NHS
Kent and Medway
Clinical Commissioning Group

General Practice update

Kent Health Overview and Scrutiny Committee, 2 March 2022

1 Background

The CCG attended HOSC in November 2021 to provide an overview of general practice; this raised several further requests for information in the form of a report to the March meeting namely;

a. an update on access and appointment availability
b. more information around the closure of practices over lunch
c. a quantified analysis of unmet need in primary care
d. primary care estates' information, including use of Section 106 money and the role of councillors in securing new provision
e. an update on the rollout of the Primary Care Networks
f. training for practice receptionists
g. the GP Estates Strategy
h. how e-consult might be better used
i. the role and importance of patient participation groups (PPGs) and whether they were all running again
j. detail around how contracts for new GP surgeries were awarded.

This paper seeks to provide an update on capacity in general practice, as well as address the questions listed above.

The CCG is developing a strategy that will pull together many of these themes and address them as part of a plan for the next three years. The purpose is to provide an overview of the status of general practice across Kent and Medway, identify the key challenges facing the sector and to identify key priorities for the next three years.

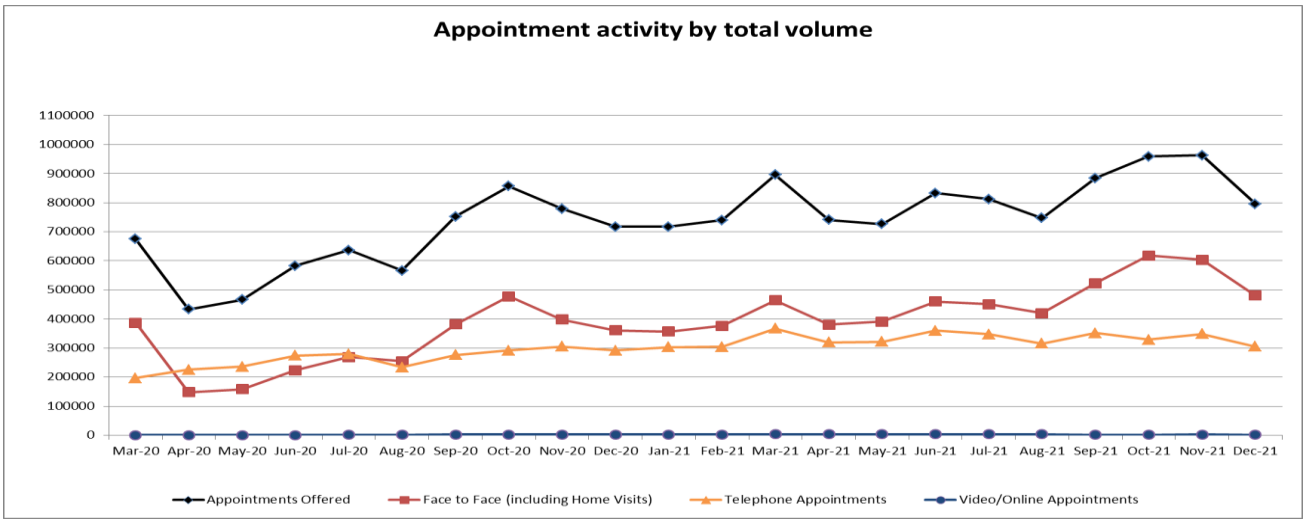
2. Capacity in general practice

2.1 Latest appointment data

The graph below shows how general practice appointments changed when the pandemic hit. It shows:

- since August 2021 there have been more face-to-face appointments per month than before the initial wave of the pandemic (March 2020)
- significant increases in face-to-face appointments between August and October 2020 and again between August and October 2021.
- the total number of appointments of all type has been at or above pre-pandemic levels since September 2020.

The very latest data for December 2021 shows a decrease from November 2021, this is attributable to the booster push practices focused on and the fact there are fewer working days in December. We expect activity to rise again in January data.



The latest general practice appointment figures show that 752,333 appointments were carried out in Kent and Medway in December 2021. This is in addition to GP teams giving more than 300,000 vaccinations/boosters in the same month.

Data released from NHS England shows nearly 445,000 face-to-face and home visits were carried out, despite additional bank holidays and the Christmas period; this demonstrates general practice is very much open for business and very busy.

There was a decrease in the number of people not attending their appointments, with 42,347 appointments not attended in December.

In September, we were successful in bidding for £8million from the Government's Winter Access fund. This fund is supporting a range of improvement programmes until March.

In all, 125 practices, including five primary care networks (PCNs), are now engaged with improving access plans - aiming to deliver an additional 100,190 general practice appointments, as well as improvements to the face-to-face appointment ratio, addressing

NHS111 and A&E use and overall access experience improvements.

We have also been working on at scale access plans. Same day access plans have been approved in all health care partnerships areas, including an East Kent respiratory hub aiming to deliver 37,500 additional same day appointments.

2.2. GP Practice phones

We recognise one of the most significant challenges patients face is getting through on very busy general practice phone lines. The volume of phone contacts is putting considerable strain on all practices - particularly those with older analogue phone systems. For patients and reception staff alike, this can be a source of huge frustration. Given the range of phone systems in use across 192 practices, we are not able to quantify the level of unmet demand in terms of people who do not get through and seek alternative options.

In all, 54 per cent of our GP practices have moved to cloud-based telephony systems, which provide more lines for inbound and outbound calls.

This technology can provide data about patient demand to help give feedback about performance and inform practices about the level of administrative support they may need for call handling.

The CCG is using some of the Winter Access Fund to enable all remaining GP practices, which wish to move to this new technology to be able to do so. So far, there are 84 practices we are working with to make the necessary changes. We anticipate this will be completed in the next three to four months. We continue to work with the remaining six practices to bring them on to the programme.

These phone systems will:

- provide more lines into and out of the practice
- allow the practice to manage those lines more effectively – including giving messaging about alternative ways to contact, if appropriate
- provide data on call volumes and peak demand times (including unmet need) to allow the practice to manage staffing.

3 Practice opening times

There are 153 providers of primary medical care services (GP practices) in Kent, and 39 in Medway.

The General Medical Services (GMS) Regulations require GP practices to deliver services within core hours, '*as are appropriate to meet the reasonable needs of patients*'.

Core hours for GP practices are between 8am and 6.30pm, Monday – Friday, excluding weekends and bank holidays.

The GMS regulations do not require practices to be always open during core hours or deliver all services at all times when they are open, however GP practices are required to have access arrangements in place for their registered practice population throughout core hours.

In December 2017, NHS England issued supplementary guidance, which provided an expectation of services are to be delivered within core hours.

The services listed below are examples of what is to be delivered but is not exhaustive.

- Ability to attend a pre-bookable appointment (face-to-face).
- Ability to book / cancel appointments.
- Ability to collect/order a prescription.
- Access urgent appointments / advice as clinically necessary.
- Home visit (where clinically necessary).
- Ring for phone advice.
- Ability to be referred to other services, where clinically urgent (including for example suspected cancer).
- Ability to access urgent diagnostics and take action in relation to urgent results.

The GP contract provides detail of the essential services to be delivered within core hours https://www.england.nhs.uk/gp/investment/gp-contract/.

PCN arrangements should be in place to offer additional appointments between 8am and 8pm under improved access arrangements.

The CCG is responsible, as part of delegated commissioning, for the quality, safety and performance of services delivered by the GP practice providers. There is a statutory duty to conduct a routine annual review of every primary medical care contract that is held. This is performed through the General Practice Annual Electronic Declaration (eDEC). Part of this declaration includes opening hours. This is a contractual requirement for GP practices to comply with.

Failure to complete the return may result in the CCG issuing the provider with a breach notice against the GP contract held.

In 2020/21[1] the following declaration of opening hours was made by GP practices in Kent[2] -

[1] 2021/22 eDec results not yet available for analysis
[2] In 2020/21 there were 156 GP providers in Kent (not including Medway providers)

- 92.3 per cent (144) of GP practices in Kent declared that they are adhering to the core hours.
- 16.6 per cent (26) of GP practice in Kent declared that they closed for lunch time during the defined core hours and did not provide access to reception or the phone lines for their registered patients.
- 4 (2.56 per cent) GP practices failed to make the return by the deadline due to covid pressures and change to practice staff.

GMS regulations allow GP practices to decide which services to provide and when, to meet the needs of their patients. However, GP practices should provide evidence, if requested by the CCG, they have engaged with their PPG to check arrangements are meeting their reasonable needs and are addressing any areas of concern.

If a GP practice was not meeting the reasonable needs of their registered patient population during core hours, the CCG may consider action against the practice by issuing a remedial breach notice, which could - in extreme cases - lead to the removal of a GP contract.

4 General Practice Estates Strategy

A General Practice Estates Strategy was approved by the CCG Primary Care Commissioning Committee in August 2021. A copy of the strategy was provided to the HOSC, as requested, at the last meeting.

This strategy is intended to be an enabling strategy to support and inform discussions about capacity and estates strategies for core primary medical care services with general practices in primary care networks (PCNs). The strategy will also feed into the wider health and care partnership discussions (across all four HCPs) to highlight estates' challenges and seek opportunities, where applicable, for primary medical care services within an area.

The strategy details that a 'planning for growth' approach at PCN level will support the CCG's obligation to understand and secure provision for primary medical care services. It will be informed by understanding the ambitions of existing general practices to support the expected growth in population and the requirements, from a premises perspective. The strategy explains there would be discussion with all practices on a PCN basis, to use the latest growth assessments to review and refresh existing plans, consider where any gaps may exist and potential responses to this.

The CCG's Primary Care Estates Team has met the majority of PCNs between September 2021 and January 2022. It is important to emphasise this is a programme that will continue to evolve and a single meeting was not intended to provide all responses to the strategy. You can find the latest estates update given to our February Primary Care Commissioning

Committee here: Primary Care Commissioning Committee (Part 1, Open) (17/02/2022) (kentandmedwayccg.nhs.uk), from page 84.

Premises development proposals that have started progression through CCG governance (in line with the CCG GP Premises Development Policy) are detailed within the relevant section of the strategy. As plans are developed and considered through governance, new schemes will continue to be added to the premises development and improvement requirements for each area as a response to the GP Estates Strategy. A number of schemes have been supported by the Primary Care Commissioning Committee since the strategy was approved.

