

Update on GP services in Medway

1. Introduction

GP services provide vital services for patients, but are now under unprecedented pressure across the country, including within Medway. Action is needed to address the challenges that GP practices are facing and to transform the way care is provided to patients, in order to ensure sustainable services for the future.

The national GP Forward View sets out a national plan to get general practice services back on their feet. This includes setting out increased national investment for primary care services, practical, funded steps to grow and develop the primary care workforce. It also includes helping GP practices to better manage their workload, funding to modernise the infrastructure and technology GP practices use and support for local practices to redesign the way modern primary care is offered to their patients.

Due to the complexity of the challenges local GP practices in Medway are facing, there is no simple, overnight solution to resolving these issues. Ensuring the long-term sustainability and transformation of care will require partnership working across the local health and care system. NHS Medway Clinical Commissioning Group (CCG) is working with local GP practices and other health and care partners to plan the development of services in a way that will meet patient needs over the coming years and provide more joined up care to patients outside of hospital.

It is also important to make sure that the national support that is being made available through the GP Forward View can be tailored to meet local needs. NHS England is therefore working with NHS Medway CCG and local GP practices to determine the particular nature of support practices in Medway need to become more resilient and to help improve access to services for the local population in the long-term.

2. Current challenges facing GP services

General practice is the bedrock of healthcare and local GP surgeries provide valuable services to their patients. Across the country, GP services are however facing a number of challenges, which include:

- **Managing an increased workload**

GP practices are serving an ageing population and an increasing number of patients with complex care needs and multiple long-term conditions. There are also rising patient expectations about what they want services to provide and increased regulatory requirements that GP practices must meet.

- **Workforce supply**

The recruitment and retention of GPs is proving a challenge for GP practices across the country, with many older GPs reaching retirement age. Around 38.6% of the GP population is over the age of 60 within Medway.

Younger GPs are also increasingly choosing to work as locums and as salaried GPs – rather than entering into GP partnerships and running practices themselves, while some GPs are also choosing to work part time.

There are also large numbers of local vacancies for GPs and practice nurses - a challenge that is being experienced in Medway and other parts of the country.

- **Increased operational costs**

As a result of the workforce pressures referred to above, many GP practices are increasingly relying on using the services of locum GPs to provide clinical care, but this often results in higher operating costs for the practices. At the same time, there is increasing pressure on NHS financial resources and the need to make the best possible use of NHS funding for the benefit of patient care.

Medical indemnity costs for GPs are also increasing. GPs have made clear that they feel they have been subject to unsustainable, above-inflation rises in the amount they must pay to buy indemnity against clinical negligence. Concerns have also been raised about the potential for rising indemnity in discouraging GPs from taking on certain work, like out-of-hours care.

- **Infrastructure**

GP practice premises and infrastructure have struggled to keep pace with population growth and the increasing need for care over recent years. This means that some GPs are working out of small consulting rooms which do not best meet the needs of modern general practice services.

- **Variation in the quality and performance of services**

Since October 2014, the Care Quality Commission (CQC) has been carrying out a programme of work to inspect and rate every GP practice in England. This helps to identify where any improvements need to be made, so that patients can consistently receive good quality services. The majority of GP practices inspected to date within Medway have been rated by the CQC as providing a 'good' service, but two local GP practices were initially rated as 'inadequate'. Red Suite Surgery in Gillingham was subsequently taken out of 'special measures' in August 2016, following improvements made at the practice and the CQC has yet to publish a follow up report regarding services provided at St Mary's Island Surgery. Some areas for improvement have been identified within other local practices.

We also know that some patients in Medway, as in other parts of the country, have expressed frustration at their ability to book a GP appointment and have expressed concern about waiting times for appointments. The latest results of the GP national patient survey, published in July 2016, show that across England the majority of patients (84.7%) were able to get an appointment last time they tried, compared to 81% of people asked in the NHS Medway CCG area (based on survey responses from 5,811 local people). This is down slightly from July 2014 (when 82% of people in Medway said they could get an appointment) and lower than the proportion of patients in Medway who reported in July 2013 that they could get an appointment (85%).

While GP practices are responsible for providing appointments in the way that best meets the needs of their patients (including ensuring swift access to appointments for any patients with urgent medical needs), it is clear that support needs to be provided to practices to help them to improve general access to services.

