

Kent HOSC GP Services Briefing Report

Within Kent and Medway, we have highly valuable primary care services that provide high-quality, safe care, but these services remain under significant pressure as they respond to increasingly complex patient demand, a growing population and significant workforce challenges. Primary care is evolving to be able to deliver modern, sustainable, high-quality services to ensure primary care transformation is fit for purpose in the evolving landscape of our integrated care system (ICS).

This paper outlines the current general practice landscape along with the initiatives taking place enhance and develop our primary care services in Kent and Medway.

General practice services

The Integrated Care Board (ICB) commission primary care medical services (GP providers) under the fully delegated commissioning arrangements from NHS England (NHSE).

There are 177 GP practices in Kent and Medway who deliver core services under their general medical services (GMS) contract and from which the ICB also commission a set of enhanced services designed to address variation in service delivery, improve patient outcomes and experience, access, and quality, and making better use of existing resources.

As of January 2025, 79% of GP providers in Kent and Medway are rated by the CQC as good or outstanding.

Care Quality Commission (CQC) rating	Number of GP practices
Outstanding	8
Good	132
Requires Improvement	16
Unrated (awaiting inspection)	21

Primary care networks (PCNs)

PCNs enable GP practices to work together in practice population groups of circa 30,000 to 50,000 to support the delivery and sustainability of primary care services and, where appropriate, enable the delivery of enhanced services. There are 43 PCNs across Kent and Medway.



Dartford Gravesham & Swanley Health & Care Partnership	West Kent Health & Care Partnership	Medway & Swale Health & Care Partnership	East Kent Health & Care Partnership
Dartford Central	ABC	Aspire Health	Ashford Medical Partnership
Dartford MODEL	Athena	Gillingham South	Ashford Rural
Garden City	Maidstone Central	Medway Central	Canterbury North
Gravesend Alliance	Malling	Medway Peninsula	Canterbury South
Gravesend Central	Sevenoaks	Medway Rainham	CARE Kent
LMN	The Ridge	Medway South	Deal & Sandwich
Swanley & Rural	Tonbridge	Medway Valley	Dover Town
Old Road West Surgery – orphan	Tunbridge Wells	MPA	Folkestone, Hythe & Rural
Parrock Street Surgery - orphan	Weald	Sheppey	Herne Bay
	The Mote Medical Practice - orphan	Sittingbourne	Margate & Mocketts Wood
	Wallis Avenue Surgery - orphan	Strood	Mid Kent
			Ramsgate
			Total Health Excellence East
			The Marsh
			Total Health Excellence West
			Whitstable

GP appointments

The figures, released by NHS England, show that around two-thirds of GP appointments in Kent and Medway are face-to-face or home visits.

From 1st December 2023 until 30th November 2024, we can see that over 11million appointments were delivered by Kent and Medway practices. When compared to the same period in 2022-2023, there has been an increase in over 255,000 appointments over the year and when compared to the same period in 2021-2022 this is an increase of over 938,000 appointments for the same corresponding period. We can clearly see that demand and corresponding provision of appointments is continuing to grow year on year.

Workforce

NHS England reported data shows that at November 2024 there are 4,802 FTE staff directly employed in general practice, this is an increase of 240 FTE from November 2023 when there were 4,562 FTE.