Approvals include some smaller improvement schemes and additional space requests along with the following premises development schemes:

- Stage one approval (Sept 21) for Chestnuts Surgery, Sittingbourne to develop plans for a new surgery. Plans are now being actively developed.
- Stage one application approved for Pelham Medical Practice, Gravesend (Oct 21) to develop plans to relocate to new premises – site options are being explored with a third-party developer.
- Stage one approval (Oct 21) for Lonsdale Medical Centre, Tunbridge Wells to develop a scheme for a new medical centre; includes opportunity for a development to also include another Tunbridge Wells practice and PCN space. Site options are being explored.
- Stage one approval (Oct 21) for West Malling Group Practice to develop plans for a large two-storey extension to the Kings Hill site – plans are being actively developed with landlord.
- Sittingbourne PCN (lead Practice Grovehurst Surgery) – additional space request for use of Bramblefields Clinic (former Swale CCG building) supported to provide clinical and admin space. Supported at PCCOG and approved via Executive Officer Authority to Act (Oct 21).

Premises development schemes take time to work up, especially between Stage one project initiation document (PID approval) and Stage two (outline business case). There are several schemes in this phase and the Primary Care Estates Team is in contact with the project teams to discuss and support progress and make sure all project development milestones are met to progress through CCG governance. As schemes are developed, engagement will be done with patients and local stakeholders, including local councillors.

The following provides a summary of some key points relating to funding of premises plans:

- GP contractors are responsible for providing suitable premises to deliver services from – if work is required or new premises development plans supported, they are responsible for sourcing capital funding.
- Alongside GP partners securing their own funding, other options may include CCG/practice bidding for NHS capital, landlord investment or a specialist medical centre developer for a new build.
- S106 and community infrastructure levy (CIL) contributions are sources of capital that can contribute to part funding a general practice premises improvement or development (to support growth); the CCG, as the commissioner, makes the application for use of funding.
- The CCG holds the revenue budget for re-imbursement of rent, business rates, water rates and clinical waste.

4.1 Planning and S106 contributions

Regular liaison meetings continue to take place between the Primary Care Estates Team and local council planning leads in each area. These cover strategic and operational updates.

The CCG team formally responds to Local Plan consultations with a specific focus on general practice. Engagement with local councils through local plan review processes has enabled specific requirements for health infrastructure (for general practice specifically) to be detailed within local plan policies; either as land/building for a medical centre or a financial contribution to expanding existing healthcare infrastructure. The CCG also contributes to and engages in the refresh of infrastructure delivery plans, again with a specific focus on general practice.

The CCG team provides responses to relevant planning applications, specifically where S106 funding contributions are being requested or to identify specific requirements to mitigate the impact, such as the need for land to be safeguarded for a medical centre. Responses are provided in line with the CCG S106 and CIL principles and process document.

The CCG is aware of all S106 funding contributions held by councils and those secured (but not triggered) and the specific requirements of the S106 legal agreements. Regular updates are received from councils and the CCG uses this to inform discussions with general practices. Following the more recent round of meetings, some practices have signalled an interest in exploring use of S106 as a contribution towards a premises project.

The CCG will also seek to pool S106 contributions for larger premises projects, where possible; two examples in the Maidstone area are Staplehurst Health Centre (reconfiguration to create additional capacity) and the new build medical centre for Greensands Health Centre, Coxheath where c£200,000 and c£480,000 S106 contributions are being used respectively.

Depending on the timeline of planning approvals, the commencement of a development and the triggers for release of funding in the S106 agreement, the secured funding may not be available until many months or even years following approval. The CCG also recognises some developments that are approved may not progress or may not reach the triggers in the agreement and so the contribution will not become available. For this reason, secured S106 contributions cannot therefore be assumed as funding that will be received at a point in the future.

Regarding CIL, the CCG engages with councils through the infrastructure delivery plans to identify key schemes and will submit bids for funding in line with the local council process. Last year CIL funding was secured via the Sevenoaks District Council process as a contribution to an extension of a local practice.

5 Primary care networks (PCN)

This section updates the HOSC on the status, role and plans of primary care networks across Kent.

A primary care network (PCN) consists of groups of general practices working together, and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to offer more personalised, coordinated health and social care to the people living in their area.

There are 42 PCNs in Kent and Medway with 35 in Kent. These are detailed with the clinical directors and member practices below in appendix 1. Their boundaries are shown in appendix 2. PCNs are aligned to a health and care partnership supporting them to work more closely with other health, care, voluntary sector and local authority partners in the area.

PCNs build on the core of primary care services and enable greater provision of proactive, personalised, coordinated, and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities they serve.

PCNs were established from 1 July 2019 and based on GP registered lists, national guidance suggested these networks would serve natural communities of around 30,000 to 50,000. 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. Locally, we do have some PCNs serving smaller communities and some supporting larger communities as well.

PCNs form a key building block of the NHS long-term plan. Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons, including improving their ability to recruit and retain staff; to manage financial and estates'

pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system. In addition, PCN funding provides the opportunity to recruit a more diverse skill mix into general practice, through recruitment of roles, such as first contact physiotherapists, social prescribers and physician assistants

Since 2019, PCNs across Kent have been working together to provide more services outside the routine surgery opening hours. A large part of the Covid-19 vaccination programme has also been co-ordinated by PCNs across Kent.

5.1 Network Contract DES and Funding

The main funding for PCNs comes in the form of the PCN Directed Enhanced Services (DES) contract, which is an extension of the core GP contract and must be offered to all practices. This will be worth up to £1.8billion nationally by 2023/24. It includes funding to support the operation of the network and up to £89million to help fund additional staff, through an additional roles' reimbursement scheme.

Additionally, individual practices within the PCN also receive a network participation payment: a payment of £1.76 per weighted patient made to recognise an individual practice's commitment to being part of a PCN.

Practices work collaboratively within primary care networks (PCNs) or have an arrangement in place to make sure services available under the Network Contract DES (Directed Enhanced Services) are delivered to their registered patient population.

Table 1: Primary Care Network DES payments

Payment details	Amount
Core PCN funding	£1.50 per registered patient per year
Clinical director contribution	£0.722 per registered patient per year
ARRS roles	Actual salary plus employer on-costs to the maximum reimbursable amount for each role
Extended hours access	£1.44 per patient
Care home premium	£60 per bed for the period 1 October 2020 to 31 March 2021 £120 per bed per year from 1 April 2021
PCN support payment	£0.27 per weighted patient for 1 April 2020 to 30 September 2020
Investment and Impact Fund	£150m Nationally for 2021/22 incentivising delivery of objectives set out in the NHS Long Term Plan
Leadership and management	£43m Nationally for 2021/22 to create additional leadership and management capacity
PCN Development Fund	£935k for KM PCNs allocated per PCN weighted list size

The network contract DES outlines service requirements:

Extended hours access	Additional clinical appointments for urgent, same day, or pre-booked.
Structured medication review and Medicines Optimisation	For a range of care home and patients in their own home, reviewing complex or polypharmacy, common mediation errors or addictive medications.
Enhanced health in care homes	Care homes aligned to PCNs and lead GP (or GPs) with responsibility for the Enhanced Health in Care Homes service requirements.
Early cancer diagnosis	Review referral practice for suspected cancers, contribute to improving local uptake of screening programmes.
Social Prescribing Service	Provide patients with access to a social prescribing service.
Cardiovascular Disease (CVD) Prevention and Diagnosis	From October 2021, the requirements on PCNs now focus solely on improving hypertension case finding and diagnosis. From April 2022, diagnosis of atrial fibrillation, familial hypercholesteremia and heart failure introduced.
Tackling neighbourhood health inequalities	From 1 October 2021, identify and include all patients with a learning disability on the learning disability register. To identify a population experiencing health inequalities and to co-design an intervention to address the unmet needs of this population. Delivery of this intervention will commence from March 2022.
Anticipatory care	By 30 September 2022, required to agree a plan for delivery of Anticipatory Care with their ICS and local partners.
Personalised care	From April 2022, there will be three areas of focus for personalised care: further expansion of social prescribing, supporting digitised care and support planning for care home residents.

5.2 Additional Roles Reimbursement Scheme

This scheme gives PCNs extra funding to support recruitment of new additional staff to deliver health services.

The new additional staff recruited by a PCN or provided under contract as a service from a third-party organisation are fully reimbursed up to a maximum salary as stated in the Network Contract DES and each PCN has a maximum allocation of funding based on list size.

PCN additional roles that can be recruited include the following (the number in brackets denotes those employed in Kent):

- Clinical pharmacist (71)

- Advanced practitioner (3)
- Pharmacy technician (21)
- Social prescribing link worker (64)
- Health and wellbeing coach (10)
- Care Coordinator (36)
- Physician's associate (11)
- First contact physiotherapist (25)
- Dietician (**)
- Podiatrist (1.5)
- Occupational therapist (3)
- Trainee nursing associate (6.5)
- Nursing associate (1)
- Paramedic (13)
- Mental health practitioner (11).

So far, we have recruited 275 additional roles in Kent. Having these additional roles allows people to be seen in general practice by other specialists, increasing the available workforce.

These include 11 new **adult mental health practitioner (MHP)** roles, employed by Kent and Medway NHS and Social Care Partnership Trust (KMPT), but working whole time in an individual PCN. These roles started in post from January 2022.

There are also plans to be finalised to recruit up to 10 children and young people MHP PCN roles under the additional roles reimbursement scheme, employed by North East London NHS Foundation Trust (NELFT), but working whole time in an individual PCN in a similar way to the adult MHPs.

Recruitment barriers to additional roles include:

- understand the benefits of new roles
- employment liabilities
- availability of ARRS roles and
- accommodating additional staff in existing premises.

The CCG and the three local primary care training hub teams are supporting PCNs to address these issues and encourage recruitment to the breadth of roles and maximum allocated funding.

Bids from PCNs, which have recruited to their maximum allocation against the system underspend, have been sought and agreed to bring forward recruitment of additional roles. This is sustainable because the PCN maximum funding allocations will increase for 2022/23.

5.3 Primary care network development and plans

In all, £935,000 of additional funding was made available to Kent and Medway PCNs for PCN Development. The Kent allocation was £793,164, based on weighted list sizes which, on average, was £22,000 per PCN.

The release of PCN development funding was dependent on PCNs completing a survey to assess their maturity and development requirements and submit an assurance plan detailing how they would spend the funding. There were criteria issued on use of funding and plans were required to support internal PCN development and delivery of Kent and Medway Integrated Care System priorities.

Themes from the Kent PCN development assurance plans against the national criteria are shown below.