3. The impact of challenges facing GP services

Ways in which the various challenges facing GP services are manifesting themselves in the South East (in line with the experience in other parts of the country) include:

- GP practices struggling to recruit to vacant GP partnership and salaried GP positions.
- Some practices feel they do not have the operational capacity to register new patients at the current time.
- Some practices are closing branch surgeries and are looking to consolidate their services on fewer sites.
- Some practices are merging and coming together in order to become more resilient. Smaller practices, by their nature, can find it harder to tackle some of the challenges facing general practice and according to figures published by the Health and Social Care Information Centre (HSCIC), the number of patients per practice has grown steadily in the last decade, rising from 6,250 to 7,450 between 2005 and 2015, in part reflecting the move towards larger practices (www.hscic.gov.uk/catalogue/PUB20503/nhs-staf-2005-2015-gene-prac-rep.pdf). Of the 51 practices in Medway, 13 are currently run by 'single-handed' GPs.
- An increasing number of practices in the South East have resigned their contracts to provide GP services over the past couple of years. In the Medway area, two GP practices have given notice on their contracts to provide services during this time, meaning that arrangements to ensure continued care for patients had to be secured (College Health gave notice on their contract to provide services at Sterling House Surgery in Chatham, with effect from 30 September 2015, and the single-handed GP who was running Esplanade Surgery in Rochester gave notice on his contract with effect from the end of July 2016).

There have also been instances whereby NHS England has had to take the decision to ask patients to register at other local practices in order to ensure their ongoing care. This was a result of other local GP practice contracts coming to an end and where it was determined that it would not be feasible to reprocur these contracts in their existing forms. A temporary contract was put in place to provide services to patients at the former Green Suite Surgery at Rochester Healthy Living Centre after the contract NHS England previously held with a single-handed GP to run the practice was ended due to patient safety concerns.

The temporary contract to run Green Suite Surgery ended on 31 March 2016 and patients were supported to register at other local GP practices, who provided reassurance that they could accommodate them. The contract at DMC Walderslade Surgery will also reach its natural end on 31 March 2017 and patients from this practice will be supported to register at other local GP practices from mid-January 2017. Patients from the surgery have been sent a letter about this.

4. The GP Forward View – a national plan to respond to these pressures

We need to transform the way care is provided in order to address the issues referred to above, and to ensure the future delivery of good quality care to patients in a sustainable way over the coming years. A national strategy for the future of the NHS has been set-out in the NHS Five Year Forward View. The accompanying General Practice (GP) Forward View, published in April 2016, sets out a national plan to get general practice back on its feet, to improve patient care and access and to invest in new ways of providing primary care, in order to help address the principal challenges facing GP services. This includes action being taken to address workforce issues and to support vulnerable practices, while work has been taking place across the country to test potential new models of care, so that services can be designed which will meet the needs of patients, both now and in the future.

Examples of the type of support that is being made available nationally to support GP practices, as described in the GP Forward View, are outlined below.

Investment in GP services

The national GP Forward View commits to providing an extra £2.4 billion a year to support general practice services in England by 2020/21, while also outlining a one off five-year £500 million national sustainability and transformation package to support struggling practices in the interim, to develop the workforce, stimulate care redesign and to tackle workload challenges.

As part of this work, NHS England announced details of a £40 million General Practice Resilience Programme in July 2016, to help support struggling practices with challenges such as practice management, recruitment issues, and capacity. The menu of potential support available as part of this scheme extends from support to help stabilise GP practices where there is a risk of closure, through to more transformational support that will help make individual GP practices more resilient in the future.

Of the national funding available to support GP practices in 2016/17, the South East area has received £765,000 from the Vulnerable Practice Fund and £1.3m from the new GP Resilience Programme. The local South East team at NHS England has topped this up with an additional £540,000 of local funding, to support practices. This provides total funding of £2.6 million to allocate amongst local GP practices within Kent, Surrey and Sussex in 2016/17.

There are around 600 local GP practices in Kent, Surrey and Sussex and the local South East primary team at NHS England has been working alongside local clinical commissioning groups (CCGs) to determine which practices could benefit most from this support at the current time. We have also been working with CCGs to determine the nature of the support individual practices require in order to improve their resilience and to tailor any proposed support to their specific needs.

