

General Practice premises policy review

Call for solutions process

OFFICIAL

NHS England INFORMATION READER BOX

Directorate

Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Strategy & Innovation
Finance		

Publications Gateway Reference: 08356

Document Purpose	Policy
Document Name	General Practice Premises Policy Review - Call For Solutions Process
Author	NHS England
Publication Date	August 2018
Target Audience	CCG Clinical Leaders, CCG Accountable Officers, Local Authority CEs, NHS England Regional Directors, NHS England Directors of Commissioning Operations, Directors of Finance, LMCs, NHS Clinical Commissioners, Regional Teams, ICSs, federations, the District Valuation Service, NHS Property Services, Community Health Partnerships and third party private investors
Additional Circulation List	CCG Accountable Officers, Local Authority CEs, Other interested parties (including GPs), NHS England Regional Directors, NHS England Directors of Commissioning Operations, Directors of Finance
Description	This document outlines the Call for Solutions process, which is part of the General Practice Premises Policy Review. This process will allow interested parties to put forward proposals for how the current barriers in the system could be addressed and how the system could work in future. Respondents will be directed to Citizen Space to submit proposals.
Cross Reference	
Superseded Docs (if applicable)	
Action Required	Option to respond to Call for Solutions process.
Timing / Deadlines (if applicable)	
Contact Details for further information	England.GPpremisesreview@nhs.net

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

General Practice premises policy review

Call for solutions process

Version number: 1.0

First published: 08 August 2018

Prepared by: NHS England

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact england.contactus@nhs.net or 0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays).

Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided

Contents

1 Summary5

2 Why are we doing this review now?5

3 The Call for Solutions process.....6

 3.1 Ownership models 6

 3.2 Funding and Contracting 6

 3.3 Sub-optimal utilisation of premises..... 7

4 Next steps – how you can help us to design policy8

1 Summary

In the 18/19 General Medical Services (GMS) contract agreement between NHS England and General Practitioners Committee of the British Medical Association (GPC), and following the recent Premises Costs Directions negotiations, NHS England, the Department of Health & Social Care (DHSC) and GPC agreed to carry out a fundamental review of general practice premises policy in order to ensure that the system is fit for purpose, both now and in the future.

NHS England and DHSC want this review to be a collaborative opportunity to consider what is wanted from general practice estate, what models of estate ownership we need, and how these models will be supported by the policy framework. Together we need to build an efficient and flexible model for general practice estate, which meets the demands of an integrated care model with an increasing focus on services which are closer to people's homes, and which enables and supports sustainable general practice.

The Premises Costs Directions (PCDs) provide the policy framework which sets out how premises costs incurred by practices are reimbursed and how other funding, such as for premises improvements, is delivered. Within this review we want to look at issues within the system and challenges presented by the PCDs, whether that is the perceived risk of property ownership as part of the partnership model, or barriers which prevent estate from being used to its full capacity. However, we will not be limited to a review of the PCDs and we will also make a strategic appraisal of how the system could fundamentally change to ensure that the model of general practice estate delivers what we need it to within the resources available.

The review is supported by a Core Steering Group and wider Advisory Group, which are made up of key stakeholders including NHS England, DHSC, GPC and the Royal College of General Practitioners (RCGP), as well as other interested parties. In order to ensure that we are engaging as widely as possible we are also running this 'Call for Solutions' process.

2 Why are we doing this review now?

Suitable estate is vital for the delivery of high quality care. Infrastructure, including estate, can be an effective enabler in the delivery of services, but it can also create significant barriers. Many of these barriers are becoming increasingly common and acute as we move towards integrated care and as pressures on general practice and the NHS increase. As such it is timely to undertake a review of general practice premises policy and explore how these barriers could be addressed in possible future models. There are a range of barriers occurring across the country, to varying extents. These include:

- the liabilities for GP partners associated with estate ownership or occupation (also known as 'last partner standing')
- a perception that estate ownership is unattractive and may be a factor in declining interest in GP partnership

OFFICIAL

- concerns around signing leases with liabilities of considerable duration
- sub-optimal utilisation of estate
- difficulties in achieving mixed use, particularly of new builds, due to the balance of liability across the different parties involved
- revenue implications of estate preventing developments

3 The Call for Solutions process

We have published this call for solutions as an opportunity for all interested parties to make proposals for how general practice estate could be best supported in future. Our intention is that this should be an inclusive process which will enable interested parties to have their say, and provides the opportunity for NHS England, DHSC and GPC to benefit from the existing expertise in the system to consider how things could be done differently.

