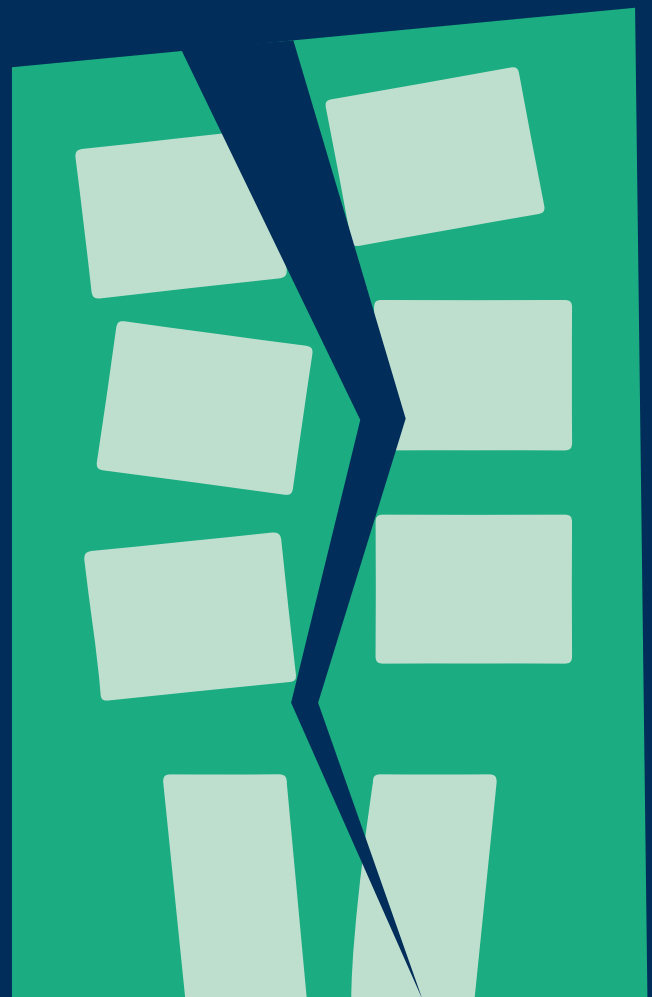
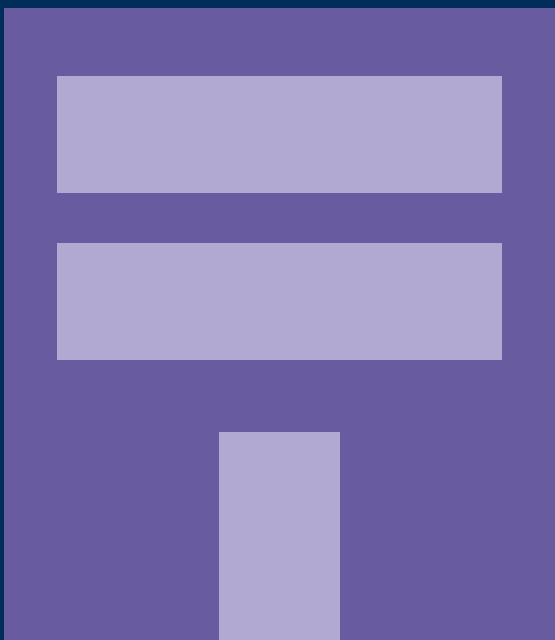




Royal College of  
General Practitioners

# Fit for the Future

Reshaping general practice  
infrastructure in England



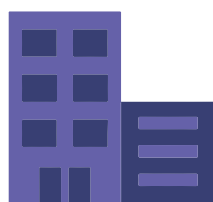
May 2023

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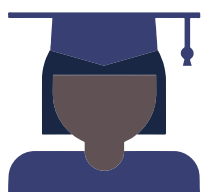
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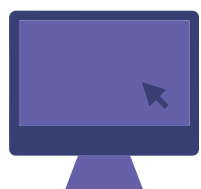
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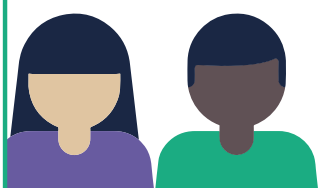
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# Introduction

The infrastructure available to general practice plays a critical role in ensuring that GPs and their teams are able to deliver high-quality healthcare and properly support the safety and well-being of patients and staff.

