

# A design diagnosis: reinvigorating the primary care estate

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### Interviewees

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The arguments and any errors that remain are the authors' and the authors' alone.

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## Introduction

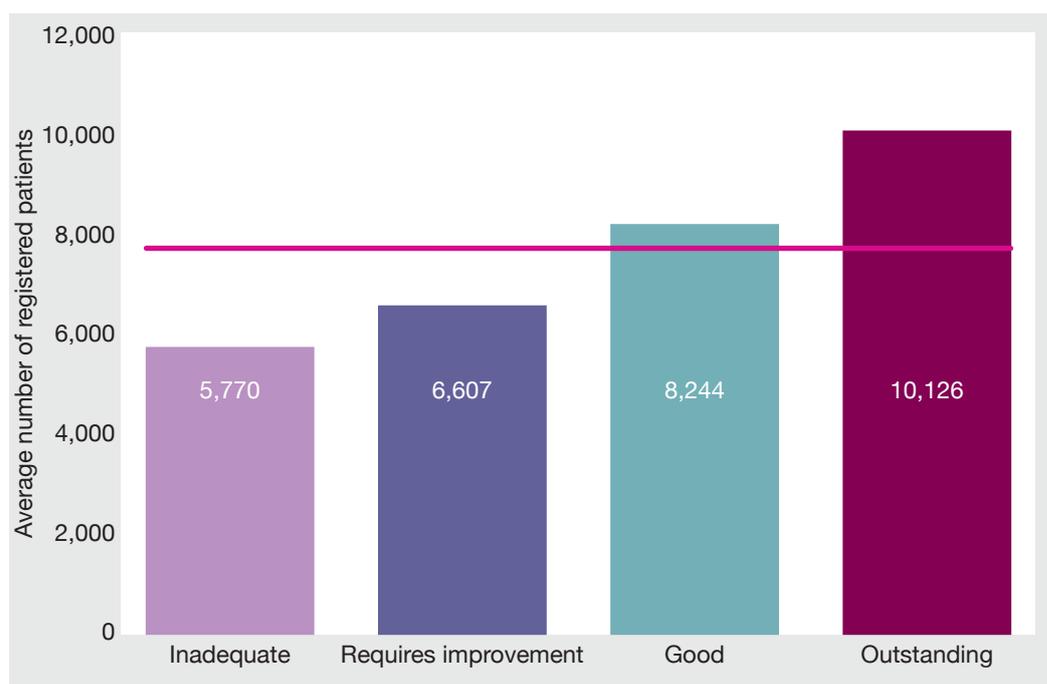
General practice has been described as the jewel in the NHS crown.<sup>1</sup> General Practitioners (GPs) are independent contractors and practices are private entities, typically owned and managed by an individual GP or group of GPs. This has contributed to an enterprising spirit, quick to adapt and acutely aware of delivering care within budget.<sup>2</sup>

General practice is a cornerstone of the *Five Year Forward View (5YFV)*: patient-centred, coordinated care, delivered through an integrated set of services at community level.<sup>3</sup> Despite the entrepreneurial spirit of general practice, it is not equipped to deliver new care models. Infrastructure is a barrier with four in ten GPs considering their practice not fit for purpose.<sup>4</sup> There is significant scope to improve infrastructure and a great opportunity to scale up community services by investing in a new primary care estate.

## Estate transformation

The future of primary care is larger GP practices. A recent Care Quality Commission (CQC) report found a correlation between list sizes and CQC ratings (see Figure 1).<sup>5</sup>

