NHS England

Commissioning of Primary Care Services

NHS England: Commissioning responsibilities for primary care

- Responsibility sits principally with NHS England
- Primary care spans 4 separate contractor areas - Primary medical, primary dental, community pharmacy, and optometry
- The market entry rules differ for each contractor group
- Development of co-commissioning is realigning responsibilities for the future commissioning of primary medical services.

General practice

- Is currently facing significant challenge
- An increasing and ageing population, patient and public expectations of the service, workforce changes, infrastructure issues and regulatory requirements are driving the need for change
- The 5 Year Forward View sets out new models for primary care in the future – PACS and MCPs
- Funding and political agreement to support this – pilots and targeted investment in workforce and infrastructure
- New Deal for General Practice

General Practice – Local Solutions

- GP contracts provide flexibility for change and expansion
- Commissioning leverage is marginal as many existing contracts run in-perpetuity
- We anticipate that most change will be bottom-up and that general practice will evolve to the challenges facing it
- Testing new ways of working and new approaches
- Need to remain focussed on finding solutions that deliver good outcomes, safe services, positive experience and are sustainable

What might the future look like across Ashford?

- Fewer providers of services delivering GP services at scale from multiple sites
- Formation of new entities to provide GP and out-of-hospital services
- Larger multi-disciplinary teams, more varied roles – not simply more GPs and more GP practices
- Integrated services and care networks
- Greater focus on health promotion and prevention
- A changing role for the GP

