

Appendix A –
General Practice Development Plan
2022 – 2024
FINAL

Our Vision

- General practice is the bedrock of the NHS. It is the first point of contact with the national health service and is highly valued by patients. With the right tools, skills and investment general practice can continue to deliver world class, place-based patient care.
- We want general practice to remain true to its core principles of continuity of and person-centred care whilst playing an active part in developing and delivering an integrated care system for Kent and Medway.
- Patient consultation will remain at the heart of general practice but the ways in which that care will be delivered will change. Our GPs will work collaboratively with neighbouring practices through primary care networks (PCNs) to deliver place-based care for their local patient populations. Care will be delivered by multidisciplinary practice teams made up of a range of clinical and non-clinical roles.
- Our healthcare services know people want timely access to services and they want their mental health needs to be considered alongside their physical health. Extended practice teams will enable patients to see health professionals more quickly; so patients see the right professionals for their needs; patients holistic needs are met; easing the workload on GPs and widening the range of services provided in general practice enabling GPs to refocus their skills where they are most needed.
- Through the PCNs and by working in multidisciplinary teams and at scale we will see new and innovative ways of delivering continuity of care which will both improve access and involve both greater use of technology and allied health professionals. Patients will benefit from more joined up care in the community, with people receiving care in the most appropriate setting at a local level and with local accountability.
- We will build a partnership between the University of Kent, NHS Kent and Medway ICB and key partners such as the Kent and Medway Medical School to build a centre of excellence in delivering research that creates evidence and solutions for local health and care providers and commissioners.

Our Pledge

General practice services provide the first point of contact in the health and care system for most patients. They act as the “front door” to the NHS.

Below we set out our ambitions for general practice across Kent and Medway

1 High quality, equitable safe, person-centred care

- We will improve access to general practice
- We will work to achieve improved patient experiences of their GP practice
- Provide assurance that general practice services are safe, and patients have confidence in accessing general practice
- We will reduce variation in primary care, recognise good practice and share learning.

2 Resilient, sustainable and thriving general practice

- The ICB will continue to invest in general practice both to maintain core services and to bring about transformation that reflects the NHS Long Term Plan
- We will support GP practice to work at scale in primary care networks (PCNs)
- Diversify the workforce and provide training and development to those who work in general practice
- We will undertake research in general practice to deliver evidenced-based improvements in clinical and patient experience, better outcomes and reduced health care costs.

3 Proactive accessible and coordinated care

We will continue to enhance digital technology that will transform services at scale in general practice

Ensure the buildings from which we commission general practice services are fit for purpose and meet the needs of growing populations, workforce and new service models.

4 Integrated services that respond to the needs of the patient and the population

General practice will continue to be an active participant in the Integrated Care System

What Matters Most To Patients

Public views appear to have shifted from high levels of support, to increasing frustration. People in Kent and Medway are aware of the pressures which General practice is under.

Patients told us these things could be better

- Getting through on the phone. 41% of respondents reported they were satisfied with getting through on the phone to their GP.
- Access to appointments
- Understanding of triage systems and decision on types of appointments offered
- More face to face appointments
- Getting repeat prescriptions and accessing medication
- Understanding the role of the receptionist
- Staff understanding patient need
- Seeing empathetic staff
- Greater consistency of care by seeing the same healthcare professionals

Patients told us these things were good

- Overall experience of general practice - 80% of people described their overall experience of general practice as good.
- Trust and confidence in general practice - 95% had trust and confidence in the last healthcare professional they saw in general practice.
- Support available during covid vaccinations
- Palliative care support
- The opportunity to have online consultations - 58% of patients would use the services instead of a face to face appointment. 73% of people were very or fairly satisfied with online consultations.

Patients told us the general practice development plan needs to include meeting the needs of vulnerable communities, increasing workforce and staff, better IT systems better phone systems, more consistency across general practice and more partnership working.

Patient Engagement

Work to achieve improved patient experiences of their GP practices

We will do this by:

We will give patients a voice in how GP services are delivered

Support GP practices and PCNs to engage with their local communities

Ensure all GP websites are up-to-date with the latest information

Routinely seek the views of our residents and patients to help shape and inform primary care service delivery

Providing access to clinical trials to offer more care options to our patients

Creating public awareness of research and getting them involved in solutions

We will know that we have achieved this strategic aim when:

patient experience of general practices is above the national average

Patient participation groups are more active in supporting general practices

Development of a toolkit to support website improvements for general practice.

