

Submitted to: [England.GPpremisesreview@nhs.net](mailto:England.GPpremisesreview@nhs.net)

## NHS Clinical Commissioners response: General Practice Premises Policy Review - call for solutions

Wednesday 5 September 2018

### I. NHS Clinical Commissioners

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we have over 91% of CCGs in membership. We offer a strong national voice for our members on specific policy issues and support them to be the best they can to commission services effectively for their local populations.

In response to the experiences of our members, including challenges faced in relation to estates, NHSCC and NHS Property Services set up a joint CCG Customer Board in 2016. This board brings together CCG estates leads with senior management in NHS Property Services. Since the board's inception, our members have reflected some improvements in key areas such as billing and the use of vacant space. However, we know that our members continue to face challenges in relation to premises, and this is an area that we continue to focus on to ensure that the voice of our members feeds into policy discussion and decision-making at the national level.

In this response to the review's call for solutions, we provide some high-level comments based on the views of our joint CCG Customer Board and the views of our Primary Care Reference Group, which includes clinical leaders and heads of primary care commissioning. To provide further information, NHSCC has nominated a CCG representative to sit on the General Practice Premises Policy Review's Advisory Group, and we welcome the opportunity to continue engaging with the review as it progresses.

### II. Overarching comments

*a) Results of the General Practice Premises Policy Review need to be aligned with those of the GP Partnership Review and longer-term NHS planning*

The content of this review overlaps to some degree with the GP Partnership Review and corresponding call for evidence. Key issues, including the associated property risk attached to GP partnership will be drawn out in responses to both reviews. It is important that the results and actions from both consultation activities are well aligned with each other and together feed into the long-term plan for the NHS. Clear messaging that goes beyond short term solutions can contribute to easing the uncertainty currently felt by primary care colleagues.

*b) Consideration needs to be given to premises across the whole NHS estate, not just within general practice*

Estates, including estates services, are vital to the effective functioning of the NHS. Barriers related to premises exist in secondary and community care as well as in general practice, and it is essential that the operation of NHS estates does not hinder integration and innovation. As areas work towards place-based commissioning and models of integrated delivery and primary

care at scale develop, it is important that estates enable clinical leaders to deliver care in the ways that best meet the needs of their local populations. Within this context of integrated delivery, how to achieve flexibility within the broader NHS estate needs to be examined.

*c) Specific issues in general practice premises policy*

While acknowledging that issues across the whole NHS estate exist, our members report a range of issues specific to general practice premises that require addressing. These include concerns around the willingness of GPs to join partnerships because of the property risk they take on. Our members note the existence of significant anxieties around ending up in a 'last partner standing' scenario whereby upon colleagues' retirement or resignation, an individual partner becomes responsible for the full extent of liabilities owed by their practice. Our members also note challenges around funding, both in the limited availability of funds to improve general practice premises and the fact that improvement funding is available in short term funding cycles, whereas the estates transformation that is required is often much longer term. Feelings of distrust in relation to the running of NHS estates also remain, for example in relation to service charges.

**III. For more information**

If you would like any further detail on our response please do not hesitate to contact our Head of Policy and Delivery, Sara Bainbridge at [s.bainbridge@nhsc.org](mailto:s.bainbridge@nhsc.org) or Senior Policy Officer, Emily Jones at [e.jones@nhsc.org](mailto:e.jones@nhsc.org). NHSCC will continue to engage with the work of the General Practice Premises Policy Review through representation on its Advisory Group.