**Figure 1: Practices with more registered patients perform better**



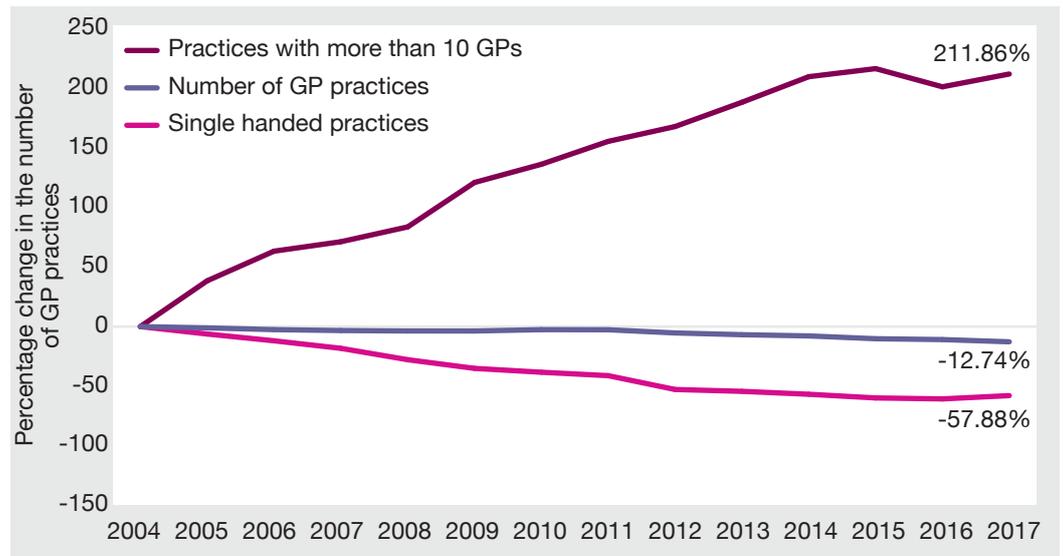
Source: Care Quality Commission, *The State of Care in General Practice 2014 to 2017*, 2017.

The CQC report clearly shows that those practices with strong leaders that understand and address the needs of their local population and avoid professional isolation were better.<sup>6</sup> Larger teams with a broad skill mix working actively with the local area to provide integrated services delivered higher quality care.<sup>7</sup>

1 Jeremy Hunt, 'New Deal for General Practice' Speech, 19 June 2015.  
 2 NHS England, *GP Forward View*, 2016.  
 3 NHS England, *Five Year Forward View*, 2014.  
 4 Dr Bentley, 'GP Premises Not Fit for Patients', *BMA*, 10 July 2014.  
 5 Care Quality Commission, *The State of Care in General Practice 2014 to 2017*, 2017.  
 6 Ibid.  
 7 Ibid.

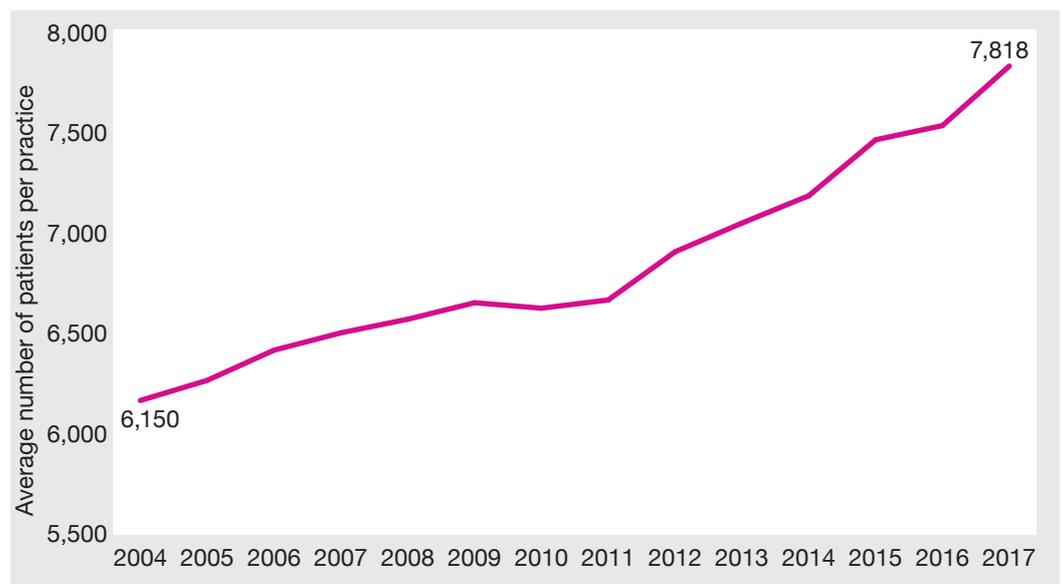
Seventy per cent of GPs regard their premises as too small to deliver more services.<sup>8</sup> Indeed, small practices present specific challenges with many operating from buildings with limited and outdated facilities. Practices are responding as much by necessity as by strategic planning and recent years have seen reductions, particularly in smaller practices, as they merge or close. NHS Digital data shows that the number of GP practices in England has dropped by more than 1,000 since 2004 (see Figure 2) with average list sizes rising by approximately 1,700 patients (see Figure 3).<sup>9</sup>

