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**Business plan**

**2019 – 2022**

**Supporting Sustainable Primary Care in West Kent**



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1. **Introducing West Kent GP Federation**

**West Kent Primary Care**

West Kent Primary Care (WKPC) was formed in 2015 with the vision of strengthening local General Practice in west Kent and providing a united approach to managing the opportunities identified in our area. Our ethos is that of a ‘not for profit’ organisation. We value General Practice and feel that by strengthening our members we are also benefitting the patients in our local communities.

We are a company limited by shares with our member practices being the shareholders with the ethos of a ‘not for profit’ organisation.

**The Board**

Our Board of Directors consist of dedicated and enthusiastic local GPs.

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| **Dr Vijay Koshal**  Chair | **Dr Richard Estall**  Vice Chair | |  |
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| **Dr Shobha Ravindra**  Board member | **Dr Nick Robinson**  Board member | **Claire Ratnayake**  CEO | |

**Purpose of this document**

We have produced this document to share with our member practices the plans we have to expand into a thriving and sustainable organisation and to outline the pathway to achieving this over the next three years.

We believe that as a federated group of GPs we can deliver the following benefits for practices in west Kent:

* ***Support Primary Care at Scale***

Providing an umbrella organisation to share ideas and resources, avoiding the inefficient duplication of workload in each of our individual practices. This could include supporting procurement opportunities through Economies of Scale.

Where helpful, explore where sharing staff, information and expertise could be used to help us as practices, PCNs and a locality to improve resilience, supports practices in distress.

In addition, Primary Care will be supported through investment of surpluses in General Practice.

* ***Support PCNs in Organisational Development and delivery of DES schemes.***

Provide a shared resource model to reduce costs and administrative burden whilst optimising delivery and performance.

* ***Strategic Collaboration***

Represent Primary Care in the Local Health economy and become a provider of services in a primary care setting that are not covered by the GMS contract.

1. **Our Values & Principles**

West Kent Primary Care is a GP lead Federation of the 52 practices in West Kent. We have evolved from the merger of 2 collaborative organisations, South West Kent Health and Mid Kent GP Alliance, which were set up by a group of GPs and Practice managers to aid collaboration between practices and support the interests of General Practice within the NHS. We represent all of the practices in the [West Kent CCG](https://www.westkentccg.nhs.uk/homepage/) area.

Map

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West Kent Primary Care was established to act as an umbrella organisation for the practices to deliver services which they are individually too small to provide, whilst providing additional revenue generation to help with the resilience of the practices.

**Statement of purpose**

We exist to provide support for practices to maintain their financial and organisational stability with a thriving and resilient workforce. To provide leadership which facilitates General Practice remaining at the heart of Local Care as it evolves, thereby improving the experience and outcomes for the people of West Kent as they seek to remain healthy.

**Values**

Our values are to:

* Keep general practice as our priority.
* Have an open and transparent ethos.
* Have a democratic approach.
* Be GP owned & led.
* Develop people, promoting education and training for all staff.

**Beliefs**

Our beliefs are that we can:

* Strengthen general practice by working closer together.
* Enable all to benefit from building trusted relationships with our GP neighbours.
* Offer access to a wholly inclusive general practice for our collective patients.
* Create safer, stronger and more innovative primary care than ever before.

**Aims**

Our aims are to:

* Strengthen primary care by working together; understanding and responding to specific needs of both individual practices and the wider PCN footprint.
* Build a sustainable collaborative organisation of member practices.
* Aid member practices in delivering high quality consistent care.
* Support our patients & the health care system by understanding need & improving care.
* Lead the drive towards integrated community health services, taking a proactive approach to the ‘Five Year Forward View’.
* Collaborate with local NHS and Social Care partners in the interest of our member practices and patients.
* Ensure our practices can attract and retain high quality staff.

1. **Current Services**

**Improving Access**

Improving Access (IA) is a primary goal of the NHS long-term plan in which primary care is required to provide:

* An additional 1.5 hours every evening (after 6.30pm) and pre-bookable and same day appointments on both Saturdays and Sundays.
* A minimum additional 30 minutes consultation per 1,000 population per week, rising to 45 minutes per 1,000 population.
* Effective connection to other system services enabling patients to receive the right care from the right professional including access from and to other primary care and general practice services such as urgent care.