However, a new RCGP survey of 2,649 general practice staff shows that the current state of general practice premises and digital infrastructure is inadequate and making it hard for GPs to deliver the care patients need.<sup>1</sup>

In our 2019 [Fit for the Future](#) report, the RCGP set out a vision of general practice where - thanks to the right investment in workforce, digital tools, and modern and well-equipped premises - GPs and their teams would be able to continue, keep up-to-date, and excel in delivering world-class, preventative, sustainable, and person-centred care.

The Government's May 2023 [Delivery Plan for Recovering Access to Primary Care](#) begins to address some of the changes needed to deliver on this vision. However, significant and urgent investment in general practice premises is still required and the government must look beyond telephony to take a more holistic view of current general practice infrastructure in order to revitalise and reform care in the way that is needed.

Our survey shows that the current state of physical and digital infrastructure within general practice in England makes it difficult for practices to deliver the basic level of care, let alone achieve our vision for the future. The number of allied healthcare professionals, students, and trainees working as part of general practice teams has expanded greatly in recent years, without a parallel expansion of clinical space for them to work in.

## 2 in 5

staff members consider their premises not fit for purpose.

The reasons most commonly given are related to insufficient consulting rooms (88%), insufficient space to take on additional GP trainees (75%) or insufficient space for training GPs or professional development (66%).



<sup>1</sup> The survey was responded to by 2,649 general practice staff members between December 2022 and January 2023. This included opinions of 1,234 GP Partners, 376 salaried GPs, 139 GP locums, 221 GP trainees, 297 practice managers, 52 other clinicians, 25 other non-clinical staff, and 129 other roles from across the UK.

*“Inadequate lighting, doors fallen off and not fixed, no insulation, no heating controls, (...) temporary cabin extension which is rotten and has been in place for 18 years.”*

Many staff raised concerns about the suitability of access to their practices for patients with disabilities, the condition of old buildings and equipment, and structural problems such as leaks and drafty windows.

Of those who reported that their premises are not fit for purpose, 32% said this is because their premises have poor disabled access, and 25% due to water leakage, mould, or mildew. One respondent said their building had “drafts in windows stopped by sellotape around them” and that there were “leaks in the building all the time”.



**36%** of general practice staff whose practice does not own their building said their premises are not fit for purpose due to a lack of regular maintenance.

In terms of overall funding, primary care only receives around 8% of total NHS spending.<sup>2</sup> Resources to improve general practice infrastructure are even more scarce. Initiatives to provide special funding, such as NHS England’s [Estates and Technology Transformation Fund \(ETTF\)](#), between 2015 and 2020 have not solved the problem. As outlined in our previous [GP Forward View Assessment](#), due to the significant pressures on the general practice estates, the ETTF resources were insufficient to meet the increasing demand for them. Additionally, concerns were reported about the overly bureaucratic application process to obtain these funds.

Subsequent funding streams have also provided limited resources for general practice infrastructure. According to the NHS England [Capital Guidance 2022 to 2025](#), investment allocated through ICSs to primary care estates and IT is just £100 million per year, which represents just 3% of the total NHS capital budget for 2022/23.

<sup>2</sup> British Medical Association (2023) [Health funding data analysis](#).

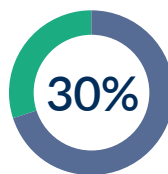
On top of this, we have consistently heard from our members that there have been barriers to accessing funding for estates and technology. For instance, almost 40% of respondents of the 2018 RCGP tracking survey worked in practices that were unsuccessful with their application for ETTF funds to improve their premises. While the ETTF no longer exists, our 2022 survey found that the success rate in receiving such funding has declined significantly, with practices facing challenges such as a shortage of available funds and complex eligibility criteria or application processes.

*“The biggest challenge is we have no room space to offer clinical consultations, and it is appalling that no infrastructure funding was put aside to help us do an extension to the building, for example. The ICB say there is no money although they agree there is a pressing need.”*

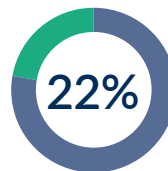
**3 in 4**



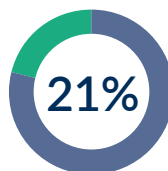
Almost **3 in 4** members of the staff that requested funding to upgrade their premises in the last year were unsuccessful in obtaining it.



**30%** of general practice staff reported that **telephony systems are not fit for purpose** due to the **lack of funding**.



**22%** of general practice staff reported **insufficient funding** as a barrier to **using video and online consultation** in their practice.