The number of complaints received is reduced and we can demonstrate the learning from them

Better understanding by patients of changes taking place in general practice

We have increased the number of GP practices and patients involved in the National Institute for Health Research portfolio research and clinical trials

Access



Kent and Medway

We will improve access to general practice services

We will do this by:

Scoping out a research project to pilot different approaches to modelling demand and capacity in general practice across Kent and Medway

Increasing the number of people using online primary care services

Increasing the number of people referred to the community pharmacy services from the 2022/23 baseline of 4,000 referrals.

Supporting all GP practices to install digital telephone systems to make it easier for patients to call their GP practice

Develop a QOF/IIF plus scheme to be to tackle the backlog of patient reviews across Kent and Medway areas of highest deprivation and key clinical areas

Ensure that we have an integrated ICB approach to tackling access to health for the homeless ensuring health inequalities are addressed

The ICB will continue to enter into a Home Office funded local enhanced service for the delivery of primary medical services for Asylum Seekers at the Napier Barracks site.

Local practices offering primary care medical services to asylum seeking children or resettled people from Afghanistan will continue to receive financial support which will be reimbursed from the Home Office via the Department of Health

We will know that we have achieved this strategic aim when:

More patients having face to face appointments

Patient experience is consistently positive.

Enhanced access arrangements are in place by October 2022 and new guidance for online booking is implemented.

Across Kent and Medway by 2022/23, 33,000 CPCS referrals will be made and 66,000 CPCS referrals by 2023/24

By 2022/23, 181 practices are signed up to the community pharmacy consultation service and all GP practices by 2023/24.

By June 2022 all GP practices will have implemented digital telephone system

Primary Care Networks (PCNs)



Kent and Medway

To support GP practices to work at scale in networks to enable patients by improving access to general practice and offering a wider range of services

We will do this by:

Increase the number of additional roles staff working in general practice to a total of 1053

Ensuring all clinical staff have a laptop to support remote working

All PCNs offering enhanced access services to general practice by October 2022

PCNs to complete a maturity survey by June 2022

Support all PCNs to have a development plan that leads to maturity and sustainability

Supporting staff to create solutions to local problems through research and evidence based practice

General practice continuing to play a key role within our Health and Care Partnership areas: Dartford Gravesham and Swanley HCP, East Kent HCP, Medway and Swale HCP, and West Kent HCP

Support PCNs to develop their understanding and delivery of their population health management work and the Tackling Neighbourhood Health Inequalities service specification requirements.

We will know that we have achieved this strategic aim when:

From a baseline of 408 ARRS roles we will increase to 768 roles by March 2023 and a further 285 roles by March 2024.

PCNs will have claimed 80% of the funding allocated for Additional Role Reimbursement Scheme by August 2022 and 100% by March 2023

PCNs continue to mature and take an active role in population health management by using public health data to identify those most in need and making interventions to address health inequalities

All PCNs have fully utilised the budget to deliver the Network Contract Directed Enhanced Service by March 2023 and will have implemented enhanced access arrangements.

PCNs are actively using the PCN Dashboard to monitor their progress against the Network Contract Directed Enhanced Service specifications by March 2023

PCNs commissioned to deliver other services, outside of the Network Contract DES e.g. spirometry

Workforce, Training and Development



Kent and Medway

To diversify the general practice workforce and provide training and development to those who work in general practice

We will do this by:

Offering an attraction offer for GPs to work in general practice in the areas where we know we have higher deprivation i.e. Medway, Swale and Thanet in 2022 to 2024

Support a proactive campaign across Kent and Medway to recruit GPs and the wider primary care workforce working in general practice and provide recruitment advice, tools and training to support practices.

Continuing to support Kent and Medway Medical School (KMMS) and grow high quality medical school placements in primary care whilst supporting our practices to develop and grow placement opportunities for multi-professional students and trainees to expand the future workforce

We will explore with our university colleagues opportunities to develop research programme which will help us develop a greater suite of evidence-based interventions/ approaches to the challenges facing general practice.

