

Standard Operating Procedure

Primary Care Data Gathering Programme Survey Visit

Introduction

Variability of consistently collated high-quality data remains a significant barrier to informed decision making about primary care premises investment and estates transformation. 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 (general medical practice) data, working alongside NHSE/I.

Significant barriers include:

- No mandatory national primary care data premises collection;
- Variations in regional and local data collection;
- Lack of resource to collect and manage data;
- Constraints on ability to collect data directly from GP Practices; and
- Limited access to data outside the NHS.

Community Health Partnerships (CHP) has been commissioned, working alongside its LIFTCo joint venture partners to undertake a programme of visits to the majority¹ of NHS reimbursed GP practice premises across England, commencing with a pilot in March 2020 with the aim of rolling out to cover most practices by May 2021.

The benefits of 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
- Provide robust data on a wide range of property costs which will underpin and evidence the call for additional capital investment in primary care
- Identify and implement opportunities for achieving best value out of primary care infrastructure;
- Demonstrate PCN cases for change for capital allocations for current and future governmental spending reviews;
- 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

¹ Any practice premises that has had 6 facet survey (or a survey covering the 3 facets that will be assessed) in the last 4 years will not need to participate in this survey. In addition, any practice which is scheduled to move to new premises under development in the next 12 months will not need to participate.

build, disposals) for STPs/ICSs and PCNs in support of their strategic needs to meet population health outcomes and Long Term Plan objectives.

Whilst this programme of visits is not an explicit GP contractual requirement, the benefits of GP contract holders enabling these premises visits to take place are:

- Enables 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
- Where both landlords/owner occupiers and commissioners agree that there is a need for longer term utilisation of GP premises, capital funding will be prioritised and targeted at supporting the identified improvement needs in line with the relevant Premises Costs Directions (PCDs) at the time
- Capital funding will be ring fenced for primary care estates improvements
- It will support 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

Once the programme is complete, and uploaded onto SHAPE (the NHS' preferred repository and tool for data collection and analysis), STPs and emerging ICS' will be responsible for the ongoing management/maintenance of this data, based on a methodology/process that will be prescribed by this project in order to maintain consistency, and its use for future investment requests.

How will Primary Care Medical Premises be Assessed?

In recognition that statutory and contractual compliance requirements of GP premises are set out under the NHS (General Medical Services-Premises Costs) Directions 2013 Schedule 1, this voluntary survey will be based on the minimum standards statutory and contractual requirements.

The minimum standards within the Premises Cost Directions 2013 require procedures to be in place to ensure premises are adequately maintained, safe and secure to meet the needs of both patients and staff, including undertaking appropriate risk assessments. They therefore provide a proportionate assessment of the statutory and contractual requirements of GP premises, with assessments and ratings being property based including any remedial actions required. These are divided into two parts:

- Statutory Standards, such as Health and Safety at Work, Equality Act, and Asbestos; and

- Contractual Standards, such as providing suitable facilities, including measures for decontamination and infection control.

Minimum standards do not replace the requirement for practices to comply with the need to have more specialised audits in connection with the Health and Safety at Work Act, Equality Act and infection control but the survey tool captures whether these risk assessments and action plans have been carried out under these broad requirements.

What Principles will be core to the Survey process?

- All general practice premises will be assessed in the context of what is reasonable² to achieve taking into account statutory and PCD minimum standards requirements.
- Where a practice is operating within a leasehold property, documentation required for the survey will be obtained ahead of the visit from the landlord, where appropriate.
- Where a landlord is part of the NHS family (NHS trusts, NHS Property Services, Community Health Partnership), responsibility for obtaining documentation will not sit with the GP contract holder but with the Primary Care (General Practice) Data Gathering Programme.
- Where a third-party landlord is the owner of the property, the GP Contract holder will need to do their best to obtain specified documentation (e.g. asbestos survey), and in the event that this has not been forthcoming, then it will be important for the GP contract holder to document their efforts.
- Should red rated risks requiring urgent attention be identified, action will not be progressed where GP contract holders demonstrate that either they have done everything possible to mitigate the identified risk, or it is their landlord's responsibility.
- In the latter case, where a landlord is part of the NHS family and an amber or red rated risk for which they are responsible is identified, then the relevant landlord is expected to rectify this matter within the surveyor's specified timeline.
- Data and information collected prior to, at and post survey will be shared with the relevant GP contract holders and commissioner; the former for validation, and the latter for information and follow up, if appropriate. The information to be shared with commissioners will include the GP contract holder's action plan, where appropriate.