We welcome a range of proposals, from those designed to address specific issues to those which would require a more significant system reconfiguration.

DHSC, NHS England and GPC have agreed that the review and call for solutions should consider the following broad areas:

3.1 Ownership models

We do not expect to produce a single blueprint of property ownership, as this may limit flexibility and innovation, and therefore we are encouraging a mixed economy of models. We need to make sure that the available forms of ownership enable both GPs and commissioners to secure premises which are suitable to deliver their services, whether these are individual practice-based or delivered at scale.

The PCDs already provide for a range of models, including owner/occupier and tenancies with a range of landlord types (including NHS Property Services, Community Health Partnerships, third party developers and other commercial). However we know that each arrangement presents its own set of challenges. We would like to develop new approaches to address the reported issues with existing models, such as last partner standing and associated liabilities, to ensure that all forms of estate ownership or occupancy are enabling GPs to deliver their contracts effectively and removing potential barriers to entering into GP partnerships.

3.2 Funding and Contracting

The PCDs set out both the arrangements for reimbursement of practice costs relating to estate, and how investments to improve and increase the capacity of premises can be made. In their current form the PCDs carefully stipulate how a variety of different arrangements will work and how funding will flow in specific circumstances, and are necessarily complex as a result.

OFFICIAL

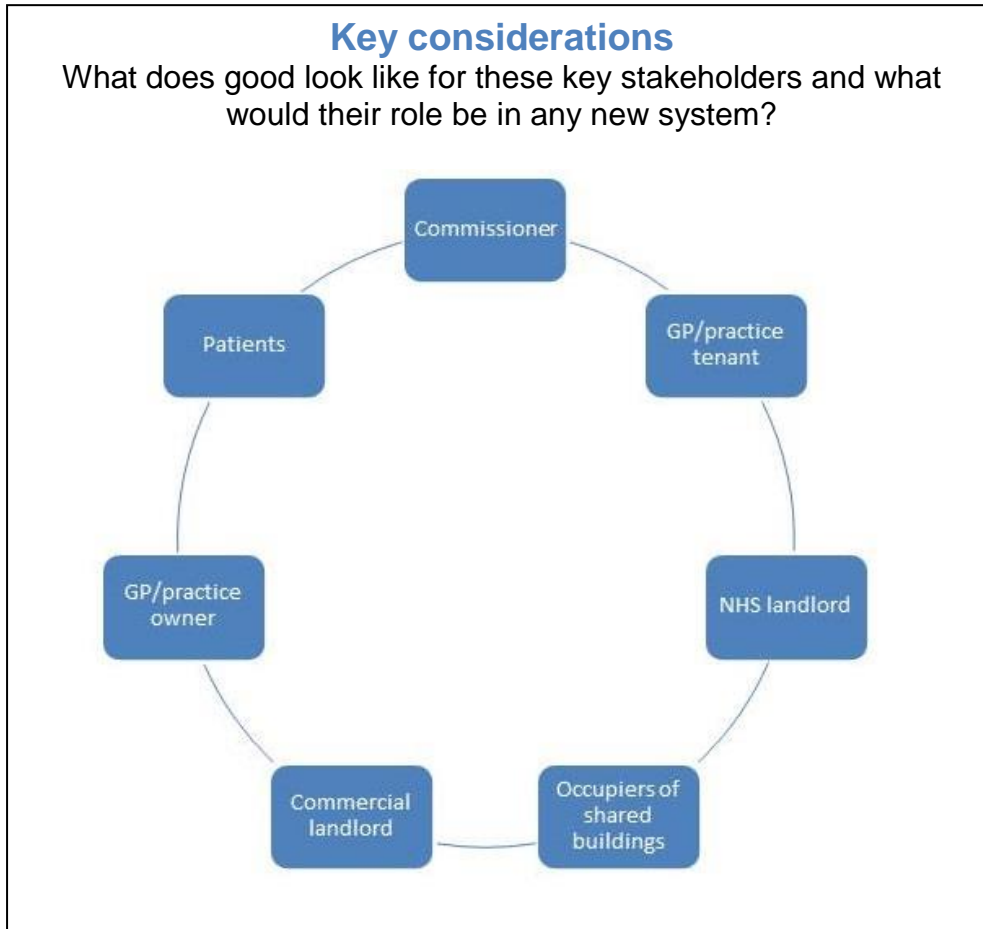
We are keen to consider whether there may be other ways to fund the cost of and investment in existing premises, from the resources available, which would be more effective, efficient and which would better support GPs and commissioners. This includes how we can support the delivery of new models of care which are increasingly focused on multidisciplinary team working, co-location of services and integration, such as primary care networks and other alliances. Estate must not be a barrier to achieving these delivery models; innovation must therefore be supported through flexible models of ownership and occupation.