We have identified three main themes of support:

1. Diagnostic Support
2. Support with potential mergers
3. Locality support to increase capacity and resilience in specific areas

Practices in Medway have been identified to receive support from the General Practice Resilience Programme for 2016/17. It is also worth noting that resilience funding will continue for the next three years

Meanwhile, there are also plans for a new national GP indemnity support scheme, which will start in 2016/17 and provide a special payment to GP practices, linked to their workload, which will help offset the rising cost of GP indemnity costs.

As well as setting out plans for various schemes of national investment to help stabilise and transform services for patients, the GP Forward View also makes commitments to ensure a fairer distribution of funding for GP practices.

National colleagues at NHS England have confirmed that they are working to do this in a way that does not undermine stability or cause uncertainty for GP practices. They are starting negotiations with colleagues from the British Medical Association on a new national funding formula for GP services and are modelling the impact any changes would have on practices, in view of other funding flows that are already in place. NHS England and the BMA have confirmed that there will be no changes sought to the funding formula before 1 April 2018. It is felt that this timescale will allow better forward planning by practices, better engagement with the profession and patient involvement, if this is required.

Due to the diversity of the different local populations that are served by GP practices, colleagues do however recognise that a national funding formula will not be able to accommodate the needs of all practices. In parallel to the development of a new national funding formula, national colleagues at NHS England are therefore also in the process of developing national guidance to help local commissioners of services better understand the workload challenges that practices serving particular groups of patients can face. This guidance will consider university practices, unavoidably small and isolated practices and practices with a significant proportion of patients who cannot communicate in English.

Support to develop the primary care workforce

We need to ensure we have the right primary care workforce in place, which will help meet patient needs over the coming years. At a national level, NHS England has been working in partnership with Health Education England (HEE), the Royal College of General Practice, and the British Medical Association on various initiatives to strengthen the primary care workforce and to deliver an extra 10,000 staff working within primary care by 2020/21 (including plans to create an additional 5,000 doctors working in general practice by this time).

There is a need to expand the number of GPs in training, while also training more community nurses and other primary care staff and investing in new roles which will support patient care. There is also a need to support returner and retention schemes, ensuring that current rules are not inflexible and putting off those health professionals considering a potential return to general practice.

Workforce programmes that have been announced nationally include:

- Increasing GP training places to 3,250 a year, to support overall net growth of 5,000 extra doctors by 2020 (compared with 2014).
- Attracting up to an extra 500 appropriately trained and qualified doctors from overseas.

- Rolling out 250 new post-certificate of completion of training (CCT) fellowships to provide further training opportunities in the areas of poorest GP recruitment.
- Attracting and retaining at least an extra 500 GPs back into English general practice.
- In September 2015, Health Education England launched a national marketing campaign ('Nothing General About General Practice') designed to recruit more newly trained doctors into general practice.
- A national pilot scheme has been launched to encourage GP trainees to work in those areas of England identified by the GP National Recruitment Office as being the hardest to recruit trainee GPs to. The Targeted Enhanced Recruitment Scheme has offered bursaries to attract GP trainees to work in these areas (Medway is not one of the areas covered by the pilot scheme, but the scheme will be evaluated to determine its impact and effectiveness and to inform the future planning of GP recruitment).
- NHS England has invested in the development of 13 pilot training hubs, where groups of GP practices can offer inter-professional training to primary care staff, extending the skills base within general practice and developing a workforce which can meet the challenge of new ways of working. A training hub has been established to cover the Kent, Surrey and Sussex area. The local training hub, which is supported by NHS England and NHS Medway CCG, amongst other partners, is developing networks of GP practice support.
- A Retained Doctor Scheme has been announced. This is a national package of support, which includes financial incentives and development support to help GPs who might otherwise leave the profession. In the meantime, a broader review into the best approaches to retaining doctors is also being undertaken by NHS England, Health Education England (HEE), BMA's General Practitioners Committee (GPC) and Royal College of General Practitioners (RCGP).
- A revised national induction and refreshers scheme, designed to provide a safe, supported and direct route for qualified GPs to join or return to the NHS has been launched.
- A new national pilot scheme to test how to support GP practices who are struggling to recruit GPs has been developed. The Targeted Investment in Recruiting Returning Doctors Scheme invests resources in GP practices which have been identified as having historically encountered difficulty in recruiting GPs. The scheme offers support to help practices fill their vacancies, as well as providing a relocation allowance for GPs filling those posts. In Kent, two practices in Margate and Dymchurch are part of this pilot scheme.
- The GP Forward View sets out plans to increase the range of clinical staff working as part of practice teams, to reduce reliance on GPs where other health professionals can also provide patient care and in order to make the best possible use of everyone's clinical skills. A commitment has been made by NHS England to recruit a minimum of 5,000 other staff working in general

