

# GP premises, planning for the future, and the impact of COVID-19.

**BMA**

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# Who am I?

- GP Partner Faversham Medical Practice
- Chair of Kent LMC
- BMA GPC UK Premises and Practice Finance Policy lead
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# State of play – premises stock

*Current stock in the system is woefully inadequate, requiring significant capital injection.*

- BMA GP committee surveyed 1,000 practices as part of the GP premises review, finding:
  - Only half of practices considered premises fit for present needs
  - Only one in five practices thought their premises were fit for the future
  - When asked what would make premises more suitable, most practices indicated that more physical space was required.
  - This need continues to be exacerbated by the growing workforce, including the Government's pledge for 6,000 new GPs and 27,000 additional staff in primary care via PCNs.

# State of play – regulatory framework

*Existing regulatory framework is disjointed, inequitable and inefficient*

- Discouraging GPs from becoming partners in practice and encouraging existing partners to leave
- Lease arrangements often mean GPs are exposed to significant risks
  - “Last partner standing”
  - Service charges issues
- Ownership model also carries significant risks
- Varied premises models across the system create ambiguity regarding what is required to bring existing stock up to standard

# State of play – the impact of COVID-19

*The pandemic has exacerbated the strain from existing issues and added new pressures*

- Physical space, already in short supply, now critical to ensure effective infection control measures
- Practice foot-traffic reduced at times, but net demand for space increased as practices adjust to social distancing requirements
- Practices have demonstrated striking innovation across the UK, addressing the challenges posed by COVID-19 often within existing resources, but this is not sustainable without future support
  - isolation rooms, hot and cold sites
  - The COVID-19 support fund (CSF) was available Q1 & 2, provided for some premises adjustments <£5k (e.g., Perspex screens).
- IT required for the delivery of virtual consultations like dedicated space and equipment
- Poor internet infrastructure (particularly in rural areas).

# The future of General Practice estate

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# Adequate investment

*“Capital is required both to bring up the standard of current estate and to transform primary care estates across England, to deliver what is required for the clinical and service vision of the Long Term Plan in purpose-built premises”*

- NSHEI. (2019). *General Practice Premises Policy Review*.

# Adequate investment

- In 2020 submission to Govt spending review, BMA sought major multi-year funding injection to allow GP practices to plan for the long-term
  - £1bn sought for GP premises, seeking recognition for existing premises shortfall and new COVID pressures
  - If Govt meets its own GP recruitment and PCN ambitions, practice premises to cater to a 24% increase in workforce
  - 3 Facet Survey useful evidential underpinning for the case for investment



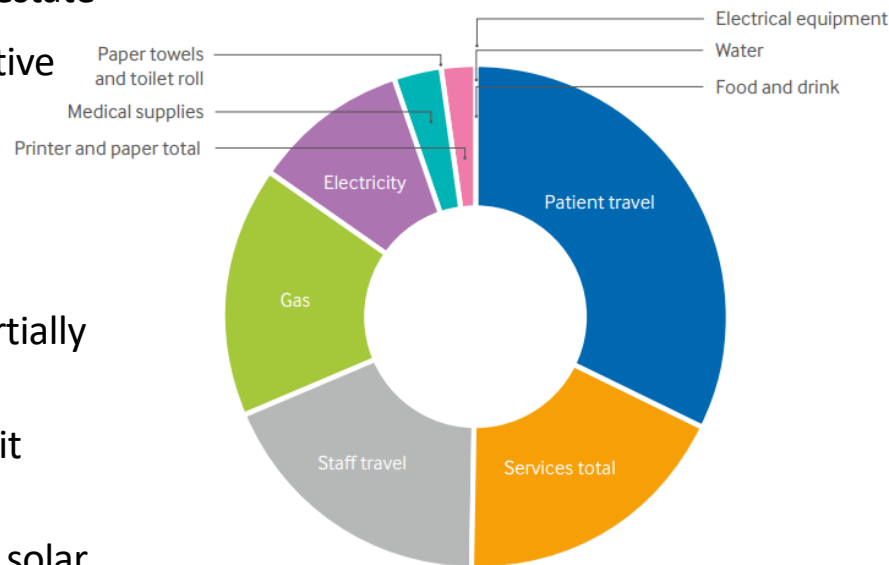
# Equity of access

*BMA is committed to ensuring all patients have equitable access to healthcare*

- We know that premises can be an enabler of – or a barrier to – equitable access
  - Physical access – reserved, wide and well-marked parking; ramps; handrails; alternative entry; accessible door configurations; wide hallways, disabled toilets
  - Environmental accessibility – clear and readable signage, hearing loop, quiet space for patients who need to avoid sensory overload
  - Digital access – sufficient IT infrastructure to enable reliable virtual consultations for patients unable to attend practice

# Environmental responsibility and sustainability

- BMA committed to campaigning and cooperating to deliver carbon neutrality by 2030, including GP estate
- Green policies not just a climate change imperative but also directly impacts on health
- BMA released *Sustainable and Environmentally Friendly General Practice* report in June 2020
  - Majority (non-medical) carbon footprint contributed by patient and staff travel, partially offset by COVID-19 virtual consultations
  - RCGP's free *Green Impact for Health* toolkit identified as practical and effective
  - Premises infrastructure identified as key – solar panels, charging sockets



# Questions?