National & ICP criteria	PCN development area
Recruitment and retention	Staff training and development (management, clinical and GP trainers), clinical supervision and peer support for ARRS roles, workforce planning including for succession and forecast retirement
Enhance integrated working	Improving communications and relationships with Health and Care Partnership including community pharmacies, dentists, councils, voluntary sector including development of MDTs and developing networks across PCN boundaries
Reducing health inequalities	Population approaches to reducing health inequalities with specific schemes around increasing Covid-19 vaccination in hard-to-reach groups, adult and child obesity, diabetes, hypertension, frailty, cancer, mental illness and learning disabilities
Delivering effective out of hospital care	CVD prevention including enhanced atrial fibrillation and hypertension case finding, increasing access to primary care through both digital and face-to-face appointments and mapping capacity and demand

5.4 Population health management

Dover Town, Garden City and Ramsgate, alongside Medway Central PCNs, have just completed a National 22-week population health management (PHM) programme focusing on improving health outcomes in the cohorts given below:

PCN	Cohort details	Cohort size
Dover Town PCN (East Kent)	Aged 40-69 yrs, who are obese, hypertensive with depression with mid-level complexity across all deprivation scales	131
Garden City PCN (DGS)	Aged 40-60 yrs, obese with anxiety and smokers across all deprivation levels	137
Ramsgate PCN (East Kent)	All age-groups, with diabetes and housebound; all levels of complexity and deprivation	118
Medway Central PCN (Medway and Swale)	Aged 20-39, obese and hypertensive across all deprivation levels. Target those at risk of diabetes (pre-diabetic)	166

Following these initial pilots, the next steps will be to finalise the integrated care system PHM roadmap, which will also include a spread and sustain plan to support the next phase of the PHM programme.

In addition to the PCN development schemes above, there are also other available PCN support offers and opportunities and PCNs are encouraged to take advantage of these. They include:

- **Time for Care** is a bespoke development programme for PCNs that is not limited to a particular time and The Marsh, Dover Town, Ramsgate, CARE Kent, Total Health Excellence East, Canterbury South, Canterbury North, Herne Bay, Dartford Central PCNs are engaged with the programme to develop the ARRS workforce.

  A Time for Care development advisor is assigned to the PCN to develop an appropriate programme of work and continuing virtual support, for example:

  - to maximise the effectiveness of ARRS roles
  - to help understand and manage demand and capacity, including recovery and managing backlogs
  - to improve processes to save time, resource and improve efficiency.

- The CCG's estates and workforce teams are supporting PCNs to use **estates and workforce toolkits** to fully assess their existing estate against its local clinical vision, service strategy and forecasted demand.

  The estates toolkit also considers population health management data while the workforce toolkit follows a similar approach to determine what primary care workforce is required to meet demand and address health inequalities that PHM

analysis has identified. The workforce toolkit will aim to maximise the efficiencies of additional roles (ARRS) and other primary care workforce to increase capacity and access.

- The **NHS England PCN survey,** which was completed by all PCNs in Kent and Medway, has provided a rich source of information around the maturity of PCNs and what areas of support and development they would most benefit from.

  These survey responses have been analysed at Kent and Medway level so regional, as well as CCG offers, can be developed. We also have raw PCN data available to identify specific PCN challenges and tailor more local support offers.

- The NHSE offer under development includes an NHS Futures website for the south east to host a range of support and development tools, information resources and a model PCN community of practice database of case studies and initiatives PCNs have implemented across Kent, Surrey and Sussex to benefit both PCN development and health outcomes for patients.

The menu of support also focuses on supporting PCNs around the following areas:

- Leadership training and development for Clinical Directors and other staff.
- Development of a central procurement hub for externally contracted services, such as HR, Health and Safety and Legal Services.
- Equality, Diversity and Inclusivity Team to support PCNs in customising service design and delivery to address equality, diversity and inclusion needs.
- Support in managing patient expectations, for example on demand and capacity and access, through collaborative communications approaches for practice and patient-facing platforms.

6 General practice workforce

Table 3 below demonstrates the GP to patient ratios, as well as the wider primary care workforce to patient ratios across Kent and Medway that are:

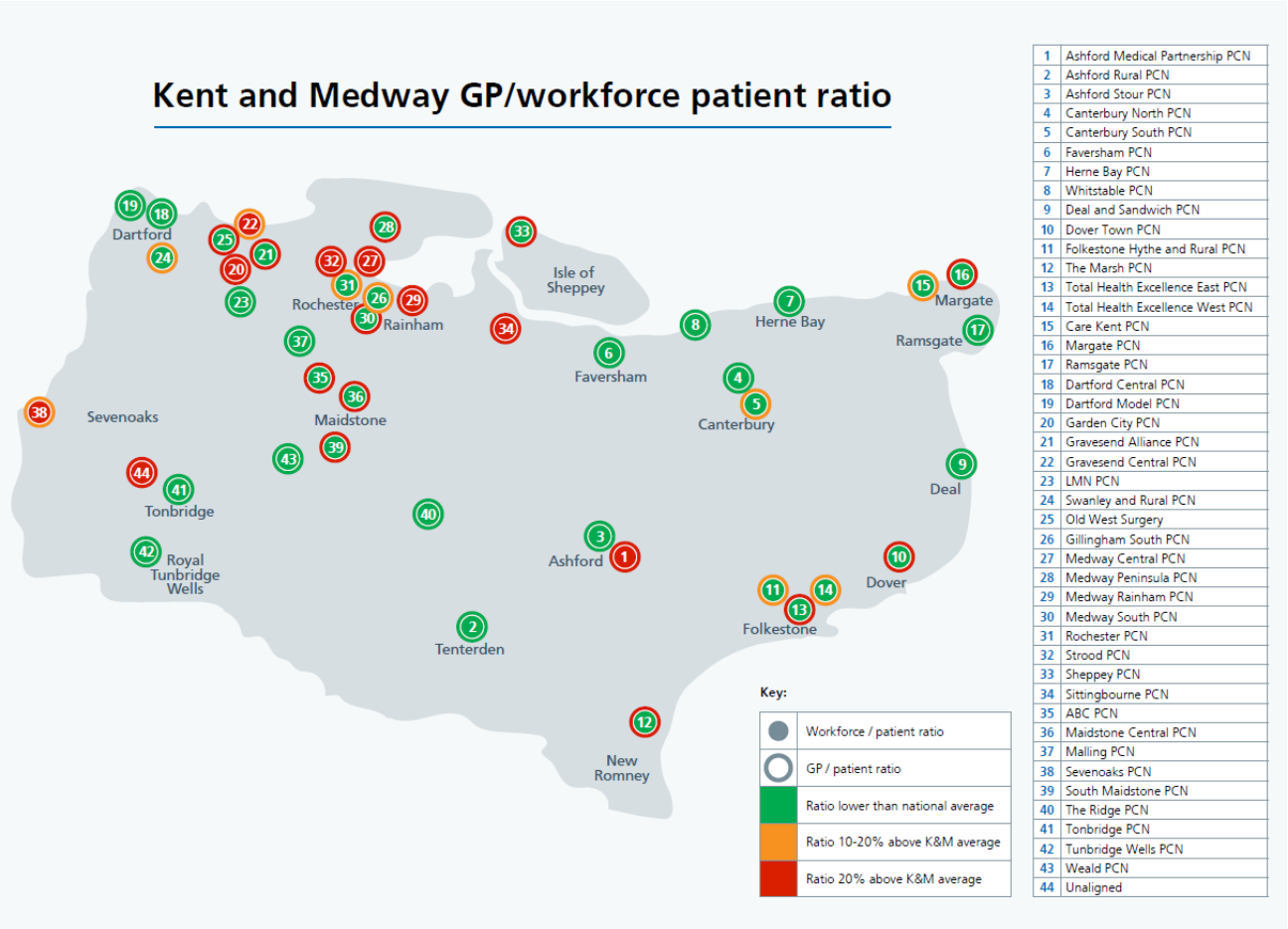
- lower than national average (performing well)
- 10 to 20 per cent above Kent and Medway average (areas to review)
- 20 per cent above Kent and Medway average (areas to support)

The circles represent individual PCNs. The outer ring RAG rating shows the GP/patient ratio, while the circle centre RAG rating shows the wider workforce/patient ratio. The

workforce/patient ratio includes clinical and non-clinical roles that support GPs, including additional (ARRS) roles and better reflects the total practice and PCN workforce providing services to patients.

The areas showing red are a focus for the CCG's workforce and training hubs to improve recruitment and retention through numerous initiatives for GPs and other clinicians.

Table 3 – Kent & Medway GP/workforce patient ratio



1	Ashford Medical Partnership PCN
2	Ashford Rural PCN
3	Ashford Stour PCN
4	Canterbury North PCN
5	Canterbury South PCN
6	Faversham PCN
7	Herne Bay PCN
8	Whitstable PCN
9	Deal and Sandwich PCN
10	Dover Town PCN
11	Folkestone Hythe and Rural PCN
12	The Marsh PCN
13	Total Health Excellence East PCN
14	Total Health Excellence West PCN
15	Care Kent PCN
16	Margate PCN
17	Ramsgate PCN
18	Dartford Central PCN
19	Dartford Model PCN
20	Garden City PCN
21	Gravesend Alliance PCN
22	Gravesend Central PCN
23	LMN PCN
24	Swanley and Rural PCN
25	Old West Surgery
26	Gillingham South PCN
27	Medway Central PCN
28	Medway Peninsula PCN
29	Medway Rainham PCN
30	Medway South PCN
31	Rochester PCN
32	Strood PCN
33	Sheppey PCN
34	Sittingbourne PCN
35	ABC PCN
36	Maidstone Central PCN
37	Malling PCN
38	Sevenoaks PCN
39	South Maidstone PCN
40	The Ridge PCN
41	Tonbridge PCN
42	Tunbridge Wells PCN
43	Weald PCN
44	Unaligned

The unaligned practice shown as 44 in table 3 is Wish Valley Surgery, which has since merged with another practice to form the Weald View Medical Practice.

The following charts below shows the changes in Kent and Medway primary care workforce full-time equivalent (FTE) posts and headcount from September 2015 to November 2021**.** The CCG recognises more work is needed in recruiting more GPs, but also acknowledges the increases in primary care registrars, nurses and direct patient care staff reflecting the current and varied primary care workforce.