² In the first instance, reasonable means compliance with standards. Where the action is agreed as reasonable, viable and deliverable, further assessment will be required to explore liability (i.e. who should fund those works), funding options, prioritisation of investment

- Indicative costings to rectify amber and red rated statutory and contractual minimum standards will be included in all survey reports and will be shared with GP contract holders to aid bidding for a subsequent improvement grant, as appropriate.

The Survey Tool

NHS England originally worked with the Valuation Office Agency in 2014/15 to assist it in further developing (having initially been used in London) a minimum standards electronic audit tool which could easily be used by GPs and surveyors and provide an understandable method of assessment. The intention at the time was for audit visits to be rolled out on a triennial basis across England, as part of CMR reviews.

Engagement with the General Practices Committee (GPC) of the BMA took place prior to the tool being piloted across several practice premises across England and an evaluation report was produced and shared with the BMA. The tool was further revised as a result and has since been reviewed for the purposes of these survey visits, with further engagement with the GPC.

The survey visit will entail an evidence gathering exercise designed to ascertain whether the GP contract holder has the evidence to demonstrate its compliance with the 3-facet survey. The survey will capture the findings and include further commentary regarding premises suitability in terms of design and layout.

The electronic survey tool consists of six tabs, with a copy is available in Appendix A:

- **Tab 1:** Executive Summary
- **Tab 2:** Survey Tool
- **Tab 3:** How to Use the Survey Tool
- **Tab 4:** NHS Process
- **Tab 5:** NHS Process (Text)
- **Tab 6:** Risk Assessment Tool

The survey tool under Tab 2 is divided into three sections:

<p>Section 1</p>	<ul style="list-style-type: none"> • Category including Statutory Compliance, Premises Suitability, Infection Control, Risk Management, Business Continuity. • Standard Relating to H& S, Equality Act, specific clinical rooms. 	<p>Columns A-I (information and reference purposes)</p>
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	<ul style="list-style-type: none"> • Formal Document & Standard References. • Aide memoire & surveyors prompts • Method of investigation i.e. document based, visual check. • Ranking guidance 	
Section 2	<ul style="list-style-type: none"> • Surveyor's Ranking of Priority (RAG) • Compliant or Non Compliant • Surveyor comments on Deficiency and Remediation 	Columns J-L (completed by surveyor)
Section 3	<ul style="list-style-type: none"> • Practice assessment of risk identified • Practice identifying actions including completion dates and responsible person 	Columns M-P (completed by the practice)

The actual survey tool has 31 individual standards; 13 are in respect of Contractual Standards and 18 in respect of Statutory Standards. The survey makes it clear whether the method of investigation is 'document based' or 'visual check'. As the survey tool is provided to the GP contract holder in advance, preparation for the survey visit is advisable, which should enable full documentation to be available during the visit, noting that it will be the Primary Care (General Practice) Data Gathering Programme's responsibility to obtain documentation from the landlord, as appropriate.

The ratings are based on the responses from the GP contract holder or their nominated representative in respect of the surveyor's prompts and judged against the ranking guidance. The survey tool allows a RAG rating to be given, although in some statutory compliance areas there is no ability to give an amber rating, such as there is evidence that an asbestos survey has been conducted, where applicable; or there is compliance with the H&S at Work Act or there is evidence of fire risk assessments.

If any of the standards are rated as either Red or Amber, this will be reported as non-compliant, although it is accepted that the results of this survey visit is a snapshot in time and some areas of deficiency could be remedied quickly through the process outlined in the sections below.

