Medway NHS
Primary Care Trust

NHS MEDWAY
PRIMARY CARE STRATEGY
2009 - 2013

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PRIMARY CARE COMMISSIONING STRATEGY OCTOBER 2009

1 INTRODUCTION

1.1 NHS Medway requires commissioning strategies to support the effective delivery of Primary Care. There is no single definition of primary care within the NHS. At its widest, primary care services may be considered to be all services delivered outside a hospital or other specialist setting. More narrowly, it may be defined as the services provided by independent contractors such as GPs, dentists, pharmacists and optometrists. This document identifies the strategic vision and goals for General Practice for the next three to five years, the steps it needs to take on this journey and the key measures of success. It will be followed by similar strategies for the development of other community based services.

1.2 This strategy is set in the context of the 2009-2013 Strategic Commissioning Plan 'Growing Healthier' and the Commissioning Strategy for the PCT, It describes **what** services will be commissioned from Primary Care to support the delivery of the 6 strategic goals and **how** those services will be commissioned.

I. IMPROVING HEALTH AND WELL BEING

- Reduce the high levels of smoking, obesity and teenage pregnancy

II. TARGET KILLER DISEASES

- Reduce premature deaths in Cancer and Cardiovascular Disease and in doing so improve the end of life experience for patients

III. CARE PATHWAYS – CLOSER TO HOME

- Develop the capacity and capability of local services whilst offering more choice and responsiveness

IV. SUPPORTING FUTURE GENERATIONS

- Secure better outcomes and access to services for children and young people in Medway

V. PROMOTING INDEPENDENCE AND IMPROVED QUALITY OF LIFE

- Meet the challenge of the growing number of older people and people with long term conditions, maximising their independence and well being

VI. IMPROVING MENTAL HEALTH

- Improve access to a wide range of preventative and treatment services to improve the mental well being of people in Medway

1.3 This document supports the delivery of the PCT vision[1] of a healthy, safe and productive population in Medway where:

- Individuals and communities have access to the very best quality of health care
- Services are commissioned in partnership with other agencies
- Individuals are empowered to take control of their own well being

1.4 Through this strategy NHS Medway seeks both to ensure that it can have impact and offer added value to the local community in the way it commissions primary care services and what is commissioned. The delivery of services in primary care must be performance managed effectively for this to be achieved.

1.5 Central to commissioning primary care and services closer to home will be empowering primary care clinicians to shape the health and healthcare of the local population. The development of Practice based Commissioning (PbC) and its success will be characterised by an organisation where PbC has a pivotal role.

1.6 The Department of Health issued best practice guidance to PCTs on the commissioning of GP services in January 2009. This strategy sets out how that best practice is being delivered in Medway.

[1] *Medway PCT Health and Social Care Strategy 'A Healthy Medway' 2007*

2 VISION FOR MEDWAY

NHS Medway's vision is that through partnership and participation with the council and local communities Medway will be a city where people will live, work and thrive. People will:

I. achieve in all aspects of their life, through work, leisure and learning

II. access a healthy, safe and exciting place with a good environment and major cultural attractions

III. have improved health through personalised and responsive care closer to home

IV. access more diverse providers, who have more freedom to innovate and improve services

V. have more choice and a much stronger voice

2.1 STRATEGIC VISION FOR PRIMARY CARE SERVICES

2.1.1 In this vision, primary care will deal with virtually all health problems in the population including mental health and end of life care, with referral to other services as needed. Hospitals will be used to support people with acute illness requiring short term care, or who need specialised investigations and major surgery. Community based services will support children and families, patients with long term conditions, and will provide services focusing on recovery and rehabilitation. The primary care practitioner, community services and the specialist will work in partnership in the common interest of the patient.

2.1.2 Good primary care ensures that people receive services in a flexible manner, close to home, that they are referred to secondary care when required, and that care pathways are in place to bring them back to primary care as soon as appropriate. Effective primary care clinicians tend also to be effective practice based commissioners, driving high quality services delivering value for money.

2.1.3 The vision for the future strategic service configuration of primary care will be at the heart of the commissioning strategy and in doing so the PCT will:

Deliver a World Class Primary Care Service in Medway which will transform people's health and well being outcomes at the local level reduce health inequalities and promote inclusion within the context of best value.

2.1.4 As with all commissioned services, it is expected that primary care services will have the following characteristics:

- *Standards* based - evidence based care delivered by competent staff in a good environment;
- *Accessible* – both geographically and in opening hours and waiting times;
- *Facing the customer* – communicating effectively with patients and other parts of the health and social care system;
- *Efficient* – providing high quality services in a cost-effective manner.

2.1.5 The PCT will work with all primary care services to deliver a network of care which maximises the opportunity for care closer to home whilst maintaining safe and effective services.

2.1.6 The PCT's approach to commissioning primary care services will ensure:

- Defined geographical access standards, including the maximum travel time patients are expected to travel to their GP practice, or the number of practices from which they can choose to register. This may be amended by changes to the regulations governing patient registration proposed by the Department of Health;
- Services are provided in community settings such as Healthy Living Centres;
- More integrated delivery of services, with hospitals working in partnership with community based services; greater coordination of community health services (such as district nursing and health visiting) with GP services, and more integrated delivery of primary care, social care and wider public services;
- Open access services for both urgent and routine care as appropriate;
- Specialist primary care providers are commissioned where appropriate (e.g. for long term conditions);
- Greater integration or federation between GP practices to increase critical mass where this is appropriate and reduce the isolation of smaller practices;
- More integrated delivery of other primary care services, such as pharmacy, dental and eye care services;
- Promotion of self-care and self-referral for certain conditions or patient groups, including the use of personal health budgets.