**21%** of general practice staff reported **insufficient funding** as a barrier to **using online triage** in their practice.

The poor conditions in which general practice staff are delivering care requires urgent additional support and funding. This report explores four key areas relating to general practice premises which need immediate national attention: physical space, training capacity, digital infrastructure, and the climate emergency.

## Summary of recommendations

The Government should provide the resources for every ICS to work with general practice to develop and implement a primary care infrastructure plan. These plans should include action to:

- 1** Invest in upgrading general practice premises to ensure sufficient space and good conditions for patient consultations to take place, to house expanded practice teams, and enable the development of more 'community hubs', with the co-location of a wider range primary care services alongside general practice.

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- 2** Expand training capacity in general practice to allow for expanded GP numbers above and beyond current Government targets, as well as training space for other healthcare professionals working in general practice teams. This should include both physical space and capacity of educators/supervisors.

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- 3** Invest in IT systems and organisational support to implement improvements to how practices operate, enhancing patient experience, efficiency, and connectivity with other parts of the healthcare system.

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- 4** Provide a permissive framework and the appropriate resources for practices to retrofit and improve energy efficiency and cut down on their carbon footprint.

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# 1. Physical space

The most significant issue identified by this survey is that general practice estates lack sufficient physical space to operate under the status quo, let alone the ability to expand to provide additional services and enhanced access. Of those who reported that their premises are not fit for purpose, 1 in 3 said that this is because the space for patients is inadequate, and almost 9 in 10 said it was because they do not have enough consulting rooms.

*“Our main problem is lack of space (...) there are limited consultancy rooms which means no flexibility on added staff to help with winter pressures. Staff sometimes have to move rooms between morning and afternoon sessions to ensure everyone can ‘fit in.’”*

Sufficient space on premises is essential to ensuring GPs and their teams are able to effectively serve practice populations and deliver the highest quality care. Respondents said there was insufficient space to consult with patients, train additional GPs or undertake professional development, hold staff meetings, and either host or train current or additional MDT staff.

*“Lack of space is our biggest constraint. There is no funding to address accommodating physios, mental health, and social care practitioners, [this] has led to GPs working in cupboards - it's hopeless.”*

The most recent available standards for health infrastructure were set by the Department of Health in 2013. These state that, **“the size of**

**a standard consulting room should be around 12 m<sup>2</sup>. However, the absolute minimum recommended area is 8 m<sup>2</sup>”**.<sup>3</sup> However, general practice staff have told us that their consulting rooms “[are] less than a third of the size needed”, they have “small room sizes below HBN11-01 requirements”, and they have staff working out of “cupboards, corridors, and loft space”, with health and safety implications for both patients and staff.

As multidisciplinary working has expanded, practices need more space to deliver the services their communities need. Because many practices are operating out of residential, listed, or leased buildings, there are limited options for how practices can undertake expansions. Without further investment and system-level planning, there will simply not be enough space.

There have been policy attempts to increase collaboration across networks of practices by establishing Primary Care Networks (PCNs), and the shift to Integrated Care Systems (ICSs) aims to improve the integration of primary and community services. However, the success of PCNs and the integration with other primary and community services has so far been limited due to workload pressures, workforce constraints, and a lack of resources, as well as issues with physical space.

The [Fuller Stocktake](#), published in 2022 to identify the next steps for integrating primary care, described ‘neighbourhood teams’ working together to improve the health of their communities. Improving physical primary care and community spaces that can house a variety of services is essential to improving the integration of services and could help to provide easier access for patients. This shift to community hubs could include wellbeing services, diagnostic services, medical specialty and pop-up clinics, and social prescribing, alongside core general practice services.

<sup>3</sup> The Health Building Note 11-01 ‘Facilities for primary and community care services’ (HBN 11-01) establishes that the minimum recommended room type for GP consultation and examination and GP training is the consulting room described in the Health Building 00-03 ‘Clinical and clinical support spaces’ (HBN 00-03). According to the latter, the standard consulting room should be around 12 m<sup>2</sup>.

# 1. Physical space

## Recommendation

Invest in upgrading general practice premises to ensure sufficient space and good conditions for patient consultations to take place, to house expanded practice teams, and enable the development of more 'community hubs', with the co-location of a wider range primary care services alongside general practice.