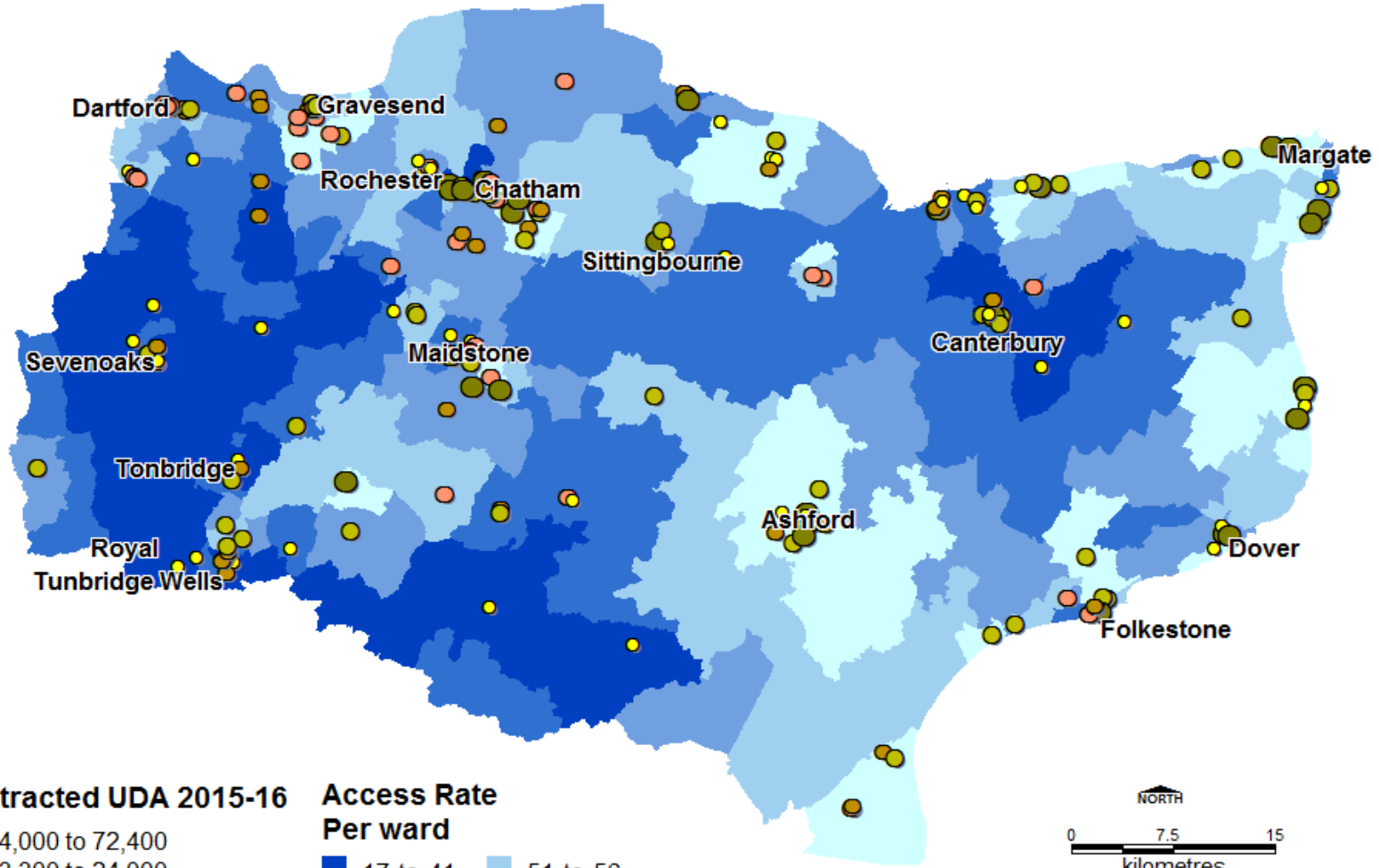
Ashford– specific communities

- Chilmington Green – New community hub primary care facility; modular build.
- Cheeseman's Green – expect existing providers to absorb population growth
- Tenterden – Ivy Court and East Cross Clinic
- New Hayesbank – Planned expansion of existing premises supported through Primary Care Infrastructure Fund

Dental Services

- Issues relate to the state of dental public health and access to NHS dental care
- Dental health across the Ashford area is relatively good compared with other areas across NHS South (South East)
- Access to primary dental services is measured by number of individual patients accessing NHS dental care every 2 years and by the amount of activity contracted for and delivered.
- Access in the Ashford area is relatively good
- Consequently investment priorities sit elsewhere

NHS England



Contracted UDA 2015-16

- 24,000 to 72,400
- 13,300 to 24,000
- 7,500 to 13,300
- 3,200 to 7,500
- 0 to 3,200

Access Rate Per ward

- 17 to 41
- 41 to 47
- 47 to 51
- 51 to 56
- 56 to 75

NORTH

0 7.5 15

kilometres

NHS Business Services Authority

An Update on General Practice from NHS England South (South East)

Briefing for a meeting of the Kent Health Overview and Scrutiny Committee for discussion at a meeting on Friday 17 July 2015.

1. Background

At a meeting with Kent County Council Health Overview and Scrutiny Committee (HOSC) on 05 September 2014 a detailed briefing was provided by NHS England (Kent and Medway Area Team) with regards to issues and challenges facing general practice both nationally and across Kent. The Committee requested a further update from NHS England with regards to the actions it was taking both nationally and locally regarding this.

This summary paper and its enclosures seek to update the Committee on:

- The development of national strategy and policy since last autumn,
- How this national strategy is being implemented at a local level
- Changes to general practice provision across Kent

Members are asked to refer back to the Committee papers provided by NHS England (Kent and Medway Area Team) for the 05 September 2014 meeting of the HOSC for information about the issues and challenges currently facing general practice.

In addition to this background context the following additional information may also be useful for Committee members.

- ***Nuffield Institute – "Is General Practice in Crisis" (04 November 2014)***

http://www.nuffieldtrust.org.uk/publications/general-practice-crisis

- ***House of Commons Library – Briefing Paper - Genera Practice in England (22 June 2015)***

http://researchbriefings.files.parliament.uk/documents/CBP-7194/CBP-7194.pdf

2. The development of a national strategy and an agreed budget to support implementation.

A significant number of national strategy and policy developments as well as local implementation actions and issues have occurred since the autumn. These include:

2.1 National Strategy: The Publication of the "Five Year Forward View"

The Five Year Forward View was published on 23 October 2014 by NHS England and sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health

England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part – system leaders, NHS staff, patients and the public – to realise the potential benefits. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.