**Figure 2: Percentage change in the number of GP practices in England 2004 – 2017 (Index, 2004 = 0)**



Source: NHS Digital, *General and Personal Medical Services, England – 2004-2014, as at 2015*; NHS Digital, *General and Personal Medical Services, England – 2015-2017, as at 2017*.

**Figure 3: Average number of patients per practice 2004 – 2017**



Source: NHS Digital, *General and Personal Medical Services, England – 2004-2014*; NHS Digital, *General and Personal Medical Services, England – 2015-2017*.

<sup>8</sup> Bentley, 'GP Premises Not Fit for Patients'.

<sup>9</sup> NHS Digital, *General and Personal Medical Services, England – 2004-2014, As at 30 September, 2015*; NHS Digital, *General and Personal Medical Services, England, As at 31 March 2017, Experimental Statistics, 2017*.

The Government is advocating, correctly, general practice at scale and has proposed that practices be moved to 1,500 “super hubs”.<sup>10</sup> Different areas have different needs and rural areas require smaller practices but broadly, primary care will require a different estate in which practices deliver integrated care from multiple healthcare professionals under one roof.

## Investment options for GPs

When building new premises, interviewees consistently said that GP partners should have the choice to invest in property or rent facilities. Future policy should not seek to abolish the varied ownership model that has, until now, driven business-minded GPs.

Updating premises is expensive and with fewer partners, general practice has a number of models to consider that reduce upfront costs. The Local Improvement Finance Trust (LIFT) programme, created in 2000, was the original means for attracting private investment into the primary care estate.<sup>11</sup> It has grown since then delivering integrated primary care facilities in areas of need.<sup>12</sup> With value for money in mind, LIFT companies increasingly prioritise utilisation of space in their buildings.<sup>13</sup> This investment option works in parallel with third party development (3PD) schemes, where private investors construct new surgeries that GPs then lease over a fixed period.<sup>14</sup>

Private finance is not the only option. Partnerships are working with local authorities who, unlike the NHS, can borrow. Interviewees for the paper described how Manchester City Council for instance, will provide the capital for a new primary care hub in Gorton through a prudential borrowing funding solution. PropCos are companies that own multiple practices in which GPs are stakeholders.<sup>15</sup> Taurus Healthcare has developed a PropCo putting it in a strong position to borrow funds for estate upgrades.<sup>16</sup> For practices with excess land, mixed-use development is an option and provision of new homes on a site can offset the total capital cost of schemes to build new practices. NHS Property Services (NHS PS)<sup>17</sup> recently raised £2.4 million by selling off excess land to build five new properties in Brixton.<sup>18</sup>

In the November 2017 Budget, the Chancellor announced that additional capital expenditure for the whole NHS (amounting to £10 billion over three years) would be raised from three sources equally: Treasury revenue, land sales and private sector finance.<sup>19</sup>

## The value for money case

The NHS must be resolute in ensuring new builds provide value for money.<sup>20</sup> Early evidence indicates these buildings can help deliver primary care at scale,<sup>21</sup> increase community provision, reduce running costs and improve staff morale:

- > Clanricade GP practice was located in an old Victorian house over four floors and could not meet government disabled access guidelines. The practice has now moved into Abbey Court Medical Centre, a 3PD funded building, and has increased its list size from 8,000 to 15,000, extended its training practice and

10 David Millett, 'GP Practices Could Merge into 1,500 "Super Hubs" under NHS Reforms', *GP Online*, 15 March 2017.

11 National Audit Office, *Innovation in the NHS: Local Improvement Finance Trusts*, 2005.

12 Community Health Partnerships, *The NHS LIFT Programme: Transforming the Primary Healthcare and Community Estate*, 2016, 2.

