

# A primary care estate fit for the future

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# About

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## **About *Reform Perspectives***

***Reform Perspectives*** – These are long essays, akin to a newspaper long reads, showcasing a particular opinion or angle on a policy issue. These are meant to be thought provoking and inject new and bold policy thinking into the public sector debate and wider public policy debate.

## A primary care estate fit for the future

The face of primary care is changing. Earlier this year the NHS published its long-awaited Long-Term Plan, a strategic blueprint setting out the future priorities for the health Service in the next 10 years.<sup>1</sup> The Plan proposes a new care delivery model, where services are built around patients' needs and delivered in the community. The deployment of Primary Care Networks will see GP practices working collaboratively with teams of physiotherapists, social care prescribers and mental health specialists to deliver proactive and joined-up care in their local communities.<sup>2</sup>

A fit for purpose primary care estate will be crucial to meet these ambitions. Yet, the current model is unsustainable. Half of GP surgeries in England are considered by professionals to be unfit for purpose, and ill-equipped to meet future demand.<sup>3</sup> In many parts of the country, services are still operating from converted housing or old, sub-standard facilities. The maintenance needs of the primary care estate are largely unknown, as no consistent data is collected on this.<sup>4</sup> Unfit buildings impact the quality and continuity of care for patients, affect employee morale, and create inefficiencies in the use of resources.

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<sup>1</sup> NHS England, *NHS Long Term Plan*, 2019.

<sup>2</sup> Ibid.

<sup>3</sup> British Medical Association, "Half of GP Practice Buildings Not Fit for Purpose: BMA Survey Reveals," Webpage, February 2019.

<sup>4</sup> Sir Robert Naylor, *NHS Property and Estates: Naylor Review* (Department of Health and Social Care, 2017), 11.

## Rebalancing investment

Investing in the primary care estate is crucial to enabling a sustainable healthcare system. This has been recognised by successive governments. In 2016 the NHS published the General Practice Forward View, a ‘transformation package’ intended to improve access to services and channel greater investment into primary care. As part of these commitments, the View pledged £900 million via a new Estates and Technology Transformation Fund (ETTF) to support investment in the estate and new technologies.<sup>5</sup> A year later, Sir Robert Naylor published his independent enquiry – also known as the Naylor Review – into NHS property and estates which revealed a healthcare estate in urgent need of investment and unfit to meet the future needs of the NHS.<sup>6</sup> Among other proposals, the Review called for increased investment in primary care facilities and recommended linking reimbursement payments of GP practices to the quality of facilities and introducing guidance on what constitutes ‘fit for purpose’ primary care premises.<sup>7</sup>

Plans of increased investment outlined in the GP Forward View have not been fully realised, with many Sustainability and Transformation Partnerships (STPs) failing to provide a ringfenced budget for investment in primary care premises.<sup>8</sup> Capital programmes to fund the primary care estate were also deemed as “small” and “inadequate” to facilitate the future vision of the NHS.<sup>9</sup> Only four in ten practices applying for funding since 2015 were successful.<sup>10</sup> Furthermore, when funding had been secured only a small proportion had gone towards supporting the estate, with evidence showing that as of March 2017 only 5 per cent of ETTF grant funds were used to improve facilities.<sup>11</sup>

### **Sustainability and Transformation Partnerships (STPs)**

Introduced in 2016 to bring together NHS organisations and local councils to develop proposals for improved health and care. In some areas STPs have evolved into Integrated Care Systems (ICSs), a new type of even closer local collaboration where partners share responsibility over management of resources, delivery of NHS standards and improving the health of the population they serve.

In June 2019, NHS England and NHS Improvement published a General Practices Policy Review setting out proposals of reform to the general practice model and the primary care estate. Among other recommendations, the Review highlighted the need to make ETTF grants more flexible by allowing GP Practices to use the grants to purchase land to extend their premises and claim up to 100 per cent of the cost of premises projects – up from the current 66 per cent.<sup>12</sup> These policy proposals are not yet set in

<sup>5</sup> NHS England, *GP Forward View*, 2016.

<sup>6</sup> Sir Robert Naylor, *NHS Property and Estates: Naylor Review*.

<sup>7</sup> NHS England, *GP Forward View*.

<sup>8</sup> Royal College of General Practitioners, *GP Forward View Interim Assessment*, 2017.

<sup>9</sup> Sir Robert Naylor, *NHS Property and Estates: Naylor Review*, 12.

<sup>10</sup> British Medical Association, ‘Half of GP Practice Buildings Not Fit for Purpose, BMA Survey Reveals’, Webpage, February 2019.

<sup>11</sup> Matthews-King, ‘Revealed: Only 5% of Flagship Scheme to Upgrade GP Surgeries Spent on Premises’, *Pulse Today*, 27 February 2017.