practice across England by 2020/21, including an extra 3,000 mental health therapists, a further 1,500 clinical pharmacists, 1,000 new physician associates and piloting new medical assistant roles. NHS England are also developing a general practice nurse development strategy and will be investing £15 million to increase pre-registration nurse placements, to improve retention of the existing workforce and to support return to work schemes for practice nurses.

There are various local workforce initiatives in Medway which are already taking place and which supplement, or support, these national initiatives.

As part of plans to increase the range of health professionals working within the primary care workforce, ten practices in Medway are amongst those taking part in a national pilot scheme, to test the way clinical pharmacists can work in primary care to support both GPs and patients. The practices taking part in the scheme are:

- Parks Medical practice, Cliffe Woods, Rochester
- The Elms Medical Centre, Hoo
- Highcliffe Medical Practice, Higham
- Court View Surgery, Strood
- Borstal Village Surgery, Rochester
- Dame Sybil Thorndike Health Centre, Strood
- Bryant Street Medical Centre, Chatham
- Lordswood Health Centre, Chatham
- Churchill Clinic, Chatham
- Parkwood Family Practice, Rainham

We understand that the practices have worked to recruit five pharmacists to work across the ten Medway practices and that they have started to receive additional training (alongside GPs from the practices) to support them in this new role.

Examples of the benefits patients can expect to see from this scheme include extra help to manage long-term conditions, specific advice for those with multiple medications and more access to clinical advice on treatments.

NHS Medway Clinical Commissioning Group (CCG) is also working to support:

- An increase in local trainee nurse placements in primary care.
- Offering career advice and support for clinical staff.
- Undertaking recruitment initiatives amongst local people and the local university.
- Developing the roles of Health Care Assistant, Nurse Practitioners and practice-based pharmacists to improve the skill mix within local GP practices.
- Work is ongoing with volunteers from local care teams, across a range of healthcare professionals, to implement changes and help improve services for patients.

Support to manage GP workload

Recent years have seen a growth in the volume and complexity of the work that local GP practices need to manage, alongside the rising operational costs that many practices face in providing services (for example greater spend on locum GPs where recruitment is challenging).

NHS England commissioned a national study to quantify the sources of bureaucracy and potentially avoidable demands on the workloads of GP practices. The Making Time In General Practice study, by the Primary Care Foundation with the NHS Alliance, found that the biggest burden for GP practices was navigating payment systems, whilst the next biggest burden related to processing incoming paper-based information from hospitals. The study, published in October 2015, also showed that up to 18 per cent of GP appointments could be avoided if services were organised differently.

In response to the findings of the study, NHS England has announced a new General Practice Development Programme and £127 million of practical support over the next five years to help GP practices in England to manage their workload differently, freeing up time for GPs and other practice staff to improve care for their patients. National resources and expertise will help groups of local GP practices plan their own 'Time for Care' programme, tailored to meet their local interests and plans. They will be able to implement innovations that other GP practices across the country have already tried and tested and found useful in managing their workloads, with these various initiatives grouped into 10 so-called 'high impact actions'.

These actions, which will be discussed as part of conversations with local care teams are:

1. **Active signposting** - Providing patients with a first point of contact which directs them to the most appropriate source of help (web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional, while GP receptionists can also ensure the patient is booked in with the right health professional first time).
2. **Introduce new communication methods for some consultations**, such as phone and email. Where clinically appropriate, these can improve continuity and convenience for the patient, and reduce clinical time per contact.
3. **Reduce do not attends (DNAs)** - Maximise the use of appointment slots and improve continuity by reducing the number of patients who do not attend their appointments. Changes may include issuing appointment reminders by text message and making it quick for patients to cancel or rearrange an appointment.
4. **Develop the practice team** - Consider broadening the workforce to reduce demand for GP time and connect the patient more directly with the most appropriate professional. This may include training a senior nurse to provide a minor illness service or employing a community pharmacist, for example.
5. **Productive work flows** - introduce new ways of working which enable staff to work smarter, not just harder. These can reduce wasted time and help ensure uncomplicated follow-up queries from patients are less reliant on GPs consultations.
6. **Personal productivity** – includes providing resources and training to ensure individual staff are able to work in the most efficient way possible.
7. **Partnership working** - exploring the benefits of working and collaborating with other local GP practices at greater scale, to help improve organisational resilience and efficiency and improve patient care.