Supporting all GP practices to develop flexible workforce models through workforce modelling and the promotion of the primary care locum bank (currently 94% signed up)

Researching and developing innovative and creative ways to recruit, train and retain additional GPs, nurses and other healthcare professionals working with and across our health care partnerships

Continuing to offer a range of training and development initiatives to develop and retain our workforce such as fellowships and advanced practitioner training, whilst remaining in general practice

Promoting and explaining the benefits of new roles in general practice to our public and partners to improve patients confidence and understanding of multidisciplinary workforce

We will know that we have achieved this strategic aim when:

We have increased the GP numbers particularly where this has been incentivised in Medway, Swale and Thanet

We have increased training placement capacity for all clinical roles as well as trained clinical and educational supervisors.

We have a more diversified workforce in general practice including a greater take up of the Additional Role Reimbursement Scheme (ARRS) roles including allied health professionals, mental health practitioners, general practice assistants

Patients and our public understand and have confidence in their multidisciplinary teams

ICS partners are working together to find solutions to recruitment, retention and training and development

Portfolio careers are developed across organisations fitting roles around available workforce

Estate

To ensure the locations in which we commission general practice services are fit for purpose and meet the needs of growing populations, workforce and service model.

We will do this by:

Supporting practices and PCNs to continue to develop their response to the estates strategy to further inform commissioning decisions.

Undertake primary care data gathering focused on 3 facet site surveys (physical condition, functionality and statutory compliance) to inform a refreshed local baseline.

Ensuring a local approach is developed to support practices to utilise and triangulate relevant toolkits and information supporting maximum collaboration and opportunity to produce estates plans.

Ensuring maximum gain from an estates perspective from the full digitisation of notes programme and next phase of 'digitise on demand' to unlock 'space' gains in the short to medium term.

Ensure opportunities are understood and explored through Health and Care Partnership Estates Forums as part of strategy for area.

Continued engagement with local councils regarding local plans and strategic planning ensuring infrastructure need identified.

We will know that we have achieved this strategic aim when:

- Strategy and key priorities are developed at a PCN level that respond to the GP Estates Strategy and inform commissioning intentions by March 2024.
- '3 facet ' site survey is completed by September 2022 and plans identified, as part of PCN level strategies for all 'red RAG' premises (as a minimum) by March 2024.
- Plans developed provide the required evidence to inform the expected Integrated Care Board Estates and Infrastructure Strategy and investment plans by March 2024.

Quality and Safety

To ensure that general practice services are safe, effective and patients have good outcomes when accessing general practice

We will do this by:

delivering three distinctive areas of intervention:

- Proactive: risk stratification of a range of information and data to proactively understand variations in quality and outcomes and support the improvements to address these
- Supportive: working with practices to continuously learn and improve their services for better outcomes for their population
- Reactive: using information gathered from proactive and supportive interventions to identify and escalate concerns, providing reactive support when needed to ensure safety and effectiveness

We will know that we have achieved this strategic aim when:

We provide 100% practices with tools and guidance to adopt continuous improvement methodology by increasing the number of support webinars by 50%, by March 2023.

We offer advice and guidance to 100% of practices that approach the ICB for support.

We reduce the number of practices rated Inadequate or Requires improvement by 50%, by March 2024.

We quickly address any risks to patient safety, quality of care and outcomes are quickly identified and addressed.

We close 90% of all serious incidents reported within national timescales and share learning at a systemwide level, by March 2023.

We socialise and embed Patient Safety Incident Response Framework (PSIRF) within primary care by Summer 2023. To see an increase in levels of reporting by Jan 2024.

Technology

To continue to enhance digital technology that will transform services at scale in general practice.

We will do this by:

Ensuring support is in place to enable a sustainable IT service to all GP practices.

To improve data quality that will enable general practice with operational planning

Support digital remote monitoring technologies to create clinical capacity

Supporting Medway with piloting eConsultations into an Health Hub.

Introduce a programme of interventions with our stakeholders that address digital exclusions

We will know that we have achieved this strategic aim when:

The roll out of Apex and Ardens (or equivalent systems), in 95% of practices to improve data quality, coding and operational planning by March 2023.

The roll out of digital remote monitoring in HCP Virtual Wards (x4) to support primary care monitoring of patients and early discharge from hospital by March 2024.

