

Primary care and population growth

Executive Summary

This ICB paper is in follow-up to a HOSC primary care workshop held in October 2022. The focus of the workshop was primary care workforce and estates. This report should be read in conjunction with the Health Scrutiny Report which appends the Local Medical Committee presentation and additional data for information.

The participants of the workshop acknowledged capacity in primary care is constrained. They also recognised most patients are happy with the service from general practice as evidenced in the patient survey. Solutions to pressures on buildings will consider the impact of new models of care, new technologies and different workforce models. These will require different types of space and estate in the future.

Context

General practice is responsive to the growing population across Oxfordshire, particularly in areas of housing growth.

There are currently 67 GP practices across Oxfordshire serving 800,000 people. These are organised into 20 Primary Care Networks (PCNs) in North, Central and South localities. Practices operate out of 83 practice buildings (as well as 5 village halls) and of these

- 23% are converted residential buildings
- 77% are purpose-built premises
- 60 % of the purpose-built surgeries being more than 20 years old
- 55% are owner occupied
- 45% are leased (including the village hall types)

There have been many small investments to create additional consultation rooms in individual practices. More recently Long Hanborough opened a new branch surgery (funded by developer contributions) and Northgate Health Centre opened a new building in the centre of Oxford for three city centre practices.

The general practice workforce continues to slowly grow. The advent of new types of workforce, new models of care and new technologies will all contribute to developing a sustainability in General Practice.

The Challenges

1) Growing population

There are 801,089 people registered with GP practices in Oxfordshire (1 October 2022). This is an increase of over 42,000 (5.5%) in three and a half years.

Oxfordshire County Council housing-led forecasts¹ predict a total population in

¹ [Oxfordshire housing-led population forecasts Feb 2022 update \(2020-2030\) Bitesize | Oxfordshire Insight](#)

Oxfordshire of 853,500 by 2030, a growth of 157,600 (+20%). Over the same period the ONS projections show an increase of +4%.

The Oxfordshire primary care estates strategy² highlights areas of greatest housing growth and where additional general practice will be needed.

2) Increasing complexity

The increasing number and proportion of older people will increase demand for primary care services. This may be particularly relevant to areas with new care homes or assisted living housing. Primary care will need to operate at a greater scale and in greater collaboration with other providers and professionals to meet demand for services.

3) Lack of capital funding

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) does not hold capital funds to invest in estate. Instead, it bids for estate investment from NHSE. Alternatives include relying on developers' contributions. These are rarely sufficient to cover the necessary work to provide premises that meet modern health and care building standards. Without capital funding, most GP builds rely on a third party developer who will invest in a build. This is offset annual revenue funding from the ICB which can be challenging for the system.

4) Unfit GP buildings

Premises that are unfit for delivery of modern primary care are mainly houses converted to GP use, which often have narrow stairs, cramped consulting rooms, struggle with Disability Discrimination Act compliance, inadequate toilet facilities and spread over multiple levels. They are often older purpose-built surgery buildings which do not reflect modern methods of working. Unfit buildings create the following problems:

- Poor patient experience.
- Inability to operate successfully in pandemics.
- Smaller Practices cannot provide a wide array of services.
- Risk a poor CQC report.
- Long full repairing and insuring leases.

5) Lack of workforce

Despite the higher than average number of GPs across Oxfordshire, there is currently not sufficient workforce to meet the primary care demands. Many GPs are choosing to leave partnerships and become either salaried or work as locums.

² www.oxfordshireccg.nhs.uk/about-us/primary-care-estates-strategy-2020-25.htm

The Opportunities

1) New models of care

We are developing new models of care including integrated community care, multidisciplinary teams and different workforce (including voluntary and community sector). There are opportunities to deliver more joined-up health and social care with other organisations in partnership for the Oxfordshire population.

2) BOB ICS infrastructure strategy

The five-year Oxfordshire Primary Care Estates Strategy 2020-2025 incorporates a county-wide review of the existing primary care estate and identifies both key and critical investment priorities, using a prioritisation scoring system.

BOB ICB has adopted the Oxfordshire strategy which will inform an Integrated Care System infrastructure strategy due for completion in March 2024. As part of this each Primary Care Network (PCN) is also working through the national PCN toolkit which will inform any new funding allocations.

3) Access to developer contributions

Developers' contributions are critical in ensuring that costs of creating new premises for general practice are offset by developers' contributions. These can be either as part of section 106 agreement or as part of the Community Infrastructure Levy. The ICB currently receives and comments on all planning applications for new housing across Oxfordshire. Feedback makes clear the impact of new housing on health services. Success of gaining developers contributions varies across the Districts. Across South Oxfordshire and Vale of White Horse District Council developers' contributions will support the Great Western Park Surgery development and have funded the creation of more consultation areas in Oak Tree Surgery.

4) Maximising impact of developer contributions

Previously developers' contributions have come with conditions on how, where and on what they can be used. Allowing a GP practice two rooms in a community centre no longer meets the needs of the new population. There are opportunities to be more flexible with such contributions to provide maximum benefit to the population and health services. Plans are currently in place to use contributions to support an interim solution in Didcot and increase space in Abingdon.

5) Use of ARRS (Additional Roles Reimbursement Scheme)

It is unlikely that we will have enough GP workforce to deliver the care that we need so we need to consider other ways to deliver care. This will include supporting people to take manage their health. Additional roles are funded by NHS England to work at practice and PCN level. This can bring extra clinical and non-clinical resources. Some roles do require clinical supervision which adds to GP workloads.

6) Recruiting, Retaining and Training GPs

There are many schemes in place across Oxfordshire to support the recruitment and retention of general practice staff. These include:

- Fellowship schemes to allow GPs to have undertake portfolio
- Locum deck – a way for practices to easily access locums
- Mentoring schemes
- GP retainer scheme to support GPs coming back to general practices or working flexible hours

Other components such as the GMS contract terms and conditions are out of the remit of the ICB.

7) One Public estate

Health is involved in the one public estate and health on the high street agenda which gives opportunities to work together to maximise use of existing estates. Some examples from around the country include building a GP surgery above a new primary school or developing a health hub with a GP practice and leisure facilities all located together or using vacant retail spaces. It is important that we consider health services at the heart of communities.

8) Role of technology

The COVID pandemic has changed the way patients interact with general practice. Digital solutions such as online registration, online appointments, ordering prescriptions online and booking appointments online can relieve the pressure on estates. These solutions may not be suitable for all individuals and support should be tailored to meet people's needs.

Conclusion

There are many challenges to general practice from new developments that bring new population into Oxfordshire. Investment is needed in general practice estate to ensure it is fit for purpose and Local Authorities and Health should work together to ensure that investment is affordable and deliverable. Partnership working, new models of care and technology have a pivotal role to play in ensuring we deliver sustainable, health and social care and achieve the best outcomes for the Oxfordshire population.

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