All of these principles are developed further in section 4 of this strategy.

3 CHALLENGES AND OPPORTUNITIES

3.1 NEEDS IN MEDWAY

3.1.1 A detailed review of the needs of the population of Medway can be found in the Joint Strategic Needs Assessment. The key issues which are likely to impact on the need for and delivery of primary care provision are summarised below.

3.1.2 Demographics and levels of deprivation

- Notwithstanding the potential growth in housing which is contained within the Regional Plan, the Office of National Statistics (ONS) projections suggest the overall population in Medway is expected to grow as a minimum by 4.6% by 2018. Within this:

Older People

- The number of people 65 years of age or over is projected to grow by 29% with the number of over 85% years growing by 32% by 2018;
- The proportion of people aged 65 or over living on their own is predicted to rise by 32% by 2020.

Long term illness

- There is expected to be a 34% increase in those aged 65 or over with a physical disability by 2020.

Carers

- The number of carers aged 65 and over is expected to grow in line with demographic changes.

Mental Health

- The prevalence of common mental health disorders amongst the older population, i.e. dementia, depression and severe depression are all predicted to increase by 35% in Medway over the next 12 years.

Learning Disabilities

- The total number of adults (15 and over) with learning disabilities living in Medway (both known and unknown to services) is predicted to rise by 5% by 2020.

Children

- By 2018 the number of young children under 5 years of age is expected to grow by 7%.

- Medway has a relatively diverse level of deprivation with three wards falling within the 20% most deprived wards of England and two wards falling within the 20% least deprived.
- As expected those areas with high levels of deprivation typically suffer on most domains of deprivation; income, employment, health, education, crime and living environment.
- Within this children are marginally more likely to live in deprived neighbourhoods. Older people are more likely to live within the least deprived neighbourhoods.

3.1.3 Lifestyle and Risk factors

- The high levels of risk factors for ill health pose a significant threat to the future health and well-being of the population in Medway. NHS Medway faces considerable challenges in tacking high levels of smoking, obesity and teenage pregnancy.

Key issues to consider:

- The highest level of smoking of all Local Authority areas in the South-East at 31.3% of the adult population;
- The 6th highest percentage in the South East of people that are obese and the 3rd lowest percentage of adults that consume five or more fruits or vegetables per day;
- A high teenage pregnancy rate where 26% of 14 year old girls have become sexually active, but only 50% of this group know of some of the common STIs, and 33% do not always use contraception.

- There are significant differences in life expectancy between wards in Medway, although the gap has recently narrowed, those living in the most deprived ward can still expect to live on average 6.8 years less than their more affluent counterparts.

Deaths from Cancer

- The Standardised Mortality Ratio (SMR) from all cancers is higher for Medway than both national and the southeast rates as are SMRs for lung and colorectal cancers.

Deaths from circulatory disease

- The Medway SMR continues to be above the southeast and national rates.

- Both demographic changes and the inequalities will drive a growth in relatively high intensity users; it is likely that service demand will grow proportionally quicker in Medway than the UK as a whole.
- This will have a significant impact on services for the management of long term conditions such as dementia, cardiovascular disease (CVD) and diabetes as well as acute conditions such as stroke as the incidence of these conditions increases with age. It will also have an impact on preventative programmes such as the child immunisation programme and influenza vaccination for the over 65s.
- Through the introduction of disease registers in primary care and the use of spatial mapping risks in the management of long term conditions are identified, e.g. there is a lack of correlation between admission rates of those with diabetes and prevalence rates but there is an association with areas with GP practices where blood sugar levels are less well controlled.

3.1.4 The demographic and lifestyle issues in Medway highlighted above are likely to increase the demand for primary care services over time. NHS Medway underwent a procurement process in 2008/09 which was aimed at increasing access and choice in primary care provision. During 2011/12 the PCT will assess the potential need for overall increase in primary care capacity which may be required by 2018, and will set out any future procurement intentions resulting from this.

3.2 POLICY DRIVERS & REGULATION

3.2.1 The wider policy context for commissioning primary care is outlined in a number of key national documents which expects NHS Medway to:

- Secure a market that offers quality, innovation and productivity[2] in an environment where investment will be reducing
- Deliver more choice and responsiveness and a stronger voice for patients in the context of personalised care[3]
- Work within the context of national competition and cooperation policy[4] and the move to plurality of provision whilst securing sustainability of local services

It is these three areas that form the basis of the strategic goals for Primary care

3.2.2 In addition there are a number of changes which are either already or soon will affect General Practice nationally. These include:

- World Class Commissioning and its application to General Practice [5]-
- Revised Complaints procedure
- Changes to payment structures for example QOF
- The system for revalidation for doctors (later 2009)
- Care Quality Commission registration requirements – 2010;

3.3 ECONOMIC ENVIRONMENT

3.3.1 Providing high quality services in a cost-effective manner is going to be challenging within the context of a recession. The PCT's financial framework seeks significant recurrent savings totalling £60m over 5 years, assuming no growth in PCT allocations from 2011/12 onwards.

