

Primary Care Data Gathering Programme

Website Copy

Background

The reported estimated spend for reimbursed primary care estate costs is circa £900m per annum, of which we have limited system wide understanding of how this cost compares to asset size and condition.

In light of this, the NHS Property Board has supported the formation of a workstream to address the need for and access to improved primary care data, working with NHSE/I, to address significant barriers to informed decision making about primary care premises investment and estates transformation identified as:

- No mandatory national primary care data collection;
- Variations of consistent, high-quality regional and local data collections;
- Lack of resource to collect and manage data;
- Impact on GP time in collecting data directly from GP practices; and
- Limited access to data outside the NHS.

The workstream is outlined in the recent NHS England General Practice Premises Policy Review and supports the NHS Long Term Plan.

Outcomes

The Primary Care Data Gathering Programme will deliver the following key outcomes:

- A baseline of consistent data collected for every NHS reimbursed GP practice across England, with a nationally prescribed process to maintain it;
- Further enhancement of SHAPE (Strategic Health Asset Planning and Evaluation), the web enabled application which links national public health, primary care and demographic data with information on healthcare estates performance and facilities location, thereby maintaining it as the preferred strategic planning analytical platform for the NHS;
- Outputs from the data collection, which can be accessed by Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs) and Clinical Commissioning Groups (CCGs) (as primary care commissioners) and made available to Primary Care Networks (PCNs), will be visually displayed on SHAPE to further support local strategy development, investment requests, and future emergency planning; and
- An assessment of the appropriateness of aligning the primary care data collection with the ERIC returns to provide a full system overview.

Benefits to NHS

This programme will enable the NHS to:

- Support the engagement of GP Contract holders in the assessment of need and the prioritisation of investment in primary care premises;
- Support local systems in demonstrating cases for change for capital allocations for current and future governmental spending reviews;

- Provide robust data on a wide range of property costs which will underpin and evidence the call for additional capital investment in primary care;
- Provide better understanding of capacity across the primary care estate;
- Identify and implement opportunities for achieving best value, effective and efficient use out of primary care infrastructure;
- Support the establishment of the indicative cost of fit for purpose premises, where there is a strategic need to maintain and develop these; and
- Support local primary care and wider planning, ultimately making the case for investment requests and disinvestments (service planning, refurbishment, new build, disposals) for STPs/ICSs and PCNs in support of their strategic needs to meet population health outcomes and Long Term Plan objectives.

Benefits to GP Contract Holders

Benefits to GP contract holder involved in this programme will include:

- Ability to scope capacity across the estate and create opportunities for improved use of assets, enabling a portfolio approach across a PCN, CCG or STP/ICS area;
- Enabling the NHS to fully understand the condition of primary care and make the case for year-on-year capital to support improvements in GP estates;
- Having the required data to demonstrate cases for change as part of ICS estate strategies and for capital allocations for current and future governmental spending reviews;
- Where both landlords/owner occupiers and commissioners agree that there is a need for longer term utilisation of GP premises, prioritising and targeting capital funding at supporting the identified improvement needs in line with the relevant Premises Costs Directions (PCDs) at the time;
- Ring fencing of capital funding for primary care estates improvements; and
- Supporting GP contract holders to deliver high quality services to their patients from suitable, well maintained, CQC compliant premises, which aligns with the recommendation in NHS England's Premises Policy review to professionalise the management of GP estate.

Data Fields

The NHS Property Board recommended that key data fields be collected for primary care estates across England. These areas of data collection are:

- Property tenure
- Occupancy costs
- Site/building information
- Estates condition information, including forward maintenance view

The majority of programme information will be collected at desktop level, with central resource provided to ensure minimal disruption to day-to-day business for GPs. In some cases¹, 3 facet surveys will be conducted on GP practice premises, with governmental COVID-19 guidance considered and adhered to in the planning and conducting of these.

Programme Lead

Community Health Partnerships (CHP) have been appointed to lead the programme across England on behalf of NHSE/I. This programme will access ad hoc resources via CHP and its LIFTCo joint venture arrangements.

¹ Any practice premises that has had 6 facet survey (or a survey covering the 3 facets that will be assessed) since 2015, or part of the NHS Property Services or Community Health Partnerships estate, will not need to have a survey completed as part of this programme. In addition, any practice which is scheduled to move to new premises under development or close in the next 12 months will not require surveying.

Approach to Data Collection

There are various types and amounts of information linked to the above data fields available from our stakeholders and related organisations. In order to ascertain what is already held – subsequently avoiding duplication of effort and unnecessary use of resources – data collection will be conducted using a three stage approach before being uploaded to SHAPE:



Such an approach will see data sourced from STPs/ICSs, CCGs, CHP, NHS Property Services (NHSPS), LIFTCos, NHS Trusts, Local Authorities, GP practices, etc, however it should be noted that this will not include identifiable staff and patient-level data (including NHS number). The data only relates to the primary care estate and will be collected in confidence and in accordance with GDPR regulations.

Once the programme is complete, it is proposed that STPs/ICSs will be responsible for the ongoing management/maintenance of this data, based on a methodology/process prescribed by this project in order to maintain consistency, and its use for future investment requests.

Timescales

Current key milestones and programme rollout for the Pilot Wave and Wave 2 are as follows²:

[DATES TO BE ADDED]

10/11 STPs/ICSs will be involved in each wave of the programme. Waves 3 and 4 will be conducted in 2021, with dates to be confirmed closer to the time.

Pilot Wave and Wave 2 Areas

Pilot Wave

1. Cornwall and the Isles of Scilly
2. Kent and Medway
3. Lancashire and South Cumbria
4. Norfolk and Waveney
5. North East and North Cumbria
6. Northamptonshire
7. Nottingham and Nottinghamshire
8. South Yorkshire and Bassetlaw
9. Suffolk and North East Essex
10. Surrey Heartlands

Wave 2

1. Bath and North East Somerset, Swindon and Wiltshire
2. Bedfordshire, Luton and Milton Keynes
3. Cheshire and Merseyside
4. Derbyshire
5. Frimley Health
6. Hampshire and the Isle of Wight
7. Humber, Coast and Vale
8. Lincolnshire
9. Somerset
10. Staffordshire and Stoke-on-Trent

² Subject to change.

Data Collection Notice

Click here for the [Data Collection Notice](#) and its [accompanying letter](#).

Contact

If you have any questions about the programme or would like any further information, please contact pcdg@communityhealthpartnerships.co.uk.

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