

**HEALTH AND ADULT SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
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**PRIMARY CARE IN MEDWAY UPDATE**

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**Summary**

The report provides an update on the development of Primary Care in Medway.

**1. Budget and Policy Framework**

- 1.1 Under the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway.
- 1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.

**2. Background**

- 2.1 In 2016, NHS organisation and local councils across Kent formed the Kent and Medway Sustainability and Transformation Partnership. The NHS Long Term Plan, due in January 2019 is likely to describe these organisations becoming an Integrated Care System (ICS). At a local level, Integrated Care Partnerships (ICPs) will develop that will include all local providers working in partnership, including Primary Care to take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
- 2.2 Local services can provide better and more joined up care for patients when organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations and make best use of scarce resources. These systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

- 2.3 Medway CCG is already working in partnership with its stakeholders and the Medway Model is a developing Model that all parties are key to delivering. The Medway Model, co-designed with member practices, partners and providers, sets out a vision for self-care, technology and the wider workforce. The Medway Model is a new way of joining up local health and care services so that, where appropriate and possible, more can be delivered closer to people's homes. This will enable health and care staff to work more closely together and develop services that focus on patients.
- 2.4 The Medway Model and the developing Local Care Teams are centred on general practices grouped (Primary Care Networks) around defined population based localities (Rainham, Gillingham, Chatham Central, Lordswood, Rochester, Strood).
- 2.5 The CCG is working closely with its Patient Participation Groups aligned to GP Practices to test its new models and engage with the wider community. This paper provides the committee with an update on the work being undertaken in Primary Care to ensure its long term resilience and sustainability.

### **3. Local demographics**

- 3.1 Medway currently has 49 practices. Practice size ranges between 1,700 and 25,000 patients. There is inevitably an inequity of service provision between the practices. The CCG Quality Team is working with the Care Quality Commission (CQC) and local practices to ensure that we reduce clinical variation and maintain high quality services.
- 3.2 The CQC has visited 44 of the 49 practices within the CCG. There are 5 yet to be inspected, due to changes of provider or changes of registration that have delayed the inspections. Of the 44 inspected and rated, currently 42 have an overall rating of 'good' (95%) and 2 have been rated as 'inadequate' (5%). Medway is performing well in comparison to the rest of the South East Region.
- 3.3 The CCG is working with its Local Practices to establish accurate local workforce data. Not all practices submit data and/ or consent to the sharing of it. Of the practices that have shared the data we can determine that 33% of Local GPs could retire and there is around a 10% vacancy rate.
- 3.4 The Health needs of our local populations differ between Local Care Teams. The Local Teams are using the Joint Needs Assessment Profiles for their locality to determine need and to know where to focus service redesign.

### **4. Resilience / Challenges**

#### **4.1 Workforce**

The CCG is working with the STP to ensure that the Primary Care Workforce Strategy for Kent and Medway is developed. It remains the CCGs highest risk to the sustainability of Primary Care. As GPs are scarce, other roles and initiatives need to be developed to support and enhance the current workforce.

- 4.1.1 Workforce priorities need to support the immediate constraints and look to developing a workforce of the future. The CCG is working with the Local Care Teams to develop new ways of working, including new roles to support GPs and enhancing the way we utilise technology to support practices.
- 4.1.2 The national shortage of GPs means we must ensure we make the best use of their time. Working primary care at scale provides resilience to practices and integrates them with a wider health and social care team.
- 4.1.3 As we build our clinical leadership and Medway Model we will and are beginning to attract, retain and develop our GP and wider primary care workforce. Local stakeholders are working to make it easier for our workforce to experience different opportunities and move across roles in primary care and the wider health and social care systems. This will enable our workforce to develop strong links between secondary and primary care providers and professionals and wider care services.
- 4.1.4 Across Kent and Medway a GP and primary care recruitment campaign is being developed.
- 4.1.5 The CCG and STP are working with our Universities to introduce the Kent and Medway Medical School, with a focus on early and ongoing exposure to primary care careers.

## 4.2 **Primary Care Data**

- 4.2.1 Capacity and demand across Primary Care nationally is not currently benchmarked or audited. The CCG are working with the Local Care Teams to improve the data that we collect without impacting further on the primary care administrative burden. Our objectives are:
- To actively monitor safe working levels within practices
  - To develop an understanding of capacity and demand in primary care
  - To link primary care demand to system demand
  - To develop demand to match capacity
  - To develop a measurement system to measure and support improvement
  - To have accurate workforce data
- 4.2.2 National data collection tools are currently being developed.

