

**GP Provision Update**

<b>Final Decision-Maker</b>	Communities, Housing and Environment Committee
<b>Lead Head of Service/Lead Director</b>	Alison Broom – Chief Executive
<b>Lead Officer and Report Author</b>	Alison Broom – Chief Executive
<b>Classification</b>	Public
<b>Wards affected</b>	All

**Executive Summary**

This report provides an update concerning GP service provision in Maidstone borough including a response to issues and concerns raised by councillors at a recent workshop on the same topic which was facilitated by the Council and attended by officers of the West Kent Clinical Commissioning Group and local GPs.

**This report makes the following recommendations to the Communities, Housing and Environment Committee:** That

1. The report be noted.
2. Any actions for the Council to support Members on this topic in response to the key issues outlined in section 1.3 be identified.

**Timetable**

<b>Meeting</b>	<b>Date</b>
Communities, Housing and Environment Committee	16 <sup>th</sup> April 2019

# GP Provision Update

## 1. INTRODUCTION AND BACKGROUND

- 1.1 The purpose of this report is to advise members of the Communities, Housing and Environment Committee of planned work to further improve provision for out of hospital primary health care and particularly GP services in the Maidstone borough. It has been brought forward in response to public concerns raised with councillors about the capacity for GP services in particular in comparison with demand for services, including the impact of a growing population. A briefing note has been widely shared with councillors and discussed at an open workshop on 25<sup>th</sup> February 2019 which enabled matters of interest and concern to be raised. These are reflected and responded to below. The briefing note set out in some detail the model for delivery of out of hospital health care in Maidstone borough, the role for GP services, and provided information about GP services and the general practice estate and plans to develop this. Amongst other things the note demonstrated the West Kent Clinical Commissioning Group's collaborative approach to evolving GP services which has included working with Maidstone Borough Council including the Spatial Planning and Housing and Communities teams.
- 1.2 The key issues aired at the Member workshop on 25<sup>th</sup> February 2019 included
1. Improving councillors' knowledge and understanding of the way in which GP practices are owned and operated
  2. Getting a better understanding of the current position through some key metrics for example the ratio between registered patient lists and GPs for Maidstone/West Kent and how this compares to the regional and national picture
  3. Future medium to long term planning for health service capacity to reflect population growth
  4. Ensuring that full use is made of S106 contributions secured to support GP practices accommodate increased demand arising from the borough's growing population in the short and the longer term
  5. Communication and transparency when changes occur to GP practices, for example when practices merge or move; examples were given of changes to GP practices in Coxheath
  6. Concerns about primary health care workforce – including having enough GPs and Maidstone being an attractive place for medical professionals in short supply to work
  7. Concern about new ways of working and the consequent changes created for the public resulting in a need to develop understanding of and public confidence in the role and capabilities of other health professionals with expanded roles for example physiotherapists, paramedics and pharmacists and the role of non-clinical staff eg receptionists

1.3 The information below responds to the key issues.

1.3.1 During the course of the workshop in February 2019, the GPs and CCG officers present provided information about current arrangements for GP practice ownership and operation; the key points are set out below to assist councillors in understanding how the system works and how change can be made for example expansion or improvement of services and premises.

- Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
- Most GPs are independent contractors, either running the business on their own or in partnership with others.
- As with all other independent NHS contractors, GPs are responsible for running the business affairs of the practice, providing adequate premises and infrastructure to provide safe patient services and they employ and train practice staff.
- The GP contractor holds a contract with the NHS. The contracts that GPs work under outline GP obligations and provide details of funding.
- There are three types of contracts for general practice:
  - General Medical Services (GMS) contracts, nationally negotiated with the British Medical Association and underpinned by nationally agreed payment arrangements as set out in the statement of financial entitlements (SFE). *(18 in Maidstone Borough Council area)*
  - Personal Medical Services (PMS) contracts, locally negotiated *(0 in Maidstone Borough Council area)*
  - Alternative Provider Medical Services (APMS) contracts, locally negotiated, more flexible and open to a wider range of providers including the independent sector *(1 in Maidstone Borough Council area)*
- GMS Regulations state that except in certain circumstances a contract must provide for it to subsist until it is terminated in accordance with the terms of the contract or the general law. So a general rule is that GMS is a contract in perpetuity (no end date). APMS contracts tend to be for a fixed-term period of three to five years, often with an option to extend for a maximum of a further two years.
- Every practice has a boundary (catchment area) for patient registrations.