The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years.

The Five Year Forward View highlights that the traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need. Increasingly we need to manage systems – networks of care – not just organisations. In particular the NHS of the future needs to be characterised by:

- Out-of-hospital care that is a much larger part of what the NHS does.
- Services which are integrated around the needs of patients. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.
- Applying rapid learning from the best examples, not just from within the UK but internationally.
- Evaluation of the new care models to establish which produces the best experience for patients and the best value for money.

With specific reference to general practice, the Five Year Forward View sets out the following steps with regards to investment:

- Stabilising core funding for general practice nationally over the next two years while an independent review is undertaken of how resources are fairly made available to primary care in different areas.
- Giving GP-led Clinical Commissioning Groups (CCGs) more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- Providing new funding through schemes such as the Prime Minsters Challenge Fund to support new ways of working and improved access to services.

- Expanding as fast as possible the number of GPs in training while training more community nurses and other primary care staff. Increase investment in new roles, and in returner and retention schemes and ensure that current rules are not inflexibly putting off potential returners.
- Expanding funding to upgrade primary care infrastructure and scope of services.
- Working with CCGs and others to design new incentives to encourage new GPs and practices to provide care in under-doctored areas to tackle health inequalities.
- Building the public's understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or *A&E visit.*

The Five Year Forward View also points towards two new additional models of primary care provision over and above the status quo that NHS England will be promoting over the next 5 years. These are **Multispecialty Community Providers** and **Primary and Acute Care Systems providers**.

Multispecialty Community Providers (MCPs)

Although it is expected that many smaller independent GP practices will continue in their current form it is recognised that primary care is entering the next stage of its evolution.

Primary care of the future will build on the traditional strengths of 'expert generalists', proactively targeting services at registered patients with complex ongoing needs such as the frail elderly or those with chronic conditions, and working much more intensively with these patients. Future models will expand the leadership of primary care to include nurses, therapists and other community based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients.

To offer this wider scope of services, and enable new ways of delivering care, we will make it possible for extended group practices to form - either as federations, networks or single organisations. These Multispecialty Community Providers (MCPs) would become the focal point for a far wider range of care needed by their registered patients.

- As larger group practices they could in future begin employing consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.
- These practices would shift the majority of outpatient consultations and ambulatory care out of hospital settings.
- They could take over the running of local community hospitals which could substantially expand their diagnostic services as well as other services such as dialysis and chemotherapy.
- GPs and specialists in the group could be credentialed in some cases to directly admit their patients into acute hospitals, with out-of-hours inpatient care being supervised by a new cadre of resident 'hospitalists' – something that already happens in other countries.

- They could in time take on delegated responsibility for managing the health service budget for their registered patients. Where funding is pooled with local authorities, a combined health and social care budget could be delegated to Multispecialty Community Providers.
- These new models would also draw on the 'renewable energy' of carers, volunteers and patients themselves, accessing hard-to-reach groups and taking new approaches to changing health behaviours.

Primary and Acute Care Systems (PACS)

A range of contracting and organisational forms are now being used to better integrate care, including lead/prime providers and joint ventures. NHS England will permit a new variant of integrated care in some parts of England by allowing single organisations to provide NHS list-based GP and hospital services, together with mental health and community care services.

The leadership to bring about these 'vertically' integrated Primary and Acute Care Systems (PACS) may be generated from different places in different local health economies.