Chart 1 - Summary of Kent and Medway Primary Care Workforce Nov 21

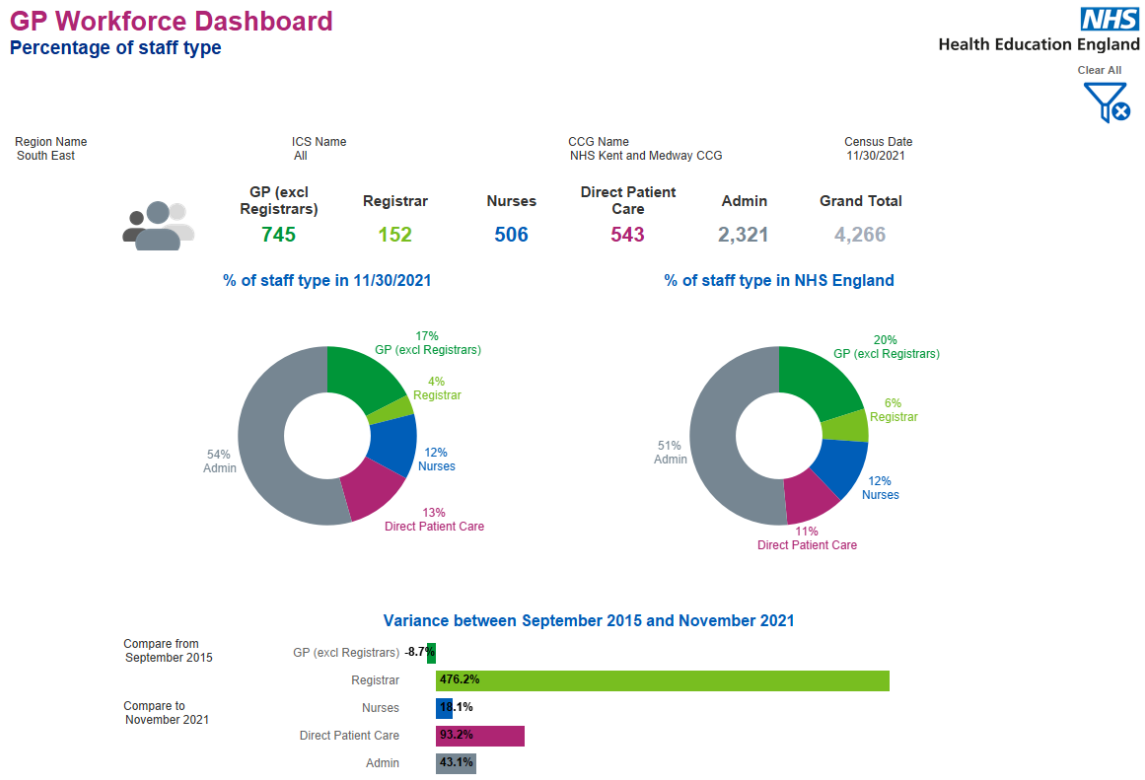


Chart 2 – Kent and Medway GP workforce trend (Sep 15 to Nov 21)

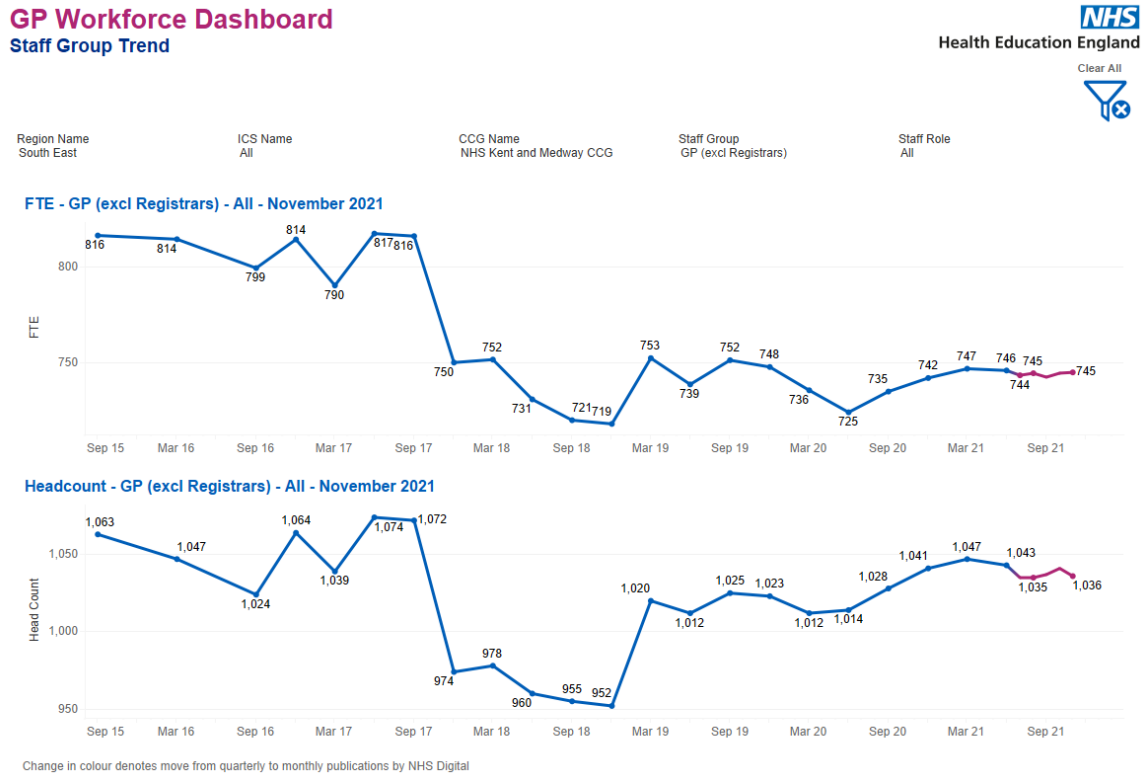


Chart 3 – Kent and Medway primary care registrar workforce trend (Sep 15 to Nov 21)

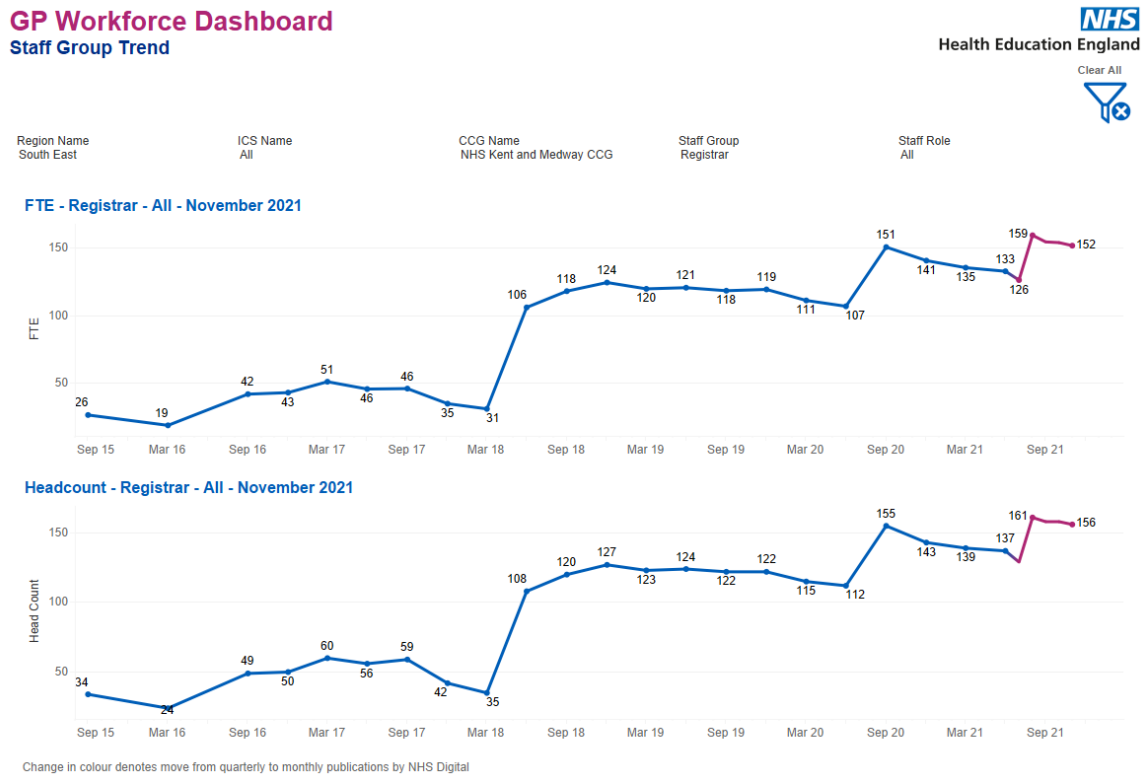


Chart 4 – Kent and Medway primary care nurse workforce trend (Sep15 to Nov 21)

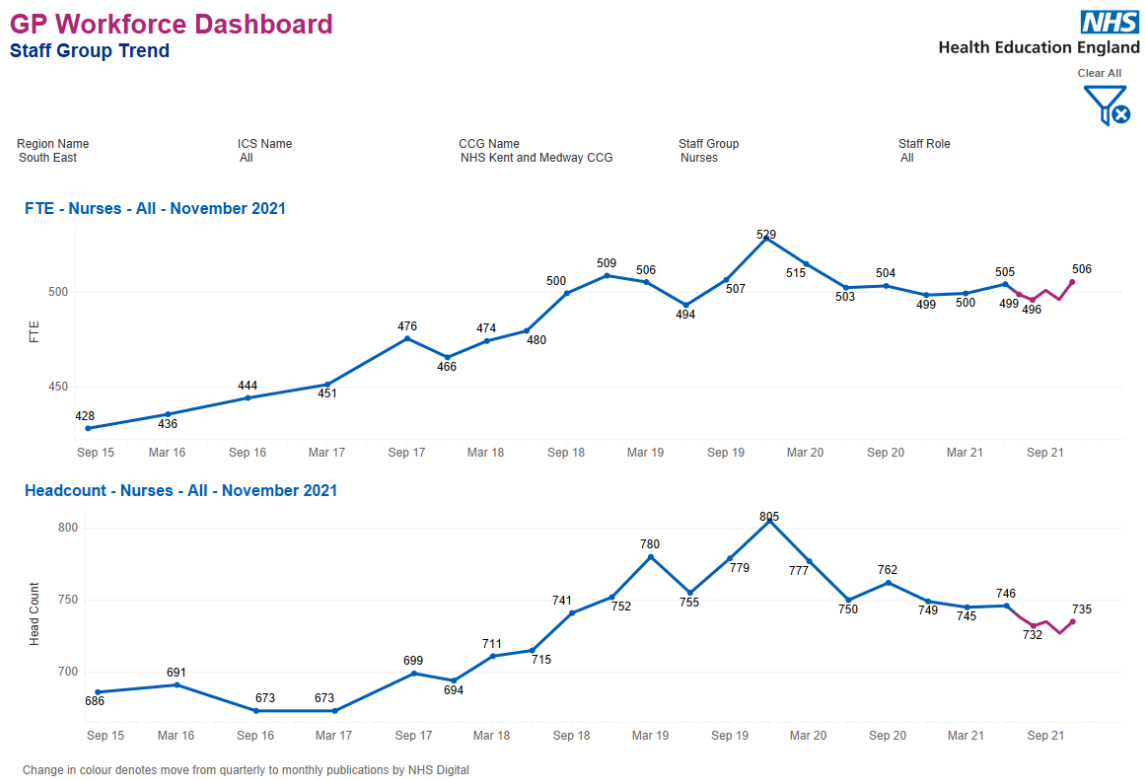


Chart 5 – Kent and Medway primary care direct care workforce trend (Sep15 to Nov 21)