3.3 Sub-optimal utilisation of premises

Current arrangements do not always make it easy for practices to maximise the use of physical space, both in existing premises and planned new-builds, and it is difficult for commissioners and practices to have a good sense of what capacity exists in the local system. We know that there are examples where purpose-built clinical spaces, which have been specifically designed to treat patients, are instead used for administration, storage and filing, or are indeed vacant. However despite these challenges we have begun to see different services being located in the same premises and, in order to deliver our future vision of services which work more closely together across primary, community and social care, we need to make sure that we are developing our infrastructure to support this. While services such as general practice, diagnostics, minor ops, social care, third sector care and mental health services such as IAPT may be delivered by separate providers, it is important that we are in a position to enable cost-effective and convenient delivery for the benefit of patients.

We are keen to establish arrangements which encourage and help practices, primary care networks, Sustainability and Transformation Partnerships (STPs) and commissioners to maximise benefits for patients through the available estate, to deliver treatment, care and advice across a range of public sector services. Not only will this maximise efficiency within the system, but will also help to encourage the co-location of services where appropriate. We also need to ensure that new arrangements support patient access, for example where services operate across a network of practices, and enable the effective use of innovations such as online access and virtual delivery of care.

The current policy framework often makes it difficult to enable mixed use of premises as the way in which risk is spread across providers can lead to reluctance to co-locate, whether this is in new builds or in existing premises. Arrangements for shared ownership of new builds must not act as a barrier when services are willing to co-own and co-locate, and sharing space with other providers in existing premises should be simple and non-detrimental. We need to design a system which does not prevent mixed use, and which encourages providers to see co-location arrangements as sustainable and attractive in both the short and long term.



4 Next steps – how you can help us to design policy

We want to hear from you your proposals for how general practice premises policy could be improved. As we cannot assume that additional funding will be available, we would like to explore cost-neutral proposals, and those which yield efficiencies.

Proposals should be structured around the following questions:

- What is the outline of your proposal: what is the change from the current system, how long would it take for this change to be implemented?
- Which of the issues currently impacting on general practice estate will be addressed by your proposal and how?
- How will this change support innovation and flexibility for the future, including accounting for the increased use of technology and digital opportunities, which may impact on the type and amount of estate required?
- What are the intended benefits and added value of this proposal?
- What are the cost and efficiency implications of this proposal, and over what timescale? If additional funding is required, how will this provide value for

OFFICIAL

money for the tax payer? (Please note that no new funding should be assumed to be available.)

- Who will be most affected by the change? Including all stakeholders who could be positively or negatively affected by the proposed change and with consideration given to the potential impact on health inequalities.
- Are there any risks or unintended consequences which you can foresee? How could these risks be mitigated?
- Is there evidence available to support your proposal? Please summarise and include links/references as appropriate.

All proposals received through this call for solutions will go through an assessment process in which they will be tested against agreed criteria, helping the Core Steering Group to identify the most promising proposals which will be taken forward for further development.

The criteria which will be used to assess submissions will include how proposals address the current identified problems affecting general practice estate, the expected scale of impact, cost effectiveness, sustainability and alignment with long term plans for integration. As we cannot assume that additional funding will be available, we would like to explore cost-neutral proposals and those which yield efficiencies. Where additional funding would be required, the additional value for the tax payer as a result of this investment should be clearly set out in the proposal. In addition, proposals should seek to reduce health inequalities by improving access to general practice and integrated health and care services, and take into consideration the ageing population and needs of disabled people.

Proposals can be submitted via [Citizen Space](#) by Wednesday 5th September 2018.

We will also engage with patients and patient groups through the review, and the learning from this engagement used to inform the ultimate recommendations made.

The outcome of the review will be a set of recommendations for NHS England and DHSC to consider. The Core Steering and Advisory Groups will not be negotiating or agreeing any changes.