## 2. Training capacity

One of the leading causes of pressure in general practice is the workforce shortage, particularly of GPs. The number of HEE GP specialty trainees has increased over the last five years, reaching a record of 4000 recruits in 21/22. While this is positive news, current training numbers are still not enough to meet workload demands. The number of fully qualified full-time equivalent GPs has reduced since 2019, which means the Government is far short of meeting its target of 6,000 additional GPs by 2024. Therefore, alongside efforts to retain more GPs, we are calling for continued expansion of GP training places.” This includes deleting the reference.

In order to support an increase in the numbers of GP trainees, and ensure appropriate staffing levels across the NHS, there is also a need to expand medical school places. Whilst an expansion was not included in the Government’s Spring Budget 2023, the Labour Party has pledged to double medical school places, supporting calls such as those from the Royal College of Physicians.<sup>4,5</sup> The Liberal Democrats have similarly pledged to increase the number of medical school places in order to support an expansion in the number of GPs.<sup>6</sup>

**“Stopped medical student teaching due purely to lack of space.”**

**“We lack space for training. All partners are keen trainers, but we don’t have the space and the ICS has no funding to improve this problem.”**

Any increase in the number of GP trainees, foundation doctors, and medical school places will require greater capacity in general practice estates, particularly considering placement time in general practice during GP training has increased from 18 to 24 months.

There must be capacity for medical students and foundation doctors to undertake placements in general practice and for GP trainees to continue their education. It is similarly important that other allied health professional (AHP) students have the opportunity to receive training in general practice, something which is currently severely limited due to lack of space and resources.

We are pleased to see that the Government recognised these resource constraints in their [response to the Health Committee’s report on health and social care workforce](#), stating that any expansion of government-funded medical school places should be backed by appropriate funding with an appropriate number of clinical placements and specialty training placements made across the country.

However, at present, there is insufficient capacity to support the current levels of medical students, GP trainees, and other learners, let alone an increase. The challenges for medical student placements were highlighted in a 2022 study by the University of Cambridge’s GP Education Group, and wider issues of placement capacity came through strongly from general practice staff in our survey.

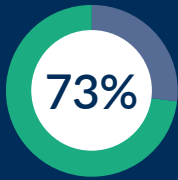
<sup>4</sup> Labour Party (2022) [Labour will use revenue from the reversal in 45% rate of income tax to fund one of the biggest NHS workforce expansions in history](#).

<sup>5</sup> Royal College of Physicians (2021) [Double or quits: a blueprint for expanding medical school places](#).

<sup>6</sup> Liberal Democrats (2022) [A new right to see your GP within 7 days](#).

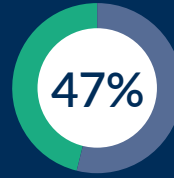


84% of general practice staff said a lack of physical space limits their practice's ability to take on GP trainees or other learners.



73% of general practice staff said their practice has little or no capacity to increase training places without additional funding.

A shortage of educators and supervisors will also hamper efforts to expand GP numbers. Being an educator or supervisor should be viewed an attractive career option and support must be provided to ensure GPs have the capacity to dedicate time to becoming supervisors and deliver training.

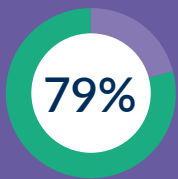


47% of general practice staff said their practice has a shortage of educators/supervisors limiting their capacity to take on GP trainees or other learners.

In line with wider concerns about a shortage of space in practices, our survey found that the most common concerns about receiving GP trainees were a lack of physical space to host existing or additional learners and the limited funding and support available to improve this situation. However, space is not the only limiting factor, with respondents to our survey also reporting a shortage of educators or supervisors, as well as a lack of time to devote to training, which is likely due to workload pressures.

To ensure general practice can continue to deliver high-quality care, it is critical that there is capacity for placements for students and foundation doctors, and for GP specialty training places to continue to increase, so that there is a pipeline of future doctors and other staff to work in general practice. In order for this to be possible, all of the limiting factors highlighted above must be adequately and rapidly addressed.

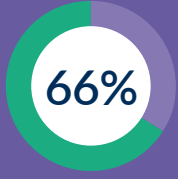
The support that general practice staff most often said could allow their practice to expand training capacity were:



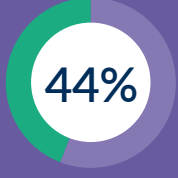
Additional physical space (79%)



Additional capital funding/estates funding to support training capacity (69%)



Decreased clinical workload (66%)



Support in expanding training capacity with new educators or supervisors (44%)



## 2. Training capacity

### Recommendation

Expand training capacity in general practice to allow for expanded GP numbers above and beyond current Government targets, as well as training space for other healthcare professionals working in general practice teams. This should include both physical space and capacity of educators/supervisors.