- In some circumstances – such as in deprived urban communities where local general practice is under strain and GP recruitment is proving hard – hospitals will be permitted to open their own GP surgeries with registered lists. This would allow the accumulated surpluses and investment powers of NHS Foundation Trusts to kickstart the expansion of new style primary care in areas with high health inequalities. Safeguards will be needed to ensure that they do this in ways that reinforce out-of-hospital care, rather than general practice simply becoming a feeder for hospitals still providing care in the traditional ways.
- In other circumstances, the next stage in the development of a mature Multispecialty Community Provider (see section above) could be that it takes over the running of its main district general hospital.
- At their most radical, PACS would take accountability for the whole health needs of a registered list of patients, under a delegated capitated budget - similar to the Accountable Care Organisations that are emerging in Spain, the United States, Singapore, and a number of other countries.

PACS models are more complex in their nature than MCPs. They will take time and technical expertise to implement. As with any new model there are also potential unintended side effects that will need to be managed. The intention therefore is to pilot these in a small number of areas to test these approaches with the aim of developing prototypes that work, before promoting the most promising models for adoption by the wider NHS.

2.2 Agreed Investment Plan for general practice to support Delivery of the Five Year Forward View

NHS England will be investing an extra £1billion into general practice over a four year period commencing 2015/16. This will be in the form of £250M a year, every year over a four year period and is known as the GP Infrastructure Fund.

This funding will deliver on the promise of a new deal for primary care. The first tranche of £250M will improve premises, help practices to harness technology and give practices the space to offer more appointments and improved care for the frail elderly – essential in supporting the reduction of hospital admissions.

GP practices were invited to submit their bids in January 2015, either through making improvements to existing buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes that were already in the pipeline, bringing benefits to patients more quickly. Practices were asked to set out proposals that would provide them with more capacity to do more; provide value for money; and improve access and services for the frail and elderly.

This new funding will accelerate investment in increasing infrastructure, accelerate better use of technology and in the short term, will be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to be delivered in community settings.

Across NHS South (South East) a number of the proposals submitted by GP practices will be supported through the GP Infrastructure Fund in 2015/16. The detail underpinning these individual schemes is currently being examined further and confirmation of final support will be issued shortly to the successful practices.

2.3 Other Premises Developments and testing new approaches

In addition to the above investment plan a range of premises developments have also been agreed at a local level through the allocation of improvement grants to practices. In 2014/15 a number of important schemes were supported enabling practices to expand and/or improve the fabric of their existing surgeries.

An example of a scheme supported with Improvement Grant funding is the extensive work undertaken at the Northumberland Court surgery in Maidstone.

2.4 Prime Minsters Challenge Fund (PMCF)

There have been two waves of the PMCF which has tested out new ways of delivering general practice service to local communities.

Across NHS South (South East) the following schemes have been supported.

Wave 1:

Integrated South Kent Coast Pilot delivered by Invicta Health CIC

Extended Primary Integrated Care (EPIC) delivered by Brighton Integrated Care Service (BICS)

Wave 2:

Step Change towards Multispecialty Community Providers delivered by GP Health Partners Ltd in Epsom, Surrey

Worthing & Adur Multispecialty Community Provider pilot delivered by Innovations in Primary Care Limited.

The Integrated South Kent Coast Pilot brings together 17 practices in both Folkestone and Dover to provide extended and more flexible access to services for 110,000 patients by creating a network of primary care with a hub facility based at two local community hospitals. Patients registered at the Folkestone practices have been able to book appointments from 8am to 8pm, seven days a week from 1 October 2014, and the Dover practices have been able to do since March 2015.

This pilot continues to receive positive patient feedback regarding the paramedic practitioner (PP) visiting service. The PPs work with the practices and NHS111 to visit acutely ill patients at home. They have access to GP clinical records and can see and treat patients in collaboration with the patient's GP to avoid admissions or a transfer to A&E. All 17 pilot practices refer patients for urgent visits Monday to Friday.

For patients with urgent mental health needs, this pilot is also introducing a new rapid assessment service delivered by a primary care mental health specialist, either at a patient's home, at their GP practice or one of the two community hospital hubs.

