

System transformation – Frequently Asked Questions (FAQs)

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Background

The NHS in Kent and Medway is planning to change how health and care services are organised. This is so we can provide better, more joined-up care. This is what we call 'system transformation'. It is a major focus of our work.

Why do we need these changes?

We want people to live their best life, and get great treatment, care and support when they need it.

Health and care services are complicated. Most people have no idea how to find the right person to talk to. Sometimes different services offer the same thing. Sometimes there is no service in place that offers the help people need. That is not good for patients or carers, it is frustrating for staff, and not the best use of NHS funds.

In the last three years, we have been working across Kent and Medway with our partners:

- NHS organisations who buy and plan services
- NHS organisations that deliver these services
- social care
- public health
- local authorities.

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This is a partnership of more than 19 organisations in Kent and Medway. As a partnership, we have created shared goals and priorities for the future of health and care.

We think we need to change how we are organised. We think this will improve care for patients and help meet the rising demand for health and care services. We are working on having one Clinical Commissioning Group (CCG) across Kent and Medway by April 2020.

Our plans reflect what the government has written in the [NHS Long Term Plan](#).

A Kent and Medway Integrated Care System

Our plan is for Kent and Medway to become an 'integrated care system' (ICS) by April 2021.

Being an integrated care system will mean:

- GP practices work together at a local level, in networks. These will be called '**primary care networks**'.
- Four new '**integrated care partnerships**' across Kent and Medway. These partnerships will include all NHS organisations and local authorities in a set area. They will look at improving health and care services together.
- A **single NHS organisation, led by local doctors, for Kent and Medway that buys and plans local health services (a CCG)**. This organisation will focus on health priorities and think about how we can work together with partners to deal with issues like cancer and mental health.



Frequently asked questions

Primary Care Networks

1. What are primary care networks?

Primary care networks are groups of local GP practices, working together to offer a wide range of health services.

- They cover around 30,000 to 50,000 people
- They can employ staff directly.

Primary care networks have been active in Kent and Medway since July 2019. Each primary care network offers bookable appointments with GPs, nurses and other health professionals in the evenings, at weekends and on bank holidays.

Primary care networks will offer a wider range of services in the community than GPs currently do. For example:

- physiotherapy
- social prescribing (being referred by your health professional to a range of local, non-medical support services)
- counselling
- community paramedics
- specialist nursing (for instance for diabetes)
- dementia and mental health workers
- access to health and care staff who organise your care
- social care
- pharmacy services.

Primary care networks will help support people with the highest needs to stay as well and healthy as possible. They will also make sure everyone can access the right care quickly when they need it.

They will be a part of **integrated care partnerships**.

2. What is the latest update about primary care networks in Kent and Medway?

There are 42 **primary care networks in Kent and Medway**. Each one has an accountable clinical director. You can find the list [here](#).

Local practices have told us that they are keen to form networks and can see the benefits of working more closely together.

3. What are the benefits of primary care networks for patients?

- Everyone in Kent and Medway will be able to access GP appointments during evenings and weekends.
- More support to help people with their non-medical needs, such as loneliness or struggles with benefit.
- People will only need to tell their story and medical history once because of shared patient records.



- Better planning for people with multiple long-term conditions. This will help to keep them out of hospital wherever possible and get them home quickly when they do need to go into hospital.
- We focus on the whole person and what is important to them rather than symptoms and conditions.

4. What are the benefits of primary care networks for professionals?

- More flexibility for GP practices. This may be through sharing back office skills, having more support for sickness absence and increasing job satisfaction.
- Shared training and more opportunities for development.
- Having a larger professional pool of staff and professionals, increasing job satisfaction.
- Creating bigger, more integrated teams. This will reduce isolation and give chances to learn new skills.
- GPs will have more time to deal with the complex cases that need their knowledge and expertise.
- Better use of data and technology which will save time and reduce frustration.

5. Does this mean that local practices will close and people will be forced to travel further to seek advice and care?

Primary care networks are 'virtual'. They are about working differently to improve health and care and working together across an area, not about moving or changing buildings. They will only get involved in any question relating to GP practice location, merger or potential closure if the GP practice asks them to.

You might need to travel to a different location if you are seeing a doctor in the evening or at the weekend or for a specific clinic or procedure. This is to make sure you are seen quickly and by the right clinician for you. Some of the new services provided for patients by primary care networks, such as physiotherapy, may be based in a practice which is not your own.

6. 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 people with the most complex needs.

However, not everyone who phones a GP practice for an appointment needs to see a GP:

- About 30 per cent of requests might be better seen by a physiotherapist as they are about neck and back pain.
- Clinical pharmacists help people manage complicated medicines, making sure they are taking the right medication in the right way so they don't have as many side-effects.
- Physician associates support doctors who are diagnosing and managing patients.
- Community paramedics see people with an urgent issue, often carrying out home visits.