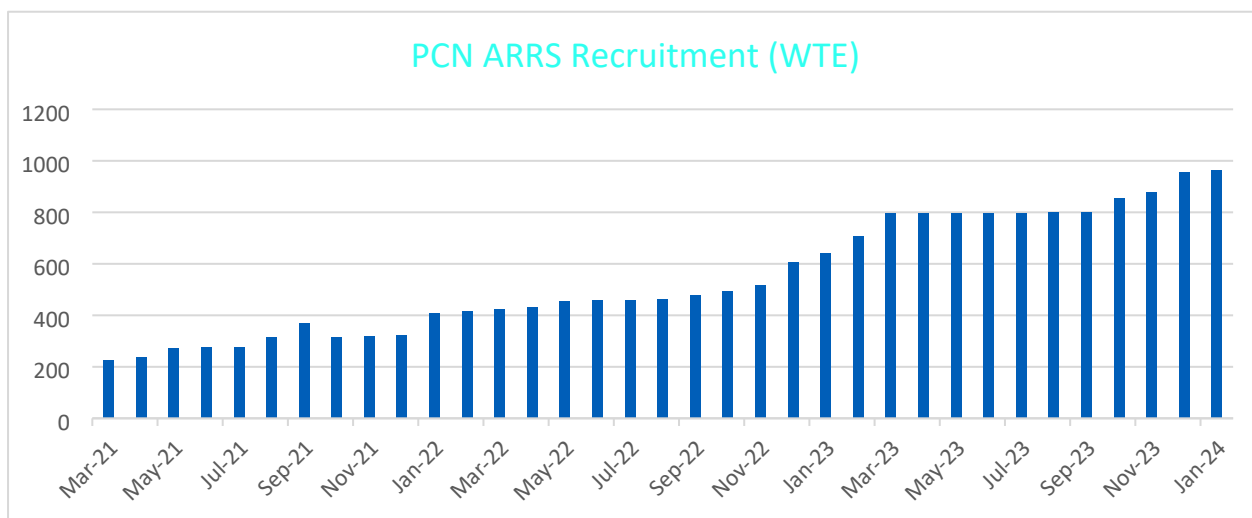
This is comprised of:

- 946 FTE GPs, this is an increase of 7 FTE from November 2023 when there were 939 FTE
- 560 FTE nurses, this is an increase of 32 FTE from November 2023 when there were 528 FTE

- 686 FTE direct patient care staff (i.e. Dispensers, Health Care Assistants, Phlebotomists, Pharmacists, Physiotherapists, Podiatrists, Therapists), this is an increase of 57 FTE from November 2023 when there were 629 FTE
- 2,610 FTE non-clinical staff, this is an increase of 144 FTE from November 2023 when there were 2,466 FTE

Additional roles reimbursement scheme (ARRS) staff

In addition to staff recruited directly by general practice, primary care networks (PCNs) through the ARRS scheme can claim reimbursement for the salaries (and some on costs) of additional roles (such as clinical pharmacists, physiotherapists, paramedics, podiatrists, nursing associates, general practice assistants, digital and transformation leads) to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care. PCNs in Kent and Medway have appointed 1,031 whole time equivalent (wte) additional roles under the Additional Roles Reimbursement Scheme (ARRS) at December 2024, an increase of 66 wte since January 2024



Workforce development initiatives

The Primary Care Training Hub and workforce team are supporting general practice in several key areas, such as:

- New to Practice Programme continues with successful recruitment of over 90 GPs and Nurses for 24/25.
- HR mentoring support and recruitment resources available to all practices.
- Individual practice workforce planning support that is aligned to population health needs. Once completed, analysis of the themes and trends will be undertaken and mapped to population health needs
- **Expanding placement capacity:**

- Development of Primary Care Network (PCN) educators and educational supervisors
- 100% of Kent & Medway PCNs to be approved as quality assured level clinical learning environments at PCN level which will support our multi-professional placement expansion of our future workforce

- **Retention:**
 - 47 trained, and 35 active multiprofessional mentors providing support to the primary care workforce.
 - Mid-career GP support in liaison with Kent Local Medical Committee (LMC) continues to be funded to support GPs considering portfolio working to enable them to stay within primary care
 - 120 trained mental health first aiders across all practices.
 - Launch of standard primary care induction programme in collaboration with Kent LMC and the GP staff training team to enable new staff to transition into Kent and Medway practices as an effective onboarding process supports both recruitment and retention of staff.

- **Development of Educational infrastructure to support expansion of placements:**
 - 93 Clinical Supervisors, 160 Educational Supervisors (with 89 Practices supporting GP trainees), 204 Nurse Assessors and 90 Supervisors. This is a continued focus of growth with all New to Practice colleagues required to undertake an educator training programme at the end of the 2-year programme
 - 38 of our PCNs have at least 1 GP Training Practice within the locality with 32 PCNs providing Kent and Medway medical school (KMMS) placements currently.
 - 100% of our PCNs have educational leadership teams in place.