2.5 New Care Models - Vanguard Sites

Three GP practices across Whitstable and Canterbury were successful in applying to be one of only 29 sites within the first wave of Vanguard sites to form a Multi-speciality Community Provider service. The Vanguard scheme for Whitstable in Kent is made up of the Whitstable Medical Practice, Northgate Medical Practice and the Saddleton Road & Seasalter Surgeries.

Whitstable's Multispecialty Community Provider will cover a population of 53,382 local people currently registered with these GP practices. They will be working in partnership with local health, care and support organisations including Canterbury & Coastal CCG, Kent County Council, East Kent Hospital University Foundation Trust, Kent Community Health Trust, Kent Partnership Trust and AgeUK.

Patients, such as an elderly person with dementia living in residential care, for example, will see the benefits of the new model of care through better trained care workers looking after them each day. These care workers will have learnt in a new setting, alongside colleagues from other disciplines and with access to new technology. This will result in a team looking after the patient that has better insight into dementia and from specialist input from a geriatrician with expert knowledge of the condition. The patient and their family will feel fully involved in all decisions about their care plan, and will be able to set goals and outcomes for their care and support that are important to them personally.

2.6 "Building the Workforce – The New Deal for General Practice" ("GP Workforce 10 Point Plan")

NHS England, Health Education England (HEE), The Royal College of General Practice, and the British Medical Association GP Committee are all working together to ensure that we have a skilled, trained and motivated workforce in general practice. This is a 10 point action plan across three broad areas of action – recruitment, retention and returners.

All four organisations have jointly developed a new GP workforce action plan which sets out a range of initiatives to expand the general practice workforce:

- **To recruit newly trained doctors into general practice** in areas that are struggling to recruit. We will incentivise them to become GPs by offering a further year of training in a related clinical specialty of interest such as paediatrics, psychiatry, dermatology, emergency medicine and public health. This work will be underpinned by a national marketing campaign aimed at graduate doctors to highlight the opportunities and benefits of a career in general practice. Alongside this pilot training hubs based in GP practices will be established in areas with the greatest workforce needs to encourage doctors to train as GPs in these areas. They will also enable nurses and other primary care staff to gain new skills.
- **To retain GPs** the plan includes establishing a new scheme to encourage GPs who may be considering a career break or retirement, to remain working on a part-time basis. It will enable practices to offer GPs the opportunity to work with a modified workload and will be piloted in areas which have found it more difficult to recruit. There will also be a wider review of existing 'retainee' schemes.
- **To encourage doctors to return to general practice** HEE and NHS England will publish a new induction and returner scheme, recognising the different needs of those returning from work overseas or from a career break. There will also be targeted investment to encourage GPs to return to work in areas of greatest need which will help with the costs of returning and the cost of employing these staff.

NHS England is investing £10million of funding to kick start the initiatives in the plan, which will complement work that is already underway to strengthen the GP workforce. The plan is part of the Five Year Forward View which set out a specific commitment to tackle workforce issues.

Across Kent Surrey and Sussex Community Education Providers Networks (CEPNs) have been established across in each of the 20 CCGs. The purpose of CEPNs is to facilitate educational networks between GP practices with GP and primary care workforce tutors offering support in education, training and workforce planning. The establishment of CEPNs across each of the CCGs provides an important foundation through which to address the workforce challenges facing general practice through a partnership involving HEE, NHS England, CCGs, practices and various professions.

2.7 Clinical Pharmacists in General Practice

NHS England launched a £15 million programme on 07 July 2015 by inviting GP practices to submit their bids for engaging clinical pharmacists in the delivery of GP practice services. This initiative is part of delivering the GP Workforce 10 Point Plan and is about exploring opportunities to support general practice by piloting innovative workforce initiatives.

This pilot builds on the experiences of general practices, which already have clinical pharmacists in patient facing roles, and in some cases this extends to positions as partners. The pilot will be evaluated so that successes and learning are identified and reported.