Sometimes people can be best helped by using non-medical services, such as community groups. When GPs or other healthcare professionals refer people to these kinds of services we call this 'social prescribing'.



Integrated care partnerships

1. What are integrated care partnerships?

Integrated care partnerships (ICPs) include all NHS organisations and local authorities in a set area, plus other partners. They will look at improving health and care services together for between 250,000 and 700,000 people. While each organisation will still hold their own budget, they will agree together how the money is spent for the greatest benefit of local people.

2. How will integrated care partnerships work across Kent and Medway?

Working in ICPs will mean staff will work in teams based on skills and patient needs, even if they work for different NHS organisations. They will work closely with local authority services and community and voluntary services.

They will make sure:

- everyone has the same access to healthcare
- services are planned to deliver care that meets local people's needs, to the highest standards
- get the best value for money from the available budget.

Our clinical commissioning groups and other key partners are suggesting we establish **four ICPs** to develop and deliver services. These are in the process of being set up and are at different stages. They cover west Kent, Dartford, Gravesham and Swanley, Medway and Swale, and east Kent.

However, we don't have all the answers. These are some of the guidelines that we will be using to develop ICPs.

- ICPs may include GPs, primary care networks, GP federations; mental health, social care and community services; hospitals; district and borough councils; and voluntary sector partners.
- Organisations in each ICP will have more freedom to work together to decide how services should be provided. Each ICP will have one or more contracts with the proposed Kent and Medway CCG. These will focus on meeting the needs of the population. The organisations in an ICP will decide how this will be achieved and where they should put resources. They will be need to work together instead of competing with each other to deliver good results.
- An ICP might be a joint partnership agreement, a more formal joint venture or, maybe, providers merging together.
- Each ICP will develop its own priorities based on the needs of their local populations. We hope they will also think about how they will work differently in the future – there are already ideas about how to focus on wellbeing and prevention and on breaking down the barriers between organisations.



Kent and Medway Proposed Integrated Care Partnerships (ICPs)



3. How do ICPs work and how will things be different in the future?

We think their role will include:

- looking at the specific health needs and challenges of the people in their area and developing and delivering services to improve health and wellbeing
- thinking about how we can help people to stay healthy and stop them from becoming unwell
- ensuring everyone has the same access to advice and support
- making sure different health and care organisations work together, meaning less repetition so that patients have a better experience
- seeing people as individuals and making services fit around their needs
- making sure local people receive the highest standards of care and getting involved if things go wrong
- ensuring local clinicians and teams are in charge of designing and delivering services with the support of local people
- helping staff, teams and organisations develop so that they can deliver the best care, patient experience and value for money
- managing risks
- making the best use of available budget and managing contracts with local providers.

A single CCG for Kent and Medway

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

Our plans to move from eight clinical commissioning groups (CCG) to one for Kent and Medway are going well. This single CCG will have one accountable officer and one management team in place in east Kent and for Medway and north and west Kent. Our CCGs are already working more closely together to get ready for this change. We already have key joint meetings regularly.



The NHS Long Term Plan says that we should introduce an integrated care system by April 2021 and that they are supported by a single CCG covering the same area. Our plans align with this national policy.

Governing bodies of the eight Kent and Medway CCGs have been talking about the proposal to merge, including how having a single CCG could save time, money, and improve the way services are planned and bought. In September 2019 GP members from across the eight CCGs voted to support the proposal to establish a single CCG.

Our applications to move to a single CCG will be submitted to NHS England by 30 September 2019. Until then, leaders in the CCG will continue to talk about plans, give their views on a draft constitution and think about the practical side of moving to a single CCG. We have been and will continue to listen and consider feedback from local Healthwatch organisations and other partners.

2. If agreed, what would the single CCG be called?

The new CCG will probably be known as the NHS Kent and Medway Clinical Commissioning Group.

Integrated Care System (ICS)

1. Isn't the Integrated Care System the same as the new CCG?

No, the integrated care system is not an organisation, but is the sum of the whole health and care system within Kent and Medway. It will include the single CCG, the four integrated care partnerships and the primary care networks. The Joint Health and Well Being Board is also a partner. The integrated care system will have a Partnership Board with membership from all key stakeholders and will be independently chaired. Whilst the Partnership Board will have no statutory or delegated responsibilities, the members will have collective responsibility and will need to secure consensus for determining strategies that will improve patient experience, clinical outcomes, safety and value for money. Also, the Partnership Board will work with the CCG to develop and implement plans to improve all of those areas.

2. When will the Kent and Medway ICS come into being?

We will be working as an ICS by April 2021 and have a single CCG from April 2020. Between then and now we will be working much more closely together with our partners to get ready.

3. Will the ICS be a statutory body?

An ICS is not a statutory organisation. It is health and social care organisations, responsible for planning and delivering healthcare, agreeing to work together.

ENDS