The completion of the “first of type” development which enables better communication between computer systems to improve access to general Practice for 450,000 registered patients in Kent and Medway.

Including, the blueprint, evaluation of the health hub model and business case for scaling across Kent and Medway by March 2023.

Completion of digital exclusion analysis for the whole population including broadband, deprivation and eConsult usage. Joint approach with Councils - Kent, and Medway – to target interventions including older people and other groups. By March 2024.

The ICB is committed to investment in general practice both to maintain core services and to bring about transformation that reflects the NHS Long Term Plan

We will do this by:

Developing a three-year financial plan that will help track commitments and support longer term planning.

Producing a schedule of prioritised investments agreed in accordance with the recommendations of the general practice development plan.

Ensuring all non-recurrent investments are properly evaluated to determine whether there is a case for these schemes to be considered for recurrent investment.

Adding value through the generation of research income to create solutions for improved, cost effective care that reduces waste.

We will know that we have achieved this strategic aim when:

Overall investment in primary care (core and transformation) increases year on year for the next 3 years.

Investment plans align to the priorities set out in the general practice development plan.

Proven and tested schemes with a clear demonstrable benefit (previously funded non-recurrently) are included within ICB plans and funded recurrently

Medway and Swale Health Hub Progress Update

Background

- Kent and Medway developed a use case to develop eHub model to **reduce pressures on GP Practices.**
- The **demand for consultations has increased exponentially** to 75,000 per month across KM.
- We are committed to providing access to GP Practices in this way, but the ask of practices has become unsustainable. At least **80 Practices have now asked for temporary restricted hours.**
- However other practices working at scale find eConsults an effective way to meet patient need.
- **Patients** also like eConsults with **75% plus satisfaction rates** - in part due to our commitment to respond the next working day to patients needs.
- We raised funding from the **Primary Care Commissioning Committee for this “first of type”** development to see if **eConsults** can be diverted into **eHub model at scale** – including all elements from triage to care delivery.
- As part of the partnership approach to transformation, the CCG/ICB is working with **Medway Health and Care Partnership** to produce a **blue print and evaluation** for future adoption.

Health Hub

- The aim of introducing a **Primary Care and Community Health Hub** service will be to deliver a **virtual approach** to accessing appointments and treatment.
- The Health Hub is a **clinically-led model** providing **additional capacity** with managing patient access on behalf of primary care and reduce some of the extraordinary demands on practices.
- The introduction of a **Primary and Community Health Hub** is an **ambitious** model and therefore careful planning and phasing of each stage to ensure there is consolidated learning from the rollout of each stage prior to the next phase being implemented.
- Overall this is a **2-3 year change** programme.