8. **Use social prescribing** - referring or signposting patients to services which increase their wellbeing and independence. These are non-medical activities, advice, advocacy and support and are often provided by voluntary and community sector organisations or local authorities. This might include support for dementia sufferers for example.
9. **Support self-care and management** - supporting people to play a greater role in their own health and care, including by signposting patients to sources of information, advice and support in the community and training people to manage their long term conditions.
10. **Build quality improvement expertise** - developing a specialist team of facilitators to support service redesign and continuous quality improvement, in order to help GP practices to more rapidly introduce new ways of working and to achieve sustainable progress as quickly as possible.

Other initiatives which form part of the national General Practice Development Programme include £45 million that has been announced nationally to support the training of reception and clerical staff to play a greater role in navigating patients and handling clinical paperwork to free up GP time, £6 million to support practice manager development and £45 million to support the uptake of online consultation systems within GP practices (from April 2017 funding will be provided via CCGs to help practices with the cost of installing an online consultation system, so they can make use of technology to spend additional time in contact with their patients).

As well as making the workload of GP practices more sustainable and releasing time for staff to spend with the patients who need it most, it is hoped that the General Practice Development programme will also help strengthen collaboration between practices and other organisations in the health and care system.

Meanwhile, NHS England has also announced a new nationwide £19.5 million health service for GPs, which will be introduced in January 2017 and focused on helping those GPs who may be suffering from mental ill-health, including stress and burnout. Available in 13 areas across the country, the NHS GP Health Service will be accessible via a confidential national self-referral phone line, website and app, enabling GPs and GP trainees to seek information about the services available, and to access self-help tools and clinical support.

Practice Infrastructure

The national Estates and Technology Transformation Fund is a multi-million pound investment boost in GP premises and technology, to improve and expand out of hospital care for patients, a key commitment set out in the General Practice Forward View.

The key driver for investment is to improve existing facilities, to increase flexibility to accommodate multi-disciplinary teams and to develop the right infrastructure to expand the range of care for patients, as well as to add more training facilities and make greater use of technology. This is needed to facilitate primary care at scale and more joined up care in local communities.

In January 2015, GP practices were invited to submit bids to NHS England for investment in 2015/16. The majority of bids focused on helping GP practices make much needed improvements in access to clinical services by extending existing GP

premises. In 2015/16, City Way Surgery in Rochester received funding to add an additional room at the practice and this work has been completed.

For the 2016/17 financial year, local GP-led clinical commissioning groups (CCGs), which plan and fund the majority of local health services, were invited to put forward proposals for investment in primary care infrastructure, working with GPs locally.

In order to ensure the best possible use of available resources, all CCGs were asked to assign rankings to prioritise any bids they put forward on behalf of local practices, so that this could be taken into account in making decisions about the allocation of funding.

For 2016/17, NHS England has received a large number of applications for funding on behalf of local GP practices from across the country (including 149 from the South East, of which four applications were made on behalf of Medway practices).

NHS England recently announced those GP practices from the Midlands and East region which had been approved in principle for support from the national fund in 2016/17, subject to the necessary due diligence checks. Details of other schemes supported in principle in other parts of the country (including within the South East) are set to be announced from the end of October. NHS England will work with NHS Medway CCG to make sure the local Medway practices which have submitted applications to the fund are kept updated as this work is completed.

In October 2016, a number of minor improvement grants have been agreed across the South east and at least three of these relate to the Medway area.

Care Redesign

As outlined in the GP Forward View, there is a need to transform the way we provide services to patients, in order to ensure that the NHS can continue to meet their needs in the future.

Although it is expected that some smaller GP practices will continue in their current form, it is recognised that primary care is entering the next stage of its evolution.