<sup>12</sup> NHS England and NHS Improvement, *General Practice Premises Policy Review*, 2019.

stone, with the Review explicitly stating that implementation will be subject to the funding available and further negotiations with the General Practitioners Committee, the membership body for GPs in England.

Making more ETTF funding available is welcome. Yet, focus must also be placed on making it easier for GPs to bid for this funding. Lack of expertise and capacity constraints have been highlighted as important barriers to GPs submitting credible and well-evidenced proposals to their Clinical Commissioning Group (CCG), with most GPs able to secure funding for small premises improvements, rather than larger-scale projects.<sup>13</sup>

### Clinical Commissioning Groups (CCGs)

Created following the Health and Social Care Act 2012, CCGs are clinically led statutory bodies responsible for the planning and commissioning of health care

Looking forward, effort should be directed at simplifying the process of bidding for capital funding in primary care. Equally, CCGs must be proactive at identifying and securing alternative sources of capital to support the estate. For instance, previous *Reform* research has shown that NHS organisations could tap into planning obligation funds secured by local authorities from property developers.<sup>14</sup>

A rebalancing of funding towards the primary care estate is urgently needed. The Government's Health Infrastructure Plan published earlier this year has recognised that "NHS infrastructure is more than just large hospitals" and commits to modernising the primary care estate.<sup>15</sup> Notwithstanding this, funding has largely been focused in hospitals, with the Government announcing six new hospital builds and a £1.8 billion cash injection to support the transformation of the NHS estate.<sup>16</sup> Only £110 million – 6 per cent – of this funding has been earmarked to support the primary care estate. Further, with some estimates indicating that £5 billion are needed to replace and upgrade unfit GP surgeries, investment is currently falling short of what is needed.<sup>17</sup>

## Rethinking the financial model

The capital requirements of the NHS estate cannot be delivered through public sector funding alone. Delivering high-quality and fit for purpose primary care premises will require further consideration of the different options available for financing the estate. *Reform* research shows that third-party development schemes, where a private real estate partner finances the construction of GP premises and the NHS leases it over a period, are a cost-effective way to deliver much-needed facilities and infrastructure.<sup>18</sup>

The recently published GP Practices Premises Review has put forward recommendations that should facilitate this change.<sup>19</sup> Among others, it proposes

<sup>13</sup> British Medical Association, *The General Practice Forward View: Two Years On*, 2018.

<sup>14</sup> Claudia Martínez and Lily Brown, *Planning for Patients: The Role of Section 106 Contributions* (Reform, 2019).

<sup>15</sup> Department for Health and Social Care, *Health Infrastructure Plan: A New, Strategic Approach to Improving Our Hospitals and Health Infrastructure*, 2019.

<sup>16</sup> Department of Health and Social Care et al., 'PM Announces Extra £1.8 Billion for NHS Frontline Services', 5 August 2019.

<sup>17</sup> British Property Federation, *Unlocking Investment in Primary Care Infrastructure*, 2015.

<sup>18</sup> Maisie Borrows, Daniel El-Gamry, and Kate Laycock, *A Design Diagnosis: Reinvigorating the Primary Care Estate*, 2018.

<sup>19</sup> NHS England and NHS Improvement, *General Practice Premises Policy Review*.

transferring leases from GPs to NHS bodies for buildings considered strategically important. There is also a commitment to simplifying existing reimbursement models, with the NHS expected to bear most of the cost of new-build premises. This should help address the so-called 'last partner standing' problem, where GPs avoid entering long leases out of concern that they will be the last name on the lease and find themselves shouldering most of the practice's risk and liability.<sup>20</sup> This has historically impacted GPs' appetite to upgrade and invest in buildings and infrastructure.

These steps are a move in the right direction, but questions remain regarding how the changes will be implemented and funded. A premises implementation framework is set to be published to provide further clarity specific aspects of the Premises Review, such as the criteria for classifying premises as 'strategic', and how new reimbursement models will operate.<sup>21</sup>

## Delivering digitally enabled premises

A core ambition in the Long-Term Plan is that by 2021 all patients will have access to digital-first primary care, including digital consultations. As a result, practices will need to have in place appropriate systems and skills to deliver digital-enabled models of care. Primary care premises will also need to be equipped with modern equipment to perform diagnostics tests and deliver more treatments in the community.

Yet, many practices currently lack basic IT infrastructure, including interoperable systems, and access to electronic patient records.<sup>22</sup> Further, most primary care professionals have not received any digital skills training.<sup>23</sup> Since 2015, Local Digital Roadmaps have been produced to support the introduction of information and technology within STPs and Integrated Care Systems (ICSs). These plans, however, do not specifically address the IT and digital infrastructure needs of the primary care estate. NHS England has created a Primary Care Digital Maturity Assurance Tool to help commissioners identify areas for digital investment and support the procurement of GP IT systems.<sup>24</sup> As Primary Care Networks start scoping their future estate needs, it will be crucial that such tools are used to better understand the technical and digital requirements of the primary care estate and inform the future strategy.

