
STRATEGIC VISION FOR THE DEVELOPMENT OF GP PREMISES IN WALES

Components:

- 1.1 Review the new GMS contract and consider implications for Local Health Boards and the Welsh Assembly Government
- 1.2 Clarify differences with England with regard to premises as set out in the contract framework and NatPaCT guidance
- 1.3 Link with and update the Primary Care Action Plan outlined in WHC (2002) 102 and other policy developments such as out of hours and demand management
- 1.4 Set out guidance requirements

1.1 Review of the new GMS Contract and consideration of the implications for Local Health Boards and the Welsh Assembly Government

Sections 4.49 to 4.59 of the new contract deal specifically with premises issues. The implications for Local Health Boards and the Assembly are set out by way of the sub-heading "comments" and "proposed actions".

Para 4.50 Funding:

The paragraph refers to the availability of explicit funding scheme arrangements to support GPs on a similarly favourable basis to those for third party developers in terms of revenue stream, overall return and risk.

COMMENT

According to Jim Latta of NHS Estates, this refers to the new flexibilities that will smooth the process of development of new premises for GPs.

Para 4. 51 Flexibilities:

The Contract states that in order to overcome barriers to new premises development a series of " flexibilities" have been introduced. It mentions that although a second tranche of these flexibilities was set out in the April 2002 framework they became effective from April 2003.

COMMENT

The position in respect of the extent and implementation of the flexibilities in Wales differs from England in that some of the flexibilities have already been introduced in Wales as at December 2002, some are not applicable and some require a policy decision.

PROPOSED ACTION

Guidance should be issued which outlines all the existing flexibilities and the new ones giving more detailed information about the differences between England and Wales, how the flexibilities will be helpful , their effective date and any funding streams available.

Para 4.52- 4.58 Quality Standards

This paragraph sets out broad quality standards which all practice premises should meet.

COMMENT

The means that all LHBs are required to organise visits to all GP premises to assess their compliance with the quality standards.

The recently completed GP premises database contains information on each GP practice premise in Wales. In addition Welsh Health Estates is in the process of analysing the data and will be providing a report on how the properties score according to the performance indicators relating to condition, function suitability, space utilisation and compliance with DDA.

This information can be used to prioritise the visits and to enable the LHBs to identify potential problem areas.

PROPOSED ACTION

Guidance should be issued to provide professional advice to LHBs regarding how best to ensure that practice premises meet the quality standards.

Para 4.59 Implementation of Premises Flexibilities and Standards in Wales

This states that specific arrangements for the implementation of the premises flexibilities and standards will be developed in Wales as well as Scotland, and Northern Ireland. It also mentions that separate allocation arrangements will apply to premises funding.

From April 2004 subject to primary legislation, there will be a Welsh GMS Premises Fund that will be held by the National Assembly for Wales.

COMMENT

The Welsh Assembly Government has already implemented the majority of the flexibilities and will ensure that funding is available for existing premises schemes as well as those to which the Local Health Boards have made a commitment.

Notwithstanding the above the current financial arrangements for the provision of GP premises is unlikely to fund all requirements.

According to the National Estates Strategic Framework the capital requirements for the primary care estate over 6 years were estimated to be between £150-250 million with annual expenditure progressing as follows: £5m, £15m, £35m, £50m, £55m , and £40m.

Local Health Boards will be guaranteed baseline funding to support existing projects and projects that have already been agreed.

COMMENT

The Finance Section of the NHS Directorate has contacted each Local Health Board to obtain an indication of the amount of funding for existing projects as well as details

of the proposed projects and their funding requirements . WHE should be informed of all new development proposals so that there is a formal tracking mechanism of the modernisation of the estate. A new premises scheme approval system will need to be introduced as at present LHBs can organise large development schemes costing £1+ million with little or no information being provided to WHE or the Assembly. This is contrary to the present system whereby certain Trusts must obtain approval from the Assembly for large-scale projects .

Decisions on growth money will be taken by the Assembly, taking account of the needs of LHBs as set out in their estate strategies and on specialist advice provided by WHE.

COMMENT

LHBs will be submitting their estate strategies by April 2004. Their assessment of capital investment requirements will assist in informing the development of a Primary Care Investment Programme for the next 10 years. Other capital planning techniques will be brought into the equation to ensure that the funding required for the future is assessed as accurately as possible.

As LHBs may be developing business cases for new primary care resource centre and other types of developments, the extent and level of detail required for approval is required.