The intention is to invest at least £15 million over the next three years to test out this new patient-facing role in which clinical pharmacists have extended responsibility over and above many current ways of working. Practices have already suggested that this extended role could include the management of care for people with self-limiting illnesses and those with long term conditions and have asked that the new team members have the ability to independently prescribe.

The pilot will be funded for three years with an expectation that practices will continue with the role into year four and beyond. It is anticipated that in the region of 250 clinical pharmacists will be involved over this period with the ambition of supporting over 1 million patients.

Practices are being strongly encouraged to work together to assemble joint bids involving pharmacists across a number of sites. Applications to participate in the pilot will need to demonstrate a case of need in relation to workforce challenges and clinical demands. It is anticipated that clinical pharmacists will be in post early in 2016.

Details of the pilot can be accessed below:
http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/07/clinical-pharm-gp-pilot.pdf

2.8 Organisational Change and the Development of Co-Commissioning

NHS England's Organisational Alignment and Capability Program was concluded in April 2015. This internal restructure resulted in a shift from 27 Area Teams to 12 Sub Regions with a further reduction in management costs.

The functions of primary care commissioning and contracting are still largely undertaken by NHS England. At a local level the team supporting this is part of NHS South (South East) which covers the Kent Surrey and Sussex area.

Alongside this internal restructuring has been the roll-out and development of co-commissioning. This follows the publication of "Next Steps towards Primary Care Co-Commissioning" by NHs England in November 2014.

The introduction of co-commissioning is an essential step towards expanding and strengthening primary medical care. Co-commissioning is recognition that CCGs are harnessing clinical insight and energy to drive changes in their local health systems that have not been achievable before now but are hindered from taking an holistic and integrated approach to improving healthcare for their local populations, due to their lack of say over the commissioning of both primary care. Co-commissioning will be a key enabler in developing integrated out-of-hospital services based around the needs of local communities. It will also drive the development of new models of care such as MCPS and PACS.

Across NHS South (South East) 2 of the 20 CCGs have delegated responsibility for the commissioning of primary medical services. The two CCGs concerned are Eastbourne, Hailsham and Seaford CCG and High Weald, Lewes, Havens CCG. The remaining CCGs have been invited to submit their proposals for either entering into Joint Commissioning arrangements or to take on delegated responsibility by early October 2015. Should their applications be supported then these would take effect from 1st April 2016. CCGs that either do not submit proposals to change their status or whose proposals are not supported will retain their existing advisory role with regards to the commissioning of primary medical services.

2.9 Amendments to the existing national GP contract (General Medical Services contract for 2015/16)

A number of important changes to the GMS contract have been agreed between NHS Employers (acting on behalf of the Department of Health and NHS England) and the General Practitioners Committee (acting on behalf of the BMA) which will take effect from 2015/16. These include the following:

- a named, accountable GP for all patients (including children) who will take lead responsibility for the co-ordination of all appropriate services required under the contract
- the patient participation enhanced service will end and associated funding will be reinvested into global sum. From 1 April 2015, it will be a contractual requirement for all practices to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population
- the alcohol enhanced service will end and associated funding will be reinvested into global sum. From 1 April 2015 it will be a contractual requirement for all practices to identify newly registered patients aged 16 or over who are drinking alcohol at increased or higher risk levels
- assurance on out of hours provision has been agreed to ensure that all service providers are delivering out of hours care in line with the National Quality Requirements (or any successor quality standards)
- improved maternity/paternity arrangements have been agreed, to cover both external locums and cover provided by existing GPs within the practice who do not already work full time