- **Continuing professional development of staff:**
 - Training and development support offers are aligned to emerging Integrated Neighbourhood Teams (INTs) and new models of care across all Health and Care Partnerships.
 - Continued development of career pathways support tool for multi-professional staff - with 100% of PCN based Continuous Personal Development (CPD) funds coordinated at place.
 - A focus on community upskilling of primary care teams to support the strategic direction of travel for out of hospital care.

Primary Care access recovery plan

In May 2023 NHS England (NHSE) published a 2-year [delivery plan for recovering access to primary care](#).

At the end of Year 1 NHSE set out refreshed 24/25 ambitions:

1. Empowering patients

To continue to break down the barriers patients face and make it easier for patients to access care, while taking pressure off general practice.

2. Implementing Modern General Practice Access

To support practices to make full use of digital telephony capabilities, including callback functionality and ensuring that practices meet Capacity and Access Improvement Payment (CAIP) criteria.

To share insight into the data on the number of calls to 111 in core hours with Primary Care Network (PCN) clinical directors, to support quality improvement, to inform improvement plans for better managing demand and patient navigation and flow.

3. Building capacity.

The NHS needs more GPs. The NHS Long Term Workforce Plan (LTWP), pledges to increase the number of GP training places by 50% to 6,000 by 2031/32.

NHSE commits to taking another step towards meeting that ambition and, through the LTWP, will focus on growing GP specialty training by 500 places in 2025/26, timed so that more of these newly qualifying doctors can train in primary care.

4. Cutting Bureaucracy

To support GPs and their teams to spend more time treating patients and less time managing paperwork the interventions numbered below support in 24/25 with realising that ambition.

1. A change to the GP contract suspended and income protected 32 out of the 76 Quality and Outcomes Framework (QOF) indicators.
2. A new online patient registration service was expanded to all practices by 31 December 2024 saving time for patients and practices.
3. Improving the primary-secondary interface is a key focus in 2024/25 looking for significant progress on implementation, recognising the benefits for patients and staff including in general practice.

Where are we now

1. Empowering Patients

1.1 NHS App usage

100% of practices have made the NHS App available to their patients.

54.5% of eligible patients in Kent and Medway have now completed the higher-level registration process required to use all the features of the app, which include access to their prospective medical record.

The data shows that the percentage of patients using the app slowly but steadily increasing in almost all the practices in Kent and Medway over 2024.

The NHS App Utilisation Optimisation project has supported practices to promote NHS app use among their patients via a regular newsletter containing helpful resources emailed to all the practice managers in Kent and Medway and the PCN Clinical Directors. The mailing list has recently been expanded to include PCN pharmacists who have requested the information.

The ICB communications teams recently undertook an online survey of Kent and Medway patients' knowledge and views of the NHS App. Some 1563 people took the survey. The key findings of the survey are:

Most people want the app to:

- work better and not have problems like signing in
- let them book GP and hospital appointments easily.
- show all their medical records, including hospital and test results.
- let them send messages to their GP and ask questions.
- be clear on how their personal data is kept safe.
- be easier to understand and use, with more help for people who are not good with technology.

The NHS App project working group will use the results of the survey to guide its approach to promoting the NHS App. It is aware that the app is developing technology and that NHSE has a roadmap for improving many of the existing features e.g. proxy access and will be launching a refreshed campaign to promote the app and is also working to increase help for people to use the app e.g. via public libraries. These initiatives are expected to increase uptake in Kent and Medway as they are rolled-out.

1.2 Self-referral pathways

NHS England identified seven priority services where self-directed referrals routes should be available by for the following services:

1. Community Musculoskeletal Services
2. Audiology for older people including hearing aid provision.
3. Weight Management Services (Tier 2)
4. Community Podiatry
5. Wheelchair Services
6. Community Equipment Services
7. Falls services.

Whilst not all pathways are currently able to offer self-referral access it remains an important deliverable. Self-Referrals in those pathways where this is possible, however are

at a rate of 578.5 per 100,000 population, the highest rate of all South East region ICBs and compares therefore very favourably with the South East regional average rate of 323.9.