- Information regarding NHS payments to general practice details how practices are funded to deliver services can be found here - <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/england-2017-18> .
- Key points:
  - a. The global Sum is the main payment to practices and is based upon each practice's registered patient list which is adjusted according to the Carr-Hill Formula to take into consideration differences in the age and sex of the patients as well as any in nursing or residential care, additional patient need due to medical conditions, patient turnover and unavoidable costs based upon rurality and staff market forces for the area. This results in an adjusted count of patients known as the "weighted patient count".
  - b. Global Sum Payments are a contribution towards the contractor's costs in delivering essential and additional services, including staff costs.
  - c. Global Sum allocates money in accordance with perceived need. Figures are calculated quarterly, paid on a monthly basis and may change from one quarter to the next according to patient turnover and demographics.
- To bring about new premises development proposals the CCG has a three stage review and approval process and proposals are expected to fit with the CCG GP Estates Strategy. From a funding perspective the following should be noted:
  - GP Contractors, under their contract, are required to provide suitable and compliant premises from which to deliver services from and are responsible for developing a business case and for sourcing the capital funding for the development.
  - The revenue impact of general practice premises is the responsibility of the CCG through the re-imburement of rent, business rates, water rates and clinical waste). To consider revenue impacts business cases must be considered through a robust process to determine if they are affordable within the budget and offer value for money to the NHS.

1.3.2 There is a wealth of information publicly available concerning General Practice including workforce data. This link - <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/workforce> - provides access to data for each CCG and for individual GP practices including comparisons with the national position. As

with all data care needs to be taken in interpretation; the data sets which are brought together and feed into the public web site are complex. The completeness and accuracy of the data set is dependent on information being provided in a timely way by GP practices around the country. The West Kent CCG also collects and triangulates data and undertakes detailed analysis not only of staffing and patient registration levels but at a much more detailed level analysing for example the spatial distribution of patient registrations which impacts on the efficiency of the practice.

- 1.3.3 The CCG took delegated responsibility for general medical service commissioning from NHS England from 1<sup>st</sup> April 2016. Over the period since then MBC and the CCG have developed close working relationships including with respect to planning for future provision especially with respect to premises. The CCG are fully involved in the review of the Local Plan which is positive with respect to integrating planning for residential development and out of hospital health care services.
- 1.3.4 There is regular dialogue between MBC and CCG officers concerning the use of s106 healthcare contributions already held by MBC. There is a high-level view of the planned use of these contributions and detailed analysis and monitoring in terms of the application of these funds to eligible practices. This is regularly refreshed and updated when other contributions are triggered. Briefing can be provided for councillors who would like to be advised on the use of S106s relating to their ward. The CCG are fully involved in changes arising from the introduction of the Community Infrastructure Levy and the Infrastructure Delivery Plan.
- 1.3.5 Any changes proposed by GP practices are submitted and considered through CCG governance; this may include permanent closure of a branch surgery, merger with another practice and proposals to relocate to new premises. The extent of the patient and stakeholder engagement activities required will depend on a number of factors including the extent of the impact any changes will have on how people access services. Practices will engage and involve patients, staff and key stakeholders as part of the process. The CCG is in the final stages of producing a guide that offers practical advice and a checklist for engaging people within their area; this includes engagement with local councillors. In addition, the CCG Primary Care Commissioning Committee meets in public and papers are available on the CCG website.
- 1.3.6 The NHS Long Term Plan published in January 2019 recognised that community health services and general practice face multiple challenges with insufficient staff and capacity to reach rising patient need and complexity. Among other things the NHS will be investing in an additional 20,000 staff to help GP practices work together as part of a Local Primary Care Network. This will include pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers who will become part of primary care teams and will support GPs to free up time for the most complex patients. The first phase of this is being rolled out in 2019; resources are being allocated to Primary Care Networks for social prescribing link workers and clinical pharmacists. In Kent and Medway the Sustainability and Transformation Partnership have also recognised the need to improve workforce numbers and resilience. They have established