West Kent Primary Care is the prime provider of the IA contract in West Kent. It is responsible for running IA service for West Kent on Sundays via two hubs, Warders (Tonbridge) and Albion Place (Maidstone) and sub-contracts practices on a cluster basis to meet the requirements of the CCG contract.

Access rates have shown a steady rate of improvement since the commencement of the service in October 18.

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**Community Diabetes**

The Federation is implementing the roll out of Community Diabetes Clinics, since being awarded the subcontract to provide the service for patients with more complex and high-risk diabetes.

Community diabetes clinics are being established in each cluster at GP surgeries. Diabetic Specialist Nurses, Consultants and trained Practice Nurses will work collaboratively to provide more specialist care to diabetic patients closer to home, thus removing the need to travel to hospital​.

This will not only result in a quicker, better care for patients but the clinical interaction between Secondary and Primary care ​will up-skill the staff in Primary Care to be able to provide better care to all Diabetic patients in the future.

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**Locum bank service (Lantum)**

NHS West Kent CCG supported West Kent Primary Care with non-recurrent funding for 2019/20 to develop a locum bank service. West Kent Health agreed to trial Lantum for a 12-month period at no additional cost to our practices. At the end of the trial period West Kent Health will evaluate the success of this project and determine how successful this has been for Primary Care in the West Kent area. Lantum have working with a number of other Federations and NHS organisations nationally to implement a locum bank booking system.

West Kent Primary Care is passionate about ensuring West Kent has a diverse range of clinical and practice staff available to cover sessions ranging from; GPs, ANPs, Practice Nurses, HCAs, Paramedics, Physiotherapist, Clinical Pharmacists and Receptionists.

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1. **National and local context**

**Introduction**

West Kent Primary Care operates in a dynamic NHS environment. It is therefore perhaps useful to review the Business Plan in the context of national and local direction of travel.

**NHS Long Term Plan**

The direction for the development and growth of primary care within the NHS, as laid out in the NHS Long Term Plan, is shaping the primary care landscape.

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Description automatically generatedOver the next three years, we expect to see a significant shift in services provided out of hospital, along with the development of new models of care that bring together commissioners and providers to deliver services on a population level basis. We believe that primary care should be at the forefront of these developments and that West Kent Primary Care is the central mechanism by which primary care can achieve this.

The NHS Long Term plan encourages more collaboration between GPs, their teams and community services, as ‘primary care networks’, to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as ‘Integrated Care Systems’, to plan and deliver services which meet the needs of their communities.

**Aligned Incentives**

In April 2017, MTW and West Kent CCG adopted a new contract - Aligned Incentives Contract (AIC)

The purpose of the contract is to allow collaborative working resulting in system wide changes, which means that our patients are being seen by the right person, in the right setting, first time and reducing unwarranted variation and system wide costs.

WKPC is an active member of the West Kent Improvement Board and Aligned Incentives Board which are forums in which organisations are working together to determine the optimum method of meeting patient needs.

WKPC will continue to support this function undertaking the relevant business case development and bid management as required. For example, understanding and developing the business case to implement the Local Care Plan.

**Local Care Plan**

In July 2017, West Kent CCG published the Local Care plan which describes the local clinical model of care, the infrastructure required to deliver this and what will change for people who live in west Kent.

Graphical user interface

Description automatically generated with medium confidenceIn the west Kent local care model, the system is organised at four different levels – General Practice, cluster, local care hubs and west Kent wide services. Each setting offers a different combination of accessibility and scale recognising that different types of services require different user-population sizes and workforce models. In order to implement the local care plan general practices were formed into clusters: groupings of general practices working together to co-operate, collaborate or combine regarding delivery of services for their registered populations. Clusters are critical to the integration of out of hospital care - forming a bridge between the services available at an individual GP practice and those available in local care hubs or secondary care.

As detailed in the NHS England General Practice Forward View it is becoming increasingly normal for general practices to work together at scale through networks or federations of practices and this was formalised through the national establishment of PCNs.

**Primary Care Networks (PCNs)**

In January 2019 NHS England and the BMA General Practitioners Committee in England published a five-year framework for GP Contract reform to implement *The NHS Long Term Plan* outlining the significant ambitions for primary care networks (PCNs) and expectation that they will be a key vehicle for delivering many of the commitments in the long-term plan via Directed Enhanced Service (DES) contracts.