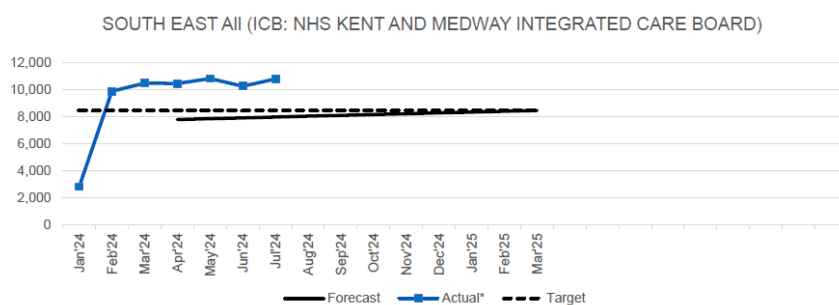
Total referrals as of July 2024 (latest data) exceed the ambition and target set as evidenced below standing at 10,777 against a target of 8450 for the year ending March 2025.

Current Position July 2024 (latest data)

Kent & Medway ICB

Baseline: 7,718 (Baseline average referrals January to March 2024) for all services
 15k increase in monthly referrals distributed across the 7
Target: 8,450 regions
Monthly: 61.0 (Increase in self-referrals from baseline needed per month to achieve target by March 2025)

	Jan'24	Feb'24	Mar'24	Apr'24	May'24	Jun'24	Jul'24	Aug'24	Sep'24	Oct'24	Nov'24	Dec'24	Jan'25	Feb'25	Mar'25
	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2025	2025	2025
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Forecast	#N/A	#N/A	#N/A	7,779	7,840	7,901	7,962	8,023	8,084	8,145	8,206	8,267	8,328	8,389	8,450
Actual*	2,826	9,861	10,468	10,436	10,799	10,235	10,777	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Target	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450



Self-referrals to Community Health Services - ICB Comparison - All services

ICB	ICB Rate* per 100,000	Lower 95% CI	Upper 95% CI	Region rate* per 100,000	Difference to Region
SOUTH EAST					
NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD	292.7	284.4	301.1	323.9	-31.2
NHS FRIMLEY INTEGRATED CARE BOARD	265.4	253.2	278.0	323.9	-58.5
NHS HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD	360.7	352.1	369.5	323.9	36.8
NHS KENT AND MEDWAY INTEGRATED CARE BOARD	578.5	567.6	589.6	323.9	254.6
NHS SURREY HEARTLANDS INTEGRATED CARE BOARD	167.3	159.7	175.1	323.9	-156.6
NHS SUSSEX INTEGRATED CARE BOARD	180.8	174.7	186.9	323.9	-143.1

1.3 Expansion of community pharmacy services

Pharmacy First Scheme

Pharmacy First launched nationally on 31 January 2024.

Pharmacy First is an advanced service building on the success of the Community Pharmacy Consultation Service (CPCS) which it replaces. There are a number of routes into the Pharmacy First service. Patients can walk in, be referred there by a practice, UTC or 111.

The ability for Urgent Treatment Centres (UTCs) to refer into Pharmacy First is a recent addition into the service specification (2024) and is therefore in its infancy within Kent & Medway. Darrent Valley Hospital (DVH) Urgent Treatment Centre is working with the ICB to mobilise a referral pathway into the community pharmacy as a small pilot over the Winter period. Following a review of the pilot it is hoped that the learning and experiences from DVH can develop drivers to onboard other Kent and Medway UTCs into the service.

97% of pharmacies in Kent & Medway are now signed up and since its launch on 31st January 2024 to the 30th September 2024, 107,458 referrals have been made total, with 43,409 of them being clinical consultations for the 7 conditions. 25 sessions have been held with GP practices including two coffee and questions sessions and face to face training to support practice staff with the referral and triage process.

