

Agenda Item No: 8



Report To: Ashford Health & Wellbeing Board

Date: 18th April 2018

Report Title: Sustainability of Primary Care in Ashford (impact of Growth and Local care shift).

Report Author: Dr Jim Kelly

Organisation: Ashford Clinical Providers Ltd (ACP Ltd)

Summary: Report highlighting the risks to stability and sustainability of Primary Care in Ashford if growth (in population and out of hospital “Local” care) is inadequately resourced and managed.

Recommendations: The Board be asked to:-

Note the impending premises, resource, workforce and workload crisis in Primary care which threatens to derail the plans for population and Local Care growth in Ashford.

Support the necessary partnership work with the local GP Federation (ACP Ltd) and the CCG to ensure Primary Care is enabled to meet the additional challenges of population and local care growth and avoid destabilisation of existing services.

Purpose of the report

1. To highlight the risks to primary care stability without extra resource to cope with population growth;
2. The risk to local care capacity without assistance in securing fit for future land/buildings to accommodate the shift of care from hospital into the community.

Background

3. General Practice has long been regarded as the Jewel in the Crown of the NHS and has been the envy of the world in terms of its cost effectiveness.
4. Public confidence in Doctors (and GP's in particular) are consistently highest among all professions and has not wavered to the extent it has in other sectors of health and social care.
5. However, nationally, Primary Care (and General Practice in particular) is under immense pressure, like never before. Satisfaction with GP services has in the last year started to fall as a testimony to the fact Primary care is

“creaking at the seams”. 90% of all patient contacts take place in Primary care but resources have fallen from 10% of the total NHS budget in 2006 to just 7% last year. GP consultation rates have increased by 40% but (perversely) NHS spend in **secondary** care has increased by the same proportion over this period.

6. The Government have attempted to bolster funding with the GP forward view published in 2016, but the strings attached to this inadequate funding including politically driven aspirations for longer opening hours for routine care have only added to the burden on practices. An additional 5000 new GPs were promised but last year the number of WTE GPs fell again.
7. The “sticking plaster” of GPFV is inadequate to stop the haemorrhage of staff who feel they can no longer work safely with the current unsustainable inadequate core funding and local practices are struggling to recruit and retain staff may carrying unfilled vacancies. The GP Core contract (GMS) is funded at £88 per “weighted” patient per year from this April.

Local Perspective

8. On 20th July 2016 I was invited to speak on how KCCs Public Health department proved that one of our practices managed to save £250 per patient per year in other health and social care sectors by the additional investment of an extra £30 into core GP services through PMS flexibilities. The GMS “global sum” of £88 fails to compensate GPs for providing an unlimited number of consultations with ever increasing levels of demand and complexity.
9. The situation is further compounded for populations with a relatively youthful demographic like our own Urban Hub (population 63,000) as this “weighting” means only a proportion of the urban practices lists (55,000) will be funded. This (8000 patient) funding “gap” was brought into sharp focus by the plight of one Folkestone practice with a low “weighting” who was recently forced to close its branch surgery.
10. The CCG attempted to disperse its list of only 5000 patients onto the books of neighbouring practices all of whom were already struggling to cope. Even this relatively small increase in list size would have destabilised the surrounding practices and they (en-masse) decided to close their lists to protect patient safety.
11. The CCG was publicly forced to recognise that the current level of core funding (which is paid to GPs quarterly in arrears) was inadequate to incentivise/allow rapid increases in list sizes.
12. All Ashford GP’s but particularly those practices in the Urban hub are struggling to cope with current demand and some recent CQC reports bear testimony to this fact. None-the-less the quality of Primary Care provision and recruitment in Ashford practices has been largely maintained by closer inter-practice support through our Federation.
13. The NHS landscape is changing at pace and the current local CCG commissioning functions will soon be subsumed by the GP Federation working in partnership with other NHS providers as part of an Integrated Care

System which can hold local capitated budgets and be accountable for both local commissioning and provision.

14. Our GP Federation is and will continue to be an integral part of the fabric of Local health and Public services. Our Shareholders and Directors are drawn from all 12 practices in Ashford and we offer **only** NHS services to the entire local population.

Further opportunities

15. Ashford Borough Council and CCG have an opportunity to learn lessons from the recent Folkestone crisis and pre-empt this by partnering with our GP federation to find innovative premises and resourcing solutions to ensure Primary Care is equipped to meet both the immediate challenges of population and local care growth.
16. The Federation has been vocal in expressing our vision for the Premises needed to accommodate growth in population and Local care and we have contributed to the CCGs recently developed Strategic Estates and Local Care Plans.
17. We have, however, had little opportunity to engage directly with the borough council and would welcome the Health and Wellbeing board supporting their council colleagues to engage with us now so as not to lose the invaluable “provider perspective” at this critical stage of planning for the future health needs of Ashford residents.
18. We ask the board to encourage and assist the CCG in taking immediate steps to maintain and enhance the current Local Primary care service which is the bedrock of the local NHS but which is rapidly becoming unsustainable.
19. An example of where we feel the borough council need to urgently involve our federation is in addressing the immediate threat to current services arising from the large housing developments on the southern fringe of our Urban Hub, namely Chilmington, Finberry and Court lodge.
20. The council’s current local plans for this population growth does not accommodate the necessary shift to Local Care as described in the National NHS Five year forward view.
21. It is the Federation view that using the Court Lodge project as an enabling development, resources from the neighbouring developments could be redirected to provide a standalone parcel of land on which to build bespoke healthcare premises to allow the necessary expansion of Primary and Local Care provision for these new (and some existing) Ashford residents.
22. In fact NHS England recently awarded the Kingsnorth Medical Practice the promise of £3 million of central funding to facilitate such a plan (which unfortunately fell foul of the overly stringent National funding drawdown schedules).

Conclusion

23. It is recognised that over the next 10 years there will be significant growth in Ashford and the pressures on healthcare will continue to grow with increasing risk to the stability Primary Care GMS/PMS provision. We would ask the committee to note that although ACP Ltd in partnership with Ashford CCG have an Estates Strategy, our Federation should be invited to play an integral role in discussions and decisions regarding new housing developments to ensure current and future health premises provision is fit for purpose.

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