a Local Workforce Action Board and a Primary Care Workforce Group to take forward workforce projects. £1.5 million has been secured from Health Education England – which amongst other things will enable working with the new Kent and Medway medical school to provide opportunities for students to work in GP practices, international recruitment, policies to support portfolio careers and flexible working, improved continued professional development, leadership programmes and engagement with staff in change processes to gather insight and help them shape the future. At the February workshop colleagues from the CCG and the GPs present were able to provide substantial information concerning how local GP practices are linking to both local and STP initiatives and how the local educational network is complementing these through development and support for GPs and trainee GPs.

- 1.3.7 New ways of working will have implications for how the public interact with the health care professionals and the system overall. It is suggested that having more information about this including in GP surgeries would be helpful in providing reassurance to the public.
- 1.4 Councillors are invited to note the information. Officers from the West Kent CCG and a local GP will attend the meeting in order to provide further information if needed and answer questions.

---

## **2 AVAILABLE OPTIONS**

- 2.1 The Committee is asked to note the report and to provide feedback on any actions to provide support for councillors on the topic of GP service issues raised by their constituents.
- 2.2 The alternative option is simply to note the report.

## **3 PREFERRED OPTION AND REASONS FOR RECOMMENDATIONS**

- 3.1 The option in 2.1 is recommended.

## **4 RISK**

- 4.1 This report is presented principally for information only and has no risk management implications.

## **5 CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK**

- 5.1 A member workshop was held on February 25<sup>th</sup> 2019; a briefing report concerning GP service provision was circulated in advance of the workshop to all members and questions invited in advance of the meeting. Issues raised at the workshop have been summarised and addressed in this report.
-

## 6 CROSS-CUTTING ISSUES AND IMPLICATIONS

Issue	Implications	Sign-off
<b>Impact on Corporate Priorities</b>	We do not expect the recommendations will by themselves materially affect achievement of corporate priorities. However, they will support the Council's overall achievement of its aims as set out in the Strategic Plan	Chief Executive
<b>Risk Management</b>	Already covered in the risk section	Chief Executive
<b>Financial</b>	GP services are funded by the NHS so there are no direct financial implications for the Council arising from this report. The Council has a wider interest in residents' health and wellbeing, so it works in partnership with GPs and NHS bodies to facilitate the provision of GP services.	Section 151 Officer & Finance Team
<b>Staffing</b>	We will deliver the recommendations with our current staffing.	Chief Executive
<b>Legal</b>	There are no specific legal implications at present as this report is presented for information only.	Team Leader (Corporate Governance), MKLS
<b>Privacy and Data Protection</b>	There are no specific privacy or data protection issues to address.	Team Leader (Corporate Governance), MKLS
<b>Equalities</b>	There are no specific equalities implications and the recommendations do not propose a change in service therefore an equalities impact assessment is not required	Anna Collier, Policy & Information Manager
<b>Public Health</b>	We recognise that the recommendations will not	Head of Service or

	negatively impact on population health or that of individuals.	Manager
<b>Crime and Disorder</b>	There are no crime and disorder implications arising from this report	Chief Executive
<b>Procurement</b>	There are no procurement implications arising from this report	Chief Executive

**7 REPORT APPENDICES**

None

**8 BACKGROUND PAPERS**

Briefing Note for Members – GP Service Provision