- further commitment to expand and improve the provision of online services for patients, including extending online access to medical records and the availability of online appointments
- publication of GP net earnings - practices will publish average net earnings (to include contractor and salaried GPs) relating to 2014/15, as well as the number of full and part time GPs associated with the published figure
- assurance on out of hours provision has been agreed to ensure that all service providers are delivering out of hours care in line with the National Quality Requirements (or any successor quality standards)
- improved maternity/paternity arrangements have been agreed, to cover both external locums and cover provided by existing GPs within the practice who do not already work full time
- NHS England and GPC will re-examine the way in which GP practices are funded for their patient lists with the aim of adapting the formula to better reflect deprivation

2.10 Outcome of the General Election and formation of a majority government.

The outcome of the general election should mean that there is consistency in the direction of policy regarding the NHS. The Secretary of State for Health made a speech on 19 June 2015 reaffirming the direction of travel for general practice in policy terms. A copy of the speech, entitled “A New Deal for General Practice” can be accessed below.

https://www.gov.uk/government/speeches/new-deal-for-general-practice

3. Changes to general practice provision across Kent and NHS South (South East) since last autumn

There are a number of changes to the provision of general practice services to update the Committee on. These include:

3.1 Contract Resignations and Practice Closures

The closure of Dover Medical Centre (30 November 2014) following the cessation of the APMS contract formally held by Concordia Health. Patients were supported in finding an alternative practice with which to re-register. Many of these patients chose to re-register with Pencester Health who provide GP services under a permanent GMS contract from within the same building.

The closure of Broadstairs Medical Practice (31 March 2015) following the cessation of the APMS contract formally held by Concordia Health. Patients were supported in finding an alternative practice with which to re-register. Many of these patients chose to re-register with the Albion Road practice who provide GP services under a permanent GMS contract from within the same building.

NHS South (South East) has also recently been served with contract resignation notices by two further GP contractors. The practices concerned are Cecil Square in Margate (where the PMS Agreement will cease on 30 September 2015) and Sterling House in Luton, Medway (where the APMS contract will cease on 30 September 2015). A procurement decision about both patient lists will need to be taken shortly following a period of consultation with patients and stakeholders.

3.2 Termination of two GP contracts in Medway (January 2015) and Hove (June 2015)

NHS England, in the form of the previous Kent and Medway Area Team and as NHS South (South East) served notice to terminate two separate GMS contracts in the interests of patient safety. In both cases temporary APMS contracts have been agreed with neighbouring practices to ensure that patients can continue to access GP services. A procurement decision about the future management of both practices (the Green Suite surgery in Rochester and the former Goodwood Court Surgery in Hove) and patient lists will need to be taken in due course by NHS England South (South East).

3.3 Practice Mergers

A number of practices have recently come together in order to become more resilient and efficient. NHS England is supportive of such changes from GP contractors where this is in the patient and public interest. The following practices across Kent have recently merged:

- Albion Place Medical Practice in Maidstone was created following the merger of Marsham Street and Holland Road practice's on 23 October 2014. The practice will shortly be moving into new premises.
- Faversham Medical Practice – The Cross Lane practice and Dr Logan's practice merged on 1st April 2015.
- Sittingbourne – The Memorial Medical Centre and Dr Venkat's practice at 31 London Road, Sittingbourne merged on 1st July 2015.

3.4 Multiple Contract Holders

There has been a slow but emerging pattern of smaller practices going into partnership with partners and organisations that already hold multiple GP contracts. Sometimes the originating partner(s) remain(s) on the contract and sometimes they simply choose to hand their contract on and leave the practice. The Regulations and Directions that underpin GP contracts allow for these variations to take place so long as they comply with the requirements of the Regulations and Directions.

- **Malling Health and the Directors of Malling Health:** Manage GP contracts at Iwade Health Centre, Staplehurst Health Centre, Ivy Bower Surgery in Greenhithe, West Kingsdown Medical Centre and at Parkwood, Nelson Road & Rainham Healthy Living Centre (Blue Suite) in Medway. Malling Health also manage a large number of contracts for GP services across other parts of England and now form part of the umbrella company Integrated Medical Health (IMH).

