

General Practice Improvement Plan - Medway

Response to the National Association of Primary Care (NAPC) Independent Review of Under-Doctoring in Kent and Medway, and the 2026 GP Patient Survey

1. Purpose and recommendations

The purpose of this report is to update the Committee on the evidence-led approach being taken by NHS Kent and Medway Integrated Care Board (ICB) to strengthen general practice in Medway. The work follows an independent review commissioned to improve the shared understanding of workforce and capacity pressures and to inform proportionate, locally responsive improvement support.

The ICB Board has endorsed a 24-month General Practice Improvement Plan, providing a clear framework for moving from evidence to action. For Medway, the approach supports resilient general practice and the development of neighbourhood health, while allowing the detail, pace and scale of interventions to be shaped by local validation, engagement and available resources.

The Committee is asked to:

1. note the independent review and the evidence it provides about the factors affecting general practice capacity across Kent and Medway;
2. note the ICB Board's endorsement of the 24-month General Practice Improvement Plan;
3. welcome the targeted, supportive and data-informed approach being taken in Medway; and
4. note the intended Medway delivery sequence and the proposed approach to assurance, recognising that detailed priorities, measures and timescales will be refined through local validation, engagement and established ICB governance.

2. Medway context and current position

From independent review to a structured improvement approach: the plan provides a positive framework for working with general practice to strengthen resilience, support earlier intervention and develop neighbourhood care around the needs of local residents.

Medway general practice serves approximately **338,000 registered patients** through **32 practices** and **9 Primary Care Networks**.

General practice is the foundation of local NHS care and is central to prevention, continuity, proactive care and neighbourhood working. The review confirms that pressures are not evenly distributed across Kent and Medway. Medway is identified as a high-need locality where deprivation, population complexity and workforce fragility can combine to increase pressure on practices and affect sustainable access.

Medway's GP workforce has grown overall since 2018, although the trend has fluctuated from year to year. Whole-time equivalent GP capacity, excluding trainee GPs and locums, increased from **98.55 FTE in September 2018** to **112.46 FTE in June 2026**—an increase of **14.1%**. Over the same period, the registered patient population increased by **12.46%**, from **300,539** to **337,980**. This means GP FTE growth has marginally outpaced population growth across the period.

The nursing workforce has also strengthened over the period. Nursing FTE increased from **66.07 in September 2018** to **76.76 in June 2026**, representing an increase of **16.2%**.

The most significant workforce growth was in direct patient care roles, with FTE increasing from **41.92** to **103.57 (147%)**. This reflects the expansion of multidisciplinary working and the introduction of ARRS roles. Administrative capacity also increased substantially, with FTE increasing by **49.84%**, from **278.91** to **417.93**.

The 2026 GP Patient Survey provides encouraging evidence of improvement. Across Kent and Medway, the proportion of patients reporting a good overall experience increased from **68% in 2025** to **73% in 2026**, while the proportion of patients who knew the next step within two days of contacting their practice increased from **92% to 93%**. In Medway, **76.7% of respondents reported a good overall experience in 2026, compared with 75.4% in 2025**. These gains are positive, but variation between practices and PCNs remains, and Medway-level analysis will continue to inform targeted support.

3. Leadership, independence and Board commitment

The decision by the ICB Chief Executive to commission an independent review was important. Under-doctoring is a complex and potentially contested issue: headline numbers alone do not explain why some communities experience greater pressure, why practices with similar list sizes may have very different levels of resilience, or how system processes can unintentionally reduce effective general practice capacity. Independent scrutiny created the space for a candid assessment of these factors and established a credible evidence base for collective action.

The ICB Board subsequently endorsed the direction of travel and approved the 24-month improvement plan as the ICB's formal response. This provides visible organisational commitment to a universal core offer for all practices and Primary Care Networks (PCNs), targeted support where early pressure is identified, and enhanced locality action in high-need areas, including Medway. Board endorsement gives the programme authority, accountability and a clear mandate to move from diagnosis to sustained delivery.

This leadership matters because strong general practice is the essential platform on which neighbourhood health will be built. General practice holds trusted relationships with residents, provides continuity across people's lives, identifies risk early and connects individuals to community, mental health, pharmacy, social care and voluntary sector support. Strengthening resilience, access, workforce and infrastructure is therefore a prerequisite for neighbourhood teams to function effectively, not a parallel or stand-alone workstream.

4. Independent review findings and implications for Medway

The review concludes that under-doctoring is a structural, geographically uneven and system-amplified issue rather than simply a shortage in general practitioner headcount. Effective capacity is shaped by full-time equivalent staffing, clinical complexity, workforce

stability, supervision requirements, population need, practice resilience, digital and estates constraints, and avoidable workload created at the interface with other services.