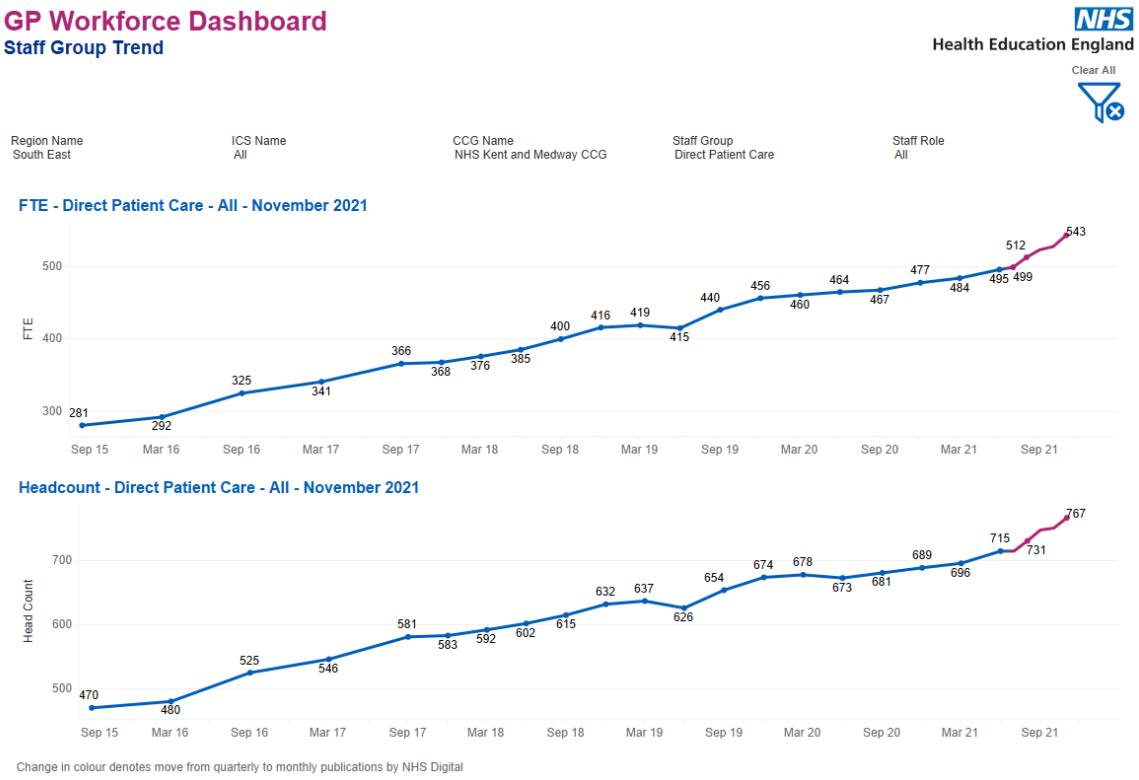
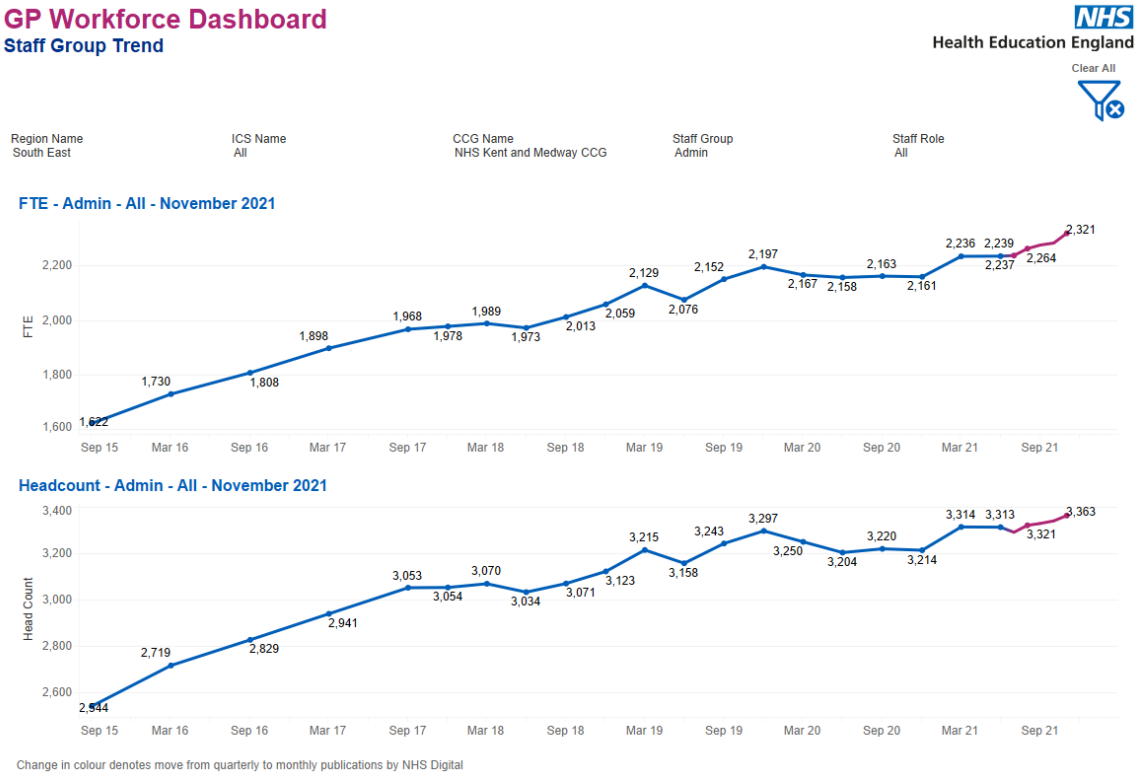


Chart 6 – Kent and Medway primary care admin workforce trend (Sep15 to Nov 21)



6.1 Recruitment and retention

The additional roles being recruited into general practice mean looking at GP numbers alone do not give an accurate picture of the available workforce in general practice. However, recruitment of GPs remains a priority and we know Kent, particularly its coastal communities, suffers from difficulties in this area.

The CCG has been working with other CCGs to understand best practice in recruitment and to look at ways we can improve the offer and make Kent an attractive place to be a GP.

We are working on a pilot project where PCNs, practices and our training hubs are developing a package of support and training, alongside a financial incentive. As Medway has some of the worst workforce ratios in the county, we are working on the pilot with Medway Council to understand how it can help us through their economic development, housing and education teams to attract clinicians to the area. A report will be presented to our Primary Care Commissioning Committee on 17 March with further details of this proposal. Once we start to develop a model, we will look to roll this out to other areas with difficulties recruiting, such as Swale and Thanet. We understand to retain clinicians, we need to offer a supportive environment where they can learn and develop. We are looking at how we work with partners at in community and in acute settings to develop attractive portfolio careers, alongside our development offers such as fellowships.

7 Training for practice receptionists

Kent and Medway GP partners – together- centrally fund a training offer for all their practice staff; this is unique to Kent and Medway. The GP Staff Training Team provides courses, such as mandatory training in health and safety, fire safety training, equality and diversity, infection prevention control, control of substances hazardous to health and basic life support. The offer goes beyond core requirements with additional optional courses, such as conflict resolution, customer service, complaints training, understanding investigations for receptionists, and a reception masterclass for new staff.

8 eConsult

eCconsult is an online service which enables patients to contact their GP practice and give an overview of their symptoms or concerns. This online form is submitted to the practice, where it is reviewed and the clinician chooses the best next steps for you. This might not mean a GP appointment, but the patient will be contacted within a specified time to let them know what happens next.

The eConsult service is not intended for urgent or emergency requests. If a patient triggers a red-flag question, they are shown an immediate message to take the relevant action.

Using eConsult starts a similar process to calling the practice. You are registering a health concern or issue for the practice to determine the best way to respond.

Although the process of reviewing econsultations varies between practices, whoever reviews them will have been trained to do so and will not make clinical decisions if they are not a clinician. It is like speaking to a patient co-ordinator at a practice reception.

People staffing modern GP practices are trained to make sure people can get to the right help as quickly as possible.

Feedback from patients continues to be positive overall, the following information is reflected from patients using the service between Sept 2021 to Jan 2022