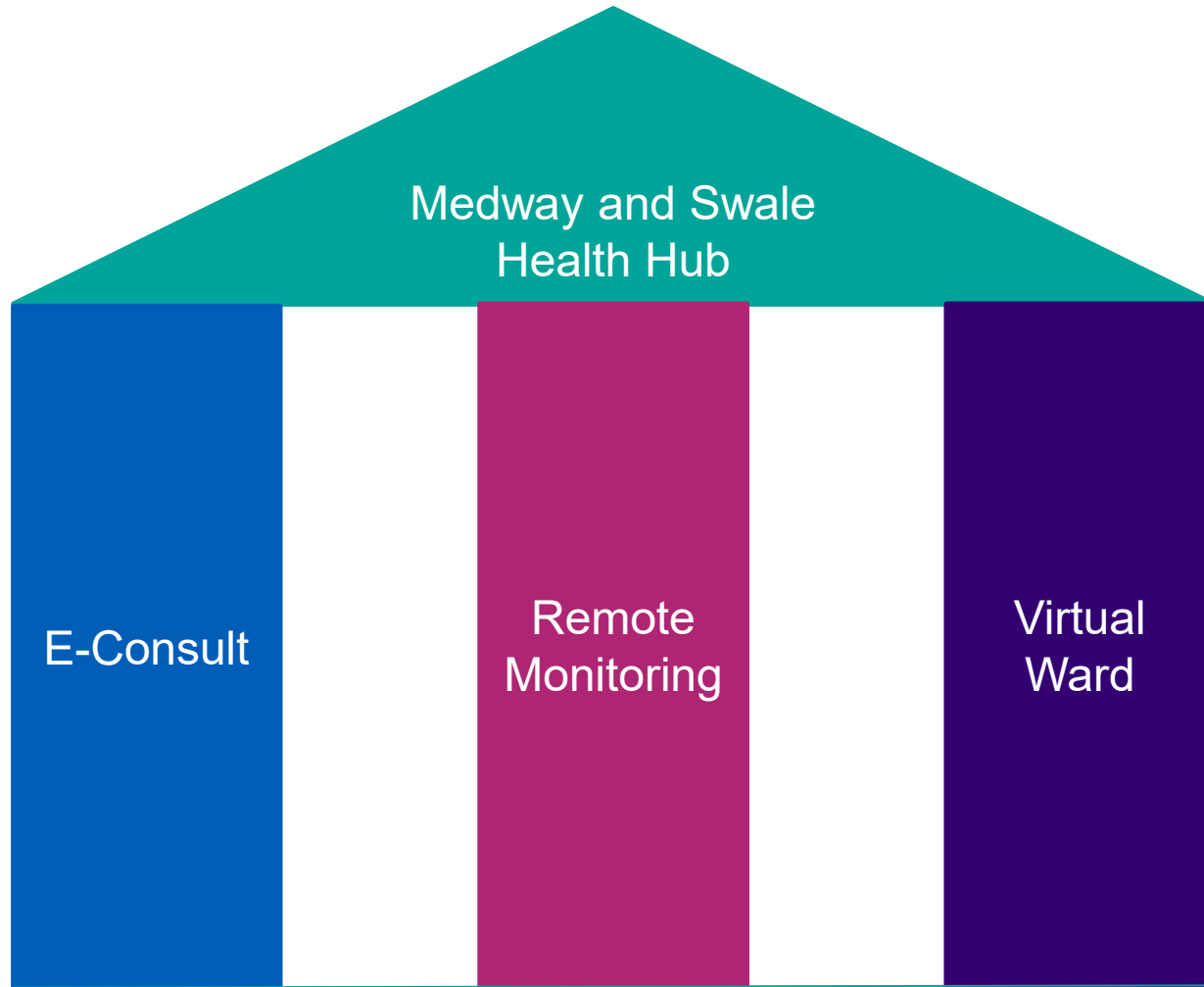
Medway and Swale Health Hub

- Locally Medway and Swale HaCP have **rebranded** the term e-Hub to the **Medway and Swale Health Hub** due to the intention to make the Health Hub a much wider service provision.
- The aim for the Health Hub is to enable the Health and Care Partnership to **bring together system partners** and services and create a **centralised model**.
- The **first phase** of the Health Hub is:
 - **Online Consultations (e-Consult)** for 2 PCNs
 - **Remote Monitoring** – e.g. Hypertension
 - **Virtual Ward** remote monitoring – e.g. Acute breathing difficulties in Adults and Children with RSV-like illnesses (Respiratory Pathways) (for all 9 PCNs)
- A **comprehensive patient and practice engagement** process will be undertaken in parallel with regards to **co design** of the vision of the Health Hub which is being **underpinned by academia**.

Central Coordination

- **Benefits to practices include:**
 - A centralised hub providing **additional clinical capacity**
 - Reduced admin and clinical pressures on practices
 - Allows increased capacity within practice to **“reinvest”** for patients with complex care needs
 - **Increased capacity** for practices **reception** to complete in-practice admin duties
 - **Increased virtual appointments** as eConsult reducing pressure on F2F consultations
 - **Opportunity** to increase the use of e-Consult as an alternative approach to delivery of care
 - **Additional access options** for patients to be directed to ED/UEC where appropriate, treatment on the day, access to diagnostics or onward referral through eRS.
 - **Prescribing** ability with remote prescribing and scripts direct to pharmacy
 - Closure on online consultations **within 1 working day**

Health Hub Phase 1



e-Consult

- eConsult is a primary care online consultation service for patients which allows patients to submit their symptoms or requests to GPs electronically.
- eConsult is the most widely used digital and online triage tool in NHS primary care, and designed to enhance patient access, improve practice efficiencies and signpost patients to the right place at the right time for their care.
- As a proof of concept we were looking to introduce the Health Hub taking on 100% of the E-Consults to support 2 PCNs.
- The two PCNs include:
 - Hoo Peninsula
 - Strood
- This will be 8 practices initially.
- Three other PCNs have already identified themselves as wanting to go live in Phase 2.

