

Primary Care in London





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General Practice Estate in London

SUMMARY OF ASKS

London Councils Asks for General Practice Estate

London's Borough leaders have pledged to seek agreement on funding and devolved powers that can help transform London's ageing GP and primary care premises as part of wider improvement in the quality of primary care services offered to all Londoners. London Councils is calling for action to improve primary care services and GP premises across the capital, including:

- i. **Maintaining and enhancing local primary care leadership** - The NHS Long Term Plan sets out the requirement for Clinical Commissioning Groups (CCGs) across the country to merge. Boroughs are calling for action which enhances local, borough-level health and care leadership of primary care as the mergers are undertaken.
- ii. **Development of strong partnerships between local authorities and Primary Care Networks** – Primary Care Networks (PCNs) have now been formalised and are the NHS's flagship for the delivery of primary care. PCNs are also central to the provision of integrated and at scale primary care. **London Councils is calling on PCNs to:**
 - a. **Ensure that strong partnerships with local authorities as community leaders are prioritised.**
 - b. **Publish an up-to-date comprehensive local map of GP estate across their areas, detailing current and future needs. This will enable local authorities through their planning powers to better work with partners and enable them to provide appropriate levels of support locally.**
 - c. **Work with Health and Wellbeing Boards (HWBs) to ensure that local partners are informed and able to participate and address local primary care issues.**
- iii. The process for allocating capital funding for GP premises for extensions and refurbishments must be simplified and be made less bureaucratic to enable faster improvements. **There must be greater flexibilities and devolution for decision making regarding estates to the borough and STP level.**
- iv. With an increased focus on shifting delivery of care from hospitals to community settings, **investment priorities must ensure that primary care premises do not suffer deterioration as a result of increased demand over the coming years.**

Background

Well funded and effective primary care is central to managing the demands on both health and social care. It is where the changing health needs and increasing complexity of cases are felt earliest in the health system.

To ensure that primary care is able to meet the needs of local populations, the buildings and infrastructure in which services are operating need to be of a good quality and must be located in the right places to ensure services are accessible to the local population.

However, General Practice, broadly speaking, is still largely delivered in a traditional way via often ageing buildings where renovation and rebuilding are hampered by close proximity to other domestic premises. Consequently, opportunities for redesigning care to deliver more integrated services can often be restricted by this established estate.

Research carried out by Reform¹ found that the GP surgery infrastructure was a barrier to the way primary care services are delivered with 70 per cent saying their practices are too small to allow them to deliver the services they want to deliver and 40 per cent considering their practice 'not fit for purpose'.

Additionally, a 2018 national survey² carried out by the British Medical Association (BMA) found that GP premises across the country were facing challenges that are hampering the ability of primary care to meet the needs of growing population across the country.

Some of the BMA's findings are outlined below:

- Only half of practices surveyed considered their premises to be fit for present needs and only 2 in 10 thought their premises was fit for the future
- The results show that GP premises were on average 35 years-old.
- The processes of applying for capital funding to improve or refurbish premises are complex. While some practices reported waiting as little as a couple of weeks for information about the status of their application, the BMA found that a significant number had been waiting more than three years before being awarded the funds. The majority of applicants stated that they had waited in the region of three to six months just to hear the outcome and then an additional six months before receiving funds.
- Around 60 per cent of practices reported that they did not have plans in place to formally merge with other practices and had a preference for operating independently.
- When asked what would make premises more suitable for present needs, most practices noted that more space is needed, including by extending the premises, more consulting rooms to manage a growing patient list, improving access including for disabled patients, expanded and improved patient waiting, and reception areas and some practices mentioned the need for new premises and relocation.

1 A Design diagnosis: reinvigorating the primary care estate a report by Reform (2018) <https://reform.uk/sites/default/files/2018-10/Primary%20Care%20Estate%20report%20FINAL%20PDF.PDF>

2 BMA Survey 2018 <https://www.bma.org.uk/advice/employment/gp-practices/premises/bma-gp-premises-survey-results-2018>

Overview of London Primary Care Services

Londoners are fortunate to benefit from some of the world's leading health care services and expertise, with parts of the NHS in London the envy of the world. However, there are also significant inequalities in the quality and accessibility of some parts of the health care system in the Capital.

Demand and Access:

- The number of patients registered at GP practices increased year-on-year between 2013 and 2016, with the largest rise in London at 10 per cent.