3.3.2 Currently General Practice and GP prescribing account for approximately 18% of PCT expenditure. Benchmarking carried out across 85 PCTs in the fourth quarter of 2008/09 suggests that NHS Medway's expenditure is lower than the average. Baseline spend on the 'global sum' and Minimum Practice Income Guarantee – the core spend on practices – totals just over £60 per registered patient in Medway compared to an average of almost £70. Quality spend is approximately £16 per patient compared to an average of almost £20 and the total spend on all GP contract forms is just over £120 per patient compared to an average of approximately £130.

3.3.3 It is expected that the opportunity to develop services closer to home with the introduction of new treatments and more streamlined pathways of care will reduce the demand for hospital based services at a reduced cost. A greater emphasis will be placed on primary and secondary prevention, where the role of the GP is key. However the long term economic evaluation of any new models of care need to be considered as well as the short term benefits to ensure that service are sustainable and the system is not destabilised.

[2] *NHS Innovation*
[3] *NHS Constitution, Department of Health (January 2009)*
[4] *Principles and rules for cooperation and competition, Department of Health (Dec 2007)*
[5] *World Class Commissioning, Improving GP Services' (27 January 2009)*

3.4 EQUITY OF ACCESS

3.4.1 There are 67 practices in Medway currently delivering within four different contractual frameworks, described further in Annex 1.

- 59 General Medical services (GMS) practices,
- 2 Personal Medical services(PMS) practices
- 5 Alternative Personal Medical Services (APMS) practices
- 1 PCT PMS practice

3.4.2 The average list size for a practice is 4,447 with a range from 1,508 to 17,627 with an average number of patients per GP of 2,163 compared to a national average of 1,804. Medway has the sixth highest average list size nationally. From this we can see that Medway has a large number of practices many of which are small practices for its population; however it is still relatively under doctored (based on Whole Time Equivalent doctors per capita). The distribution of practice size in Medway is as follows:

	Number of practices	Average list size per GP
Single-handed practices	28	2411
Two partner practices	14	2048
Three or more partners	25	1771
Total	67	2163

3.4.3 It also has an aging workforce as within the population of general practitioners 14% are over 65 years of age and 29% are expected to retire in the next three to five years. Strategies are needed to maintain access to the necessary skills required in primary care.

3.4.4 Significant progress has been made in recent years in extending opening hours, and e*xtended non-core opening hours provision is being* delivered. However, some practices continue to require additional capacity during core opening hours.

3.4.5 Location of practices is generally determined by the practitioner themselves and most existing practices will not readily relocate without financial incentive. In addition, the South East Plan assumes an increase in of 15,700 new dwellings primarily along the Medway riverside and at Chattenden on the Hoo peninsula. It is therefore likely that additional primary care provision will be commissioned to meet the needs of the growing population in future.

3.4.6 The new APMS practices will provide additional capacity and are projected to increase in capacity over the next five years. They have been sited in areas of health need however it is important that these new providers genuinely add capacity and do not just replace existing providers.

3.5 STANDARDS

3.5.1 At present there are relatively few nationally published benchmarks for standards in primary care. The PCT is developing a Quality Development Framework, described further in section 4, which enables benchmarking within the PCT.

3.5.2 However, a key source of national benchmarking is the Quality and Outcomes Framework (QOF) where scores achieved by Medway practices are compared with others. The QOF measures the following domains:

- organisational quality including safety - practice accreditation / premises
- effectiveness – achievement in the clinical domain of the QOF / exception rates and comparisons between reported prevalence and expected prevalence for long term conditions / local data / prescribing / referrals / clinical governance – and evidence based practice
- additional services - includes indicators for screening services, child health surveillance, maternity and contraceptive services
- Patient experience – including access and patient survey findings

3.4.3 In 2008/09 Medway practices achieved an average of 94.87% of QOF points available, an improvement from 93.78% in the previous year. Although the absolute change was small, there was a significant increase in performance relative to other PCTs, with Medway moving from 140th of 152 PCTs to 102nd. Medway particularly improved in relation to clinical and organisational factors, but performed less well (in common with other PCT areas) in relation to patient experience.

3.4.4 Plans are in place to require all general practices to register with the Care Quality Commission. As further information on the requirements for registration becomes clear, NHS Medway will ensure that these are incorporated into performance monitoring and support is made available to practices to meet the requirements.

3.5 PATIENT AND PUBLIC FOCUS

3.5.1 All residents of Medway are entitled to register with a NHS General Practice. Current Department of Health guidance provides that people, who are lawfully living in the UK for a settled purpose, are entitled to register with a GP practice. In Medway, the registered population exceeds the unregistered population. This is due to the catchment areas of some practices, particularly in the south-west and east of Medway, extending into Kent. People who are not registered with a GP are able to access primary care services through the walk-in centres, commissioned during 2009, and through MedOCC services provided at Quayside in Chatham and the Same Day Treatment Centre adjacent to A & E. All members of the public are strongly encouraged to register with a GP.

3.5.2 Communicating effectively with patients and other parts of the health and social care system will be critical to secure best value out of the services available both in terms of securing health outcomes and tackling inequalities. Practices are encouraged to set up Patient Participation Groups and identify other ways of involving their patients in practice planning. As part of the Quality Development Framework discussed further below the PCT is sharing information with practices on their patients' use of other services such as A & E and Out of Hours. This will highlight practices which are outliers and where more focus should be applied to ensuring awareness of primary care provision.

3.5.3 The requirements on General Practice to provide information on quality and to react to quality issues will increase, and will be the same irrespective of the size of the practice. In addition to the information published by practices, increasingly NHS Medway will publish information about the services available from and performance of individual practices.