- Bespoke training has and continues to be provided for both GP and community pharmacies.
- Activity updates and case studies are regularly circulated to showcase the benefits locally.
- Kent and Medway ICB and Kent Local Pharmaceutical Committee (LPC) have jointly attended PCN level meetings with GP practice staff and pharmacists to engage and support implementation.
- Joint partnership working through the Kent and Medway Pharmacy First Working Group chaired by Kent and Medway ICB shares information, addresses key issues, and develops forward plans.
- There are also weekly joint meetings between the ICB Primary Care team and Kent LPC to review all service provision and unblock challenges at pace.

In the Healthwatch Recognition Awards March 2024 Kent LPC received an award from Healthwatch Medway and Kent in the Collaboration category for the collaborative working between GP colleagues, Kent and Medway ICB and Community Pharmacies in improving primary care access for people living in our communities.

Blood Pressure Check Service

This service enables patients to access the below:

1. Opportunistic blood pressure checks for patients without diagnosed hypertension who are over 40 or have certain risk factors with the aim of identifying undiagnosed hypertension within the community (walk-ins)

2. Ad-hoc blood pressure checks for patients with diagnosed hypertension at the request of general practice (GP referral only)

In Kent & Medway, 92% of pharmacies are signed up to provide the service.

Referrals made April 24-Sept 24 =38,280

Contraception Service

This service enables patients to access the below:

1. Initiation of oral contraception
2. Continuation of oral contraception which was initiated by a sexual health clinic or GP surgery.

In Kent & Medway, 82% of pharmacies are signed up to provide the service.

Referrals made April 24-Sept 24 = 4,941

Priority areas of focus

- Focus on maximising the number of pharmacies providing the services across Kent & Medway to ensure equity of service provision whilst being assured that pharmacies signing up are providing the service in a timely fashion adhering to the standards within the service specification.
- Focus on maximising the number of patients seen within community pharmacy within these clinical services which will be a combination of referrals from other parts of the healthcare system, and empowering patients to understand how these services can be accessed first where possible within the commissioned arrangements.
- To raise awareness of the service and eligibility criteria in general practice in order to support an increase in signposting, whilst exploring opportunities for integrated digital referral solution similar to Pharmacy First.
- Developing suite of communications, social media posts and posters to improve knowledge of the service and encourage wider use.

To increase pharmacy sign up to provide the contraception service it is felt that further training would be of benefit. It would be used to provide pharmacists with more knowledge around contraception options and good patient interactions. This will allow pharmacists to feel more confident when providing the service. It will also allow pharmacists to potentially use contraception consultations to provide a more rounded sexual health discussion. The LPC has organised a contraception workshop in February 2025 to aid pharmacist knowledge and the ICB team will be in attendance to support and better understand how we can improve the service provision with those who deliver.

- Expand and scale the UTC referral pathway model.

- Targeting areas of high cardiovascular disease (CVD) prevalence and working to develop GP and Community Pharmacy relationships to encourage use of services to support improved uptake.

2. Modern General Practice Access

2.1 Cloud Telephony

Aim	Goal	Status
To have cloud-based telephony	100%	100%
To have call queuing functionality	>90%	100%
To have call back functionality	>90%	69.57%

Call Back functionality – to continue to work with practices to increase to 90%.

2.2 Practice Websites

An ambition of the *Delivery Plan for Recovering Access to Primary Care* is to enhance patient journeys on GP websites to ensure that all patients that require care can access Primary Care services online and to ensure patients with lower digital confidence and lower literacy or confidence in English are able to fully access services equitably.

The NHS England audit completed in February 2024 and since then the primary care team has worked closely with the Digital Team, the NHSE Southeast Regional Team, the NHS South Central and West Commissioning Support Unit (SCW), Kent Local Medical Committee (LMC) and GP Website Suppliers, to interpret and share the results.

Practices have been supported with a catalogue of resources enabling easier understanding of their individual audits but more importantly, the most appropriate way to make the required changes. This includes recommendations from the SCW audits, prerecorded supplier ‘hints and tips’ sessions, along with pre-written standard content.