### 3. Digital infrastructure

In 2019, the RCGP's Fit for the Future plan set out the importance of investing in building the necessary infrastructure to secure patients' access to modernised and digitally enabled premises. The accompanying Digital Technology Roadmap emphasised the need for funding that supports upgrading IT infrastructure to ensure GP IT is never out of date, especially securing access to basic IT facilities such as high-speed broadband connection or computer hardware, and interoperable IT systems.

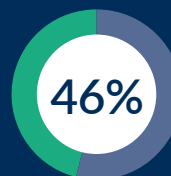
However, the recent Health and Social Care Committee expert panel report on the digitalisation of the NHS concluded that the Government's progress in digitising the NHS is inadequate. To harness the benefits of digital technology, general practice will require significant additional investment in both IT hardware and software.

**General practice staff said they need:**

*"Timely IT hardware and better speed of IT (very slow clinical system which is struggling to cope with increased staff numbers)."*

*"Funding for IT support, not just for equipment. Nothing works smoothly, primary and secondary care software clashed. A computer crashing on a busy day can be the final straw causing burnout."*

Our survey shows the limited access that general practice staff have to basic IT infrastructure, such as high-quality software and broadband connections.



**46% of general practice staff say their PC or laptop software is not fit for purpose.**



**38% of general practice staff say their broadband connection is not of an acceptable standard.**

The ability to connect and exchange information across the healthcare system is another key requirement of digitally-enabled healthcare. However, the majority of respondents to our survey complained of the unacceptable standards of IT systems to exchange information with both secondary care and other parts of primary care.





65% of general practice staff say the ability of their IT systems to exchange information with secondary care is not fit for purpose.

The most common reasons cited were:

- Poor interface between IT systems (86%)
- Needing to request records from secondary care (55%)

General practice staff say the ability of their IT systems is not fit for purpose to exchange information with:



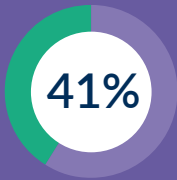
Pharmacy systems (56%)



Out-of-hours care (51%)



Community teams (51%)



Other services in the PCN (41%)



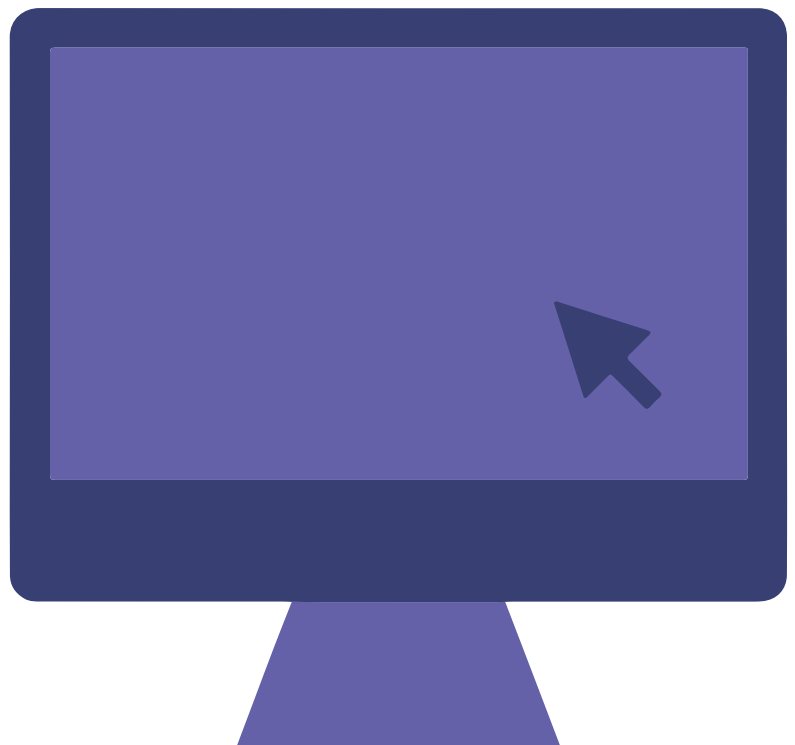
The [Delivery Plan for Recovering Access to Primary Care](#) sets out some measures that aim to improve the current poor state of general practice's digital infrastructure. Providing support for practices to implement digital telephony and investing in interoperability of records between general practice and community pharmacy are particularly welcome steps. However, it is clear that investment must go beyond what is set out in the delivery plan, particularly to address the poor standard of computer hardware and software, broadband connectivity and interoperability with all parts of the healthcare system.

