

Report on GPs' Premises Workshop

A brief report back following the GPs' Premises Workshop arranged by NHS England which Lynne and I were asked to attend on behalf of the PCPF. I take this opportunity of attaching a draft of the PCPF official reply to the Policy Review. The final version has to be lodged by Wednesday 5th September.

The workshop started by giving a background to the reasons etc. most of which are contained within the initial NHSE document which can be accessed via the PCPF Website. It was explained that the workshop was in essence a brainstorming exercise focusing on solutions and systems and not individual cases. Following the workshop there would be further engagement with those attending and the bodies contributing and we were all promised that updates will be circulated. They hope to reach a conclusion by the end of this year/early next year.

Amongst other things, they are looking at the "Scottish model" and gave us a run-down of how that stands. They are working towards the goal that in 20/25 years' time all primary care estate will be held (and controlled) by the NHS (whether freehold or leasehold). In respect of leaseholders the NHS in Scotland will look to take their leases on board – although it was noted that the Health Boards have the power to hold leases whereas currently CCGs do not. For owner-occupied premises, especially those showing negative equity, they are offering up to 20% interest free loans, the loan to be repaid out of the proceeds of sale. The loan will only be made available to those GPs who commit to move out of their current (unsuitable) premises into something more suitable (on a leasehold basis) as soon as something can be made available. (An initial £30m has been put aside for this, which one presenter estimated would be the equivalent of £300m for England!). It was acknowledged this was perhaps the first step towards ending their independent practitioner status – and that it was bespoke to the problems faced in Scotland and would probably not work in England.

There must have been approximately 30 attendees (mainly from within the NHS) and we were split into five groups of about 6 to discuss and consider various ideas. My table included Sue O'Connell, CEO of CHP, her colleague Jeremy Smith, Graham Wilson, CCG and Carol of the LMC together with Mary Mackenzie representing NHS England. Our discussions revolved around the need for an "NHS Guarantee Body" to take Head Leases (uncannily similar to the points noted on our own submission). Lynne's table was made up of the Chair (who confessed she was new to the post and that she knows virtually nothing about premises!), Dr Brian Balmer of the LMC (who co-ordinated the new PCD – over 2 years ago!) and John Westwood of NHS PS (plus a very junior member of the NHS team who listened avidly but said absolutely nothing!). The conclusion drawn was that whilst a head lease to an NHS body would solve the problems for the GPs, whilst also allowing more flexible use of the premises to accommodate changes over the life of the lease, the real problem lies with

the Treasury approach to long leases and the CDEL requirement to put the rent over the full term on the balance sheet.

Ideally we need to investigate a lease term which would be acceptable to funders, yet at the same time falls under the Treasury [CDEL] requirements. It was considered it would be impossible to persuade the Treasury to change its requirements in this respect. John Westwood reported that NHSPS would be happy to hold the head lease if these issues could be resolved.

We also considered:

- The position isn't helped by the fact different parts of the public sector are fighting against each other (e.g. acute trusts are imposing housing values on the sale of redundant sites which could be made available for primary care use and are threatening to take over GP practices rather than supporting them; planning authorities are difficult re applications for change of use to support the disposal of out of date premises and impose s106 agreements to build roads etc rather than in support of the healthcare environment);
- Federations attending to an overall ownership/head lessee role;
- Some form of "NHS Bank" to help bail out struggling practices, take in unwanted premises etc., eventually forming some form of saleable investment. It was commented that it would just end up with all the rubbish!

Out of interest, I did ask if there was any update on the Premises Cost Directions. Apparently it has now been redrafted to include all the agreed elements and is back with the BMA who have until the 4th September to finally sign off. It will then go back to the Department of Health for publishing (no date given!).

John Hearle, PCPF Joint Chair