2.3 Modern General Practice Access Model and Transition Cover and Transformation Support funding (TCTS)

To support practices moving to the Modern General Practice Access Model, NHSE made funding available throughout 2023/24 and 2024/25. This was launched on 5 October 2023 and re-launched in March 2024 to ensure that the 23/24 funding allocation was invested.

Since the start of the Recovering Access in primary care plan in April 2023 129 practices have undertaken the Support Level Framework, a framework to support the practice in identifying its improvement priorities and the start of the journey towards developing the plans to transition to the Modern General Practice Access model. These sessions are delivered by the Kent and Medway Primary Care team as part of the “Local Support Offer” NHSE stipulates ICBs are to offer.

Each of the practices with a Memorandum of Understanding (MOU) to transition to Modern General Practice is a key priority for the primary care team members. These team members

will work to support every practice through transition either via the national General Practice Improvement Programme (GPIP), the local General Practice Support and Improvement Programme, with a Peer Ambassador or more remotely where the practice is confident it can develop and deliver its plan.

9 Peer Ambassadors have been recruited in 2024 to work more intensively with practices to support the transition and improve access. This initiative is part of the development of a national Peer Ambassador and is flourishing with scope for further development to ensure that the success, learnings, and benefits can be continued beyond April 2025.

2.5 Capacity & Access Plans

In 2023/24 30% of the retargeted Investment and Impact Fund incentive was awarded by ICBs to PCNs conditional on PCNs achieving agreed improvement in access, data quality and experience. All PCNs developed and received ICB sign off of their Capacity and Access Improvement Plans designed to deliver improvements in each of the three areas identified above.

41 PCNs were successful in evidencing improvement across all three focused areas of patient experience of contact, ease of access and demand management and accuracy of recording in appointment books.

For 2024/2025 30% of the retargeted Investment and Impact Fund was again available through the ICB to PCNs on declaration in 1,2 or 3 focussed areas:

1. Better Digital Telephony – sign the Cloud Based Telephony Data Protection Notice and use the telephony data to support demand and capacity planning
2. Simpler Online Requests – online consultation tools open during core hours and sign the Online Consultation Data Protection Notice to share data with NHSE
3. Faster Care Navigation, Assessment and Response

Each PCN Clinical Director is to provide assurance via a declaration on any or all of these elements before 31/3/2025 to achieve funding. The declarations can be made at any point in the year and payment becomes due from that date.

3. Capacity

3.1 Additional Roles Reimbursement Scheme

The Additional Roles Reimbursement Scheme (ARRS) scheme has been expanded allowing primary care networks (PCNs) to claim reimbursement for the salaries (and some on costs) of 24 specified roles and a more flexible non-doctor/non-nurse patient facing role within the multidisciplinary team to meet the needs of the local population. The September 2024 Network Contract DES revision now includes a new ringfenced ARRS budget for newly qualified General Practitioners to be reimbursed from October 2024. The funding elements have also been increased and backdate to 1 April 2024 to reflect government's agreement to fund the Review Body on Doctors' and Dentists' Remuneration (DDRb) pay recommendations for GPs.

3.2 Across Kent and Medway the Workforce, Primary Care, and Training Hub Teams, and GP Federations have worked closely with PCNs to support them to use their full ARRS budget.

4. Reducing Bureaucracy

Changes to the GP contract 2024/5 Registering with a GP

NHS England has co-developed a new registration solution with patients and practices to make registering with a GP easier, simpler, and standardised.

The Register with a GP surgery service is a free digital and paper registration service from NHS England. It allows patients to choose to register in person or online at a time that is convenient to them.

It simplifies online registrations and healthcare workers are able to take patient registrations online quickly and easily.

Key points

- allows new patients to register online.
- checks they live within the GP practice catchment area.
- matches them to their NHS number, with around a 90% success rate.
- sends the registration details to the GP, by email, in a standard format.

89.56% of Kent and Medway practices are now enrolled comparing favourably with SE region average of 73.8%.

Improving the Primary-Secondary Care Interface

In 2023 Kent and Medway ICB set up a Provider Interface workstream and group comprising representation from each of the Secondary Care Trusts, the Local Medical Committee (LMC) and Primary Care. Further to that there is now in place a principles consensus document signed by the trusts, the LMC and the ICB in July 2024.