Primary care services of the future will need to build on the traditional strengths of GPs as 'expert generalists', proactively providing services for patients with complex on-going needs, such as the frail elderly or those with chronic conditions and working much more intensively with them. Future models of care will also need to expand the leadership of primary care to include nurses, therapists and other community based professionals.

It could also mean offering care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients in order to bridge the traditional divide between primary care, community services and hospitals, which is increasingly a barrier to the personalised and coordinated health services patients need. The emphasis in future needs to be on managing and designing whole systems of care – not just on the individual organisations that provide care. Two models of care have been described nationally which can enable this to happen. The first is the Multi-Specialty Community Provider (MCP) model, whereby primary care providers, working across local populations, take on a range of services currently provided in hospital settings. This option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care providers, to create a

system of integrated out-of-hospital care for local patients. The second is the Primary and Acute Care Service (PACS) model, whereby hospitals take on responsibility for primary care provision for set populations. Both models involve primary care being delivered “at scale”.

NHS England is also working to develop a new ‘MCP contract’ to enable the integrated commissioning of primary care with other health and care services, as per a commitment made in the NHS Five Year Forward View. It will be a contract between the commissioner and the MCP provider. A working draft of the contract will initially be shared with the ‘vanguard’ MCP sites across the country that have been helping to develop these new models of care, with the draft contract then published for wider consultation later this year.

This slight adjustment to the original timetable will give NHS England more time to engage with people, especially those likely to use the contract early. NHS England national colleagues have advised that they are still intending to publish the final contract in early 2017.

This work will help support the development of new ways of providing care for the benefit of patients, however, England is too diverse for a ‘one size fits all’ care model.

With the support of NHS England, clinical commissioning groups (CCGs) are therefore leading work to implement the aims of the General Practice Forward View at a local level and to develop sustainable models of care that will provide the best possible care to patients and support integration.

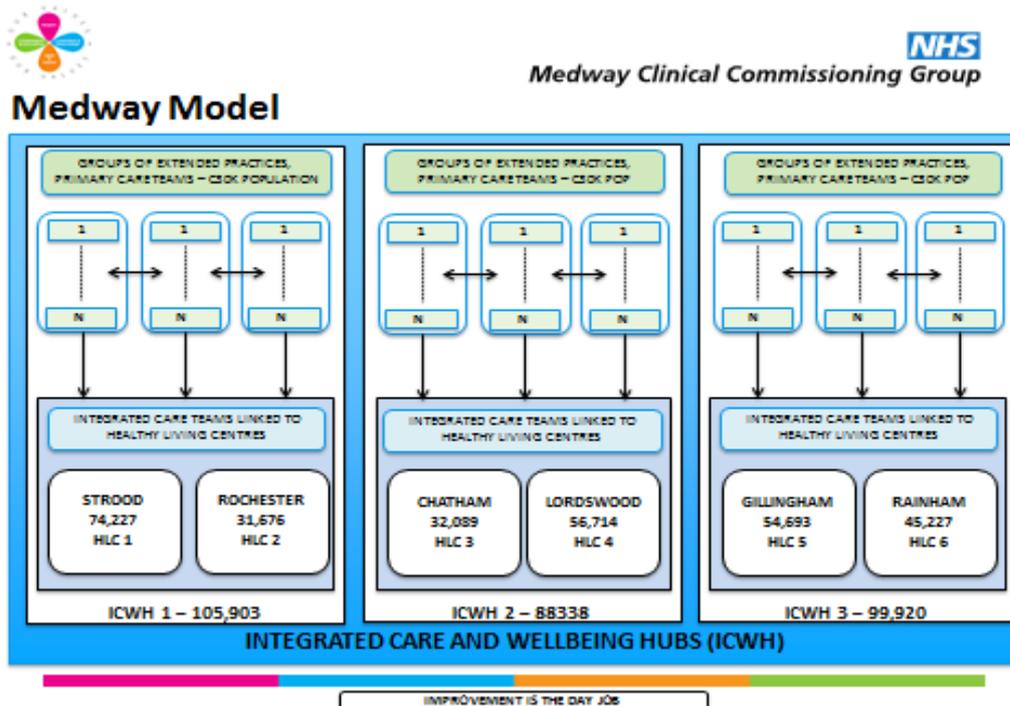
Taking a bottom-up approach to the development of services, in partnership with GPs and other local health and care providers, the Medway approach includes the development of a strategic partnership with several societies (Red Zebra Partnership Project) that will enable the statutory sector to engage with local communities more effectively.