The Survey Process

The purpose of the Minimum Standards survey visit is to enable a professional surveyor to undertake a visit to every GP premises to assess whether it complies with the NHS (General Medical Services - Premises costs) Directions 2013, Schedule 1, Parts 1 and 2, with the purpose of identifying areas of investment where appropriate. As stated above, participation in the visit is not an explicit contractual requirement, but it is recommended that GP contract holders agree, taking into account the benefits

described earlier in this document and directly below. The results of the visit and any subsequent action required and taken by GP Contractors will enable one or more of the following outcomes:

- Support GP contract holders to risk assess, mitigate or remedy any unintended non-compliance with statutory and/or contractual compliance requirements
- Provide evidence that the practice can share with the Care Quality Commission (CQC) to demonstrate it has addressed current relevant requirements
- Provide documentary evidence of the need for improvement grant funding support, together with indicative costings
- Enable more evidenced based completion of the annual eDec assurance requirements for GP premises
- Provide assurance to both the GP contract holder and NHSE/I that the property does comply with the required standards in order that rental payments can be properly and fully reimbursed in line with the PCDs

Prior to the visit

The GP contract holder [or their nominated representative](#) will be contacted by telephone a minimum of two weeks prior to the premises survey visit to arrange a mutually convenient time. This will be followed by email confirmation, including the survey and risk assessment templates that will be used. It is suggested that preparation for the visit (such as the information identified in Tab 2, Column G) will minimise the amount of time the audit will take. In such circumstances, the surveyor would usually expect to undertake the visit within an hour.

At the survey visit

At the visit, the surveyor will walk round the premises with the GP contract holder's nominated lead to complete the survey.

The surveyor will take into account the use of clinical rooms in making their professional judgement in respect of the premise's statutory and contractual compliance. For example, the extent to which consulting rooms are used for invasive procedures may affect statutory compliance with ventilation requirements under the H&S at Work Act and contractual compliance with the Health & Social Care Act - code of practice for health and adult social care on prevention and control of infections.

The surveyor will flag up issues which have been found at the visit. It is not anticipated or expected that prolonged discussions should take place between the surveyor and GP contract holder representative(s) other than relating to the factual accuracy.

Should the surveyor have concerns about the cleanliness/hygiene of the practice

premises, this will be raised as an issue in the survey report and highlighted at the visit. If GP contract holders wish to dispute their reported findings, the local commissioner will be responsible for verification, which may involve seeking the advice and support of an Infection Prevention and Control Adviser or clinical adviser. The surveyor will not be involved in this further verification process.

After the visit

After the visit, the GP contract holder will receive a completed survey report setting out the findings from the visit to review, validate and to respond to, as necessary.

Concerns about matters of factual accuracy should be raised with [the surveying company] within 10 working days of the GP contract holder's representative receiving the report from the surveyor. GP contract holders are advised to begin to complete risk assessments and/or action plans on report findings as soon as possible.

Should a response be received but factual accuracy cannot be validated (e.g. where a contract holder disagrees with certain report findings but is unable to provide evidence that the information included in the report is inaccurate), the concern will be noted by the surveyor within the Executive Summary and the information be uploaded onto the temporary national database (which will subsequently be transferred into SHAPE at the end of the Primary Care Data Gathering Programme), in line with the surveyor's report. The database will enable comments to be recorded should there be any disputed findings or recommendations. In this eventuality, GP contract holders may wish to seek advice from their LMC as to whether they should complete related risk assessments and/or action plans.

Should a response not be received within this period, the report will be considered as factually accurate/validated and the GP contract holder will be advised accordingly.

The property-based assessments are straightforward to use and the RAG ratings provide a quick and easy way of identifying areas of concern.

To assist GP contract holders with understanding the risk associated with any areas of non-compliance, a consistent approach to risk rating has been developed and incorporated into the survey tool. This should help practices with their own risk assessment relating to any areas identified as non-compliant, the level of risks associated, and the remedial actions required to resolve the issue identified. In turn, this will allow for prioritisation of risk and appropriate use of resources.

The survey tool template is likely to need to be completed by the GP contract holder

or their nominated representative in order to assess risk, add comments, and identify what action will be taken (if any) when and by whom. It is inevitable that many practice premises will have amber ratings due to the existing age and layout of premises and therefore the survey is a risk-based approach.

An electronic copy of the GP contract holder's risk assessments and action plan should normally be sent to the local commissioner either within 15 working days of receiving and/or the practice's survey report being factually agreed. In the event it is not possible to complete this documentation within this timescale, the commissioner, in conjunction with the GP contract holder or their nominated representative, will assess the risks and it may be that some amber or red assessments cannot be overcome without refurbishment or substantial structural changes; the surveyor's role is only to flag up these issues and provide indicative costings for consideration by GP contract holders and the NHS.