This supports the collaborative approach needed to meet the NHSE requirements to report on the areas below.

1. **Onward referrals:** if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice which causes a further delay before being referred again. This improves patient care, saves time and was the most common request heard from general practices about bureaucracy.
2. **Complete care** (i. fit notes and ii. discharge letters): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than – as too often happens now – leaving patients to return prematurely to their practice, which often does not know what they need. Therefore, where patients need them, fit notes should be issued which include any appropriate information on adjustments that could support and enable returns to employment following this period, avoiding unnecessary return appointments to general practice. Discharge

letters should highlight clear actions for general practice (including prescribing medications required). Also, by 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically. From December this means hospital staff will more easily be able to issue patients with a fit note by text or email alongside other discharge papers, further preventing unnecessary return appointments.

3. **Call and recall:** for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no longer have to ask their practice to follow up on their behalf, which can often be frustrating when practices also do not know how to get the information (probably include managing contact with patients on waiting lists in this one).
4. **Clear points of contact:** ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: e.g., single outpatient department email for GP practices or primary care liaison officers in secondary care. Currently practices cannot always get prompt answers to issues with requests, such as advice and guidance or referrals, which results in patients receiving delayed care.

NHSE has provided ICBs with a self-assessment tool for each trust to complete to assess its position in each area of work using a scoring system from level 0 to level 2. As there are 5 areas the maximum score is 10 when a trust reaches an optimal primary secondary care interface way of working.

Based on the responses provided we can see how well each of the areas have been embedded across Kent and Medway, in the table below.

Self-Assessment Area	% Coverage
Onward Referrals	87.5%
Complete Care - Fit Notes	12.5%
Complete Care -discharge summaries	50%
Call and Recall	50%
Clear Points of Contact	75%

For onward referrals, it is positive to note that progress has been made across most acute trusts to ensure that onward referral is made for a related (non-urgent) condition for which a patient has been originally referred is dealt with by the trust rather than referring back to the GP.

This report however shows quite a significant challenge around fit notes, which is predominantly linked to not have an electronic method for issuing these and does require investment in the digital technology to achieve this improvement.

There is ongoing work to improve the quality of discharge summaries, to ensure standard formats and improved call and recall processes. This may be supported through digital dictation and AI solutions.

Most trusts now have clear points of contact and named leads for resolving issues and improving the interface with primary care, the ICB are working with trusts where this is not in place.

Moving forward – Primary Care Strategy

NHS Kent and Medway launched its new five-year primary care strategy to professionals last week which focuses on access, proactive care, and prevention.

Following a large engagement exercise last year, the [strategy](#) has been developed to meet the changing demands and landscape of primary care. It recognises change is needed to cope with population growth, demand outstripping supply, disease prevalence, an aging population as well as the public's preference for rapid access.

The strategy outlines the five-year vision.

- People using primary care will experience a consistent service.
- Multidisciplinary teams will have the time and space to serve patients well, responding to what matters most to them.
- Primary care services will be local, well organised, and comprehensive.
- People will be able to access care when they need it through face-to-face or online consultations, with easy access to self-care advice.
- Primary care workforce will have access to training and development, with the emphasis on a healthy, positive primary care workforce.
- Patients with a long-term condition will have an individual care plan based on their health needs.

The strategy looks at the broader primary care workforce, the estates across Kent and Medway and how digital can all be improved to provide a better service. There are also plans to look at how primary care can support prevention and help their patients keep well, and at how schemes like Pharmacy First can benefit people and how dental and optometry is provided in the future.

In support of this, the ICB plans to continue to develop an MDT workforce, aligned to integrated neighbourhood teams (INTs), with education, training, recruitment, retention, and continuous improvement opportunities centred around upskilling the workforce in areas including digital skills, workforce planning, and quality improvement.

The first areas of focus for these proactive plans are Ashford, Ebbsfleet, Maidstone, Medway, Swale and Thanet. These areas have the greatest need based on a combination of population growth from housing developments but also deprivation, workforce issues and patient access challenges.