13 *Ibid*, 5.

14 Assura, Octopus, and Primary Health Properties, *Primary Care Buildings Pledge: Response to the Naylor Review by Assura, Octopus and Primary Health Properties*, 2017.

15 Manchester City Council, *The Development of an Integrated Hub in Gorton*, 2017.

16 Primary Care Commissioning Community Interest Company, 'Taurus Healthcare Takes Bull by the Horns', Web Page, 17 April 2015.

17 Owned by the Department of Health, NHS PS manages, maintains and improves 3,600 NHS properties.

18 This information was kindly supplied by a representative of NHS PS and has been used with their permission.

19 The King's Fund, *Autumn Budget 2017: What It Means for Health and Social Care*, 2017.

20 *Reform* defines value for money as the economy, efficiency and effectiveness with which public organisations have used their resources to achieve policy goals.

21 One primary care estate developer has average list sizes in GP surgeries of 2,000 people greater than the national average.

provided a higher quality of service.<sup>22</sup>

- > Birkenhead Medical Centre comprises two co-located GP surgeries, which were previously operated out of not-fit-for-purpose, separate premises. The co-location of the surgeries has resulted in an additional 745m<sup>2</sup> of space for physio and pharmacy surgeries. A minor injury drop-in service is now available, which can see on average 1,800 patients per month.<sup>23</sup>
- > West Paddock in Lancashire and One Public Estate are building a new Health and Community campus, with healthcare sitting alongside other civic services. The campus will create its own economic growth by providing 60 new homes and 300 new jobs.<sup>24</sup>
- > West Gorton Primary Care Centre is a state-of-the-art, 3PD funded, GP surgery. It is using sustainable design to cut running costs for heating and lighting. The surgery is aiming to become the country's first zero carbon doctor's surgery building.<sup>25</sup>
- > Surveys have found greater staff satisfaction in newer buildings because of improved quality of work and patient care.<sup>26</sup> One interviewee, who had recently moved their GP practice into a 3PD premises, said the modern facilities had been especially popular with junior doctors and medical students. Larger GP practices, with greater team-working, more variety and modern equipment are more attractive for many.<sup>27</sup>

## Getting the most out of the new estate

Utilisation considers how to use clinical and administrative space in the most functionally efficient way. Across the whole NHS estate, and even in the most modern facilities, there is underutilisation of space and resources.<sup>28</sup> The priority of commissioning new facilities should be to learn lessons from previous bad premises decisions to improve utilisation if they are to deliver value for money.

Many NHS buildings are inadequately future-proofed; they are over-specified and inflexible making them expensive to operate and reconfigure.<sup>29</sup> Commissioners are failing to work with designers effectively to produce usable buildings, or with GPs to produce buildings they want to work in. This means consulting rooms being used only once per week by visiting clinicians but otherwise vacant, or over-sized corridors designed for aesthetics rather than efficiency. A study from a newbuild 3PD estate found that average utilisation over a one-month period was 42.1 per cent during the day.<sup>30</sup> It is important to note that this is a low figure for 3PD buildings,<sup>31</sup> but interviewees were in agreement that utilisation did need to be improved across the primary care estate.

Looking forward, the estate must be ultra-flexible. Technology and changing need will transform the way healthcare is delivered and the estate should reflect this. For instance, as GP consultations increasingly take place remotely on telephone or video, premises may become surplus to requirement. The Hurley Group<sup>32</sup> has developed eConsult, a GP web consultation service used by over 3 million patients and linked to their records. This has reduced pressure on GPs: an e-consultation slot takes roughly two minutes whilst most GP slots take ten.<sup>33</sup> Practices have demonstrated a return on investment to the local