Graphical user interface

Description automatically generated with medium confidencePCNs will also be expected to think about the [wider health of their population](https://www.kingsfund.org.uk/publications/vision-population-health), taking a proactive approach to managing population health and are expected to be the building blocks around which integrated care systems are built. The ambition is that primary care networks will be the mechanism by which primary care representation is made stronger in integrated care systems, with the accountable clinical directors from each network being the link between general practice and the wider system.

The West Kent PCNs have evolved from the cluster infrastructure with 9 PCNs replacing 7 clusters; 5 of which have retained the original cluster boundaries. Whilst the primary focus of PCNs will be the delivery of DES contracts, the need to collaborate to implement the Primary Care at Scale and the direct service provision elements of the Local Care plan remains. Recognising the need for collaboration, the Federation has the potential to provide the infrastructure and expertise to support PCNs in their interface with the wider system.

**Integrated Care Systems (ICS/ICP)**

In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England and set out their proposals to improve health and care for patients. In Kent and Medway, this partnership is planning to become an Integrated Care System (ICS) in which four new ‘integrated care partnerships’ (ICPs) will be established which draw together all the NHS organisations in a given area to work more closely with health improvement services and social care.

Within West Kent, an ICP Development Board has been established to:

* develop and agree the functions of, preferred operating, contracting and financial model for

delivery of a West Kent ICP in line with the ambitions of the NHS Long Term Plan, local population needs and the Kent & Medway STP.

* enable the WK ICP Development Board partners to operate in shadow form, until a WK ICP is

formally established;

* agree the membership and process for appointment to a WK ICP Board.

The ICP development board is formed of the following NHS and partner organisations across West Kent:

* West Kent CCG (WKCCG)
* Maidstone & Tunbridge Wells NHS Trust (MTW)
* Kent Community Health NHS Foundation Trust (KCHFT)
* Kent & Medway NHS & Social Care Partnership Trust (KMPT)
* West Kent Primary Care (WKPC)
* Kent County Council (KCC)
* West Kent District & Borough Councils

The federation is working collaboratively with PCN CDs to understand the role it may wish for WKH to play in the future to deliver a unified voice for Primary care and ensure Primary care remains a strong robust provider within the ICP Board.

The Federation propose that West Kent Primary care and Practices could be represented as a single stakeholder at the ICP. This representation could comprise of consensus representatives from both the CD group and the Federation board working together in unison at the ICP board with accountability to its member Practices. We would combine the democratic representation from the PCNs with the strategic & resource capability of the Federation to bring a united and strong voice on behalf of West Kent Primary care to work with our partners in the West Kent health and social system as a major stakeholder. We would also wish the LMC to be engaged in an appropriate manner with West Kent ICP.

1. **Three-year strategy**

**SWOT**

To understand the current position of the business a SWOT analysis has been completed (see appendix 1) highlighting the unique position of the business within the wider local health economy.

WKPC is an independent contractor supporting services being commissioned at scale by the CCG and works as a sub-contractor of other trusts including Maidstone and Tunbridge Wells NHS Trust. The business is responsible for Improved Access, shifting diabetes treatment into a new model of community care and for facilitating the development of primary care networks throughout the seven west Kent GP clusters.

**Objectives**

As outlined in the introduction, the objectives of the GP Federation are as follows:

* Support Primary Care at Scale
* Provide PCN Support
* Direct Provider of Services

Diagram

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Inevitably, there is an overlap between these objectives, in which inputs may underpin more than 1 objective. For example, a Practice Manager’s forum would enable Practices to share policies and procedures (Primary Care at Scale), share service models to deliver DES requirements (PCN Support) and provide mechanism to explore service delivery options (strategic collaboration).

* **Support Primary Care at Scale**

Bringing general practices together to work at scale has been a policy priority for some years. The GPFV referenced how practices working in federations can benefit patients, patients and the wider system through:

* ***Standardisation***: Creating common policies and procedures once so they are done once.
* ***Quality Improvement***: Share professional development and service improvements to build in-house expertise.
* ***Workforce development***: New opportunities to train, retain and support staff, including GPs with Extended Roles (GPwER).
* ***Economies of Scale***: Sharing Back office functions and combining purchasing power to achieve best value.
* ***Resilience***: Developing business intelligence systems and shared pools of staff.

Supporting Primary Care at Scale was outlined in the PCN offer and included a range of commitments where working collaboratively would support Primary Care.

* **Support PCNs**

As discussed above, Primary Care Networks will eventually be required to deliver a set of seven national service specifications under a DES contract.

Five will start by April 2020:

* Structured medication reviews.
* Enhanced health in care homes.
* Anticipatory care (with community services).
* Personalised care.
* Supporting early cancer diagnosis.