The number of people who are able to get same day GP appointments is decreasing. The number of people having to wait a week or more for a GP is increasing.

- The proportion of people who manage to get a same day appointment in London is less than the England average, while those waiting for a week or more is higher than the England average. In one London sub region almost one in three patients is having to wait a week or more for an appointment.

Performance and Satisfaction:

- The Care Quality Commission inspected the performance of GP surgeries and found that the North East region of England achieved the largest percentage (98 per cent) of practices rated as good (91 per cent) and outstanding (7 per cent). London has the largest proportion (17 per cent) of practices rated as inadequate or requiring improvement (14 per cent rated as requiring improvement and 3 per cent as inadequate).
- The percentage of those who think their GP surgery is fairly good or very good is slightly lower in London than the England average with those in south west London being the most satisfied (see table 1).
- London region has particular challenges in providing services for practices with high numbers of people from minority ethnic communities who face both language and cultural barriers in accessing care. In some GP practices in parts of London, around 30 per cent of the patient population require access to an interpreter.

Table 1: Patient overall Satisfaction with GP surgery (2018)

STP	Fairly good or Very good combined	Fairly poor or Very poor combined
North Central London	81%	8%
South West London	85%	5%
South East London	82%	7%
North West London	80%	8%
North East London	77%	9%
London average	81%	7%
England	84%	6%

Workforce:

- 27 per cent of the permanent GPs in London are aged 55 and over (and therefore potentially retiring within the next 10 years). This is higher than the England average of 23 per cent. (see table 2).
- Similarly, 43 per cent of London’s nurses are aged 55 and above and reaching pensionable age within the next 10 years (see table 2).

Table 2: London Permanent GPs and nurses by age

March 2019	All Permanent GPs	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	% under 30	% under 35	%55 and over
England	34525	254	3931	5708	5914	5372	5080	4572	1822	743	605	0.7	12	23
London	5507	37	741	991	864	700	656	597	361	242	242	0.7	14	27

All Nurses by age band

	All Nurses	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	% under 35	%55 and over
England	23576	161	748	1265	1990	2574	3409	4756	4749	2609	602	227	9	35
London	2617	16	96	150	163	269	285	386	495	295	145	92	11	43

Source: NHS Digital March 2019



London's Primary Care Estate

Overall, the estate in London is faced with a number of challenges in the delivery of services and is limiting the potential for changing and improving the way that primary care is delivered. Failings in the estate can put additional barriers in place, making it more difficult to meet the increasing demand for services. These challenges include:

1. Large proportions of the facilities are old and need to be modernised. Only 36 per cent of GP premises are rated in excellent and in good condition; 51 per cent are rated average premises requiring some refurbishment and the remaining 13 per cent are rated poor, very poor or terrible potentially requiring rebuild.
2. The current locations of GP surgeries are based on decisions which are now outdated and do not correspond to present needs. Many are located in converted residential housing or older purpose-built health centres that allow for little flexibility in the way services are offered.
3. The size of the practices is also largely determined by GPs based on their own preferred contractual arrangements in terms of number and nature of GPs working together, either in partnership on the basis of collaboration
4. With a large proportion of premises owned by the private sector there is no control over lease renewals, property ownership changes and renewal of premises can mean that whole scale planning for location and availability of GP premises can be difficult.
5. A proportion of the primary care estate is not providing good value for money. Many NHS buildings will not be able to adapt to future needs as they are inflexible making them expensive to operate and reconfigure.
6. In some parts of London such as Westminster, it is difficult to find suitable affordable premises. This requires a concerted response by local authorities and NHS estates teams to identify and locate the right properties. In London the price of property, rents, public transport links, parking, the availability of land and building costs for conversion are particularly problematic.

The table below sets out some facts about the GP estate in London.