- **Minster Medical Group and Directors of Minster Medical Group:** Manage contracts for GP services at Minster Medical Centre on the Isle of Sheppey, at Lakeside in Sittingbourne, and from Parkwood in Rainham.
- **Sydenham House Medical Group:** Manage GP services at Sydenham House Medical Centre, Ashford Kent, Musgrove Park Medical Centre, South Ashford as well as High Glades Medical Centre, St Leonards, East Sussex, Gun Lane Medical Centre, Strood, Rochester and have a share in the partnership at Tunbury Avenue Surgery in Walderslade, Medway.

4. What action is NHS South (South East) taking to ensure high quality GP services are provided and made available to local communities?

NHS England has provided a range of support and leadership to enable the following examples of developmental change to take place over recent months. Examples include:

- Working in close collaboration with our CCGs and LMCs to develop local primary care strategies and implementation plans.
- GP practice workforce baseline undertaken by GP practices for Health Education England in conjunction with NHS England South (South East).
- Providing significant investment to enable numerous GP premises to be improved and expanded.
- Taking tactical opportunities to support existing GP practices to significantly expand their patient lists and develop their infrastructure (e.g.: in Dover, Broadstairs, Hove and Medway)
- Awarding a 10 year APMS contract at Dymchurch Medical Centre (01 April 2015) with the option to extend this for up to a further 7 years following a tender procurement after the previous contract holder had resigned their contract.
- Additional funding allocated to the Wave 1 Prime Minsters Challenge Fund in Folkestone and Dover to enable Invicta Health to extend the pilot to 31 March 2016 (from October 2015).
- Funding to support the North Canterbury Vanguard pilot
- Piloting the role of GP Urgent Care Clinical Fellow with a number of practices in Dartford, Gravesham and Swanley CCG in collaboration with the CCG and HEE.

5. Summary

General practice continues to operate under considerable pressure. Workforce issues, increased demand and expectations on the service, the requirements of regulation, registration and accountability as well as infrastructure constraints pose significant challenges to existing GP contractors and those staff working on the front-line.

These challenges are however recognised and understood. A clear national strategy for the future of the NHS has been set-out and a plan for addressing the principal areas of concern has been and continues to be developed. Action is being taken to address workforce and infrastructure issues. Important changes to the national GP contract have also been made. Implementation of The New Deal for General Practice will require commitment from a

number of parties – the NHS (both NHS England and CCGs), local authorities, from GP contractors and the wider profession as well as from patients and the public.

Most change will be led and shaped locally by GP practices themselves in conjunction with their CCGs and in dialogue with their communities and partners. NHS England will play a key role in shaping and enabling this change to take place but sustainable change will need to be clinical led and locally owned. During this period of change maintaining business continuity is of critical importance such that change is introduced in a planned and managed way such that this minimises inconvenience and anxiety for patients whilst bringing about a system of care that produces good outcomes, high quality care and resilience.

Within Kent a number of changes have taken place as the service evolves and action taken to ensure all patients continue to have access to local GP services. New ways of working are being tested and piloted and new investment is being made into the service both in overall terms as well as being targeted at specific communities, groups of practices and individual contractors where appropriate. However there remains a great deal to do.

We anticipate that the pace and scale of evolution and change of GP services will increase in the coming months and that this will span several years. It is not possible to outline what the final blueprint and disposition of services will look like; however it is almost certain that this will look and feel very different with regards to who provides services, how services are delivered and from which locations. In this respect the place of care through which primary medical care services are provided in the future will not simply be from GP surgery buildings but through a range of ways of engaging and treating patients which harnesses technology, makes full use of new workforce roles and delivers care in a networked way across health and social care. This will mean that the role and function of the GP will also change. What will remain a constant is that the future service will need to deliver safe, high quality care that yields both good outcomes and a positive patient experience.

Stephen Ingram, Head of Primary Care

NHS England – South (South East)
7 July 2015