3.5.3 The 2008/09 QOF scores saw a deterioration in performance in the patient experience domain. This reflected a national trend, and was at least in part the result of changes in the approach to the patient survey compared to the previous year. Whatever the reasons for the decline, this will be a particular focus for improvement in 2009/10.

4 4STRATEGIC PRIORITIES

4.1 CHOICE AND RESPONSIVENESS

4.1.1 *Determining and delivering the GP Patient offer*

Patients and members of the public have legal rights and these rights are summarised in the NHS Constitution. Within this context NHS Medway has outlined what local people can expect to be available in a General Practice / Primary Care setting and how the NHS pledges go beyond the legal minimum in each of those areas. This is set out in detail in annex 2.

Practices will be allowed to form alliances so that one may provide enhanced service on behalf of its patients and patients of other practices whilst others provide others. The key concept is that **all** patients should have access to **all** of the services within the offer and can be directed to that service by their local practice if not already provided for by them. The diagram below sets out how this might work in two practices. Both practices offer the full range of entitlements under the Constitution, the core contract and the Quality & Outcomes Framework, and both practices delivers the services which relate to CQUIN 1 and 2 and DES 1 for their own patients. Practice A delivers CQUIN 3, DES 2 and LES 3 for its own patients and those of Practice B. Conversely, Practice B delivers LES 2 and DES 3 for the patients of both practices.

LES 1 DES 1 CQUIN 1 LES 3 DES 2 CQUIN 2 CQUIN 3 Quality & Outcomes Framework GMS Core contract NHS Constitution rights	LES 2 DES 1 CQUIN 1 DES 3 CQUIN 2 Quality & Outcomes Framework GMS Core contract NHS Constitution rights
PRACTICE A	PRACTICE B

If a practice is unable to form an alliance with another local practice to provide an offered service NHS Medway will look at how best to provide that service for those patients.

There will be published advice to raise awareness of patients on services that are available within Medway which they may traditionally have expected to access via General Practice. This will include Minor Ailment Scheme and Emergency Hormonal; Contraception via pharmacies, vascular risk assessments via a variety of providers;

New APMS practices will provide additional capacity in areas of high health need and also offer additional extended opening hours.

The reimbursement for delivering the offer should be equivalent irrespective of contract type. NHS Medway must legally honour current contracts and must work within its financial envelope. This may mean that over time some contractors will be able to earn more, for providing more or better quality services, but also that some where there has been a historic payment not linked to results may earn less.

Local Enhanced Services (LES) are under review to achieve better quality & performance indicators with improved audit and financial management. Additionally, this will include an analysis of supply and demand as part of mapping existing services. There is an opportunity for Providers other than GPs to be commissioned to deliver some of these services which may prove a more cost effective model.

NHS Medway is keen to support and develop general practice within Medway but where services cannot be delivered by General Practitioners it reserves the right to tender / offer these services to other providers utilising the resource which would otherwise have been offered to general practices.

4.1.2 *Personalised care*

There is likely to be an increased focus on personalised care over the next three to five years. GPs are well placed to respond to this as they have for many years acted as the ‘patient advocate’. However, the shift will include a much greater emphasis on patients being empowered to take control of the management of their condition, and GPs will need to respond to this. Increasingly prevention of illness will be targeted and a range of screening checks will be introduced, starting with the NHS Health Check to be rolled out to all eligible patients aged 40-75.

The personalisation agenda will require better co-ordination between health and social care led by improving the way information is shared. Again, the GP is key to this, as primary care records often present the most holistic view of patient needs and the interventions which are addressing those needs. NHS Medway is developing the ‘Bluebird’ project in partnership with other PCTs in Kent. This is a technological solution to the challenge of sharing records held by different health systems whilst maintaining patient confidentiality.

Through personalised budgets increased choice will be underpinned by real or notional budgets available for individuals to commission their own care. This will present both challenges and opportunities to primary care, and in relation to the patient offer, will impact particularly on the delivery of enhanced services.

4.1.3 ***Securing care closer to home***

Access to enhanced services is a key focus when looking to secure services closer to home. The Strategic Commissioning Plan highlights a number of services where there would be benefit in moving less complex / routine procedures away from specialist teams and into more local settings. The local market will need to be able to respond to a tight specification that shows how they can develop to deliver the expertise required.

4.1.4 ***Improving access to Primary Medical Services***

A key priority for the PCT is improving access to GP services as measured through the national GP patient survey. It is proposed that this area be targeted through development of a Local Enhanced Service (LES) to improve access and responsiveness. A range of options have been identified to increase capacity during core hours, access to information, improving patient attendance rates, capacity and demand analysis, stretching QOF access survey thresholds and patient participation.

Additionally, non-recurrent funding slippage will be utilised to allow automated patient check-in facilities, improving telephone systems, LCD screens displaying basic care and 'healthy living' messages, self-service blood pressure and weighing machines.

The outcome of this is expected to deliver wider health and cost benefits such as reduced attendance at A&E, fewer emergency admissions, increased opportunity to identify disease prevalence and improved care of those with chronic diseases. All of these will impact on secondary care capacity and free up resources.

4.2 QUALITY, INNOVATION AND PRODUCTIVITY

This strategic priority seeks to maximise the potential of current, and currently planned, General Practice (GP) provision within Medway. It takes into account all independent contractors and community services and will include proposals for market development and estates provision.

