

Summary of Kensington and Chelsea PCT 10 Year Strategy

Kensington and Chelsea PCT is committed to improve and expand its primary care services, (GPs, NHS Dentists, Community Pharmacies and Opticians) as we believe our local residents should be able to access high quality primary care services and receive more services closer to home. We have developed a 10 year Primary Care Strategy that articulates this vision with milestones for delivery. It has been informed by local residents and clinicians views. Outlined below is a summary of the key components of 10 year strategy and key deliverables. A copy of the full strategy is available on www.kc-pct.nhs.uk.

The Vision

The vision for primary care is that **all** Kensington and Chelsea registered patients will be able to choose and experience primary health care services that are delivered to the highest clinical standards and in environments that are modern, clean and accessible. The emphasis is on the patient experience being enhanced to ensure they receive as much health care as possible closer to home and in a timely and accessible manner. The strategy emphasises the need to improve both the quality of services and patients' experiencing choice of provider across all services. We believe it is no longer acceptable for patients to receive a different range and quality of services simply due to the doctor they are registered with, or the dentist, community pharmacist or optician, they have visited.

Quality standards and choice will be improved by:

- Extended hours of access to GPs and NHS dentists outside of 9-5pm by September 2008 in 50% of our practices and 100% by September 2009
- To have access to a GP between 8am-8pm, 7 days a week by November 2009 in the north of the borough and a similar service in the south of the borough by 2010
- Rolling out the premium services developed as part of the recently reviewed PMS contracts that support more health promotion and screening for targeted groups e.g. the homeless, by September 2008
- Introduce more local enhanced services, for community pharmacies and GPs, that support managing long term conditions and care closer to home for example long term heart failure, by April 2009
- Develop a robust performance framework for all independent contractors that raise the minimum standards and establish benchmarking by April 2009.
- To have improved access to diagnostics tests e.g. X-ray; ultra sound and blood tests as an on-going objective
- Review and implement recommendations for the Interpreting services for BME groups in primary care by April 2009
- To implement any nationally led changes to the Quality and Outcomes Framework (QOF) as appropriate

- Agree a new integrated model of intermediate care with Adult Social Services, 3rd sector and PBC to be commissioned by December 2008 and implemented by April 2009
- To commission with PBC a new pathway of care for the elderly by April 2009 and implemented by September 2009
- Implement a Health MOT programme by April 2009
- To have established a telemedicine project by April 2009
- The IMT strategy was agreed at the July board and the specific components relating to primary care are being developed in full to be considered by December 2008.

A **hub and spoke** model for primary care has been proposed as the organisational form that practices will work within to support the implementation of the strategy. A *hub* will be a large practice or centre of 15,000 registered patients or more providing routine primary care services plus, extensive community and diagnostic tests, NHS dentistry, community pharmacies to patients from neighbouring practices. They will also provide access to social services and 3rd sector facilities when ever possible. *Spokes* will be smaller practices that provide routine primary care services and help maintain the continuity of care that local residents have told us they value in the GP-Patient relationship. All registered patients should be able to access a spoke services within approximately a 10 minute walk from their home. St. Charles Community Hospital is the first hub with neighbouring GP practices belonging to the spoke. The PCT will work with local practices and user groups over the next six months to agree the configuration of the remaining hubs and spokes with the final arrangements to be agreed by April 2009 followed by a phased implementation.

The strategy recognises that the future for independent contractors is changing as they are being expected to deliver more high quality services in more accessible ways. The strategy recognises there is a large component of organisation development and workforce planning necessary to support independent contractors to understand and manage the change through the following means:

- Commission a training needs assessment of our GPs, Practice Nurses and Practice Managers to identify the needs of future clinical champions and local leaders to be fit for the future by December 2008;
- Use the outcome of the needs assessment to develop a local clinical and practice leaders professional development programme by April 2009;
- Commission and implement a customer care training for GP reception staff by April 2009;
- Commission up to 20 extra GPs and 5 Practice Nurses to improve capacity to respond to the increased care needed to treat more people with LTC in primary care by September 2009;
- Work with NHS London workforce planning department to plan for increased capacity especially to support more doctors and dentists to deliver extended opening hours;
- Commission a change management programme to work with local independent contractors on why change is necessary and to support them through it.

Oral Health and NHS Dentistry

- To increase the numbers of people seeing a NHS dentist by 30% of the population using NHS dentistry in 2008-09, 40% in 2009-10 and to reach the

national average of having 50% of the PCT's population using an NHS Dentist by 2010-11.

- To improve the oral health of adults and children in Kensington and Chelsea and especially that of children under 5 years of age so that our Decayed, Missing, Filled Teeth (DMFT) rate (currently 2) becomes the same as that for London (1.6) and then the English average (1.45).
- To ensure that all children with special needs have access to NHS dental services and that their dental treatment is actively case managed by the PCTs CDS service by April 2009
- Maintain and improve the capacity of our Community Dental Service (CDS) services at Violet Melchett and the community hospital at "St Charles to provide dental services for adults with disabilities, learning difficulties, and special needs during 2008-09.
- To ensure that all adults with disabilities, learning difficulties, and special needs have access to NHS dental services and that their dental treatment is actively case managed by the PCTs CDS by April 2009
- Maintain and improve the capacity of our CDS services at Violet Melchett and the community hospital at St Charles to provide dental services for adults with disabilities, learning difficulties, and special needs during 2008-09.

Conclusion

As part of the development of the 10 year strategy the PCT conducted research from over 1,500 users; talked with the voluntary sector; established a local clinical reference group; discussed the draft plan with colleagues from the Local Authority and secondary care. Consequently we believe this 10 year strategy goes some way to reflect their views and aspirations that we have been told professionals and users alike want from local primary care. Although the challenges are great, it is also an exciting time to be involved in delivering local primary care services and by working together we can continue to improve and expand the essence of primary care. That is localised and personalised care that is easy to access and always delivered to the highest standards possible. We will continue to listen to our users experiences and involve others in the continued development and implementation of the strategy. If you would like to hear more about the strategy or get involved in any way please contact Frankie Lynch on 0208 962 4679 or frankie.lynch@kc-pct.nhs.uk

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