

System transformation – Frequently Asked Questions (FAQs)

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About Primary care networks (PCNs)

What is the current state of play with PCNs across Kent and Medway?

The registration process for PCNs is nearly complete and it is anticipated that there will be around 42 networks covering the population of Kent and Medway. In line with the rest of the country, PCNs in Kent and Medway are finalising their arrangements. We expect to announce the majority of PCNs in July. Each network has a named clinical director and has been supported by a statement from the Kent and Medway Sustainability and Transformation Partnership to confirm the network meets the national criteria for a PCN.

We will publish details of the networks on the STP website in due course.

In line with the national GP contract, the newly formed PCNs will be delivering extended hours to patients from 1 July. This means that people in all parts of Kent and Medway will have the same level of access to extended hours appointments. This will not necessarily be in your local practice; it could be in another practice within the same network. The practice at which you are registered will be able to provide you with details of local arrangements.

How many primary care networks will we have in Kent and Medway?

The registration process for PCNs is nearly complete and it is anticipated that there will be around 42 networks covering the population of Kent and Medway. Local practices are enthusiastic about the potential that forming local networks will bring to staff and patients and in some areas, groups of practices were already beginning to work as networks, recognising that they can achieve much more together.

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Can you describe the benefits of change for patients and professionals?

Benefits for patients:

- Extended access to primary care at different practices and facilities outside of traditional opening hours and with more care, advice and support offered outside of the GP's consulting room.
- Patients discover a new confidence in primary care teams – recognising that sometimes the most effective help and support is found outside of the consulting room and with a pharmacist, social prescriber, nurse or mental health professional.
- You'll only need to tell your story once – shared records will mean that patients no longer must tell multiple individuals or team about their medical or care history.
- Prevention and early intervention are key drivers – to help people stay well and stop becoming ill in the first place and to make the right decisions for their long term health and wellbeing.
- Joined-up care for those with complex conditions, meaning that rather than treating specific symptoms and conditions, the whole person and what's important to them will be the cornerstone of care.

Benefits for primary care professionals:



- Creating bigger, more integrated teams allows professionals to work under the primary care 'umbrella', rather than in isolation, offering more holistic and personalised care for patients.
- With other highly qualified health professionals able to focus on care and support to patients, GPs will have more time to deal with the complex cases that need their attention and focus on bringing their medical knowledge and expertise where it is most needed.
- Using data and technology across practices to assess population health needs and inequalities, to focus the design and delivery of services where they are most needed and to drive service improvements.
- Access to a larger professional 'pool' of staff and professionals will help address many of the workforce challenges currently impacting on primary care, increasing morale amongst staff and teams, increasingly resilience and offering opportunities for development and growth within different roles.

Does this mean that local practices will close and people will be forced to travel long distances to big 'hubs' to seek advice and care?

No, the idea is that practices will pool resources and by working together they will be able to offer more services and facilities. You might need to travel to a different practice or facility if you are seeing a doctor in an evening or during a weekend or for a specific clinic or procedure, but you'll have the opportunity to be seen much more quickly and by the right clinician for you. Everyone is different, but we believe that what patients value most highly is quick and stress-free access to care at a time that suits them.

Will patients still be able to see a GP if they need to under the new arrangements?

Yes. The new ways of working will support GPs to have more time to spend with the most complex cases and can focus on doing what they do best.

Not everyone who phones a GP practice for an appointment needs to see a GP:

- About 30 per cent of requests are to do with back, neck or joint pain, which might be better seen by a physiotherapist with enhanced skills who can assess and advise.
- Clinical pharmacists help people manage complicated medicines, making sure they are taking the most effective medication in the right way and minimising side-effects.
- Physician associates support doctors in the diagnosis and management of patients.
- Community paramedics see people with an urgent issue often carrying out home visits.

Sometimes people's health can be best helped by services which are not part of traditional health and social care, such as community groups, or advisors. When GPs or other healthcare professionals refer people to non-medical services, supported by a link worker, this is called 'social prescribing'.



About Integrated care partnerships (ICPs)

How will ICPs work across Kent and Medway?

ICPs are alliances of health and care organisations who will work together to deliver care by collaborating within a defined geographical area. Locally serving between **250,000 and 700,000** people, ICPs will spearhead the drive to reduce health inequalities, put prevention to the fore, design and deliver care that meet patient needs and adhere to best practice standards, and get best value for money from the available budget.

Our clinical commissioning group governing bodies, trust boards and other key partners will be looking at proposals to establish **four ICPs** covering West Kent, Dartford, Gravesham and Swanley, Medway and Swale, and East Kent incorporating commissioners and provider organisations to develop and deliver services.