## 4.3 **Contract Model**

- 4.3.1 Medway CCG currently has 44 practices on a General Medical Services (GMS) contract. This contract is patient list based and is continuous. It does not require re-procurement and contracts can change hands between partners (new and old). The practices hold these contracts as independent providers. These contracts are historical and have grown organically in the localities that they are placed. Some practices own their premises, others lease from either the NHS or independent providers. The CCG cannot award a new GMS contract and has to work with the individual providers to develop services and capacity.
- 4.3.2 The CCG currently hold 5 Alternative Provider Medical Services (APMS) contracts. These contracts are time limited and subject to procurement law.

The CCG can alter the service specifications based on need and stipulate where services are delivered. The CCG can commission new APMS contracts if required.

- 4.3.3 The current population growth will be considered against current GMS provision and the need to commission further APMS contracts to meet the demand.

## **5. Strategic Direction**

### **5.1 Clinical Leadership**

5.1.1 The CCG Primary Care Improvement work is clinically led. The Local Care Teams are chaired by a GP Governing Board Member. Through local initiatives such as our 'innovation fund' which allows GPs some financial support to develop improvement programmes, new GP Leaders are starting to take proactive roles within the CCG and their Local Care Teams.

5.1.2 The CCG successfully established a Leadership Course for Primary Care with Christchurch University. This is a multidisciplinary Team approach and is attended by Practice Managers, GPs and Practice Nurses. The first cohort has just completed and a second will commence in the New Year. The course is being normally evaluated but initial feedback is positive. Of those who attended 3 Salaried GPs on the programme are now GP partners or interested in taking up partnership locally in Medway.

### **5.2 Improving Access**

5.2.1 The CCG have commissioned the local GP Federation to provide an Improved Access Service providing additional evening, weekend and bank holiday capacity. This commenced in October 2018.

5.2.2 In November the service offered an additional 2,344 'on the day' and 'pre-bookable' appointments in three locations across Medway.

5.2.3 We have successfully 'joined' all our GP systems up so that with a patient's consent these clinics can access the patients' full record making the appointments more efficient and safer.

5.2.4 The Federation is managing to staff to capacity and initial patient feedback is good. There have been no concerns raised from other providers that this is impacting on their ability to provide locums. The Federation is piloting an electronic locum booking app which is being rolled out across Medway. 30% of the GPs registered are from outside Medway. One Locum GP has taken up a permanent position with the Federation.

5.2.5 We are now working with 111 to enable direct booking to this service and exploring future provision on the Hoo Peninsula for the New Year.

### **5.3 General Practice Forward View**

5.3.1 In July 2016, NHS England set out plans to establish a new national General Practice Development Programme Time for Care. The programme supports practices to manage their workload differently, freeing up time – Time for Care

– for GPs and improving care for patients. This is helping practices implement proven innovations that others have already found useful. Through the Local Care Teams we are piloting and developing projects that will improve capacity in primary care, improve patient experience and support the primary care workforce.

- 5.3.2 A number of initiatives are underway with GP administration staff being trained in signposting and work flow optimisation. Hours of GP time is being freed up weekly by having the right administrative processes in place. Through the Local Care Teams, practices are sharing best practice.
- 5.3.3 We are exploring new ways of working with IT. Next year we will be rolling out online consultation and supportive health care apps. This will include booking or cancelling appointments, requesting repeat prescriptions, obtaining test results, submitting patient-derived data (e.g. home blood pressure readings), obtaining self-help advice, viewing education materials and consulting a clinician.
- 5.3.4 In partnership with the Council, we have commissioned a Care Navigation Service. The service is integrated into the healthy living centres, GP surgeries and the community around Medway. It provides all Medway residents who need it, access to a Care Navigator in order to support the individual in identifying and engaging with appropriate services. Care Navigators are based within the GP surgeries and will work with all members of staff in the practice and developing good relationships with all professionals. This project aligns with Medway Council's Public Health and Medway CCG's vision for social prescribing.
- 5.3.5 The CCG is implementing a Care Home Service run by local GPs. This is the provision of an additional level of care over and above that of the new GMS Contract provided by all GPs that enhances the quality of health care for the residents of nursing and residential care homes by ensuring that all residents receive dedicated medical services. This is being achieved by all care homes having a linked and named practice, thereby reducing variation in access to primary care and by the provision of a proactive, preventative service. All residents cared for within the home are registered to the single provider on a permanent or temporary basis unless the resident exercises choice in agreement with their existing GP provider. Such circumstances are exceptional due to the level of enhanced service to be provided.
- 5.3.6 The implementation of the regular face to face ward round and proactive assessments provides the opportunity for earlier identification of the deteriorating resident and has the potential to reduce requests for GP care homes visits.
- 5.3.7 One Local Care Team, in partnership with Public Health, is undertaking a pilot looking at how patients with multiple long term conditions can better manage their care, the Patient Activation Measures pilot. Patient activation is a term used to describe the knowledge, skills and confidence a person has when managing their health.
- 5.3.8 Studies indicate that people with low levels of activation are less likely to play an active role in self-management and staying healthy e.g. they are less likely to attend screenings and check-ups, less likely to undertake healthy lifestyle

behaviours e.g. eating healthily and exercising, less likely to adhere to treatment and more likely to have unmet health needs and to delay medical care.

