

## **Written evidence submitted by the Primary Health Properties (PHP) (FGP0394)**

### **Background**

1.1 PHP welcomes the opportunity to submit evidence to the Health and Social Care Select Committee's inquiry into the future of general practice. The inquiry is particularly timely given the significant challenges facing the sector, and a growing consensus that investment for the long term sustainability of primary care is needed more than ever.

1.2 PHP is the owner and developer of integrated primary healthcare facilities, the majority of which are GP surgeries. Our portfolio comprises 499 properties, serving nearly one in 12 people in the UK. We have invested £2.6bn in primary healthcare buildings over the past 26 years.

1.3 Over that time, our flexible buildings have enabled local primary care providers to offer an enhanced range of services from their premises such as community diagnostics, co-located pharmacies, rehabilitation and specialist clinics etc. This supports the long-term aim of providing more integrated care for patients away from large, acute hospitals and closer to the community.

### **Barriers to accessing primary care**

2.1 As is well documented, one of the fundamental challenges facing primary care is ever rising patient demand versus a finite number of GPs available to meet this demand. It is therefore crucial that other clinical roles, such as those delivered at PCN level within the ARRS, are brought online to increase overall capacity.

2.2 The shift towards remote care through digital technologies during the COVID-19 pandemic has transformed the way many patients interact with front line services. However, embedding this digital-first model puts greater emphasis on the role of physical spaces to treat those patients where remote care is not appropriate.

2.3 The future shift to more remote care may require fewer overall buildings, but these buildings will need to be of sufficient capability to serve the more complex or ongoing care needs of the patients who rely on face-to-face care.

### **The role of modern premises in boosting workforce supply and morale**

3.1 The majority of premises remain outdated and not fit for purpose. A Freedom of Information request has found that 30% of GP practices in the South East are being run out of former residential buildings. Not only do these older buildings offer serious operational constraints due to their limited size, but are detrimental to staff recruitment and retention. An independent evaluation by the GP Retention Intensive Support Programme for NHS England has found that inappropriate premises are one of the main factors affecting GP retention<sup>1</sup>.

### **Non-financial barriers to premises investment**

4.1 There is a strong appetite among the GP community to transition out of the archaic properties many practices find themselves in, towards more appropriate premises fit for a modern version of community-led care. Yet there are several structural barriers that are holding this back.

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<sup>1</sup><https://www.necsu.nhs.uk/wp-content/uploads/2019/07/2019-07-GPRetentionIntensiveSupportSites-EvaluationReport.pdf>

4.2 The GP partnership model involves incoming partners to assume responsibility for the leasehold of premises, with ongoing rent reimbursement provided by NHS England. A shift towards more flexible working and contracting arrangements within the GP workforce has meant that many clinicians are reluctant to assume longer-term responsibility for leaseholds where there is a possibility they will be left with sole liability for a property when other GP partners have left the partnership and incoming partners may be difficult to find.

4.3 Despite a desire to move into more suitable premises many GPs are reluctant to take the longer-term occupational leases that are required to deliver modern buildings without knowing who will take them on when they retire. This issue is what is referred to 'last GP standing' and acts as a major handbrake on new premises development.

### **Enabling the success of PCNs**

5.1 The critical success factor in PCNs delivering a multidisciplinary community-led model of care is having the appropriate facilities in which to accommodate an expanded set of primary care roles. However, as recently noted by the British Medical Association<sup>2</sup>, without significant investment in the primary care estate many PCNs will simply not be able to accommodate this expanded set of clinical roles, and therefore make it harder for patients to access care. It has been found that smaller practices, which are particularly likely to struggle to find space for additional PCN staff, are more likely to be in more deprived areas<sup>3</sup> and therefore exacerbate inequalities.

5.2 A prime example of premises investment enabling local practices to become integrated providers is our recent development in Eastbourne. This has enabled the four component practices of a local PCN to come together under one roof in a modern purpose built premises that includes specific PCN accommodation to deliver enhanced services to patients. This includes an MSK clinic and wider range of community diagnostics alongside regular primary care that would have been impractical to deliver without appropriate facilities.

### **Recommendations**

6.1 Despite the clear enabling role of flexible estate in delivering integrated care, the Government faces hard decisions in how to fund infrastructure investment as the country faces historic levels of public debt.

6.3 For a fraction of the NHS budget, a dedicated primary care investment programme could see the development of up to 750 new, and refurbished, such primary care centres across the UK. These centres would reach between 12 to 18 million people and can be delivered more quickly than hospitals, allowing the Government to rapidly level up healthcare provision across all regions and nations of the UK.

This programme would require a £200-300m a year commitment from Government to cover rental costs (independently set by the District Valuer, an agency of HMRC) which would unlock between £3-5bn of development. This rental represents only 0.19-0.23% of NHS England's revenue budget for 2020-21, yet offers truly transformational potential for the way healthcare is delivered across the country.

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<sup>2</sup><https://www.gponline.com/gp-premises-need-major-investment-let-pcns-recruit-warns-bma/article/1708204>

<sup>3</sup>Health Foundation, Comparing practices in areas of high and low socioeconomic deprivation in England, 2020

6.4 Primary care is the fundamental bedrock of a successful NHS, which is consistently the number one priority policy issue of the general public. The critical success factors outlined above will require sustained Government focus. Reflecting the importance of primary care to the overarching objectives of the current Government we believe an updated primary care ministerial position that attends Cabinet should be created.

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