INVESTING IN GENERAL PRACTICE

CHAPTER 4 – DEVELOPING HUMAN RESOURCES AND MODERNISING INFRASTRUCTURE

Section 4.49 – 4.50: Premises

4.49 The contract will support the development of premises through new UK-wide flexibilities accompanied by new UK-wide standards. Funding flows will also change and these are described in Chapter 5.

4.50 The provision of modern practice premises requires that GPs incur significant cost liabilities that require specific funding scheme arrangements to support their availability. The private sector is increasingly playing the role of provider of capital to build the premises and acting as landlord to its GP tenants through binding legal agreements. Explicit funding scheme arrangements will be available to provide robust, UK-wide arrangements to support GPs on a similarly favourable basis as those for third party developers, in terms of revenue stream, overall return on projects and risk. This will provide stability for GPs as well as giving assurances to funders and landlords that premises costs will attract consistency of support under the new GMS contract.

Section 4.51: Flexibilities

4.51 Areas with poor returns on capital have historically attracted low levels of investment in primary care infrastructure. To overcome barriers to investment, a first tranche of premises flexibilities has already been introduced. A second tranche was set out in the April 2002 framework. This was designed to overcome hurdles to capital investment in primary care and to enable GPs to move from old to modern premises. These changes have been introduced to maintain GP choice in investment routes and to provide parity in access to funding. It will be implemented from April 2003 and contains the following flexibilities:

(i) The payment of a grant to meet mortgage deficit costs, to enable GPs to sell their existing premises and move to appropriate alternative premises;
(ii) The payment of a grant to meet mortgage redemption costs;
(iii) Allowing NHSBs to take an option on land;
(iv) Allowing NHSBs to continue cost rent payments to GPs who buy premises from a single handed/two partner practice;
(v) Allowing NHSBs to review cost rent payments when GPs re-mortgage to lower interest rates;
(vi) Reimbursement of legal and other professional fees for GPs in new premises developed by public-private partnership;
(vii) Revised arrangements to pay notional rent in addition to cost rent when premises are modernised or extended;
(viii) Abatement of notional rent to pay full notional rent on GP capital invested in premises and abated notional rent for NHS capital equivalent to additional costs for heating, lighting, maintenance etc;
(ix) Payment of notional rent to leaseholder GPs who improve their premises;
(x) Extension of timescale to repay improvement grants and PMS equivalents to 10 years for owner-occupiers and for renting GPs to re-negotiate the terms of their lease to 15 years;

(xi) Allowing NHSBs to directly reimburse insurance and utility costs, maintenance and service charges etc;

(xii) Introducing periodic (potentially quarterly) reviews of building cost location factors;

(xiii) Introducing index linked leases (e.g. RPI based) to support capital invested in primary care premises better;

(xiv) A revised premises schedule and a revised commentary;

(xv) Issuing a letter on safeguards and security for GPs signing leases with third party developers with the intention that NHSBs will be able to have a lease assigned to them temporarily if the departing GP is unable to assign it.

Section 4.52 : Quality Standards

4.52 The new contract introduces a new set of quality standards. Subject to appropriate funding agreed between the NHSB and the practice, premises will not be accepted unless the accommodation provided is deemed by the NHSB, following a visit, as satisfying the minimum standards. The visiting team will include representatives of the NHSB and the AMC (or its equivalent). The standards which should apply to both main and branch/split site surgeries to include the following:

(i) Practices should take reasonable steps to comply with the Disability Discrimination Act 1995. This includes providing for all users of the building ease of access to premises and movement within them, adequate sound and visual systems for the hearing and visually impaired, and the removal of barriers to the employment of disabled people. Adequate facilities should also be provided for the elderly and young children, including nappy changing and feeding facilities;

(ii) A properly equipped treatment room, where provided, and a properly equipped consulting room for use by the practitioners with adequate arrangements to ensure the privacy of consultations and the right of patients to personal privacy when dressing or undressing, either in a separate examination room or in a screened off area around an examination couch within the treatment room or the consulting room. An additional treatment room may be required where enhanced minor injury services are provided;

(iii) Practitioners, staff and patients having convenient access, including wheelchair access where reasonably possible, to adequate lavatory and hand washing facilities which meet current infection control standards. There should be washbasins connected to running hot and cold water in consulting rooms and treatment areas or, if this is not possible, then in an immediately adjacent room;

(iv) Adequate internal waiting areas with enough seating to meet all normal requirements and provision, either in the reception area or elsewhere, for patients to communicate confidentially with reception staff including by telephone;

(v) The premises, fittings and furniture to be kept clean and in good repair, with adequate standards of lighting, heating and ventilation;
(vi) Adequate arrangements for the storage and disposal of clinical waste;
(vii) Adequate fire precautions, including provision for safe exit from the premises, designed in accordance with the Building Regulations agreed with the local fire authority;
(viii) Adequate security for drugs, records, prescription pads and pads of doctors’ statements;
(ix) Where the premises are used for minor surgery or the treatment of minor injuries, a room suitable equipped for the procedures to be carried out.

Section 4.53-4.59: Branch / Split Site Surgeries

4.53 Unavoidable costs of branch surgeries cannot be adequately picked up through the allocation formula which is likely to reflect the increased infrastructure costs of split-site/branch surgeries. Branch surgeries and outlying facilities can vary in size and quality and existing or proposed new facilities can improve patient access to services where convenient access to main surgery facilities is difficult.

4.54 For a branch surgery to qualify as a second main/split-site it should meet the following criteria:
   (i) Be open for at least 20 hours a week for provision of medical services automatically entitling it to proper IT support;
   (ii) Meet the minimum standards set out in paragraph 4.52 above;
   (iii) Deliver essential and additional services.

4.55 Branch surgeries that do not meet the above criteria will not automatically be considered eligible for the funding as a second main/split-site surgery. In addition, where it is deemed that proper services cannot be supplied on such sub-standard premises action should be taken asset out in paragraph 4.58. Where the shortcomings cannot be remedied or the cost of doing so is disproportionate to improvements in service delivery, and following public consultation, the premises can be closed.

4.56 A branch surgery can be closed subject to agreement between the NHSB and providing practice. In the event that there is no agreement the practice can give notice that it wishes to close a branch surgery. There will be a given period in which the NHSB can issue a counter-notice, to allow for any required consultation, requiring the surgery to remain open until the issue is resolved. Normal appeal procedures will apply. If the branch surgery is unable to close, because a counter-notice was successful, or where both practice and the NHSB agree that the surgery should remain open, then the NHSB is required to continue supporting it within the necessary funding.

4.57 Branch surgery standards need not be fully met where a practice provides outlying consultation facilities using premises usually used for other purposes.
4.58 Following a visit, NHSBs will determine whether premises accepted for the delivery of services are continuing to meet the relevant standards. If there are shortcomings:

(i) The AMCs will be consulted;
(ii) Where the shortcomings can be rectified, the practice will agree with the NHSB within a month how the shortcomings can be rectified within a reasonable period of time, ensuring that patient safety is not at risk;
(iii) If the shortcomings have not been put right within six months (or such longer period as may be agreed between the practice and the NHSB) premises payments will cease or be abated, until the shortcomings have been put right;
(iv) A practice may appeal against the NHSB decision in line with the arrangements described in Chapter 7.