Finding	Implication for Medway	Response
Capacity pressure is broader than headcount.	Safe and sustainable access depends on workload, role mix, supervision and local population need.	Use a combined resilience assessment and match support to each practice's circumstances.
Deprivation and demographic pressures amplify workload.	Areas of greatest need may face the greatest recruitment and retention challenge.	Prioritise Medway through enhanced locality support and apply an explicit health inequalities lens.
Supervision can be a binding constraint.	New roles add value but can increase general practitioner workload if supervision capacity is insufficient.	Review role mix, protected supervision and Primary Care Network workforce support.
Interface friction creates avoidable workload.	Rejected referrals, duplicate work and unclear hand-offs reduce practice capacity.	Identify recurring interface issues and agree joint improvement action with providers.
Improvement must be relational and locally informed.	Practices with similar headline data may need different interventions.	Validate national intelligence with practices, Primary Care Networks and neighbourhood teams before determining support.

5. From diagnosis to delivery: improvement action underway and planned

The Board-backed response is designed to move decisively from diagnosis to delivery. It builds on existing improvement arrangements and brings them together as a coherent offer: universal support for every practice and PCN, earlier targeted help where pressure is emerging, and enhanced locality intervention where need, inequality or fragility is greatest. This creates both pace and consistency while preserving the trusted, locally informed relationships required for lasting improvement.

5.1 Practice-level support

The Peer Ambassador Programme provides trusted peer-to-peer support from general practitioners and practice managers with experience of leading transformation. Support may cover access, clinical triage, workflow, use of data, remote consulting, workforce and culture, long-term condition management, PCN and neighbourhood working, and wider practice resilience.

The ICB is considering how additional specialist improvement support could complement the existing offer for practices requiring more intensive assistance with access, operating models and neighbourhood working. Any further deployment will be subject to confirmation of scope, funding, mobilisation arrangements and the relevant approvals. This ensures that support is introduced in a controlled and sustainable way.

5.2 Prioritisation and local validation

A single prioritisation framework will bring together NAPC intelligence, practice resilience information, workforce and population health data, access, quality and patient experience measures, and insight from practices, PCNs and neighbourhood teams. The operating sequence will be:

Identify potential need → validate locally → understand the causes → agree proportionate support → monitor and adapt.

The ICB is triangulating local intelligence and available workforce, access, quality and population data to understand where support may be most helpful.

This validation phase will inform the priorities, scale and sequencing of any subsequent improvement activity. The ICB will continue to work with practices, Primary Care Networks and local partners before confirming specific interventions.

Practices identified will be treated as an initial improvement and learning cohort, not as a list of failing contracts. Contractual action will remain separate and will only be used where there is evidence of contractual non-compliance and proportionate improvement support is insufficient.

5.3 Medway locality and neighbourhood action

The ICB is developing a coordinated Medway delivery approach to bring together practice support and relevant workforce, digital, estates, access and neighbourhood expertise. Initial activity will be focused where local validation identifies both need and a practical opportunity for improvement.

For Medway, the plan is to complete local validation, establish a coordinated locality delivery arrangement and then provide phased support to practices and Primary Care Networks where the evidence shows the greatest need and opportunity for improvement. This will include practice resilience diagnostics, peer-led support and, where appropriate, time-limited improvement activity focused on access, workforce and supervision, workflow, digital and telephony resilience, estates and avoidable workload at the interface with other services.

5.4 Strategic alignment: Single Neighbourhood Contract, Four Layers of Care and commissioning intentions

The ICB's decision to commission the Single Neighbourhood Health Contract through existing Primary Care Networks is an important enabling feature of the improvement plan. It places list-based general practice at the heart of neighbourhood delivery, builds on established practice and PCN relationships rather than creating a separate organisation, and provides a clearer contractual platform for proactive care, multidisciplinary working and local clinical leadership. In this model, practices remain the clinical home for their registered populations, while community, mental health, pharmacy, social care and voluntary-sector partners align around the neighbourhood to provide coordinated support.

Kent and Medway is taking a nationally leading approach to implementing this model. Approval of the local variation to the Network Contract Directed Enhanced Service enables GP-led single neighbourhood care to be delivered through existing PCNs. This offers a practical example of how contractual flexibility, local clinical leadership and investment can be combined to move neighbourhood health from policy into delivery at scale.

The contract brings additional investment into general practice, alongside greater flexibility in the use of PCN workforce funding. This creates headroom for practices and PCNs to increase multidisciplinary capacity, strengthen protected clinical leadership and supervision, and deploy roles in response to local population need. A clear model, sustained investment and a more predictable platform for neighbourhood working can also strengthen Kent and Medway's offer to prospective GPs by creating opportunities to work in well-supported teams, develop portfolio and leadership roles, and contribute to an ambitious model of proactive care. This should support recruitment and retention, including in higher-need areas such as Medway, although its impact will need to be assessed alongside the wider workforce plan.