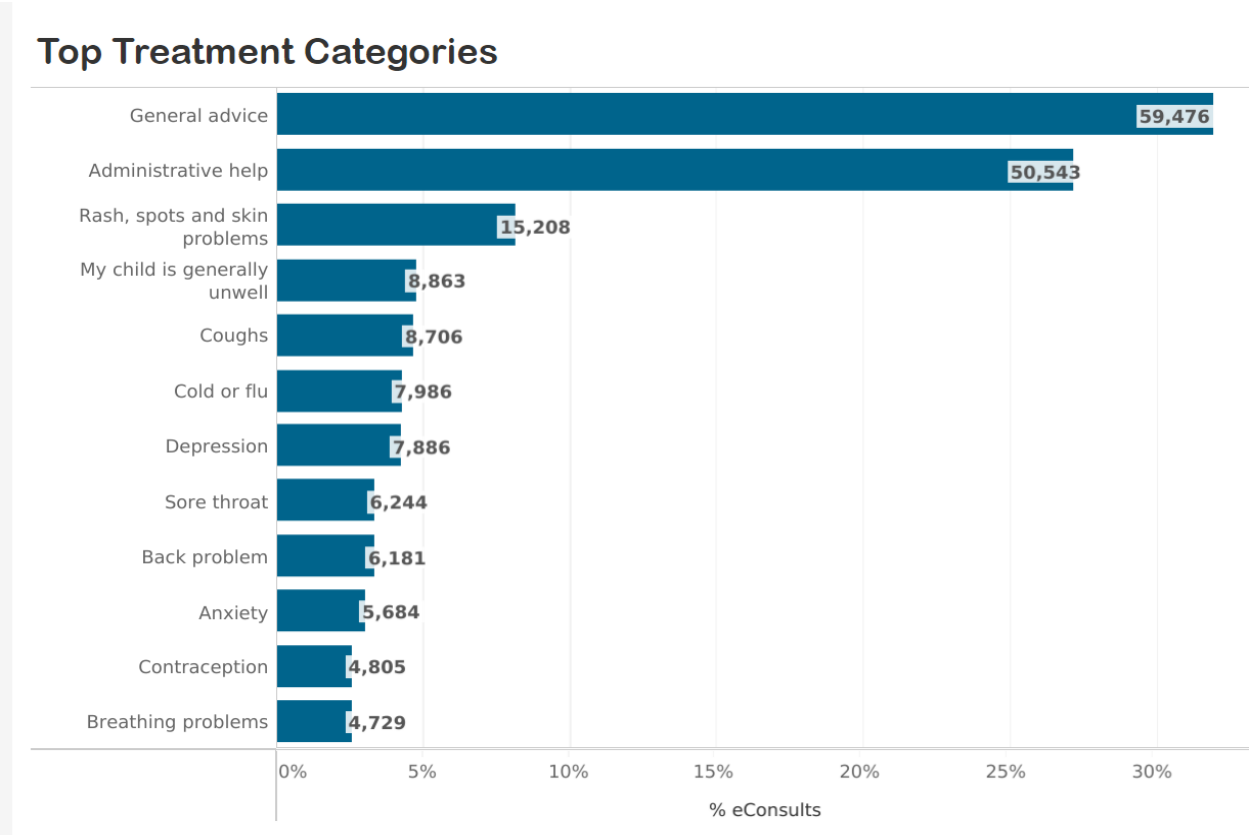
Of those users surveyed, 1,700 people (43 per cent) expressed satisfaction with the service, 802 people (20 per cent) were fairly satisfied, with 428 (11 per cent) neither satisfied nor dissatisfied and 990 people (25 per cent) fairly dissatisfied or very dissatisfied.

Patients who used the service were asked would they use the service instead of face-to-face appointment. The response was 2,270 patients says yes (58 per cent), 790 said no (20 per cent) and there were 880 (22 per cent) who indicated they were not sure.

When asking the question that if the eConsult service had not been available, what would you have done about your health problem. The following feedback was received:

In all, 1,779 (45 per cent) would request a phone conversation with their doctor, 1,305 (33 per cent) would request a face-to-face appointment with their doctor, 172 (four per cent) would call NHS111, 154 (four per cent) would request an appointment with their practice nurse.

The table below summarises the top treatment categories for patient’s accessing econsultation from 01/10/21 to 06/02/22)



The CCG recognises there continues to be a variation between practices about whether the service is available, as there are times GP practices have sought the service to either be temporarily switched off or that it is available for limited times of the day. One potential solution being piloted is e-hubs, which enable practices across primary care networks – which were managing their online consultations at an individual practice level - to come together and create a centralised model of online consultations. It is important that we can have a consistent service to patients before exploring additional patient monitoring arrangements. The evaluation of the pilot will is expected in the autumn of 2022.

9 Patient participation groups

Engaging with local communities is essential to effective delivery of primary care services. A patient participation group (PPG) is one way for GP practices to find out what matters to patients and work together to make improvements. PPGs also support practices through volunteering, as we have seen during the pandemic.

The General Medical Services sets out a requirement to ‘establish and maintain’ a PPG made up of registered patients at the practice, enabling the practice to obtain feedback from patients. Membership must be regularly reviewed to make sure it is representative of its practice patients. The contractor must regularly engage with the group to obtain feedback and make reasonable efforts to implement improvements. As we start to move forward with

‘business as usual’ work, the CCG’s Contracting Team will carry out ad hoc reviews, which will include provision of effective PPG groups.

The CCG encourages practices to set up effective PPGs and supports continuing dialogue through seven local area patient groups, to which chairs of PPGs are invited.

Some PPGs found it hard to maintain momentum and meet during the pandemic but, anecdotally, we understand a significant number have continued to meet virtually to address issues patients are facing in accessing services and are working with their practices to improve services.

The CCG has continued to hold its local area patient group meetings throughout the pandemic, which are chaired by our independent lay associate members. These meetings are supported by members of the CCG Communications and Engagement Team and have been a means of sharing information with PPGs for local cascade, of seeking their views on local health and care plans and for PPGs to share feedback on services. PPG chairs are also invited to quarterly Kent and Medway-wide network meetings, chaired by the lay member for patient and public involvement, to meet commissioners, hear about service planning and delivery and give the CCG their views.

PPGs have shared their experiences of working with GP practices throughout the pandemic. Many have reported that contact with their practices has been reduced, that it has been difficult to run meetings or events and that recruitment of members has been challenging. However, a number have continued to hold virtual or face-to-face meetings and have been actively involved in essential work to feedback experience and to support their practices. Examples of recent PPG activity include:

Newton Place Surgery, Faversham meets virtually every month. The PPG was involved with recruitment of a new practice manager in the autumn and has been helping with flu and Covid vaccination clinics.

Otford Medical Practice, west Kent meets monthly or bi-monthly online and the practice manager and GP attend their meetings. It produces regular newsletters and carries out an annual survey with patients. It has become a registered charity so it can buy kit to make patients’ lives easier, such as portable blood pressure monitors.

The Oaks Partnership, Swanley has a patient voice committee, which regularly meets GPs and staff, as well as a wider patient reference group. In November 2021, the committee helped co-ordinate an annual health event discussing health and wellbeing issues and providing advice.

Headcorn Surgery, west Kent is active via email and also holds meetings to discuss issues. which are important to patients. A practice member attends each meeting and the PPG feels it has a collaborative relationship with the surgery. PPG members have recently been involved in:

- supporting flu clinics - marshalling and admin support and ensuring wider patients and public in our community to get involved
- distributing PPE
- the Covid vaccination programme – more than 400 volunteers were involved across three vaccination sites.

The CCG is aware some GP practices find patient engagement a challenge. In February 2022, the CCG surveyed all GP practices about their communications and engagement needs. We wanted to find out what kind of support practices felt they needed in areas, such as website development, strategic communications planning and engagement. In total, 56 practices responded to the survey. Engaging with patients and with PPGs was one of the top areas where practices felt they needed support with 45 out of 56 practices telling us they were ‘extremely’ or ‘very’ interested in receiving training in this area.

To respond to this need, the CCG is including a plan to provide training and support for practices in the engagement strategy it is preparing for 2022. Working with the Primary Care Team, PPGs and patient groups, Healthwatch, the LMC and our associate lay members, we will determine specific need, develop a toolkit for engaging with local communities for PCNs and GP practices and deliver training sessions as well as targeted direct support to GP practices. The aim will be to increase the volume and quality of local patient engagement in primary care.

10 How contracts for new GP surgeries are awarded

10.1 What types of GP contracts are there?

Every individual or partnership of GPs must hold an NHS GP contract to run an NHS-commissioned general practice.

There are three different types of GP contract arrangements used by NHS commissioners in England:

The General Medical Services (GMS) contract is the national standard GP contract. This contract is negotiated nationally every year between NHS England and the General Practice Committee of the BMA, the trade union representative of GPs in England. It is then used by clinical commissioning groups to contract local general practices in an area. These contracts run in perpetuity, which means they run forever and only end when they are terminated (either by the commissioner or by provider by way of serving notice). Around 98 per cent of all contracts in Kent and Medway are GMS.

The Personal Medical Services (PMS) contract is another form of core contract, but unlike the GMS contract, is negotiated and agreed locally by CCGs or NHS England with a general practice or practices. This contract offers commissioners an alternative route with more flexibility to tailor requirements to local need while also keeping within national

guidelines and legislation. The PMS contract is being phased out and there are no PMS contracts within Kent and Medway CCG.

The Alternative Personal Medical Services (APMS) contract offers greater flexibility than the other two contract types. The APMS framework allows contracts with organisations (such as private companies or third sector providers) other than general practitioners/partnerships of GPs to provide primary care services. APMS contracts can also be used to commission other types of primary care service, beyond that of 'core' general practice. These contracts are time limited, normally for up to five years, and then need to be recommissioned. This can be disruptive for patient and usually cost more than GMS due to the nature of the contract. There are four APMS contracts in Kent and Medway.

10.2 What's in a GP contract?

The core parts of a general practice contract include:

- agreeing the geographical or population area the practice will cover
- requiring the practice to maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from it
- establishing the essential medical services a general practice must provide to its patients
- setting standards for premises and workforce and requirements for inspection and oversight
- setting out expectations for public and patient involvement
- outlining key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.

Requirements within the core contract are not always explicit, with individual practices able to interpret them to reflect local circumstances. This does mean there will be variation between practices. This can be perceived by patients as inequalities or that some practices are not delivering what should be expected. An example is around public and patient involvement, where the contract requires practices to have a patient participation group but does not specify in any detail how the group should be convened, what responsibilities it should have etc.

In addition to these core arrangements, a general practice contract also contains optional agreements for services that a practice might enter into usually in return for additional payment. These include the nationally negotiated **Directed Enhanced Services (DES)** that all commissioners of general practice must offer to their practices in their contract and the

locally negotiated and set **Local Enhanced Services (LES)** that vary by area and the National Quality and Outcomes Framework – (QOF) the objective being to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients, based on a number of indicators across a range of key areas of clinical care and public

10.3 GP Practice contract variation / award

GP partners are not just clinicians but also small business owners and employers.

This comes with challenges, for example, the need to manage and optimise complicated income streams and personal liability for financial risks.

It also means partners have a strong vested interest in maintaining and developing their practice.

GMS contracts run in perpetuity, which means they last forever. These contracts also allow contract holders to pass on contracts to other GPs by way of a contract variation. This is done by notifying the commissioner, however as long as those being added to the contract are eligible to hold a GMS contract then the involvement of the commissioner is minimal – the CCG does not have the authority or responsibility to approve or reject such changes.

10.4 Options available to a commissioner when a contract is handed back

There are occasions when the partners of a general practice decide to ‘hand back’ their contract – effectively closing their practice.

Under delegated primary care commissioning arrangements, the CCG is responsible for ensuring its resident population is able to access GP services. If a contract is handed back national guidance dictates that the CCG has two commissioning options:

Option one: To carry out a procurement process to award a new Alternative Provider of Medical Services (APMS) contract to deliver care to the patients.

Option two: To allow the contract to expire and to support patients to register at another local practice (list dispersal) which can in some circumstances include taking over an existing building as an additional site.

10.5 Assessment of suitability of new providers

When a contract is handed back and a new provider needs to be put in place, whether a procurement is needed, the CCG has developed a framework of assurance for assessing new providers to ensure they are the most suitable and qualified to take on a contract.