What is E-Consult used for?

Contact your doctors to get advice for your problem now

I want help for my condition >

Get advice about specific conditions like **back pain**, **coughs**, **mental health concerns** and more

I want general advice >

Get advice about general symptoms like **tiredness**, **bleeding**, **pain** or **weakness**

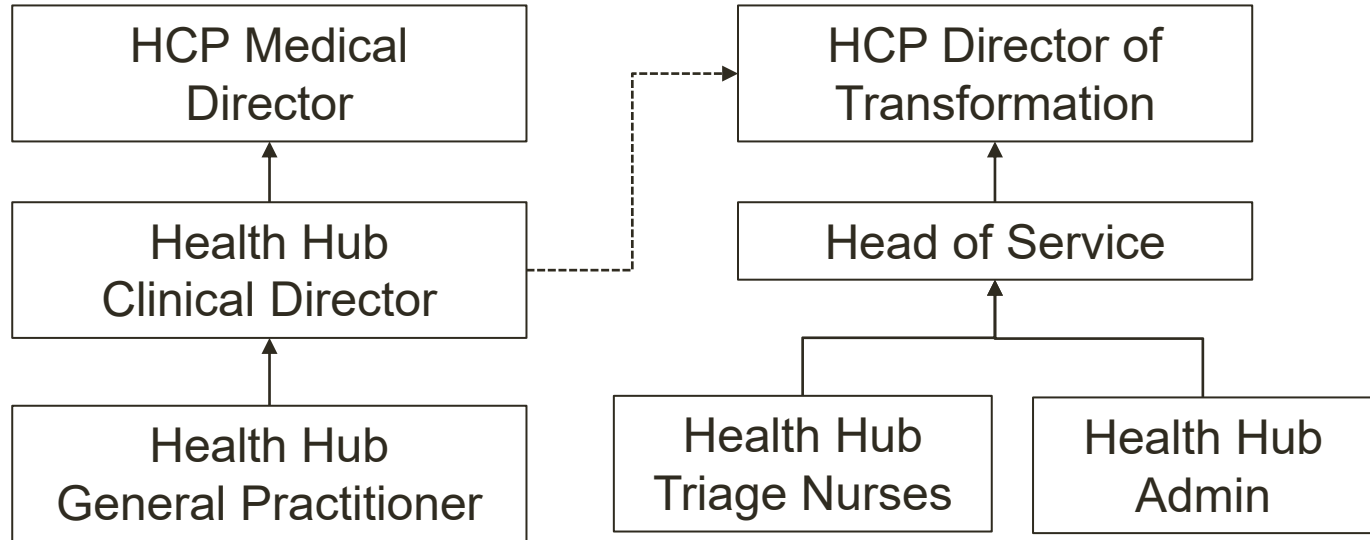
I want administrative help >

Request **sick notes and GP letters** or ask about **recent tests**

I want help for my child >

Get help for common childhood problems like **rash**, **earache**, **cold**, **flu**, **vomiting** and **diarrhoea**

Health Hub Structure



Health Hub Team Function

Role

Responsibility

**2 x GP
(1 wte)**

- Provide clinical expertise
- Undertake assessments
- Use clinical judgement to diagnose, treat, refer or discharge
- Completion of clinical workflow laboratory reports, prescriptions and clinical documentation
- Enter information directly into EMIS Clinical Services

**Triage Nurses
(3 wte)**

- Provide clinical expertise
- Provide nurse triage in the receipt and management of the E-Consult
- providing high quality and timely patient centred care
- Use clinical judgement to diagnose, treat, refer or discharge
- Completion of clinical workflow laboratory reports, prescriptions and clinical documentation
- Enter information directly into EMIS Clinical Services