This approach is consistent with the Kent and Medway Four Layers of Care. Primary care is the foundation and system anchor for access, continuity, prevention, early intervention and long-term condition management. Single neighbourhoods, broadly aligned to PCN footprints, add coordinated and proactive support for defined populations; multi-neighbourhood services provide urgent, intermediate and specialist community capability at greater scale; and acute care provides hospital-based assessment and treatment where clinically necessary. These are connected capabilities rather than separate services: stronger general practice enables each layer to work more effectively, supports safe escalation and return between settings, and reduces avoidable fragmentation and workload.

The 2027/28 commissioning intentions reinforce the same direction of travel: a clear and consistent core primary care offer; clinically led and locally responsive delivery; prevention and population health management; reduction in unwarranted variation and health inequalities; high trust and proportionate bureaucracy; outcomes, quality and patient experience alongside activity; and targeted improvement support where pressure or fragility is greatest. A central principle is that any transfer of responsibility or activity into primary and neighbourhood care must be accompanied by the workforce, funding, infrastructure, digital capability and governance needed for safe and sustainable delivery. Taken together, the Single Neighbourhood Contract, the Four Layers of Care and the commissioning intentions provide an aligned framework for strengthening general practice rather than adding a separate programme of change.

The indicative Medway delivery timetable is set out below. It provides clarity on the intended sequence without pre-empting the outcome of local validation or any decisions requiring further approval.

Indicative timing	Medway action	Expected output
October–December 2026	Complete the Medway practice and PCN baseline; validate workforce, access, resilience, quality, patient experience, digital and population-health intelligence; establish the locality delivery arrangement; and agree the first group for support.	A shared Medway baseline, agreed priorities, named support routes and an initial delivery sequence.
January–March 2027	Begin the first time-limited improvement activity with selected practices or PCNs. Support will be tailored and may include peer ambassadors, access and workflow	Agreed improvement plans, clear baselines and review points, with early operational issues

	improvement, workforce and supervision planning, digital and telephony actions, estates quick wins and escalation of recurring interface issues.	addressed where possible.
April–September 2027	Review the first phase, extend support where evidence indicates it will add value, strengthen neighbourhood workforce deployment and progress agreed actions with provider partners to reduce avoidable interface workload.	Evidence of early learning and impact, a refined locality offer and a second phase targeted according to need and capacity.
October 2027–June 2028	Embed effective approaches, continue focused support for unresolved resilience issues and assess progress in access, workforce stability, patient experience, quality and neighbourhood working.	A sustainable Medway improvement approach, with lessons informing future commissioning and neighbourhood delivery.

6. Outcomes, measures and governance

The programme will be overseen through established ICB primary care performance, quality and commissioning governance, with executive accountability and escalation of material risks through the appropriate route. Assurance will be proportionate to the maturity of the programme and will focus on whether support is reaching the areas of greatest need and contributing to improved resilience, access and patient experience.

Outcome area	Assurance measures
Access and patient experience	Overall experience, ease of telephone contact, clarity of next steps, appointment waiting experience and variation between practices.
Workforce stability	General practitioner full-time equivalent trend, vacancies, turnover, use of the wider practice workforce and supervision capacity.
Practice resilience	Number of practices assessed, support offered, improvement plans agreed, milestones achieved and risks escalated.
Quality and safety	Relevant quality indicators, Care Quality Commission intelligence, complaint themes, and continuity or service disruption risks.
Health inequalities	Evidence that support and outcomes are improving in neighbourhoods with the greatest population need and workforce fragility.
System productivity	Digital performance, reduced avoidable interface workload, more effective use of commissioned capacity and reduction in reactive support.

Developing the assurance framework

Assurance area	Approach
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Baseline	Use the latest validated workforce, access, quality and patient experience information, interpreted alongside local insight.
Measures	Agree a focused set of indicators once validation is complete, avoiding reliance on any single metric or unvalidated practice comparison.
Trajectory	Set realistic improvement expectations and review points through programme governance, taking account of starting position, dependencies and available resources.
Reporting	Provide proportionate assurance through existing ICB routes, with future scrutiny updates focused on overall progress, learning and impact rather than sensitive practice-level detail.

7. Conclusion

The independent review commissioned by the ICB Chief Executive and the 24-month improvement plan endorsed by the ICB Board represent a pivotal shift from recognising under-doctoring to acting on it.

For Medway, the approach establishes a stronger foundation for neighbourhood health by combining resilient general practice, targeted support, local partnership and transparent accountability. Commissioning the Single Neighbourhood Health Contract through PCNs, with general practice at the heart of delivery, turns that ambition into a practical operating model and reinforces Kent and Medway's position as a national leader in neighbourhood contracting. Alongside the Four Layers of Care and the principles of the 2027/28 commissioning intentions, it aligns investment, clinical leadership, workforce development, improvement support and neighbourhood working around a common purpose. The additional and more flexible investment can increase multidisciplinary capacity and strengthen the local employment offer, supporting efforts to recruit and retain GPs in Medway. Success will ultimately be judged by whether practices are more resilient and residents experience more equitable access, greater continuity, earlier support and better coordinated care close to home.