4.2.1 Quality Development Framework

- A clear framework for agreeing with practices service expectations, in both quality and quantity has been developed. The template framework is attached at annex 3. This model will also serve as a template for improving services from other independent contractors.
- Practices will be rewarded for achievement through the Quality and Outcomes Framework, the CQUIN scheme under development for primary care and through remuneration for DES and LES performance. Assurance of compliance will be delivered through the appropriate contractual framework.
- Each of the contractual frameworks currently in place in primary care, supplemented by Enhanced Services arrangements, sets out the minimum standards expected of any practice.

- Minimum standards, as well as stretch targets, will be established. NHS Medway will have a clear mechanism for dealing with practices who fail to reach the minimum standards. This will especially be the case where these standards are above those contained within their current contract, or where a practice fails to sign up to these contract enhancements.
- A set of reports is being used to monitor performance at an individual practice level and will be aggregated to inform the performance framework reported to the Board. This will include benchmarking information, both for practices with each other within Medway and, where possible, with external benchmarks.
- All practices are provided with regular feedback on their performance. The Medical Director ensures that his teams provide support to practices where performance requires improvement. As a world class commissioner, the PCT will do everything possible to help practices recover and meet the required standards as quickly as possible.
- All types of GP contracts will be expected to meet the minimum criteria agreed with the PCT as well as the opportunity to meet the maximum achievable standards.
- Practices will be encouraged to keep lists open and may be encouraged to widen their boundaries to allow greater choice of practice to patients;
- Publication of benchmarked data should also allow informed choice; this will include advice to patients on how they can change practice if they choose to do so;
- Practice data will be published on the NHS Medway website to enable patient access. Assistance will be required to display this data appropriately with explanatory information.

The combined effect of these changes will be to spotlight General Practice activity and quality in more detail and in a much more public way.

4.2.2 *Securing Best Value*

Funding for all practices should be equitable for delivery of service and demonstrate value for money. Core contract activities will be remunerated in line with national agreements. Benchmarking information, comparing practice quality and productivity within Medway and externally, will be used to ensure value for money. Additional enhanced services will be commissioned in line with the 'patient offer'.

4.2.3 *Professional development and accreditation*

Medway has been identified as an area which requires additional training capacity. Via the Strategic Health Authority and Department of Health has identified funds to expand training practices within Medway. The PCT is also working with the Deanery to increase the number of GP Trainers in Medway. Both of these initiatives will begin to deliver benefits from 2010. Once training capacity is increased the PCT will continue to work with the Deanery to ensure that Medway trains the proportionate number of GPs required for the population, which is currently 18 GPs per year.

Revalidation will enhance the robustness of the current appraisal process and assurance of the quality of performance. In addition, in future, practices will be required to register with the Care Quality

Commission, which will assess practices and premises and provide further assurance.

4.2.4 ***Estates Strategy***

NHS Medway has recognised that the estates infrastructure for primary care provision in Medway has historically been poor. Since 2006 NHS Medway has been a partner in a Local Investment Finance Trust (LIFTCo), the aim of which is to improve the provision of the primary care estate in Medway. LIFTCo's other partners include Medway Council, Medway NHS Foundation Trust and Kent & Medway Partnership NHS Trust. The PCT's priorities are set out in the Strategic Service Development Plan (SSDP) and include:

- Specific geographical areas in need of investments in terms of services and infrastructure:
  - Luton
  - Chatham Town Centre
  - Wayfield Road area, Chatham
  - Canterbury Street, Gillingham
  - Hoo/ Chattenden
  - Wainscott
  - Regeneration areas e.g. Rochester Riverside

- Specific service development/ modernisation priorities:
  - Intermediate care strategy and impact on St Bart's
  - Integrated working and joint service provision.
  - Mental Health Strategy
  - Shift from secondary to primary care (in terms of services and physical needs
  - Children's Centres, Extended Schools and special needs services.

To date three Healthy Living Centres have been commissioned, at Lordswood, Rochester and Rainham. These buildings have enabled general practices to come together with a range of community based services in high quality, flexible premises. They have become a focus for local communities as well as improving the provision of health care. Further Healthy Living Centres are under construction on two sites in Gillingham – Balmoral Gardens and Canterbury Street. The PCT's Estates Strategy, which is currently under review, will identify further developments.

These centres are seen as larger integrated centres providing a range of services and facilities that the GP practices based within the centre, and other practices located near the centre can access.

Healthy Living Centres provide an opportunity for services currently provided within a hospital setting to be provided in the community close to the population they serve, e.g. diagnostic facilities, rehabilitation services. There will also be opportunities for Consultants, GP specialists, nurse practitioners and voluntary organisations to use the centres to provide outreach and specialist services. Some centres may act as a base for the voluntary sector or other primary care services.

The core services provided from these facilities are:

- GPs and attached primary healthcare team (i.e. community and practice nursing, social care staff)
- General rehabilitation facilities, e.g. multi-disciplinary gym
- Specialist rehabilitation facilities as defined
- Secondary care level treatment room

- Specialist treatment room, e.g. for wound care
- Diagnostic facilities
- Community Dental Services
- Generic consulting space for use by a range of services, e.g. Mental Health
- One-stop advice centre, including signposting to other services or agencies
- Staff and patient training facilities
- Community café facilities

Whilst the core services may be seen as predominantly medical, it is envisaged that there may be opportunities for holistic interventions and community development initiatives.