It is also essential to ensure a streamlined approach to funding IT and digital initiatives in primary care. Currently, multiple funding streams exist, some which may require the submission of a formal bid by a GP practice or CCG. For instance, since 2012 CCGs have been able to access capital funding for 'business as usual' GP IT investments, such as core IT systems and equipment, via the GP IT Operating Model. This programme – rebranded Primary Care Digital Services Operating Model – has been revised to make the procurement of IT systems and digital products simpler for CCGs and better aligned to the needs of Primary Care Networks.<sup>25</sup> Funding to support IT

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<sup>20</sup> British Medical Association, *Focus on Last Partner Standing*, 2017.

<sup>21</sup> Ian Dodge, *Implementing the Long Term Plan in Primary and Community Services* (NHS England and NHS Improvement, 2019).

<sup>22</sup> Royal College of General Practitioners, *All Systems GP*, 2019.

<sup>23</sup> Deloitte Centre for Health Solutions, *Closing the Digital Gap Shaping the Future of UK Healthcare*, 2019.

<sup>24</sup> NHS England, 'Digital Maturity Assurance', Webpage, January 2020.

<sup>25</sup> NHS England, *Securing Excellence in Primary Care (GP) Digital Services: The Primary Care GP Digital Services*

estates transformation programmes – such as for implementing clinical decision support systems, video consultations or digitising care records – is further available through the ETTF programme. Additionally, since 2017 a GP Online Consultation Systems Fund has been in place to help CCGs – and now STPs/ICSs – invest in new digital-first approaches.<sup>26</sup> Over the next three years, the fund will allocate £45 million to encourage the implementation of e-consultations. In January 2019, NHS Digital launched its GP IT Futures Framework to help CCGs procure proven and tested primary care digital solutions at scale.<sup>27</sup> As of October 2019, almost 70 suppliers had been awarded contracts to supply IT systems via the framework.<sup>28</sup> While this, and other measures, promise to streamline investment into primary care, providers continue to face a complex and fragmented funding landscape.

## Planning for integrated care

For the primary care estate to enable service integration and support the wider strategy to move care away from hospitals, a more coordinated approach to estate planning is needed. This move is now starting to happen, with STPs and ICSs tasked with delivering comprehensive estate strategies considering the areas where NHS buildings can be improved, better utilised or decommissioned to deliver services in more efficient and joined-up ways. Many CCGs are in the process of realigning their existing estate strategies to fit the aims outlined in STPs/ICSs and ensure that plans respond to the needs of their local economies. However, this must go beyond infrastructure and premises planning. CCGs within the STP/ICS must set up the appropriate governance structures to better engage on other important issues affecting primary care provision, including workforce planning and commissioning of primary care services.

Greater clarity is needed over the routes for GP practices and local communities to engage with the CCG on issues relating to estates planning. Haringey CCG, for instance, has commissioned Healthwatch to engage with patients and GP practices to inform on their 'Strategic Premises Development Plan'.<sup>29</sup> This has helped identify the areas where patients struggle to access services or where buildings require upgrading. Meaningful engagement with patients and GPs will ensure that buildings are high-quality, in the right locations, and able to sustain increased service provision in the community.

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*Operating Model 2019-21*, 2019, 2019–21.

<sup>26</sup> NHS England, 'Online Consultation Funding', 2019.

<sup>27</sup> NHS Digital, 'Future GP IT Systems and Services', Webpage, 2019.

<sup>28</sup> NHS Digital, 'Successful Suppliers Announced for New GP IT Futures Framework', Webpage, 18 October 2019.

<sup>29</sup> NHS Haringey Clinical Commissioning Group, *Improving Primary Care in Haringey*, 2019.

## A primary care estate fit for the future

Primary care services are integral to delivering high-quality, personalised services for patients, and for enabling the shift from hospital to the community. Increasingly, buildings and premises in primary care will need to become more flexible and efficient to serve a growing patient population, support the development of multidisciplinary care teams and deliver digitally enabled services. Yet, the primary care estate is currently unfit to do so.

Recognition and prioritisation of the primary care estate in policy are already happening. However, to deliver on the ambitions laid out in the Long-Term Plan and support the future reconfiguration of the estate, fundamental reform will be needed. This must be underpinned by a refocusing of investment towards the primary care estate, action to address the barriers to accessing current capital funding streams and a wider consideration of the private sector as an infrastructure delivery partner.



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