical time which could be diverted to direct patient care.

They also describe the challenges of running 2 sites both financially and operationally and have suggested further gain to clinical time of consolidation of services at the Kilmacolm site.

Of note the practice ,like all GP surgeries ,have had to absorb the effects of recent employers National Insurance contributions as well as a lack of increase in dispensing fees in the last 20 years.

They also cite that continuing to provide care on 2 sites may increase risk of clinical staff burnout, compromise quality of care as well as harm recruitment moving forward. This may lead to sustainability issues for the practice if not addressed.

Conclusion

The Langbank Branch surgery appears to be a well loved community asset and community feedback reflects that.

There are genuine concerns raised about transport and access to care for those more vulnerable.

The consultation has also suggested that there are proposed mitigations in place for the concerns raised.

GP practice sustainability has been a well described issue in recent years and there is a significant risk that not allowing the closure will risk the practices sustainability in the near future.

These are the factors that must be weighed up making a decision on the future of the branch surgery and dispensary.

Dr Hector Macdonald

(August 2025)