Kent and Medway Proposed Integrated Care Partnerships (ICPs)



What's the key function of an ICP that makes it different from the way things are now?

ICPs are expected to evolve in line with the priorities and ambitions of their local areas. Importantly, they will work together rather than in competition with each other to deliver local care. We expect their role will include:

- focussing on the specific health needs and challenges of their local population and developing and delivering services that improve the health and wellbeing of local people;
- creating health and care programmes and initiatives focussed on prevention, helping people to stay health and well and ensuring that everyone has the same access to advice and support;
- driving integration by breaking down barriers between organisations, enabling more joined-up working, less duplication and a more seamless experience for patients;



- looking beyond individual ‘care pathways’, recognising that today’s populations often have different, multiple needs and requirements and that we need to focus on these rather than the systems to deliver care to address a certain condition of disease;
- assuring and overseeing the quality of care and services that local people receive, reporting on performance and ensuring that the highest quality standards are adhered to;
- local clinicians and teams are at the forefront of designing and delivering patient pathways that deliver the highest quality care and best patient outcomes with the support of local people;
- helping staff, teams and organisations to develop so that they can deliver the best care, patient experience and value for money by working more closely together;
- managing risks; and,
- making best use of available budget and managing contracts with local providers to ensure that care and support represents true integration and value for money.

How do you see ICPs working across Kent and Medway?

We don’t have all the answers but we do have guiding principles that we will be using to develop ICPs.

- ICPs are likely to include a combination of GPs, Primary Care Networks, GP federations; mental health, social care and community services; acute hospitals; district and borough councils; and voluntary sector partners.
- Organisations within each ICP will have greater freedom to work together to determine how services should be provided. Each ICP will have one or more contracts with the Kent and Medway CCG which will be based on the delivery of specific outcomes that address the needs of the population. The organisations within an ICP will be able to determine how this is achieved and where resources are best focused. They will be required to work in partnership rather than competing with each other to deliver these outcomes.
- The form of ICPs can be various, from joint partnership agreements, through to more formal joint ventures and potentially merger of providers.
- The ICPs will be local groups of health and care organisations, including we anticipate, borough councils and voluntary/community sector members. Each ICP would be expected to develop its own priorities and models of care, reflecting the different needs of their local populations, and thinking about how they will work differently in the future. Common themes are emerging from the early discussions, with more emphasis on wellbeing and prevention and on breaking down the barriers between organisations.



A single CCG for Kent and Medway

What's happening with plans to create a single CCG for Kent and Medway?

Our proposal to form a single clinical commissioning group (CCG) for Kent and Medway is progressing well. Based on the principle of merging the eight existing CCGs to form the 'system commissioner' - a single, overarching commissioning function for Kent and Medway - the proposal supports the introduction of an integrated care system, one of the key expectations set out in the NHS Long Term Plan. Integrated care systems should be established by April 2021 and the Plan recommended that they are supported by a single CCG covering the same geography.

In Kent and Medway, our CCGs are already working more closely together, with Joint Committees and Committees meeting-in-common on a much more frequent basis. Also the CCGs have a single accountable officer and combined management teams in place in east Kent and for Medway and north and west Kent.

Governing bodies of the eight Kent and Medway CCGs are discussing the proposal to merge, looking at the form and function of a single system commissioner and at how a single CCG could streamline and improve the commissioning of health and care services for local people. Governing bodies will then put the proposal to their membership for approval.

Applications to move to a single CCG must be submitted to NHS England by 31st September 2019. In advance of that date, governing bodies, clinical chairs and CCG members will continue to discuss and debate the proposal, give their views on a draft constitution and begin to look at the practicalities of moving to a single commissioning body. GP members will vote on whether to support the proposal before any submission is made. We also need to take on board the views of our local Healthwatch organisations and other partners, understanding their views and reflections on the implications of a merger.

If agreed, what would the single CCG be called?

We anticipate that the new statutory body would be known as the NHS Kent and Medway Clinical Commissioning Group.

About the Kent and Medway Integrated Care System (ICS)

When will the ICS come into being?

We will be working as an ICS by April 2021 although we anticipate much closer working across the health and care system in advance of that date, with a single CCG being established as part of this from April 2020.

Will the ICS be a statutory body?

An ICS is not a statutory organisation, rather it is made up of a number of other organisations and arrangements (e.g. the system commissioner based on a single CCG for Kent and Medway, four integrated care partnerships and the primary care networks). It is a partnership of all health and social care organisations responsible for developing and overseeing delivery of the strategy that improves the health and well-being of a local population and improves the quality of care and outcomes for those people who need our services.

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