22 This information was kindly supplied by a representative of Assura and has been used with their permission.

23 This information was kindly supplied by a representative of Assura and has been used with their permission.

24 Cabinet Office, *One Public Estate: Unlocking the Value in Public Sector Assets*, 2016, 22.

25 Assura, 'Our New Manchester GP Surgery Building in Energy First', Web Page, 1 August 2017.

26 British Property Federation, *How Buildings Contribute to Improved Patient Care and Staff Wellbeing*, 2015, 22.

27 Rima Evans, 'How the Primary Care Home Is Improving Services', *GP Online*, 4 October 2017.

28 London Health Commission, *Better Health for London*, 2014, 18.

29 Nigel Edwards, *NHS Buildings: Obstacle or Opportunity?* (The King's Fund, 2013), 2.

30 This information was kindly supplied by an interviewee and has been used with their permission.

31 Building utilisation is on average 98 per cent for one 3PD developer.

32 The Hurley Group is an NHS GP Partnership that runs a number of practices and Urgent Care Centres in London.

33 Professor Clare Gerada and Dr Fiona Cornish, 'Should GPs Embrace E-Consultations?', *Pulse*, 23 September 2016.

health economy of £16.34 for every £1 spent.<sup>34</sup> Such developments will have different requirements and new buildings must be meticulously designed to ensure they are ready for the future. All need excellent fibre broadband connection and contingency room for extra, or changing, services. Birkenhead Medical Centre uses movable walls to control patient flow and improve utilisation.<sup>35</sup>

To improve utilisation, practices can rent space to other services.<sup>36</sup> Wokingham Medical Centre was created by converting a 1990s office building into a 1,600m<sup>2</sup> NHS building, providing new facilities for 16 GPs and 5 nurses, along with a new pharmacy and flexible medical suite.<sup>37</sup> By renting space to a pharmacy and an independent outreach clinic they could borrow funds to develop the facility whilst delivering integrated care. This is because generating an extra income stream made it easier for them to access private finance. The Thetford Healthy Living Centre in Norfolk has reformed its rentable space resulting in 92 per cent building occupation, a 35 per cent increase.<sup>38</sup> Previously, 9 NHS organisations provided 27 clinical services. Now, 21 service providers deliver 50 clinical services and tens of thousands of pounds in revenue to the practice.

NHS PS is developing a portal where unused practice rooms can be booked by the hour or for a half-day session.<sup>39</sup> This aims to “intensify the use of space” and raise revenue. For this technology to achieve value for money, however, it must be scalable across the primary care landscape. Community Health Partnership (CHP) has developed a similar function, “tap”,<sup>40</sup> and stakeholders should combine portals to drive efficiency.

Reimbursement payments could be used to improve estate utilisation. The Naylor review suggests that “active consideration should be given to how GP practices can be given incentives to move into new facilities”.<sup>41</sup> Premises reimbursement is currently linked to statutory standards and contractual conditions for GPs but there is “little evidence that these requirements are sufficient to drive the changes needed in the estate to develop new and improved models of care.”<sup>42</sup> Moving forward the payment structure should not only be designed to incentivise GPs to move into new building but also to use their space most effectively.

## A future-proof strategy

Primary care estates planning is hampered by siloed systems at both the local (Clinical Commissioning Groups (CCGs), Sustainability and transformation partnerships (STPs)), and national (Strategic Estate Planning and Implementation (SEPI) service, CHP and NHS PS) level. Naylor considers STPs as the vehicle for delivery on the estate.<sup>43</sup> Previous Reform work, *Saving STPs: Achieving meaningful health and social care reform*, lays out the case for STPs and advocates moving towards Accountable Care Systems with shared budgets.<sup>44</sup> With just 41 per cent of initial plans discussing primary care estate funding, STPs should create the conditions needed for GPs to improve by providing direction and expertise on the estate,<sup>45</sup> potentially working in partnership with private sector expertise.

Looking forward, STPs, or Accountable Care Systems, should bring together CCGs with local authorities to plan and commission services capable of delivering the 5YFV. Giving STPs authority to commission services will align strategic direction with the power to

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34 Health Innovation Network, *Online GP Consultation Services: Understanding the Opportunity*, 2016.