The PCT is also exploring the development of Medical Centres. These are seen as smaller centres than the larger community healthy living centres, usually accommodating a number of separate GP practices, particularly those where existing accommodation falls below Disability Discrimination Act standards.

It is expected that the core services to be provided from these facilities will be:

- GPs and attached primary health care team i.e. community and practice nursing, social care staff
- One stop advice centre, including signposting to other services or agencies
- Staff and patient training facilities
- Community café facilities dependant upon space constraints

The PCT is currently reviewing its estates strategy, and will be bringing an update to the Board in January which will consider a wide range of estates issues in relation to primary care.

4.2.5 *IM & T Strategy*

Generally, GP practices in Medway are well equipped with IM & T. The PCT is exploring an integrated IT solution which will support general practitioners with computerised 'prompts' to ensure the delivery of evidence based care, including compliance with NICE guidance and national service frameworks. The same solution will also enable the PCT to monitor the care delivered to patients.

4.3 PLURALITY WITH SUSTAINABILITY

4.3.2 *Competition and cooperation*

The commissioning of primary care services will be achieved in line with the PCTs Commissioning and Procurement Strategies. Unmet needs and persisting inequalities will need to be addressed by developing the existing market and/or looking beyond existing providers.

New entrants will be encouraged to fill gaps in capacity and capability. In doing so NHS Medway would look to building long term partnerships with them to secure a sustainable and productive local market.

The introduction of Alternative Providers of Medical Services (APMS) will continue to be used by NHS Medway to tackle some of the inherent weakness in Primary care services. It has been used to increase capacity and choice in areas of greatest need and to provide services to an unmet market e.g. walk in services for urgent care.

There will however need to be systematic review of how the new APMS practices impact on the quality, availability and accessibility of general practice to the population of Medway.

4.3.3 ***Regulation and Decommissioning***

Decommissioning services and or whole providers will be considered when there is:

- a significant failure to deliver quality performance standards within the specification (after rigorous performance review)
- the service is no longer needed
- a planned change in the model of service where the existing provider can either not adapt to meet the new need or where the existing provider is not appropriate to deliver the new model of care
- it is felt that strategically the current provider is not sustainable (this may be initiated by the provider)
- removal of a 'licence to trade' by the relevant regulator (including in future the Care Quality Commission).

4.3.4 ***Collaboration and federation***

This will be encouraged to enhance the sustainability of practices by encouraging mergers or federations to produce economies of scale and/or expansion of high performing practices and encouraging/rewarding practices for keeping their list open. Examples where collaboration is already underway include the 'buddy group' system which has been established to ensure service continuity for primary care during the swine flu pandemic.

5 GOVERNANCE FRAMEWORK

5.1 COMMISSIONING LEADERSHIP

The PCT has reviewed its management structures during 2009/10 and is taking a matrix approach to the commissioning of and support for primary care services. The Director of Commissioning and Performance is responsible for specifying the services to be commissioned from primary care, in particular the content of Local Enhanced Services and the identification of and response to unmet need for primary care services. The Medical Director will ensure that practices are supported to deliver the requirements of national and locally defined contracts. A joint approach will be taken to administering the Quality Development Framework with practices, with representatives of both directorates undertaking joint visits to practices.

Where there is a requirement to enforce contractual obligations, this will be led by the Commissioning and Performance Directorate.

5.2 STRATEGIC CHANGE PROGRAMME

NHS Medway has put in place a wide ranging Strategic Change Programme charged with delivering the Strategic Commissioning Plan through a series of Strategic Change Groups (SCGs). The Primary Care SCG will take the lead on the further development and implementation of the 'Patient Offer' and the LES for improved access to services. The SCG is chaired by the Medical Director and includes membership from local representative committees such as the Local Medical Committee.

5.3 RISKS TO DELIVERY

There are a number of risks to the delivery of this strategy which relate to the contractual relationship between the PCT and general practice:

- Existing contractual arrangements are in perpetuity except for Alternative Provider Medical Services (APMS).
- National contractual arrangements for General Medical Services (GMS) determine practice income which includes a correction factor that provides a practice with a minimum income guarantee (MPIG), causing variations in unit cost, also, the Directed Enhanced Services (DES) payments are nationally determined. It should be noted that the MPIG is being phased out.
- Location of practices is generally determined by the practitioner themselves and most existing practices will not readily relocate without financial incentive.
- GP owned premises may have restrictions regarding improvements e.g. listed status.
- Rent and Rates are determined by the District Valuer and outside of local control.
- GMS and Personal Medical Services (PMS) Providers are free to set their own workforce skill-mix as part of their business model.

The PCT will mitigate these risks as far as possible through the development of effective working relationships with practices both at an individual level and through engagement with the Local Medical Committee.

As noted in section 3.3 above, the pattern of primary care in Medway is unusually biased towards small practices, and the GP workforce is an aging one. This offers both risks and opportunities in the delivery of this strategy. There is likely to be a natural turnover in the workforce, and younger GPs are more likely to seek the flexible working arrangements which larger practices offer and which will be required to deliver this strategy. As noted in section 4, the PCT is actively seeking to attract trainee GPs to Medway, and to retain them once they are qualified to work in general practice.

The financial climate facing the NHS presents a risk to the delivery of all strategies. However, a strong and efficient primary care sector will underpin all the changes required to drive improvements in other parts of the health system.