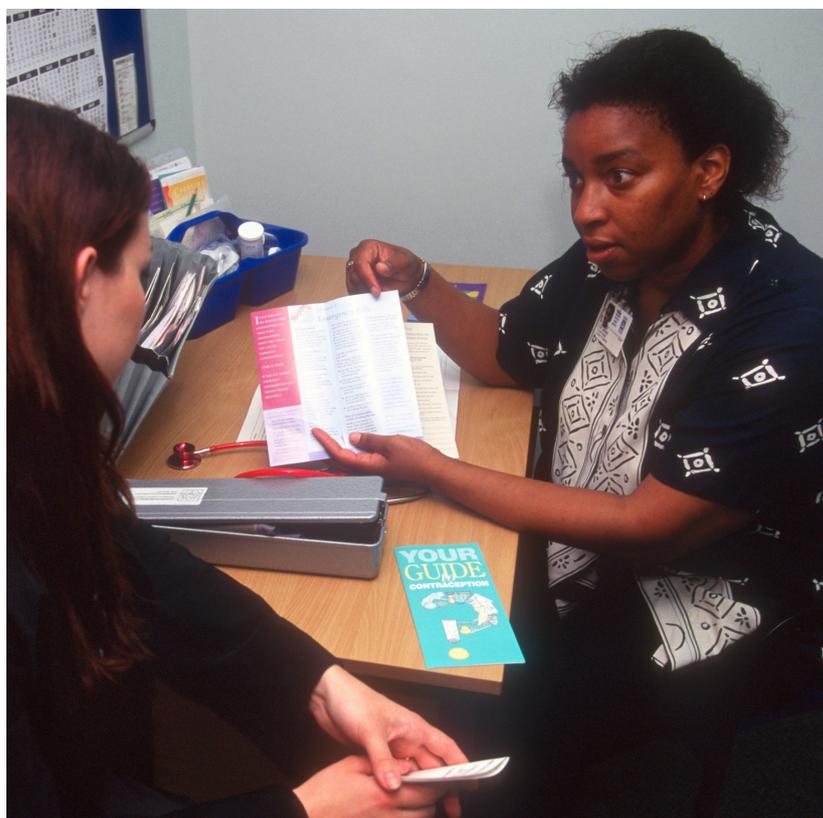


Table 3: GP premises in London

London STP needed	No. Surgeries (2019)	Additional Surgeries needed (2030)	No. of registered – GP patients, 2019 (000s) – increase on 2015	Resident population, 2019 (000s) – shortfall compared to registered patients	Average size surgery, 2019– increase since 2015	NHS Payments	Average NHS Payment per surgery 2017/18 (£000s)
N Central	208	19	1,645 – 9%	1,510 – 8%	7,901 – 23%	215,000	1,034
S West	191	14	1,684 – 6%	1,509 – 12%	8,819 – 13%	229,000	1,199
S East	223	21	1,990 – 7%	1,827 – 9%	8,922 – 17%	276,000	1,238
N West	364	15	2,518 – 8%	2,096 – 20%	6,898 – 19%	351,000	964
N East	291	33	2,219 – 10%	2,024 – 10%	7,627 – 19%	294,000	1,010
London	1,277	102	10,047 – 8%	8,966 – 12%	7,868 – 18%	1,366,000	1,069

Source – NHS Digital

Table 3 illustrates how the number of registered GP patients is increasing in each STP, with North East London having had the highest growth at ten percent since 2015. In contrast, South West London has the lowest growth at 6 percent.

Notably in all STPs the resident population is lower than the number of registered patients with North West London having the biggest difference between the number of registered patients and the resident population (20% percent)

London as a devolution area

Much of what is reported in this briefing is not unknown. It is for that reason that London has been trying to tackle the obstacles to investment in, and the regeneration of, the NHS estate in London. In 2017, London signed a devolution deal which gave the capital the potential for new freedoms and flexibilities to make more decisions, more quickly, about investment in London's health and care estate. As part of London's devolution deal, health and care partners are seeking to address the issues facing London's health and care estates through the London Estate Board (LEB).

Partners recognise that, as buildings age and deterioration gathers pace, the associated running costs also increase. The LEB has identified an overarching set of London wide health and care aspirations which require a significant estate response. These aspirations include strengthening and redesigning primary care and community services.