35 This information was kindly supplied by a representative of Assura and has been used with their permission.

36 GP Surveyors, ‘Leasing Surgery Space to Complimentary Services: A GP Surveyors’ Guide’, Web Page, 24 January 2013.

37 Dr Vipin Bhardwaj, ‘Building a New GP Surgery Premises’, *MedEconomics*, 11 July 2014.

38 Community Health Partnerships, *Focus on...Thetford Healthy Living Centre, Norfolk*, 2016.

39 NHS Property Services, ‘NHS Bookable Spaces: Our Health Centres’, Web Page, 11 October 2017.

40 Community Health Partnerships, *The New Tenant Access Portal (tap)*, 2017.

41 Sir Robert Naylor, *NHS Property and Estates*, 2017, 25.

42 *Ibid.*, 10.

43 *Ibid.*, 5.

44 Kate Laycock and Elaine Fischer, *Saving STPs: Achieving Meaningful Outcomes in Health and Social Care (Reform, 2017)*.

45 Assura, ‘Policy Briefing: The State of Primary Care Estate’, Web Page, 15 December 2017.

implement change. Ministers must clarify the role of national bodies. By giving STPs oversight, national bodies would no longer own or manage properties and instead would provide expert guidance and examples of best practice.

## Providing expertise

Poor planning has resulted in some new facilities that do not deliver value for money and an NHS that fails to consistently act as an informed client when investing in property.<sup>46</sup> New buildings in the acute sector have been criticised for inefficient design, maintenance and financing costs.<sup>47</sup> Similar concerns were voiced by interviewees of the primary care estate. Schemes are too often approached as bespoke projects based on intensive engagement with ill-informed care providers. This has led to over specification and poor utility.

One strategy would be for national bodies to develop cost effective standardised designs, like the Education Funding Agency has for schools.<sup>48</sup> STPs would then have a role in ensuring GPs and CCGs are informed when interacting with estate developers. First, they could help in choosing a funding model. Greater Manchester is designing a “capital financing strategy to help work out what the most efficient capital financing options are”<sup>49</sup> and NHS PS has an evaluation and analysis branch to help local areas identify which funding option for estates upgrade would be best suited.<sup>50</sup> Then STPs can support GPs negotiate contract length,<sup>51</sup> building design and running costs and manage tightly user engagement following construction.

## Delivering integrated care

STPs’ estates policy should come hand in hand with moving care out of hospital. Too often, new facilities in the community have little impact on reducing demand in the acute sector and instead just increase supply in the community.<sup>52</sup> Interviewees spoke of examples where GP practices and other healthcare providers moved into larger, modern premises, but continued working in a siloed manner, such as not merging administrative functions. Local areas must change the way staff work, as well as where, if they wish to deliver co-location and integrated care. They can look to examples where excellent premises have underpinned multidisciplinary work and improved services such as ChenMed, a primary care provider in the USA, which delivers 33.6 per cent fewer A&E visits and 28 per cent fewer hospital admissions than average.<sup>53</sup>

## Conclusion

Investing in the primary care estate is key to facilitating a sustainable healthcare system. Private finance has had, and will continue to have, a pivotal role to play in building new buildings, but capital investment can come from a wide range of sources. All developers and occupiers must make the most of flexible design features, and new technology, to guarantee value for money from new buildings through high utilisation. Building new buildings should be part of a wider estates strategy which looks to improve the utilisation of existing facilities and the selling-off of surplus property.

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46 Edwards, *NHS Buildings: Obstacle or Opportunity?*

47 Naylor, *NHS Property and Estates*, 16.

48 Education Funding Agency, *Priority School Building Programme, Services Output Specification*, 2013.

49 Greater Manchester Combined Authority, CHP, and NHS in Greater Manchester, ‘Greater Manchester Health and Social Care Strategic Partnership Board Report’, Web Page, 28 April 2017.

50 NHS Property Services, *Annual Report*, 2017, 10.

51 Current lease contracts are usually 21 years. The length of 3PD contracts attracts investors because of the stream of income it generates, but it also locks in GPs and some CCGs. For some new GPs, these contracts prevent them joining as partners.

52 North West London CCGs, *A&E Reconfiguration Benefits Realisation*, 2015.

53 ChenMed, *Concierge Care For Low-Income Seniors: How High-Touch Care Improves Outcomes and Reduces Costs*, 2017.

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