The aim of increasing the use of digital technology is to improve how healthcare is provided, which translates not only into better health outcomes but also into more timely, efficient, and effective care across primary, secondary, and social care. The Government's June 2022 [plan for digital health and social care](#) speaks about a transformational change that aims for faster, more effective, and more personalised care. However, at present, the IT infrastructure in general practice and beyond is not a solid platform to support such a transformation.

## 3. Digital infrastructure

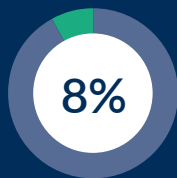
### Recommendation

Increase investment in IT systems and the organisational support to implement improvements to how practices operate, enhancing patient experience, efficiency, and connectivity with other parts of the healthcare system. NHS digitisation plans should prioritise upgrading the current general practice IT infrastructure to lay the foundations for transformation. This should include ensuring practices have access to sufficient PCs and laptops, high-quality software, fast broadband, and modern functioning booking systems.



## 4. Sustainability

Primary care is responsible for approximately 23% of the NHS in England's carbon footprint, or 0.9% of the UK's total emissions.<sup>7</sup> NHS England's 2020 report, *Delivering a Net Zero NHS*, notes that there are approximately 7000 GP practices in England spread over some 9000 buildings, which emitted approximately 167 kilotonnes of CO<sub>2</sub>e in 2019. The RCGP is committed to responding to the climate emergency and working with the Government and other partners to ensure general practice is supported to improve energy efficiency, climate adaptation, and sustainable prescribing.



**Only 8% of general practice staff said their practice had energy efficient heating.**

Part of NHS England's path to net zero includes decarbonising the primary care estate. Improving building energy efficiency is a key factor in achieving this. However, our recent survey found that only 8% of general practice staff said their practice building had energy efficient heating, while only 40% had sufficient insulation and 42% had energy efficient lighting. Improving energy efficiency has concurrent benefits for practices, staff, patients, and the NHS, by reducing energy costs and ensuring more comfortable and controllable healthcare environments.

**7 in 10** general practice staff who had not taken steps to improve their practice's sustainability said it was due to lack of funding and other priorities.



Practices are already taking steps to improve their carbon footprint; 43% of staff said they had taken steps to improve sustainability in the past five years. However, competing priorities, a lack of capital investment, and lack of interest or roadblocks from building owners and funders have hampered practices' ability to progress upgrades.



<sup>7</sup> Tennison, I., et al. (2021) [Health care's response to climate change: a carbon footprint assessment of the NHS in England.](#)

General practice staff set out the barriers to improving their building's sustainability:

*"Lack of support from our ICB - we are not asking for money from them but they either delay decisions, hold back our section 106 money and generally actively seem to stand in our way."*

*"We repeatedly ask, but [are] blocked at every step by NHS property services."*

NHS England and ICSs must better support general practice if they wish to drive progress towards decarbonisation. Increasing capital funding for premises upgrades, streamlining the processes by which practices can apply for funding, and prioritising sustainability in the national requirements of and planning for general practice are all required to enable change.

*"We considered installing [a] heat pump but planning permission would have taken too long for our immediate needs. Local green business grants not applicable to NHS organisations."*





## 4. Sustainability

### Recommendation

Provide a permissive framework and the appropriate resources for practices to retrofit and improve energy efficiency and cut down on their carbon footprint. This should include streamlining the processes by which practices can apply for sustainability upgrades, including ensuring adequate funding is available and ringfenced for this purpose.



## Conclusion

General practice staff across the country are struggling to deliver the care patients need. Many are working from outdated and unsuitable premises and are operating with a severe lack of digital infrastructure. The results of our survey highlight the key issues practices are facing, such as limited physical space, inadequate capacity to host multidisciplinary teams or receive new trainees, deficient IT infrastructure, and poor building energy efficiency. Improvement is desperately needed.

The path to a brighter future for general practice requires upgraded, modern, and well-equipped infrastructure. Significant and bold Government investment is needed urgently to make that a reality.



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Royal College of  
General Practitioners

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