New planning guidance published by national NHS leaders on 22 September 2016, places a requirement upon CCGs to submit their strategic plans to develop local GP services to NHS England on 23 December 2016. These plans will need to include details of how they will work to improve access to local GP services. The planning guidance also explains funding that will be available to help CCGs increase the capacity of local GP services, for example by local GP practices working together to provide more appointments in the evenings and at weekends). NHS Medway CCG will be working to this national guidance as part of the ongoing development of their plans for the future of local GP services.

The transformation of primary care services, for the benefit of patient care, is at the centre of NHS Medway CCG’s emerging strategy for the development of local, out of hospital, healthcare services. This local strategy sets out a programme for the provision of primary and community hubs, locally known as the ‘Medway Model’ (see diagram below). This is in line with the NHS Five Year Forward View and the emerging Sustainability and Transformation Plan (STP) in Kent and Medway.

A focus on prevention and support for patients outside a hospital environment will see more services being provided in and around a primary care environment, with a focus on the multidisciplinary approach to patient-centred care.

NHS Medway CCG feels that these primary and community healthcare hubs will not only help to address access and capacity needs for local primary care services, but will also improve patients' access to integrated health care services and outpatient appointments in the community. This would in turn, relieve pressure on the main acute hospital (Medway Maritime Hospital in Gillingham) and reduce demand on the urgent care pathway.



To help develop the Medway Model for care, discussions are starting with local GP practices regarding how they can work together via Local Care Teams, which will consist of GPs and other health care professionals who, between them will care for up to 30,000 to 50,000 patients. These integrated care teams will bring together a wide range of health professionals across health, social and voluntary services, so that they are able to contribute to the health and care of the local population at this level and can provide preventative care and a breadth of services at scale.

As well as delivering a range of services to meet the needs of individual patients, this approach will help consolidate and make the best possible use of NHS resources for the benefit of local patient care, help support the resilience and sustainability of services and make scarce GP and practice nursing skills available to the widest number of people.

To underpin these proposals, the CCG is planning to make better use of the existing Healthy Living Centres in Rainham, Rochester, Lordswood and Balmoral Gardens. This is also part of the Local Estates Strategy that the CCG has been developing, which aims to make the best possible use of premises that are available for local health services. The CCG is also looking at options to support the integrated teams that will be working in Strood and Chatham. This will ensure that local people are able to get easy access to local health services, such as those provided by GPs,

community and out of hospital services by bringing together a wider range of health, social and voluntary services and advice under one roof. This approach will also encompass extended hours provision of GP services.

As part of these plans, NHS Medway CCG will also be working with its local providers to look at the way in which some services that are currently provided in a hospital setting could be provided more locally within the community i.e. some outpatient services.

A number of key themes can thus be identified from the local strategic direction, namely:

- Consolidating primary care resources across populations.
- Achieving greater sustainability, resilience and economies of scale.
- Co-location of services in appropriate physical premises.
- Making scarce GP and practice nursing skills available to the widest number of people.

5. Giving NHS Medway CCG more influence

Clinical commissioning groups (CCGs) are playing a lead role in the strategic development of local primary care services. They are best placed to ensure that primary care and community services are developed in a way that will meet the future needs of their local populations and will work effectively alongside the other health services the CCGs commission, helping to support the delivery of integrated care for patients.

Many CCGs are now taking the lead for commissioning local GP services under delegated commissioning arrangements, to help support the development of integrated out-of-hospital services based around the needs of local communities. Across the South East area, 10 of the 20 CCGs currently have delegated responsibility for the commissioning of GP services and it is expected that more will take these responsibilities on from April 2017. NHS Medway CCG is intending to apply to take over the responsibility for commissioning of local GP services from this time.

6. Conclusion

As outlined above, there are a number of challenges facing GP services in Medway and across the country. There is no one solution to resolving these issues and securing sustainable local GP services for the future will require a mixture of investment and support and transformation in the way in which services are provided, so that they are better placed to provide a range of joined up, out-of-hospital care, based around the needs of patients.

NHS Medway CCG and NHS England will continue to work with local GP practices and other partners and patients in the local community to develop the solutions that will help ensure sustainable services for patients over the coming years.