PROPOSED ACTION

Guidance needs to be provided in respect of the allocation arrangements for GMS funding, confirmation of funding for existing projects and funding earmarked for specific future projects, the requirement for LHBs to inform WHE/WAG of modernisation development schemes, the development of an Approvals system for LHB business cases and the Creation of a Primary Care Investment Programme.

1.2 Clarify differences with England with regards to premises as set out in the contract framework and NatPaCT guidance:

The NHS Confederation and the National Primary and Care Trust Development Programme (NatPaCT) have developed a series of briefings to help primary care trusts in England and GP practices prepare for the implementation of the new GMS contract.

COMMENT

The key points which arise out of that guidance and their application to Wales are set out below:

NatPaCT Guidance Note:

The new contract clearly recognises the need to ensure that GPs are able to provide services from modern premises for their patients.

Applicability to Wales:

This applies equally in Wales

A modern primary care estate is required to deliver an expanded range of general medical services.

This applies equally in Wales

There will be new flexibilities to support capital investment and the move to modern premises.

The Assembly has already introduced most of the flexibilities contained in the new GMS contract and will issue further guidance

Significant new funding has been secured towards future premises costs.

GMS funding will be secured for existing and committed schemes. Further work is being undertaken by WAG to ascertain the funding requirements for the future

New funding for premises will be held by a host PCT who will work with PCTS from the Strategic Health Authority to decide priorities in utilising these resources.

Arrangements have yet to be decided in Wales

PCTs will need to develop strategic service development plans identifying what services are being made available in primary care settings.

WHC (2003) 017 issued in January 2003 required LHBs to develop comprehensive estate strategies integrated with their assessment of future service requirements and to submit the strategies to WAG by April 2004

PCTs will be required to undertake an audit survey of their primary care estate.

Welsh Health Estates has completed an audit survey of all GP premises in Wales. LHBs need to supplement this survey with details of premises occupied by the other primary care contractors.

PCTs are encouraged to strengthen partnership working with local stakeholders eg. Social Services, voluntary sector to explore developing premises that provide an expanded range of interactive health-related activities.

This applies equally in Wales.

PROPOSED ACTION

WAG to issue an amended guidance note issued by NatpaCT to reflect the position in Wales.

1.3 Link with and update the Primary Care Action Plan outline in WHC(2002) 102 and other policy developments such as out of hours and demand management.

The Primary Care Action Plan set out the objective for the primary care estate as follows:

All primary care premises should be of appropriate quality and fit for their purpose, well-maintained and safe for all members of the public to use. There should be an active programme of improvement work.

This objective is enshrined within the new GMS contract in respect of the quality standards.

The Action Plan set out the requirement for Local Health Boards to produce estate strategies which would cover the following key areas:

- Demonstrate how all primary care premises will meet minimum standards including as a priority the Disability Discrimination Act
- Provide an integrated approach, agreed with partners to ensure that best use is made of all public sector premises and that opportunities are maximised for joint use of premises to improve access to a choice of services
- Consider development of Primary Care Resource Centres as a physical setting for primary care support services
- Consider the requirements of the need to increase the number of training practices
- Bring together disparate services where possible
- Build IM&T infrastructure into all new developments

COMMENT

Welsh Health Estates has completed an audit survey of all GP premises which assessed each property's condition, compliance with DDA, space utilisation and functional suitability. This information is available for each LHB to analyse and update.

The National Estate Strategic Framework has set down the requirement for performance indicators to be developed for the primary care estate commencing with GP premises. The information contained with the GP premises audit survey database is being analysed and a report will be available in August 2003.

The WHC(2003) 017 issued in January 2003 set out specific requirements for LHBs to analyse the current condition and performance of the primary care estate and emphasised that LHBs have a duty of care to ensure that primary care services are provided in premises which comply with statutory standards such as the Disability Discrimination Act 1995.

An integral part of the audit survey was an assessment of the number of teaching and training GP practices. The information has been presented to the University of Wales College of Medicine for analysis and will be utilised by LHBS in the development of their projects in the implementation of the estate strategies.

PROPOSED ACTION

The majority of the issues raised in the Primary Care Action Plan are now contained in WHCs and guidance notes. Relevant Welsh Health Circulars dealing with premises issues have been placed on the GMS website.

Premises requirements will need to be written into the SAFF/balanced scorecard performance management arrangements being developed by Performance Management Division.

Local Health Boards will take into account the implications of the Out of Hours provision in their areas within their integrated estate strategies.