The assurance process includes a qualification stage to ensure only suitable providers can be considered.

There is also a technical stage which includes, but is not limited to:

- quality
- patient focus and engagement
- clinical services and governance
- workforce
- organisation good standing
- premises and estates issues
- information technology and management
- mobilisation
- finance.

As per the CCGs delegated agreement with NHS England, all contract decision-making must pass through a Primary Care Operational Group and then a Primary Care Commissioning Committee

These committees are appropriately serviced by individuals who are suitably qualified to inform commissioning decisions

Primary care networks and membership (Kent) **Appendix 1**

Dartford Central PCN	**Gravesend Alliance PCN**
Drs Siva Nathan & Adekemi Osadiya	**Drs Nigel Sewell & Stefano Santini**
Redwood Surgery (Dartford West Health Centre)	The Shrubbery and Riverview Park Surgeries
Horsman's Place Surgery	Oakfield Health Centre
Temple Hill Group	Springhead Health Limited
Garden City PCN	**Dartford Model PCN**
Dr David Payne	**Dr Julie Taylor**
Downs Way Medical Practice	Dr Shimmins and Partners (Dartford East Health Centre)
Swanscombe Health Centre	Lowfield Medical Practice
Parrock Street Surgery	Maple Practice
Pilgrims Way Surgery	The Orchard Practice
Gravesend Central PCN	**Swanley & Rural PCN**
Drs Yvonne Abimbola & Lorraine Okeze	**Dr Elizabeth Lunt**
Chalk Surgery	The Cedars Surgery
Gravesend Medical Centre	Devon Road Surgery
Pelham Medical Practice	Farningham (Braeside) Surgery
Rochester Road Surgery	The Oaks Partnership
LMN Care PCN	**ABC PCN**
Dr Krish Bhanot	**Dr Peter Hanrath & Min Ven Teo**
Jubilee Medical Practice	Aylesford Medical Centre
Meopham Medical Practice	Blackthorn Medical Practice
	The College Practice
Maidstone Central PCN	**Maidstone South PCN**
Drs Garry Singh & Tony Jones	**Dr Anne-Marie Keeley**
Bower Mount Medical Centre	Albion Place Medical Practice
Brewer Street Surgery	Greensands Health Centre
The Medical Centre Group (Northumberland Court Surgery)	Mote Medical Centre
The Vine Medical Centre	Wallis Avenue Surgery
Tonbridge PCN	**The Ridge PCN**
Dr Ginny Winstanley	**Dr Faye Hinsley**
Hadlow Medical Centre	Bearsted Medical Practice
Hildenborough Medical Group	Headcorn Surgery
Tonbridge Medical Group	Langley Surgery (The Orchard Surgery)
Warders Medical Centre	Len Valley Practice
Woodlands Health Centre	Sutton Valence Group Practice
Malling PCN	**Sevenoaks PCN**

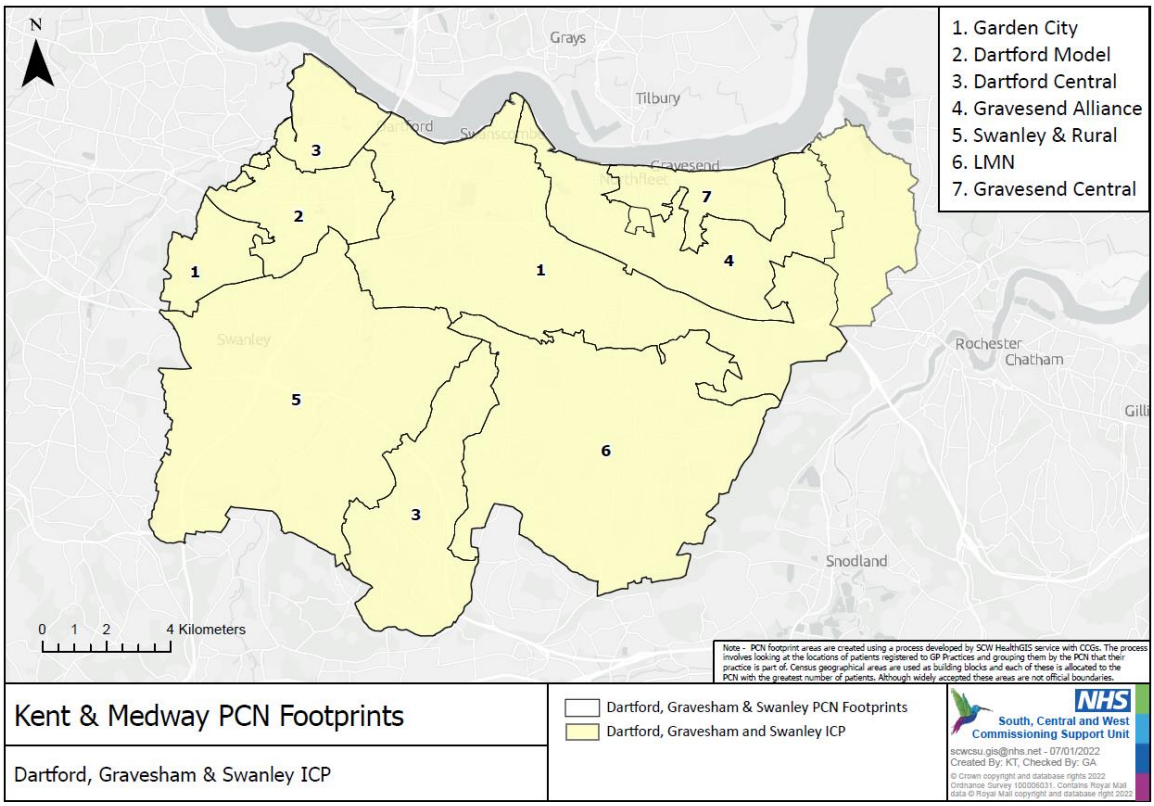
Dr Claire Cochrane-Dyet	**Drs Anjali Melethil & Anna Malan**
Phoenix Medical Practice	Borough Green Medical Practice
Snodland Medical Practice	Edenbridge Medical Practice
Thornhills Medical Practice	Otford Medical Practice
Wateringbury Surgery	South Park Medical Practice
West Malling Group Practice	St John's Medical Practice
	Town Medical Centre
	Westerham Practice
Tunbridge Wells PCN	**Weald PCN**
Dr Nick Robinson	**Dr Justin Charlesworth**
Grosvenor and St James Medical Centre	Malling Health Four (Staplehurst Surgery)
Wells Medical Practice	Howell Surgery
Kingswood Surgery	Lamberhurst Surgery
Lonsdale Medical Centre	Marden Medical Centre
Rusthall Medical Centre	Old Parsonage Surgery
Speldhurst and Greggswood Medical Group	Old School Surgery
St Andrews Medical Centre	Orchard End Surgery
Waterfield House Surgery	The Crane Surgery
	Weald View Medical Practice
	Yalding
Sittingbourne PCN	**Sheppey PCN**
Drs Paul Staker & Reshma Syed	**Drs Sabarirajan Kannapiran & Sanjiv Patel**
Sheerness Health Centre (Dr Patel)	Chestnuts Surgery
Dr S J Witts Practice	Iwade Health Centre
Sheppey Healthy Living Centre (Dr Shah)	London Road Medical Centre
St Georges Medical Centre	Meads Medical Practice
The Om Medical Centre	Memorial Medical Centre
	Dr RB Kumar Practice
	Milton Regis Surgery
	Grovehurst Surgery
AMP PCN	**Whitstable PCN**
Dr Amir Naky	**Dr Richard Brice**
Ashford Medical Partnership	Whitstable Medical Practice
Canterbury North PCN	**Canterbury South PCN**
Dr Ross Lindsay	**Dr Ray Mulvihill**
Canterbury Health Centre	Canterbury Medical Practice
Northgate Medical Practice	New Dover Road Surgery
Old School Surgery	University Medical Centre
Sturry Surgery	
Ashford Rural PCN	**Ashford Stour PCN**
Dr Rosalyn Dunnet	**Dr Sadia Rashid**
Charing Surgey	Hollington Surgery
Hamstreet Surgery	Kingsnorth Medical Practice

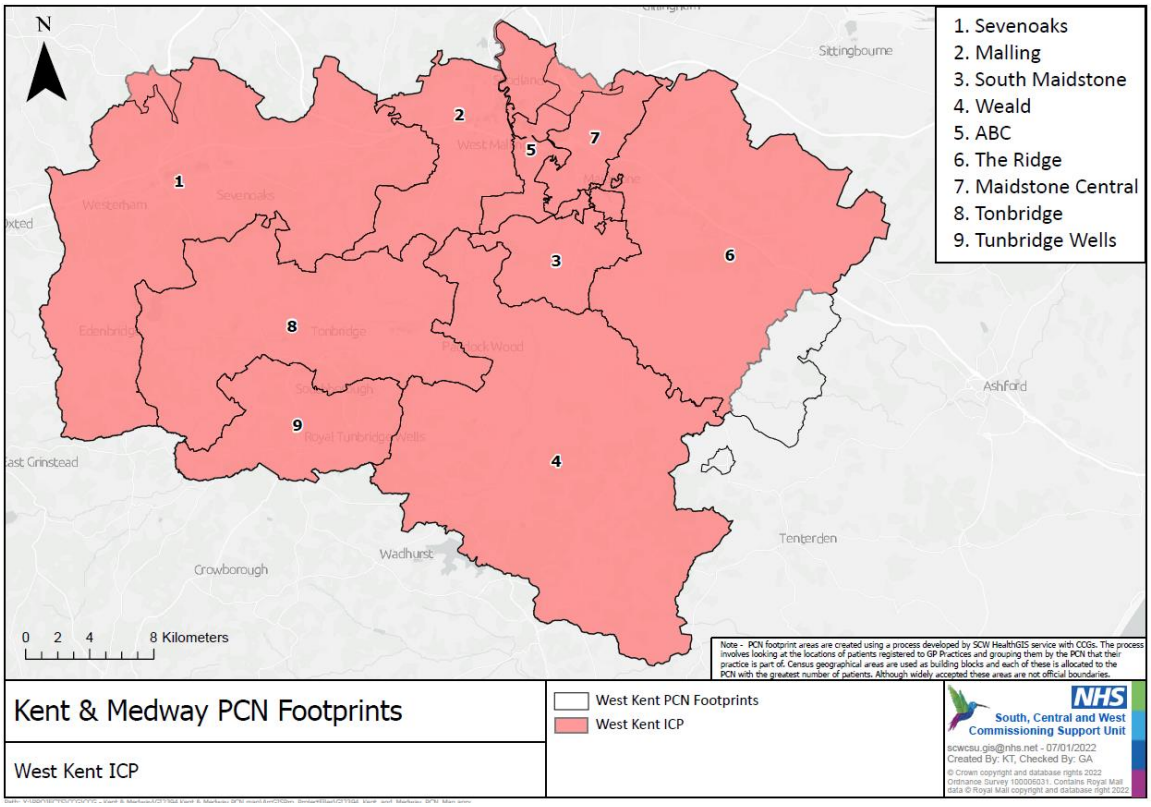
Ivy Court Surgery	New Hayesbank Surgery
Woodchurch Surgery	Sellindge Surgery
	Sydenham House Medical Centre
	Wye Surgery
Care Kent PCN	**Deal & Sandwich PCN**
Dr Andrew Walton	**Dr Ian Sparrow**
Ash Surgery	Balmoral Surgery
Birchington Medical Centre	Manor Road Surgery
Broadstairs Medical Practice	Sandwich Medical Practice
Minster Surgery	St Richard's Road Surgery
St Peter's Surgery	The Cedars Surgery
Westgate Surgery	
Dover Town PCN	**The Marsh PCN**
Kieran Sohail & Dr Julian Mead	**Dr Neil Poplett**
Buckland Medical Practice	Church Lane Health Centre
High Street Surgery	Martello Health Centre
Peter Street Surgery	Oak Hall Practice
St James' Surgery	Orchard House Surgery
Total Health Excellence East PCN	**Total Health Excellence West PCN**
Dr Abiola Idowu	**Dr Tuan Nguyen**
Aylesham Medical Practice	Guildhall Street Surgery
Lydden Surgery	Manor Clinic
White Cliffs Medical Centre	Sandgate Road Surgery
Pencester Surgery	The New Surgery
Herne Bay PCN	**Faversham PCN**
Dr Jeremy Carter	**Drs Shariq Lanker & Daniel Moore**
The Heron Medical Practice	Faversham Medical Practice
Park Surgery	Newton Road Surgery
Margate PCN	**Ramsgate PCN**
Dr Ganapathi Subbiah	**Jenny Bostock**
Bethesda Medical Centre	Dashwood Medical Centre
Mockett's Wood Surgery	East Cliff Medical Practice
Northdown Surgery	Newington Road Surgery
The Limes Medical Centre	Summerhill Surgery
	The Grange Practice