The remaining two will start by 2021:

* Cardiovascular disease case-finding.
* Locally agreed action to tackle inequalities

Although the details and requirements behind the seven national specifications DES are yet to be clarified, implementation of IA suggests that the input required to model the service requirement and obligation to provide commissioner assurance will be considerable.

Where the ‘Operational management team’ works across the PCNs at scale, the running costs incurred to deliver each DES would be minimised and governance procedures can be standardised. In addition, the Federation can offer to employ staff on behalf of local practices as requested to reduce the burden and potential liabilities for practices as an employer.

Although we recognise that PCNs have evolved from clusters in which practices worked together in what could be considered Primary Care at Scale, for the purpose of the business plan, support for PCNs is defined as support to deliver the PCN obligations such as DES delivery, tailored to each PCN based on their needs and request.

* **Strategic Collaboration – A provider of services in a primary care setting**

A key feature of the NHS Long Term plan is a greater emphasis on proactive management to reduce OPD referrals and non-elective admissions rather than reactive response. An addition to reducing demand on the Primary care practitioner, this focus generates an opportunity for WKPC to provide a number of services.

In order for the federation to continue to grow and thrive, it is important that we bid for out-of-hospital care contracts, which can be provided more cost effectively in the local community rather than in a hospital setting as determined by the ICP.

Examples of services which the Federation could look to provide on its own or in partnership with other stakeholders include:

* Local Care: Including Community specialist Geriatrics services providing support for MDTs, Frailty Strategy, Falls, Clinics in Primary care to support General Practice
* Urgent Care: GP in A&E
* GPSI services: Building on the existing Cardiology, ENT and Rheumatology services
* Mental Health
* Community Pathways for Planned Care – OPD and Elective.

1. **Strategy Enablers**

There are a number of enablers which underpin delivery of the prime objectives which are consistent with the Local Care plan.

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* **IT**

Building on the Digital requirements outlined in the Local care plan, it is essential that IT supports WKH in delivery of its objectives.The IT agenda will be pursued through the WKH IT Board and WK ICP IT Collaborative which consists of IT leads across WK stakeholders to ensure connectivity and consistency of direction.

* ***Vision 360/Anywhere*** - Vision 360 enables GP practices to access clinical records and the appointment book functionality from other practices and write back into the clinical record at the home practice.

We recognise that the use of Vision 360 has been challenging but the WKH ability to provide services is predicated on the ability to access Primary care records. Consequently, WKH will liaise with system providers, presenting the user experience in order to prompt the system developments required to ensure the system is fit for purpose going forward.

* ***K&M Data Sharing Agreements –*** Physical access to primary care records requires data sharing agreements between practices. This Information sharing is key to the government's goal of delivering more efficient public services that are coordinated around needs of the individual. It is essential to allow for early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection.

Within West Kent, Data Sharing Agreements have been generated for Improved Access and Diabetes services. However, to simplify and standardise the approach to DSAs in Kent & Medway, WKPC will pursue joining the K&M information Partnership in which all public services within the county as signatories to reduce the DSA burden going forward.

* ***DocMan*** - DocMan provides a digital storage for incoming correspondence that practices receive. Currently practices are either scanning letters as they arrive in the post or receiving them as email attachments. Whilst DocMan has the potential to potential to reduce GP workload problems include:
  1. Practices on Vision not being compatible with Docman 10
  2. EMIS practices choosing not to upgrade to Docman 10

These are being resolved currently by CCG/CSU.

* ***ECLIPSE*** - Eclipse is a standalone medical record system that allows benchmarking and audit in Long Term Conditions. Eclipse is currently being used within the Diabetes Service to identify who would benefit from referral to Community Diabetes Spoke Clinics and to improve the management and outcomes for patients with diabetes.
* ***HSCN*** – HSCN (Health & Social Care Network) is the national replacement for N3 to access clinical systems and a prerequisite for WKH to manage patient appointments for the services it provides.
* ***E-RS*** – Nationally, there has been a move to the use of ERS to generate referrals in order to embed patient choice and improving the efficiency of the referral management process by reducing the time taken to create and manage referrals. It is therefore critical that WKH services are on ERS to ensure that referrers have a complete directory of services available.
* ***LANTUM –*** Lantum is a cloud-based tool built to help NHS Providers build virtual clinical staff banks and fill empty shifts in rotas. By removing

manual steps through automation, shifts are filled sooner as are payments to approved locums.