1.4 Set out guidance requirements.

Vision for the Primary Care Estate

The Welsh Assembly Government's vision for the future healthcare estate is set out in the National Estates Strategic Framework which states:

To develop accessible, modern, comfortable and adaptable environments where patient – care can be delivered safely and efficiently
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This vision applies equally to the primary care estate as it does to the Trust estate. Although at present primary care premises are generally owned or leased by the individual contractors it is Local Health Boards who are now responsible for strategic planning and development of the estate. They must ensure that improvements to the existing estate are undertaken in the most effective and efficient way and that new buildings are provided which will meet changing health and social care needs.

Implications of the new GMS Contract on practice premises:

- The new contract recognises the need to ensure that GPs are able to provide services from modern premises for their patients
- A modern primary care estate is required to deliver an expanded range of general medical services
- New flexibilities have been introduced to support capital investment and the move to modern premises. The Assembly will assess the impact of the flexibilities to ensure that they are fit for the purpose.
- The allocation of GMS premises funding is undecided at present and will need to reflect not only the needs of the local population but the resources and skills of the Local Health Boards.
- By April 2004 Local Health Board will have developed comprehensive estate strategies which are integrated with their assessment of future service requirements

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- Welsh Health Estates has completed an audit survey of all GP premises in Wales. Local Health Boards will be required to supplement the survey database with details of premises occupied by the other primary care contractors.
 - Local Health Boards are encouraged to strengthen partnership working with local stakeholders including the Local Authority, the local NHS trusts and the voluntary sector to explore opportunities to develop premises that provide an expanded range of interactive health and social care activities.

Guidance is required which encompasses the major implications of the new GMS contract and vision for Wales of the future development of GP premises.

Guidance in the form of the following products (i.e. policies and procedures) will be made available/developed:

Product E2 Systematic Review of Support Mechanisms for Premises Development in Wales

The allocation of funding for premises needs to be agreed to ensure that financing of existing commitments is guaranteed and that suitable arrangements are in place to deal with future development proposals.

Proposed actions

- The existing premises commitment in respect of rents and reimbursement to be quantified via records held by the Business Services Centres.
- Local Health Boards to advise of projects which they are proposing to deliver in the next 12 months.
- This information along with data obtained the Rhondda Cynon Taff LHB estate strategy pilot project will inform the estimated requirement for new premises funding for the next couple of years.
- A review of the existing funding mechanisms will be undertaken along with proposals for future development scheme funding and organisational process
- A paper will be presented to the Capital Investment Board for a policy decision on the future development scheme funding and organisational process

Suppliers: Mallory Armstrong and Julian Haines

Timescale: By January 2004

Product E3 Local Health Boards estate management and investment responsibilities in relation to the primary care estate.

Local Health Boards have a strategic planning and management role in respect of properties which are owned and/or occupied by independent contractors. However as

they own or lease their office premises and may become more involved in leases of primary care premises they need to become familiar with estate management issues.

Proposed Action

Guidance will be developed which provides an overview of property management and development responsibilities with references to how to obtain more detailed information regarding specific matters.

Supplier: Chris Cowburn

Timescale: By January 2004

Product E4 Premises Flexibilities

The position in respect of the extent and implementation of premises flexibilities differs from England - some of the flexibilities were introduced in Wales in December 2002, some are not applicable and some require a policy decision.

Proposed Action

A Welsh Health Circular will be issued which draws together all the relevant flexibilities and provides an update in respect of their applicability.

Suppliers: Richard Barr and Julie Broughton

Timescale: By January 2004

Product E5 Quality Standards

Local Health Boards are required to assess whether practice premises meet minimum standards.

Proposed Action

Guidance will be developed which sets out:

- how often LHBs should visit GP practice premises
- who should attend
- how to prioritise the visits
- a checklist of the standard
- how the LHB/WAG will provide support to ensure that standards are met
- information on performance management

Suppliers: Mallory Armstrong and Steve Roberts

Timescale: By January 2004

Product E6 Branch/split site surgeries

Local Health Boards will need to assess the condition and performance of branch/split site surgeries.



Proposed action

Guidance will be provided in respect of the following matters:

- 20 hour provision of medical services
- Compliance with minimum standards for surgery facilities
- Delivery of both essential and additional services
- Surgery closure process

Suppliers: Clive Williams and Trevor Neatherway

Timescale: By January 2004

Product E7 3rd party development proposals

One of the development routes to the provision of modern primary care premises involved entering into an agreement with a private sector development company who will provide all the architectural and construction services needed to translate the service requirements into the built form. The agreement is usually a long term lease which needs to meet the needs of both the developer as well as the GP practice/LHB.

Proposed Action

Guidance will be developed with provides an overview of the 3rd party development process with references to where to obtain more detailed information.

Supplier: Chris Cowburn and Steve Roberts

Timescale: By January 2004