**Administrators
(2 wte)**

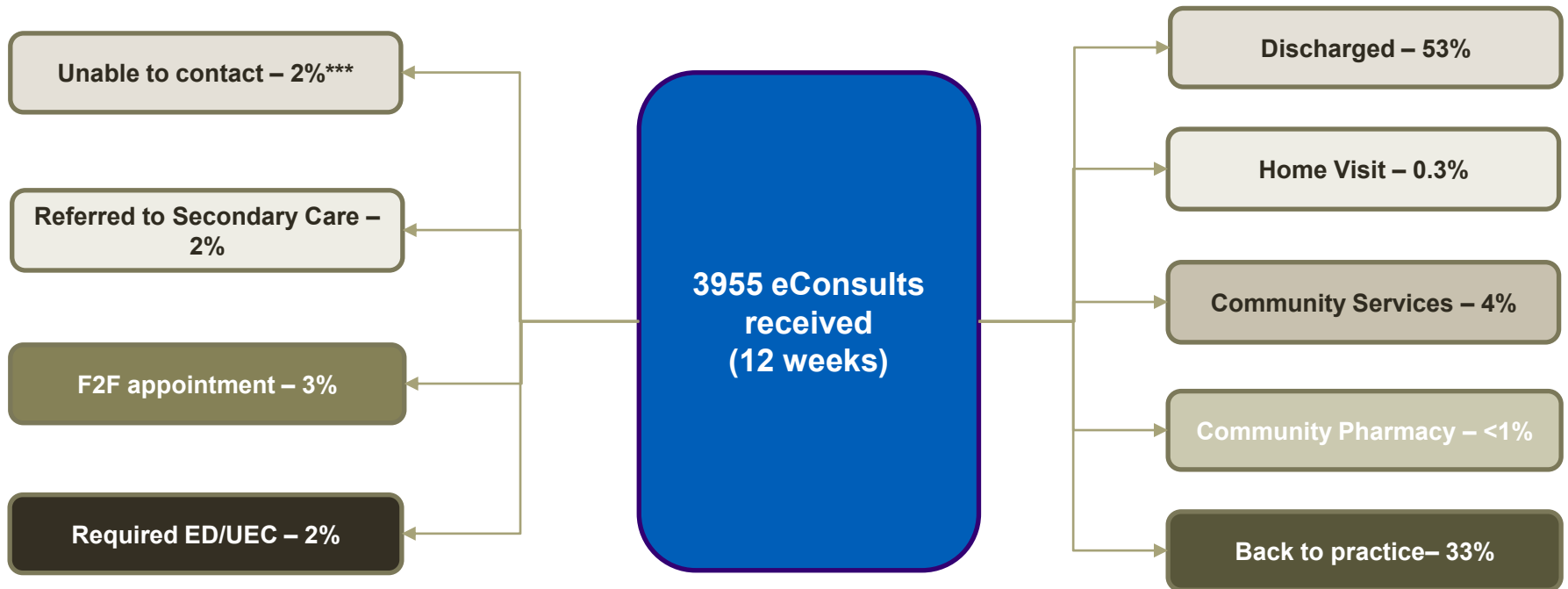
- Provide administrative support for the clinicians
- Ensure E-Consults are distributed to clinical teams on receipt
- Complete the booking of appointments when indicated by clinicians
- Capture the outcomes for all E-Consults
- Complete the reports for Health Hub
- Deal with patient calls where requested by clinicians

E-Consult Outcomes Matrix

- The outcomes matrix below was developed and approved by 7 GPs
- Presented to the M&S practices and has been adopted for rollout with an expectation of continued maturity when the Health Hub is operational

E-Consult Category	Acute: E-Hub Team	Continuity: Home practice GP Team	MDT wrap around care: MCH +/- home practice	Exceptions
Clinical Presentations	Acute same day/next day GP appointment requests PCN FCP Home Visit service	Chronic condition requiring continuity of care Patient requests specific GP/clinician (routine appt) Ongoing MH conditions	COPD Palliative Care HF Social Prescriber / 3 rd Sector Home GP input Acute MH presentations	
Administration	1 st presentation MED3s /Fit Note	Extension/ Long Term MED3		
Test requests	Acute test requests	Monitoring /planned care tests		
Referral Requests	Acute presentations Req 2ww ref	Non-acute referrals (planned/elective care)	MDT referrals	
Medication Requests	Acute		Repeat Meds (Meds Mgt)	
Pregnancy			Agree pathway with Mat Liaison	

eConsult Outcomes



***patients contacted three times including a text sent to the patient but no response or DNA a pre arranged appointment