* ***Tradeshift*** - Tradeshift is a cloud-based business network and platform for supply chain payments. It does not cost Practices anything to onboard with Tradeshift but simplifies and speeds up payments from WKH, thereby increasing cash flow in Primary Care.
* **Chain SMS** - Chain SMS allows GPs to send personalised and/or templated text messages to individual patients to inform patients of results, treatment plans and provide links to disease information on the NHS website. It integrates with the clinical system so detects if they have a mobile number, consent coded and records the message sent on to the clinical record. Currently, Chain SMS is only available for EMIS practices but Accurx are working on pairing with Vision.
* **Xero –** provide simple management accounts for both WKH and PCNs to ensure PCNs which utilise WKH for financial service have financial oversight.



* **Workforce**

How the workforce performs is fundamental to determining whether we are able to achieve our objectives.

* ***WKEN -*** Within London & Kent Surrey and Sussex (KSS) Community Education Provider Networks (CEPNs) have been established to effectively become the education and workforce strategy groups for Primary Care. The CEPN for West Kent is the ‘West Kent Education Network’ (WKEN), which can be thought of the community equivalent of hospital postgraduate medical centres and have responsibility for an overview of the primary care workforce and its development and education.

There is a natural synergy between the WKEN and WKH in which the WKEN can help provide the educational and professional development required to deliver the objectives outlined in this strategy. Whilst, WKEN is well established, there is potential for improved alignment. In the future these will be called Training hubs and will be a great asset to be able to help with funding of various educational activities.

* ***Practice Manager’s forum -*** Practice managers are a vital resource in the NHS, playing a key role in maintaining a quality service and in redesigning care for the future. Yet they are also one of the most neglected parts of the workforce, receiving relatively little formal training or ongoing development. Many practice managers report feeling overburdened and isolated in their role, and it is often noted that themost efficient ways of working are slow to spread between practices.

A Practice Manager forum will speed up the learning between practices with sustainability generated through harmonisation of policies and procedures across west Kent which will support cover arrangements where required.

* ***CD Mentorship & Support -*** At the helm of each PCN will be the CD (clinical director). This new leadership role poses many challenges, including formation and management of member practices, completion of legal schedules, providing services like extended hoursand additional workforce, and fitting in with the wider landscape of the new healthcare structures of integrated care systems, places and long-term plans.
* ***Upskill Diabetes Service Delivery -*** Diabetes is a key service within WKH and an example of how patients can be seen closer to home as part of an integrated service.

One of the key objectives of the service is to upskill Primary care through a combination of Consultant visits, DSN peer support and Practice Nurse training. As part of the training programme, Pitstop courses for Practice Nurses looking to provide Level 2 diabetes services will be funded.

* **Practice Nurse Forum** – Incorporating clinical supervision and learning sets.
* ***Clinical Administration -*** Clinical Administration is critical for the smooth running of clinical services including:
* responsibility for receiving referrals from GPs,
* liaising with practices to confirm the availability of clinics,
* arranging patient appointments,
* monitoring activity and waiting times

It’s essential that WKPC retains control of the clinical administration function of the services it runs in order to maximise responsiveness to service needs. This function could extend to other Primary Care service operating across West Kent such as GPwSI services which in turn would reinforce the sense message that WKPC is a provider of non-GMS primary care services.

* ***Core workforce -*** A core management team is required to ensure the business objectives across the Federation are met and requires a wide range of skills and expertise.
* ***PCN Employment -*** WKPC is well placed to recruit and manage PCN staff and reduce the financial risk to Primary Care associated with employment funded through central initiatives such as PCN Pharmacists and other professionals recruited for PCNs to deliver DES schemes. PCN employment support includes:
* Recruitment
* Mandatory training
* Appraisals
* Payroll services
* Pastoral care
* Organisation of induction
* Bespoke training
* Ongoing staff development and supervision
* ***ELH -*** e-Learning for Healthcare (e-LfH) is a Health Education England (HEE) Programme working in partnership with the NHS and professional bodies to support patient care by providing e-learning to educate and train the health and social care workforce.

Monitoring mandatory training is a potential service that WKPC could offer to reduce the administrative burden currently incurred by Primary care.