5.4 CLINICAL ENGAGEMENT

The PCT has a number of approaches to ensuring strong engagement with general practice. Monthly educational meetings provide all GPs with an opportunity to share best practice and to learn from each other and from secondary care clinicians. These meetings also enable the PCT to share issues of interest to GPs, and as an example the development of this strategy has been shared through this process. In addition, GPs are involved in a range of activities across the PCT. GPs are members of the Professional Advisory Committee and a number of other working groups, such as the Policy Development Group and Strategic Change Groups. GPs are also engaged in wider service planning through Practice Based Commissioning.

5.5 PUBLIC AND PATIENT ENGAGEMENT

90% of public contact with the NHS is through primary care. It is therefore critical that the PCT engages with the wider public to understand their needs and wishes in relation to primary care services.

In addition to the Strategic Change Groups, all of which have patient/public representation, the PCT will engage with a wider cross-section of the public. It is proposed that a range of techniques including surveys and focus groups are used to understand better the expectations of the people of Medway from their primary care services.

6 MEASURING IMPACT

6.1 The success of this commissioning strategy will primarily be seen in the delivery of the Strategic Commissioning Plan and in doing so NHS Medway will be assessed through the WCC assurance process which seeks to show impact in the following areas:

- ***better outcomes***
    - People will live healthier and longer lives
    - Health inequalities will be dramatically reduced
- ***better patient experience***
    - Services will be evidence-based and of the best quality
    - People will have choice and control over the services that they use, so they become more personalised
- ***better value for money***
    - Investment decisions will be made in an informed and considered way, ensuring that improvements are delivered within available resources
    - PCTs will work with others to optimise effective care

6.2 There are however a number of milestones that will go some way to demonstrating evidence of success in achieving NHS Medway's commissioning goals for primary care. These include:

- The implementation of the Quality Development Framework with all practices;
- Benchmarking information on primary care performance shared with practices and published on the PCT website;
- Evidence of continuous improvement in the indicators measured through the local framework, and in national measures such as the QOF;
- Equitable access to all Enhanced Services across the Medway population.

7 CONCLUSION

7.1 This document highlights the scope and strategic direction for commissioning in NHS Medway and its delivery will need close monitoring. Given the changing environment and need for rapid development in commissioning capability this document will be reviewed in the summer of 2010.

7.2 This approach set out in this document has been shared with GPs and other interested parties. Following Board approval, implementation plans will be agreed with stakeholders which set out the implications both for current service providers and in shaping new policy and operational practice across NHS Medway.

7.3 In the context of General Practice the PCT will seek to:-

- Invest in improving quality across the board against defined and measurable indicators. This follows the Commissioning for Quality and Innovation (CQUIN) model used for other providers;
- Review the Strategic Change Programmes to see what aspects of each programme can and, considering value for money and plurality of provision, should be provided in part or in total by General Practice. Local Enhanced Services contracts may be required to implement these;
- Ensure these investments meet the priorities of NHS Medway and are sound investments which address unmet need. This will include risk analysis using techniques such as patient monitoring to identify and address individual patient needs.

Annex 1

CONTRACTUAL FRAMEWORK

GPs work under a number of contractual arrangements General Medical Services (GMS), Personal Medical Services (PMS), Alternative Provider of Medical Services (APMS), these detail the core provision that should be provided to patients.

The GMS contract is a National contract negotiated between the Government and the General Practice Committee (GPC). There are some elements that GPs have been allowed to opt out of, with a nationally agreed reduction in income, these include Out Of Hours (OOH), provision of additional services such as Child Health Clinics, contraceptive and minor surgery services. In Medway all practices opted out of the provision of Out Of Hours care and nationally the picture is similar.

Quality & Outcomes Framework (QOF)

In addition to the basic contract all local GPs take part in the Quality and Outcomes Framework (QOF). This is voluntary but allows GPs to increase their income and earn money based on the quality of care they provide for a range of diseases which are measured against a large number of nationally agreed indicators. Although it is not compulsory for GPs to take part, the new contractual arrangement introduced in 2004 removed money from other areas to fund the QOF, such as the Advanced Access funding for meeting the 24 -48 hour access times.

Commissioning for Quality and Innovation (CQUIN) - New in 2009 are CQUINS which are stretch targets rewarding practices for providing contracted care but to a higher standard and beyond the basic contractual requirements based on quality or quantity.

Entitlements within the GMS contract

- ***Essential services*****:** Provision of general medical services to registered patients and temporary residents within core hours and to have in place arrangements to access emergency care throughout the core hours.
- This includes providing appropriate ongoing treatment through consultations, advice, investigations etc with patient's health for existing and acute conditions, referral to other and specialist services to all registered patients and immediately necessary treatment to anyone not registered to the practice
- ***Additional Services*****:** To include, cervical screening services, contraceptive services, vaccinations and immunisations, childhood vaccinations and immunisations, Child Health Surveillance services, maternity medical services and minor surgery. Some practices provide all additional services directly to their patients and others have agreements with neighbouring practices for the provision of some of the additional services. (This depends upon the expertise and skill mix at the practice).

Enhanced services (ES) - GPs also provide enhanced services which are either nationally or locally agreed. These are services commissioned by NHS Medway in addition to the basic contractual obligations which the PCT wants all people to be able to access either through their own GPs surgery or another local surgery. There will also be some enhanced services commissioned by NHS Medway designed to meet specific or localised health needs and to reduce health inequalities.