5.3.9 The pilot will offer structured support and education to ensure patients are highly activated and care for their own condition. This positive intervention will reduce the demand on health and social care services.

5.3.10 Other pilots being undertaken by the Local Care Teams include using Paramedics to undertake home visits and the development of a Primary Care Mental Health Nurse Service.

#### **5.4 Primary Care at Scale**

5.4.1 Medway CCG six Primary Care Networks (Local Care Teams) are well established. They are based on GP registered lists, aligned to the Medway Model and typically serving natural communities of around 30,000 to 50,000. Their aim is that they should be small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

5.4.2 It is recognised that as the population grows on the Hoo Peninsula, that a new, seventh Local Care Team will need to be established.

5.4.3 There are a number of practices that are beginning to collaborate either informally e.g. by sharing staff (paramedics, practice nurses etc.) and formally where we are seeing practices merge to make larger partnerships. Both approaches build resilience and are being supported by the CCG.

5.4.4 The local GPs have formed the Medway Practice Alliance as a local GP Federation. The Federation's vision is that all practices in Medway sign up and form a strong Primary Care Voice that will work with all stakeholders to design and deliver services in Medway. They are currently successfully running the Improved Access Service.

#### **5.5 Estates**

5.5.1 The scale of the challenges faced by the Medway CCG locality over the coming years demands a transformational approach to service development and provision and a clear vision for the estate required to support and facilitate that transformation.

5.5.2 In 2018, the CCG undertook a review of all its practices' infrastructure as current primary care estate facilities are felt to be generally poor. Very few of these properties are owned by the NHS and as GPs retire they are likely to sell the buildings which will mean that new sites are required for the services affected.

5.5.3 The current Healthy Living Centres are good Estate but are poorly utilised and have the potential to develop to become Hubs. The vision for future estate is that it:

- Is fit for purpose - functional, accessible, clinically and operationally safe, of high quality, appropriate and up to date and contributes to longer term sustainability by being flexible, affordable and well utilised.
- Re-profiles and aligns the physical environment with future needs and responds to growing demand by delivering increased capacity where needed in a range of settings.
- Supports and facilitates closer integration at local level, with improved access to a wider range of services and delivers the concept of 'integrated community services hubs' as a physical entity that will act as the focus of local services.
- Makes the most of what already exists, redeveloping and reconfiguring facilities where possible but investing in new infrastructure where needed.

5.5.4 This will be achieved by the development and use of Healthy Living Centres (HLCs) Rochester, Rainham, Lordswood and Gillingham and the development of two further Hubs in the Chatham and Strood locality. The CCG successfully bid for central capital funding to develop these two HLCs and a full business case is due in the Autumn of 2019.

5.5.5 It should be noted that the HLC could not and should not provide all primary care services. The CCG will continue to support primary care services outside of the HLCs to provide local services where it is clinically appropriate. These services will link in to the larger multi-disciplinary teams through the Healthy Living Centres and their Local Care Teams (Primary Care Networks). This will require further investment in Primary Care Estates and this is being worked through in the CCGs Strategic Estates Plan.

5.5.6 The CCG is aware of the increasing demands on the Hoo Peninsula. A further Healthy Living Centre will need to be developed to support the population growth. The CCG is regularly meeting with the Council planning department and is a stakeholder in the One Public Estate Programme to ensure plans remain aligned.

## **6. Conclusion**

6.1 The challenges in primary care remain high. The CCG is working with the Local Care Teams to ensure that sustainable services are developed to improve access and patient experience in primary care services across Medway.

6.2 Successes this year include the development of the Clinical Leadership Team, the successful award of capital funding to support two new healthy living centres and the commissioning of an Improved Access Service offering extended capacity across Medway.

## **7. Risk management**

7.1 There are no risks to Medway Council directly arising from the attached report. However, the Committee has previously noted that the Council could potentially be exposed to risk in the event that declining GP numbers or GP

provision make it increasingly difficult for residents to get an appointment or care from their GP. This could, for example, result in increased pressure on Adult Social Care provision.

- 7.2 The CCG is working with the STP to ensure that the Primary Care Workforce Strategy for Kent and Medway is developed. It remains the CCGs highest risk to the sustainability of Primary Care.

## **8. Financial and Legal Implications**

- 8.1 There are no legal or financial implications to Medway Council directly arising from the report.

## **9. Recommendations**

- 9.1 It is recommended that the Committee notes and comments on the update provided.

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### **Appendices**

None.

### **Background papers**

[GP Forward View](#)  
[Kent and Medway Sustainability and Transformation Partnership](#)