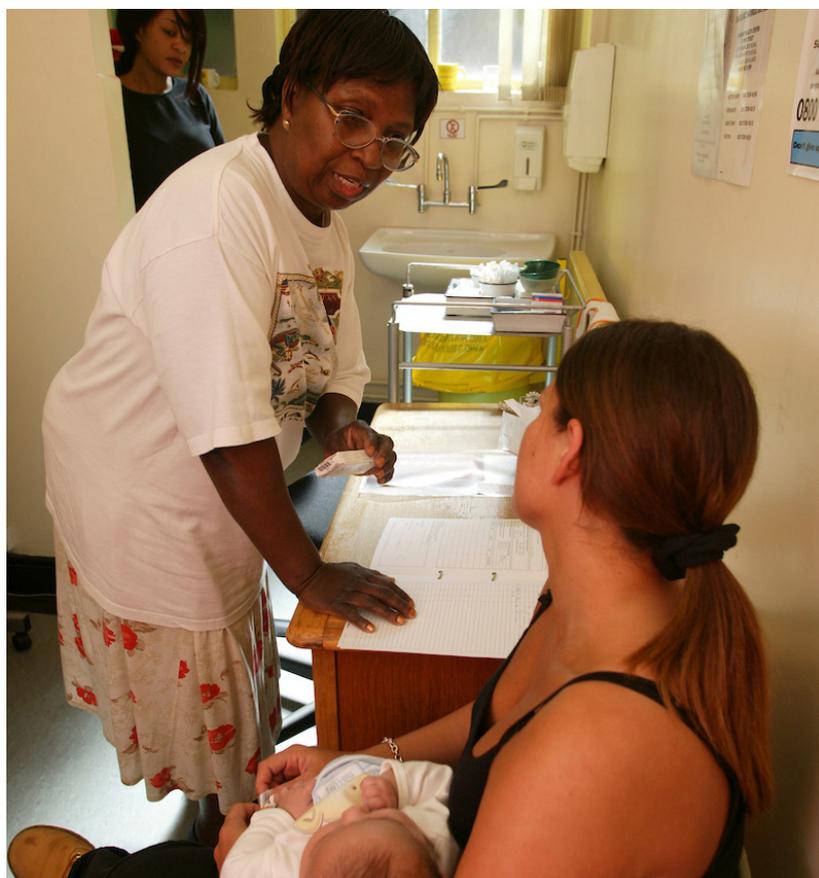
The Board has also published London's first Health and Care Estates Strategy. The strategy has been developed to help London's health and care partners to meet its collective ambitions for London's health and care estate to ensure that London has fit for purpose premises that can improve the links between London's hospitals and the local primary and community care that is needed before and after hospital treatment.

The London Health and Care Strategy makes it clear that - given the nature and quality of much of London's primary care estate - there is a need for substantial reorganisation and improvement in the quality and type of accommodation to house GPs and community care clinical and non-clinical staff.

Significant financial investment over a sustained period of time is required to support and achieve the benefits of the new models of care.

The strategy estimates that, with many practices operating from Victorian premises, a third of London's primary care infrastructure will need to be rebuilt. It also found that much of London's primary care infrastructure is in need of refurbishment and further investment to improve its quality.

Local partners will have to work together to improve local services. London Leaders' call for action on primary care estate will help to build on the work of the London Estates Board.



London Councils main asks

Primary Care Estate in London



Primary care estate is an important enabler in the delivery of a new model of primary care; one that is focussed on patients and bringing together professionals able to provide enhanced personalised and preventative care to local communities. Evidence shows that people want to access services close to their homes and in their communities. Failures in primary care services can result in higher numbers of people having to access hospital services.

Local authorities currently have a very minimal role in the provision and location of GP services or other health community services despite local authorities often having more knowledge about the needs of their communities and democratic accountability towards their communities.

The NHS Long Term plan has now published its ambitions for changing and improving the way it delivers health services. In London this offers an opportunity to explore

different ways of working locally to help improve patient outcomes and to also have primary care:

- i. That is easily accessible and in the right location for the majority of Londoners;
- ii. That is flexible making a broader range of enhanced health and care services available from GP premises including prevention and pre-primary care;
- iii. That is the right size and has enough capacity to meet the diverse needs of the growing population so that it is easier for people to make appointments;
- iv. That is good value for money making the most of flexible design features and new technology to guarantee value for money in new buildings through high utilisation.

London's borough leaders have pledged to seek agreement on funding and devolved

powers in order to offer a new deal to transform London's ageing GP and primary care premises as part of wider improvement in the quality of primary care services offered to all Londoners.

London Councils is calling for action to improve primary care services and GP premises across the capital, including:

- i. **Maintaining and enhancing local primary care leadership** - The NHS Long Term Plan sets out the requirement for CCGs across the country to merge. Boroughs are calling for action which enhances local, borough-level health and care leadership of primary care as the mergers are undertaken.
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