ANNEX 2 - Patient Rights and How NHS Medway Pledges to Exceed Minimum Requirements

	Access to Health Services	Quality of care and the Environment	Nationally approved treatments and programmes	
Peoples rights	Receive free NHS services (except where sanctioned by Parliament) without discrimination Local NHS services that are based on local need In certain circumstances, treatment in other European Economic Area countries	To be treated with a professional standard of care To be treated by appropriately qualified and experienced staff in a properly approved organisation that meets required levels of safety and quality To expect NHS organizations to monitor and make efforts to improve their quality of care	Drugs and treatments recommended by NICE for use in the NHS and by doctors as appropriate Local decisions on funding of other drugs made rationally and explained Vaccinations recommended for national programmes by the Joint Committee on Vaccination and Immunisation	**Peoples rights**
NHS Pledges	Provision of convenient and easy access Clear and transparent decision-making Smooth transition between NHS services	Services provided in a clean and safe environment that is fit for purpose, in line with national best practice Continuous improvement in the quality of services Identification and sharing of best practice in quality of care and treatments	Screening programmes as recommended by the UK National Screening Committee	**NHS Pledges**

GPs	**Essential Services** "GMS Essential Services" are: The management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable. The general management of patients who are terminally ill. The management of chronic conditions in the manner determined by the healthcare professional in discussion with the patient. Note summarisation (patient records). **Additional Services** Additional Services as defined by the New GMS Contract (2003) Investing in General Practice are: Cervical screening. Contraceptive services. Vaccinations and immunisations. Child health surveillance. Maternity services – excluding intra partum care (which will be an Enhanced Service). Minor surgery procedures of curettage, cautery, cryocautery of warts and verrucae, and other skin lesions.		**GPs**
Quality Outcomes Framework	**Clinical Indicators**	Secondary prevention of coronary heart disease (CHD) Cardiovascular disease – primary prevention (CVD – PP) Heart failure Stroke and Transient Ischaemic Attack (TIA)	**Quality Outcomes Framework**

		Hypertension	
		Diabetes mellitus	
		Chronic obstructive pulmonary disease (COPD)	
		Epilepsy	
		Hypothyroid	
		Cancer	
		Palliative care	
		Mental health	
		Asthma	
		Dementia	
		Depression	
		Chronic kidney disease (CKD)	
		Atrial fibrillation	
		Obesity	
		Learning disabilities	
		Smoking	
	Organisational domain	Records and information	
		Information for patients	
		Education and training	
		Practice management	
		Medicines management	
	Patient experience domain		

	Additional services		
Enhanced Services	**Direct Enhanced Services**	Childhood Immunisations and Vaccinations	**Enhanced Services**
		Flu & Pnuemo	
		Minor Surgery Zoladex / Implanon	
		Alcohol	
		Learning Disabilities	
		Osteoporosis	
		Ethnicity	
	Local Enhanced Services	Infectious Diseases	
		New Childhood Vaccinations	
		English 1st Language	
		HibMen C Vaccinations	
		Extended Opening Hours	
		HPV Vacs Missed Girls	
		HPV Vacs 17-18 Yr Olds	
		Menorrh	
		Neonatal checks	
		Phlebotomy	
		Chlamydia Screening	
		HRT	
		Homeless people	
		Shared care prescribing	

	National Enhanced Services	SLA Smoking cessation Near Patient testing IUCD Fittings Multiple Sclerosis Anti-Coagulation	
Commissioning for Quality and Innovation	Possible 80% pneumonia vaccination coverage for patients over 65 years of age 19 ambulatory care indicators Access above QOF Formulary compliance Reduction in A&E / OOH usage		**Commissioning for Quality and Innovation**

	Respect, Consent and Confidentiality	Informed Choice	Involvement in Healthcare and the NHS	Complaint and Redress	
Peoples rights	To be treated with dignity and respect Accept or refuse treatment or physical examination You can expect to be given information about recommended treatment, risks and alternative treatment available You can expect the NHS to keep your confidential information safe and secure You can access your own health records which will be used to manage your treatment	Choice of GP practice To be accepted by that practice, unless there are reasonable grounds for refusal To be informed of any reason for refusal To express a preference for a doctor within a practice and for the practice to try to comply To make choices about their care – options will change over time Information to help them make choices about care	Involvement in discussions and decisions about their healthcare Information to help them to be involved in discussions and decisions Involvement (directly or through representatives) in planning healthcare services Involvement in proposals for changes to services and the way services are operated	Complaints to be dealt with efficiently and properly investigated To know the outcome of complaints To go to the Health Service Ombudsman, if they are not happy with the way their complaint is handled A claim for judicial review, if they think they have been directly affected by an unlawful NHS decision or action Compensation, where they have been harmed by negligent treatment	**Peoples rights**
NHS Pledges	To share with you any letters sent between clinicians about your care	To inform patients about healthcare services available to them nationally and	Provision of convenient and easy access Clear and transparent	To treat patients and the public with courtesy To provide appropriate support throughout the	**NHS Pledges**

	Respect, Consent and Confidentiality	Informed Choice	Involvement in Healthcare and the NHS	Complaint and Redress	
		locally To provide easily accessible, reliable and relevant information to help people make choices, including information on the quality of clinical services, where robust information is available	decision making Smooth transition between NHS services	handling of a complaint Not to allow a complaint to adversely affect future treatment To acknowledge mistakes when they happen, to apologise, explain what went wrong and to put things right quickly and effectively To learn from complaints and claims, and to use lessons to improve NHS services	