* **Finance**

A disciplined and robust Finance function will be maintained, with a fully transparent (open book accounting) approach. This will include:

* A dedicated Head of Finance
* Accurate accounting records
* Applicable accounting standards/guidelines adhered to.
* Management of timely payments to external parties (practices, suppliers)
* Budgeting/forecasting & monitoring
* Finance PCN support (separate bank accounts operated, expense tracking, invoicing and payments, reporting)

In accordance with the not-for-profit ethos of WKPC, periodic financial reviews will be conducted with a view to returning surplus profits/funds identified (after operating costs) to practices

* **Estate**
* ***WKPC HQ***

In order to exercise its duties, WKPC requires a professional environment which:

* Enables core Federation staff to operate efficiently and effectively.
* Has a robust, secure and reliable IT infrastructure.
* Provides accommodation for Federation staff working for PCNs.
* Enables patient records and personal information to be stored securely in accordance with IG standards.
* Provides a facility to deliver WK training sessions.
* ***Local Care Hubs***

The West Kent Local Care plan defines a local care hub as:

*“…a building in the community enabling the delivery of a range of health and care services that:*

* *Don’t need to be delivered in a hospital setting but need to be delivered to a population bigger than cluster level.*
* *Deliver services around frailty and other pathways which need a physical building.*

*Local care hubs will both deliver services and be used by clinicians and other professionals to deliver services in the community.”*

The Outline Business Case for Local Care Hubs is currently being developed by West Kent CCG which includes the location of the hubs plus the services which should be provided.

* **Governance**

Establishing and resolving governance structures can be time consuming for busy GP Practices. Support with governance by WKPC provides access to a range of services to support governance arrangements, including:

* Needs analysis - Identification of governance needs through the Practice Managers’ and CD forums.
* Access to a wide range of policies and procedures which can be adapted for local use.
* Support with investigation of incidents through provision of external involvement of RCA support.
* Access to guidance on risk assessment and to risk assessment templates.
* Patient and public engagement. WKPC will seek feedback from patients and the public through:
  + Patient surveys in IA and Diabetes clinics
  + Engagement with West Kent PPG Groups
  + Enrolling in NHS Friends and Family test.

**Vision. In three years’ time……**

Notwithstanding the speed of change within the NHS, the following provides tangible examples of where the Federation would like to be in 3 years’ time.

* **Provider of Services** - WKPC will be a provider of a wide range of community services (possibly including hubs) working across West Kent to help the management of Long-Term conditions and reduce GP attendances. These services will be clinically led in partnership with secondary and community care as part of the ICP.
* **Sharing Appointments** - It will become common practice for patients belonging to 1 practice to be seen in another for either GMS or HSCS (Hospital and Community Health Services).

Improved Access Hubs, First Contact Physiotherapy and Cluster Diabetes services are early examples of how this can improve access for patients and workload for practices

* **Portfolio Careers** - New services will provide opportunities for portfolio career development for GPs and the wider primary care workforce. The Federation have already secured funding for GPwER training in diabetes and frailty and worked to develop GP Fellowships. With increasing numbers of GPs looking for portfolio careers, we aim to expand the training and employment opportunities.
* **Procurement** - Practice products will be procured across West Kent to maximise economies of scale and reduce costs to primary care.
* **Statutory & Mandatory Training** - WKPC will monitor compliance with statutory and mandatory training on behalf of practices who would welcome this oversight and support.
* **Education and Training.** WKPC will work with WKEN to identify educational needs and provide appropriate learning opportunities to support our workforce and align these to patient care needs and service provision.
* **Peer Support** - Peer support will become commonplace.
* **Equipment** - Patients will benefit from a range of equipment purchased using WKPC profit share funds.
* **Policies** - Policies will be harmonised across West Kent to enable staff in one practice to support the staff in another.
* **CQC** - Practices will be supported through CQC inspections, working with WKH on preparations.
* **CPD** - All Primary care staff will have access to a range of centrally procured professional development.
* **Share IT -** Greater responsibility for the IT infrastructure in Primary Care
* **Business Support –** WKPC will provide Business Support to help PCNs deliver the national DES requirements.
* **Working at Scale** - It would become normal and expected practice to share ideas and resources with our neighbours.
* **Early Intervention & Support** – Tailored diagnostics and support package for Practices in distress.
* **Employer**- WKPC will employ a diverse clinical and non-clinical workforce to support delivery of Local care services
* **Innovation**- WKPC will become a local hub for innovation and clinical transformation in out of hospital care by investing in partnerships, national networking and clinical prototyping.

**Appendix 1 - SWOT**

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