Summary of the Lybster Full-Day Closure Trial.

As part of NHS Highland's ongoing commitment to improving local services, Lybster Practice trialled a full-day closure, in place of the previous half-day closure, to provide dedicated time for staff training, clinical governance activities, service development, and essential administrative work. The evaluation sought to understand how this change had affected patients and whether it has delivered benefits for both the community and the practice team.

The survey focused on gathering feedback about:

- How effectively patients were informed about the change.
- Whether alternative services such as NHS 24, pharmacies, neighbouring practices, and other Three Harbours sites, remained accessible during closure periods.
- Any positive impacts experienced, such as improved continuity of care, smoother practice systems, or better follow-up arrangements.
- Any challenges encountered and suggestions for further improvement.
- Overall acceptability of the model and ideas for making closure days, as seamless as possible for patients.

Importantly, the evaluation endeavoured to demonstrate, a proactive approach to service improvement, ensuring that any future decisions are informed by patient experience and community feedback. The trial reflects the practice's commitment to supporting staff wellbeing, maintaining safe services, and continually reviewing how care can be delivered, most effectively in a rural setting.

Executive Summary

The Lybster full-day closure trial was introduced to create protected time for staff development, governance, and service improvement, while maintaining patient access through alternative arrangements. The evaluation provided an opportunity for patients to share their experiences, helping NHS Highland assess the effectiveness of the model and identify any refinements required. The process reflected a strong commitment to listening to the community, supporting staff, and ensuring high-quality, sustainable primary care services for the future.

The 76 responses show a mixed picture. There was some reassurance that the change caused little or no disruption for a proportion of respondents, and several people felt the communication was clear. However, the prevailing view was that a full-day weekly closure was not supported, with concerns concentrated around prescriptions, access to appointments, telephone contact, transport, and the impact on vulnerable or working patients.

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Summary of responses

Positive findings

- **Awareness was reasonably good.** Most respondents said they knew about the closure, commonly through Facebook, social media, notices at the surgery, staff, word of mouth or the practice website.
- **Communication worked well for some patients.** A number of respondents considered the information clear and sufficient, although others wanted more direct communication.
- **Some patients experienced little or no disruption.** This was particularly true for people who did not need to use the practice during the trial or who use it infrequently. Some said the change made no practical difference to them or their family.
- **Alternative arrangements worked for some respondents.** Several people reported that they could access an alternative service or that other Three Harbours practices remained open.
- **There was positive feedback about the local team.** Respondents described Lybster staff as “superb,” “amazing and friendly,” “fantastic,” kind, hardworking and committed to doing their best for patients. This is an important strength to retain and build upon.
- **A small number were comfortable with the arrangement.** Some respondents said the Thursday closure worked adequately for them, particularly where they were already accustomed to reduced Thursday services.

Concerns raised

The most consistent concern was access to prescriptions and medication. Respondents described delays in ordering or collecting prescriptions, difficulty planning around the three-working-day processing period, and particular problems where controlled medication could not simply be requested earlier. Some people travelled to the surgery before discovering that it was closed, while others highlighted the cost or difficulty of travelling to Wick.

A second strong theme was reduced access to appointments and advice. Several respondents felt the additional closure reduced appointment availability or contributed to longer waits. Some also reported difficulty arranging same-day help or accessing support from another site.

Telephone access was frequently raised alongside the closure. Respondents described long waits, difficulty reaching the appropriate practice and frustration at being unable to speak directly with staff at Lybster. Although this extends beyond the closure trial itself, it appears to have shaped patients’ overall experience and confidence in the contingency arrangements.

There was also concern about the effect on people without transport, older people, carers, patients with long-term conditions, parents with young children and people whose working patterns limit when they can attend. Respondents felt these groups may find travelling to another site or rearranging appointments and medication collection, particularly difficult.

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Several respondents felt that communication relied too heavily on Facebook or notices on the practice door. Suggestions included text messages, letters, emails, prescription inserts, posters in community locations and clearer information about what patients should do when the practice is closed. Some also wanted consultation to take place before future changes are introduced.

Overall interpretation

The feedback demonstrated strong community attachment to Lybster Practice and significant appreciation for its local staff. While some patients experienced no adverse effects and were able to use alternative arrangements, the responses indicate that the full-day closure, was not received positively by many respondents, in its current form.

The negative feedback is focused on practical and potentially addressable issues, rather than criticism of the Lybster team. Patients would like:

- Reliable access to prescriptions and medication collection
- Clearer and more direct communication
- Better telephone access
- Confidence that urgent and same-day needs can be managed
- Consideration of transport and rural accessibility
- Greater opportunity to be consulted on service changes
- Preservation of continuity and contact with familiar local staff

Overall summary

The survey provides valuable evidence of how strongly the community values Lybster Practice and its staff. A proportion of respondents reported that the full-day closure caused little or no disruption, and some were able to access alternative arrangements satisfactorily. Awareness of the trial was also relatively good, particularly through social media and practice notices.

Nevertheless, the feedback does not demonstrate broad support for continuing a full-day weekly closure, without further review or mitigation. The principal concerns relate to prescription processing and collection, appointment availability, telephone access, transport and the potential impact on vulnerable patients. Respondents also asked for more direct and inclusive communication, rather than reliance on social media alone.

Overall, the responses offer a constructive basis for improvement. They highlight the commitment and highly valued contribution of the Lybster team while identifying practical changes that could strengthen access, communication and patient confidence. Any future model should therefore seek to preserve protected staff time, while providing a reliable prescription pathway, effective telephone and clinical cover, clear public information and particular safeguards, for patients who cannot readily travel to another site.

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Solutions to concerns raised:

- Prescriptions and medication – The standard NHS timescale for routine prescription requests is 72 hours. We would encourage patients to plan where possible, particularly around weekends and bank holidays. Practice management are also speaking with local community pharmacies, to explore whether additional support can be put in place, to further strengthen this service for patients.
- Controlled medications – Controlled medications will continue to be available through the usual arrangements. Patients are encouraged to be mindful of practice opening times and planned bank holidays as always, when submitting requests, so that prescriptions can be processed as smoothly as possible.
- Travel – Patients will not be required to attend the Wick or Thurso sites of Three Harbours. These sites remain an additional option for patients who can travel and who may wish to access a wider range of practitioners, or appointment availability.
- Communication – We recognise the importance of ensuring that patients and the wider community receive clear and timely information about service changes. For future communications, we will aim to use a range of methods and community locations so that information is shared, as widely and accessibly as possible.
- Other support – Prior to the trial, Thursday appointment availability at Lybster was already very limited. The trial has provided an opportunity to review how support can be delivered safely and consistently. Emergency care remains available through 999, while NHS 24 on 111 can provide clinical advice, when the practice is closed. NHS Inform also offers a wide range of online health information. In addition, the other two Three Harbours sites remain available when Lybster is closed and can support appropriate triage, appointments, advice and signposting for patients, the phones to divert automatically when Lybster is closed.
- Telephones – The telephone issues experienced at Lybster were linked to wider technical problems. NHS Highland worked closely with BT to seek a resolution, and during that period, calls were diverted to Wick, to maintain access for patients. We recognise that this arrangement was not ideal in all circumstances, particularly because the Wick system was connected to the hospital telephone infrastructure, giving us no access to functionality. We are hopeful that the national move from analogue to digital telephony will provide a more reliable and flexible system going forward.
- Local staffing – Positive feedback has been shared with the Lybster practice team, recognising the value placed on their care and support by the community. There are currently no plans to change the staffing arrangements on site.

Thank you to everyone who completed the survey.

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