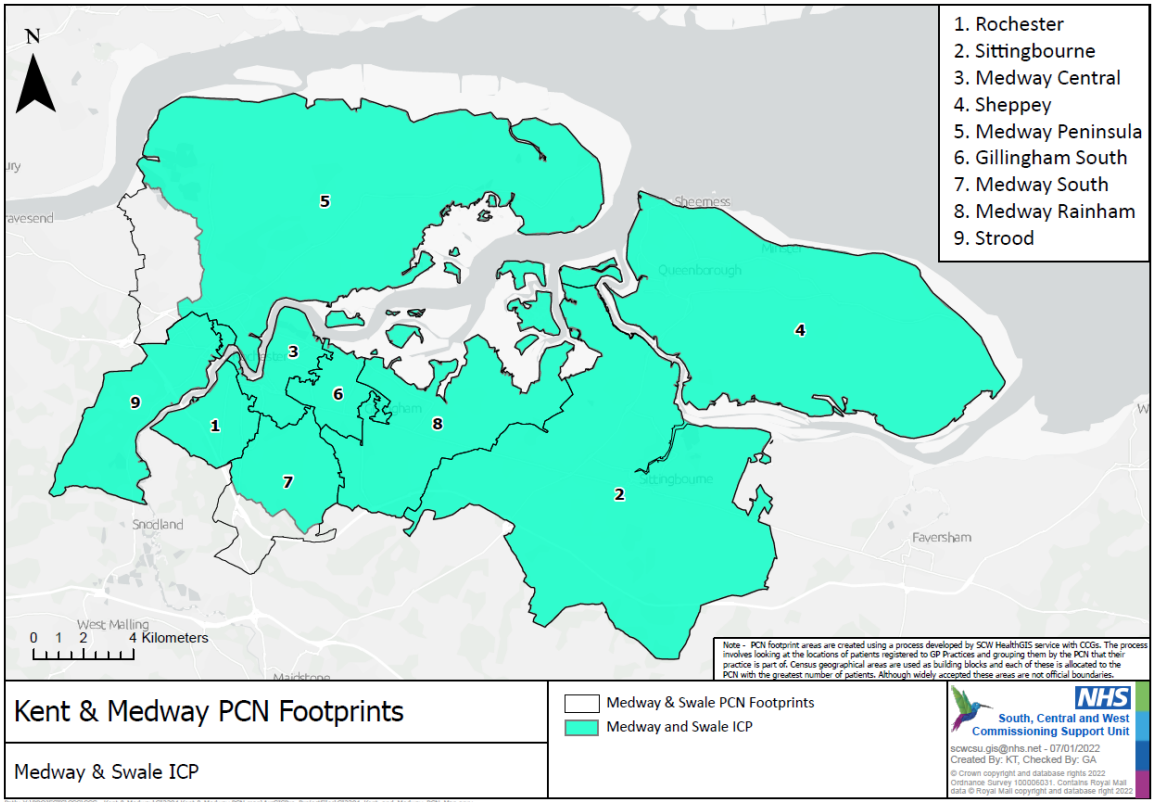
Folkestone, Hythe & Rural PCN	
Drs Aravinth Balachandran & Rosalind Powell	
Church Road Practice	Oaklands Health Centre
Folkestone Surgery	Sun Lane Surgery
Hawkinge and Elham Surgery	White House Surgery
New Lyminge Surgery	

Primary care network maps

Appendix 2






N
1. Rochester
2. Sittingbourne
3. Medway Central
4. Sheppey
5. Medway Peninsula
6. Gillingham South
7. Medway South
8. Medway Rainham
9. Strood
Sheerness
Queenborough
Snodland
Faversham
West Malling
0 1 2 4 Kilometers
Note - PCN footprint areas are created using a process developed by SCW HealthGIS service with CCGs. The process involves looking at the locations of patients registered to GP Practices and grouping them by the PCN that their practice is part of. Census geographical areas are used as building blocks and each of these is allocated to the PCN with the greatest number of patients. Although widely accepted these areas are not official boundaries.
Kent & Medway PCN Footprints
Medway & Swale ICP
Medway & Swale PCN Footprints
Medway and Swale ICP
NHS
South, Central and West Commissioning Support Unit
scwcsu.gis@nhs.net - 07/01/2022
Created By: KT, Checked By: GA
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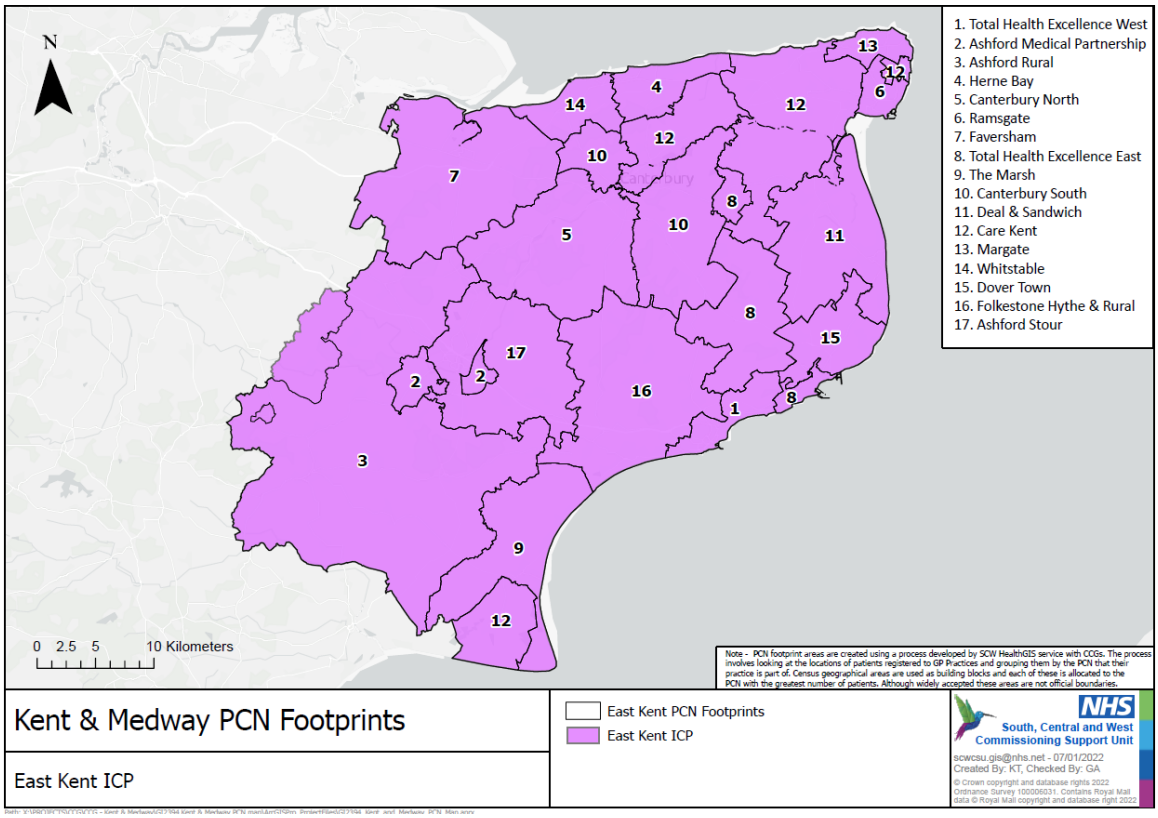
N
1. Total Health Excellence West
2. Ashford Medical Partnership
3. Ashford Rural
4. Herne Bay
5. Canterbury North
6. Ramsgate
7. Faversham
8. Total Health Excellence East
9. The Marsh
10. Canterbury South
11. Deal & Sandwich
12. Care Kent
13. Margate
14. Whitstable
15. Dover Town
16. Folkestone Hythe & Rural
17. Ashford Stour
0 2.5 5 10 Kilometers
Note - PCN footprint areas are created using a process developed by SCW HealthGIS service with CCGs. The process involves looking at the locations of patients registered to GP Practices and grouping them by the PCN that their practice is part of. Census geographical areas are used as building blocks and each of these is allocated to the PCN with the greatest number of patients. Although widely accepted these areas are not official boundaries.
Kent & Medway PCN Footprints
East Kent ICP
East Kent PCN Footprints
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