

## DEVELOPMENTS IN THE LOCAL NHS

There are changes happening in the NHS which Kelsall patients might be interested to know about because they will bring about changes in the way that Kelsall surgery operates and the services that patients can access.

### **The NHS is changing the way it delivers non-acute services.**

It is the ambition of the NHS to deliver many more services closer to home in the community. Broadly, that means many things which now happen in outpatient clinics will happen in community settings like GP surgeries. That is why it is such good news that Kelsall will have a new surgery with more capacity to host these services. However, a problem that the NHS has is that too many GPs deliver their services from small premises to small list sizes – many of the single-handed practices to patient lists of around 1,500. On average these small practices score lower on service quality than the larger ones. In order to improve quality and increase the range of services delivered in the community (as opposed to at the hospital) the NHS has decided that the optimum patient list for a GP practice is between 30,000 and 50,000 patients. It has therefore decreed that smaller practices such as ours join forces with as many similar practices as are required to bring the list size into the optimum range. We need to remember that General Practice is delivered by private sector organisations which contract with the NHS to deliver the services which we receive. To get list sizes into its preferred range the NHS has incentivised the practices with extra money in a revised contract because being private “contractors” the NHS cannot order them to do it. These practices working together are called Primary Care Networks and, in our case, the Kelsall practice has decided to join forces with the two Tarporley practices, Bunbury, Tattenhall and Malpas. This combination is called the Rural Alliance Primary Care Network (RAPCN) and will serve about 39,000 people. Seeing the direction of travel in the NHS these practices have been working together for several years so it is not starting from scratch. It will operate as a single unit with a governing board and some shared back office services but will retain all of its existing village surgeries with all of its existing GPs working out of them. It shouldn't feel much different as a patient to begin with but progressively over time it will feel better as we access more services locally and the practices are able to take advantage of shared resources.

### **General Practice drivers of change**

Nationally, there is a shortage of GPs and 98% of newly qualifying GPs do not want to own their practice in the traditional partnership model, with all that goes along with being paid through a contract with the NHS. They want to do their clinical work in exchange for a salary. This means that the existing practice model will soon (10 to 20 years) cease to exist and GPs will be employed on a salary by the Primary Care Network. In fact, one of the drivers of the change to the Primary Care Network model is this change in the way newly qualifying GPs want to be employed and paid. It is a fact that much of GP's time is taken doing things which other healthcare professionals are equally as well, or better, placed to do. In order to address the shortage of GPs the Primary Care Networks will soon employ Physiotherapists and Clinical Pharmacists and later GP Assistants and Nurse Prescribers and similar clinicians which none of the practices could do on their own but as a group they will be able to do. These will all be highly trained healthcare professionals who are able to discriminate between conditions that they can treat effectively based on their own skills and experience, and conditions which must be dealt with by a GP. They will reduce the load on the GPs allowing them to concentrate on the things that only they can do, but patients will need to accept this change in the way services are delivered.

### **Health and social care are coming together**

Something called the West Cheshire Integrated Care Partnership (ICP) has been created to bring together the NHS budget for this area and the Council's Social Care budget. The Partnership includes all the GPs, the Countess, the mental health trust that also delivers community health services, the Council and the Clinical Commissioning Group (the NHS). Integrated care means that services can be organised in a more joined-up way leading to a more efficient system which enables local people to access high-quality care when they need it. By joining up services which are currently provided separately, the ICP can make better patient decisions by pooling experience, expertise and resources, particularly with respect to enabling people to be discharged from hospital by going home or into nursing care when they no longer need to be in hospital. By focusing on preventing ill-health and unnecessary hospital admissions, and thereby saving money, it can make the existing budget go further.

### **The creation of Care Communities**

While the ICP will cover all of West Cheshire, locally we shall see the creation of the Rural Alliance Care Community which will combine integrated social and health care for our 39,000 patients. The Care community will support prevention of illness and promote wellbeing; will aim to intervene early in an emerging problem; will take a person-centred approach to the delivery of care and support; will deliver services within the community, closer to home; and very importantly, will always involve local people in the shaping of services. It is recognized that the input of patients is absolutely key to the development of these Care Communities. The activities in the Wellbeing Hub will play an important role in the creation of the Kelsall Care Community where health and social care professionals can work with volunteers to provide a greatly enhanced range of services within the village.

### **The role of the Patient Participation Group**

With all this change happening in the health and social care arena it is the role of the PPG, in this context, to understand what is happening around us and ensure that the voice of the patients of the Kelsall Medical Practice is heard when decisions on service design and delivery are being made. With more decisions about care being devolved more locally we have a greater chance of being heard than if all the decisions were being made in Whitehall. This ability to be heard is amplified by the decision makers' willingness to listen. These new organisations, dedicated to improving services and delivering them locally, really do want to hear from patients to help them make the right decisions. At present the PPG consists of about 10 people and, with the best will in the world, cannot properly represent the 5,000 patients on the Kelsall list. You could be forgiven for thinking that the PPG is just about the Wellbeing Hub because that is the big project of the moment, but it should be much more than that. It would be really welcome if more people would take an interest in shaping our services for the future and continuously improving the patient experience and outcomes.

Visit [www.kelsallppg.com](http://www.kelsallppg.com) or email [kelsallppg@gmail.com](mailto:kelsallppg@gmail.com) to get involved.