For any risk that the GP contract holder considers cannot be resolved due to exceptional circumstances (e.g. where the CQC has already identified an issue and the GP contract holder is waiting on agreement from the local commissioner to an improvement grant), identification as to how the risk can be mitigated should be included in the meantime.

A deadline should be applied for amber rated actions to be fully resolved. Amber status may only be applied to contractual standards, as items non-compliant with statutory standards must be carried out as soon as a deficiency has been identified. Amber rated actions may be identified as Amber 3 (referring to 3 months) and Amber 6, 12 or 24 (various monthly timelines), in recognition that the ability to remediate may be beyond the 3 month period. Examples of this may be where funding is required or where an improvement/development is planned within 24 months, and it would not be cost effective to remediate before then. In these eventualities, it is very more important that the GP contract holder undertakes a risk assessment and evidences how the deficiency will be mitigated in the meantime. Failure to do so may result in contractual actions being taken, however extenuating circumstances will be taken into account.

Escalation and Disputes

Appendix 1 provides information on escalation and disputes processes.

Appendix 1: Escalation and Disputes

Escalation arrangements due to identification of actual or potential patient safety concerns at the visit:

In the unlikely event that immediate notification of actual or potential patient safety concerns are identified, the surveyor will be required to advise both the GP contract holder and the responsible commissioner at the end of the visit, the latter of whom will aim to agree with the GP contract holder what urgent actions will be taken. It is anticipated that most GP contract holders will wish to risk assess and, if necessary, remedy concerns within the agreed timescale. The commissioner will be responsible for following up with the contractor. The local LMC or the LMC support organisation will be contacted to facilitate discussions between the GP contract holder and the commissioner if issues remain unresolved. Resolution of outstanding concerns should normally be concluded within a 28-day dispute period.

Escalation process due to non-return of an action plan:

Should the GP contract holder not return their action plan within the above specified time, where there have been red (i.e. statutory non-compliance) **and** amber priorities identified by the surveyor and should there be no evidence that the local commissioner has been contacted in advance of the deadline to explain reasons for non-return, this may result in further action needing to be considered, such as a recommendation of a Contractual Remedial Notice to the CCG's primary care commissioning committee (PCCC), in accordance with the relevant GMS/PMS/APMS contractual regulations.

Should such a recommendation be agreed and a GP contract holder fail to complete/act upon a Remedial Notice may result in further contractual actions being taken, however extenuating circumstances will always be taken into account. GP contractors are advised to contact their LMC or LMC support organisation for advice in these circumstances. Resolution of outstanding concerns should normally be concluded within a 28-day dispute period.

Escalation arrangements due to non-agreement with action plan:

On the rare occasion that agreement cannot be reached about the level of risk identified or an appropriate action plan cannot be agreed, the following steps will be followed:

- If the standard is statutory or contractual, the GP contract holder will need to undertake a risk assessment to demonstrate how they intend to or shall mitigate the compliance issue identified. A more detailed risk assessment template tool is

available in Tab 6 of Appendix A for practice use. Based on the outcome of this risk assessment, the commissioner and GP contract holder will seek to agree when resolution of the compliance issue(s) will be completed taking into account the advice of the surveyor.

- If the issue is one of a more serious and high-risk nature, one or more services may be recommended to the local CCG's PCCC for temporary suspension until such time as any relevant deficiencies are rectified, or alternative sanctions may be appropriate.
- Should there be a failure to agree necessary actions, subject to the urgency of the matter, the GP contract holder or the commissioner will invite an LMC support organisation representative to participate in a discussion with the commissioner and the GP contract holder. This may result in:
 - Agreement on an action plan; or
 - A recommendation to the relevant PCCC to serve a formal remedial and/or breach notice on the GP contract holder; and/or
 - The GP contract holder disputing the requirement placed upon them as unreasonable.

Updated 23rd February 2020 to incorporate and respond to Londonwide LMCs third set of comments. Comments & responses are made by Jo Fox, NHSE/I PC estates lead, Laura Hamlyn, Programme Support Manager, PC Data Project & Jill Webb, Head of Primary Care and London lead for GP premises programmes.