

The Folkestone, Hythe and Rural PCN Hub Pilot Project  
A practical guide to modern general practice access

# Building access and capacity through a hub approach



Developed in partnership with the NHS England South East Primary Care Transformation programme

# Introduction

## Background

**Timely access to primary care is fundamental to ensuring patients receive good quality care. Like many parts of the country, Folkestone, Hythe and Rural experienced a surge in demand for appointments during and after the pandemic, which led to growing inconsistencies in how readily patients could access care.**

The PCN recognised that it needed to find new ways of triaging patients, creating additional appointment capacity and using its resources to manage peaks and troughs in demand so that everyone received more equitable access and had a better overall experience. It therefore worked with its seven practices to develop:

- **A new federated model for managing online consultations**, which was delivered by a team of Advanced Nurse Practitioners based within the PCN; and
- **An expanded range of enhanced services delivered through the PCN hub**, which included additional minor illness appointments that practices could book patients into and other PCN-delivered services.

The model is aligned with the DES network contract and provides more equitable and safe access to care, prioritised according to clinical need. To make it financially sustainable and achievable with the existing workforce, the PCN chose to pursue a nurse practitioner-led service, with a tight focus on minor illness.

Implementation was an iterative process: PCN staff funded by the Additional Roles Reimbursement Scheme (ARRS) were added to hub gradually, allowing a wider range of enhanced and extended services to be supported over time. This was supported by important upgrades to the network's clinical IT systems that allowed its staff to work seamlessly across practice boundaries using a single log in.

## How to use this guide

In this guide, we look at how this hub model addressed the challenge of improving access to primary care services. The resources will explore:

- The principles the PCN adopted when **designing and developing** its new operating model.
- The **critical questions and decision-making** that was involved in establishing the new approach.
- The practical lessons the PCN has taken as it has **refined and expanded** the model over time.

The guide should be read in conjunction with the **hub blueprint document**, which provides a detailed description of the hub operating model and accompanying technical solution. This can be found in the **[Primary Care Transformation section of the NHS England South East website](#)**.



# Section 1: Getting started

## Establishing core principles

In this section, we look at four core principles the PCN adopted when developing its new Modern General Practice access model and how they were applied in practice.

### Principle 1: Co-production

The design and development of the hub operating model and technical solution drew on close collaboration between the PCN and its seven constituent practices. Early on, a series of workshops were held to explore the available baseline data, define the problem statements, and appraise the different options. The principles of co-production and collaborative working were maintained throughout the project's development, with senior representatives from each practice forming an executive board overseeing its progress.

### Principle 2: Equity

As well as triaging and administering patient services centrally, the new PCN hub operating model offered additional "overflow" appointments delivered by PCN clinicians into which all practices (and staff working in the hub) could book their patients. A second key principle was therefore equitable access to this shared resource so that all seven practices could access a fair share of this additional capacity. The principle was supported by regular and transparent reporting that showed how much each practice was utilising hub resources. This has helped to iron out any early inconsistencies in terms of allocations across the network.

### Principle 3: Sustainability

It was also agreed that the solution needed to be financially sustainable and achievable with the available workforce, which strongly influenced planning decisions. Funding was largely drawn from the revised PCN contract (more details can be

found in the main blueprint document), and the affordability of the new model depended, in part, upon taking the decision to establish it as a nurse practitioner-led service, rather than a GP-led model. The PCN also decided to invest some of its own surplus funds to pay for a Digital Transformation Manager and Project Manager at the outset of the project, although the former is now fully funded within the ARRS.

### Principle 4: Agility

Finally, the project was built with a shared recognition that the challenges facing the PCN would require a highly iterative and agile approach. The core functionalities provided by the technical solution created opportunities to expand the range of services that could be supported by the hub. As a result, the hub's operating model now incorporates other PCN-delivered services including its ANP-led Minor Illness Service, First Contact Physiotherapy, a mental health practitioner and a care home team.



**The overarching aim of this work was to ensure our patients were being assessed consistently and received the right care, at the right time, in the right place regardless of where they were registered. Bringing people together around this common ambition was essential for designing and delivering an effective model.**



**Kim Lee**, Operational Manager,  
Folkestone, Hythe and Rural PCN



**Figure 1:** A total of 12 different services are currently delivered through the PCN hub supporting all seven practices freeing up more time for practice and delivering an equitable level of service to the patient population.



## Section 2: Making it happen

This section looks at the practicalities of developing two of the key elements of the hub operating model: the creation of a hub to triage and process online consultations (often called an eHub) and the design and development of wider PCN hub services.

### Developing an online consultation hub

Online consultation processing can vary hugely across GP practices depending on how the model has been set up, who is responsible for processing the requests and how it is promoted to patients. Poor communication and/or delays in responding to online consultation requests can affect a patient's experience and satisfaction.

Across Folkestone, Hythe and Rural PCN, each of its practices had different views on online consultations as a method of access, and the data showed different utilisation rates. It was important to host planning and engagement sessions to share best practice, explore the challenges and opportunities and create a more unified vision of what a hub can deliver.

The following critical questions helped the team when planning their hub-based approach:


- 1. What is your starting position across your network?** What does your baseline data tell you? How are member practices currently using online consultations? What are their volumes and response times? What is working well and where are the points of frustration? Are there any gaps in the existing clinical systems that need addressing?
- 2. To what extent can the identified gaps be addressed by the new system?** Where will workarounds still need to be implemented?
- 3. What is the intended purpose of the hub?** Will it process all inbound online consultations and signpost accordingly, or act as additional capacity with practices doing the initial triage and referring

into the hub with clinically appropriate cases? Will the hub process clinical or administrative requests, or both?

#### **4. What is the available budget for the model?**

What PCN funding streams can be utilised to support the service, and will you ensure it is financially sustainable? What are the implications then in terms of how you staff the service and the impact this may have on the capacity and scope of your service?

#### **5. What are the operating hours for the hub?**

Will it contribute to enhanced access provision and, if so, in what way? What business continuity arrangements will need to be put in place to maintain service delivery if the Online  consultation service is not available or able to manage exceptional peaks in demand, for example?

**6. How will the hub operate across your network** and what arrangements need to be agreed across all practices? For example, what booking rights does the hub have into PCN services and practice appointment books?

**7. How will you need to invest in the training needs of staff** with regards to online consultation processing? Given the risk appetite and scope of practice will depend on what clinical professionals are running the service, what are your targets in terms of proportion of online consultation requests that the eHub should close?

**8. How will you ensure the service is safe and resilient?** How will you ensure the right clinical and information governance is in place when developing the model? Scrutinise the clinical safety documentation provided by suppliers to ensure their products are being used for their intended purpose and can be configured as an eHub. Ensure compliance as defined by the clinical safety DCB0129/0160 standards.

## Defining the wider PCN service specification(s)

Each PCN service delivered within the wider hub may require its own specific configuration for access by practices. There will be elements of the setup that will be common to all services – such as naming conventions associated with the setup of usernames and appointment book and slot type configuration.

However, there will also be a level of configuration that is unique to the service itself, depending on type of referral methods, whether it is a prescribing service, and what cross organisational tasking is required, for example. Here are some of the key considerations:

### 1. How will a patient be referred from hub to practice?

For each service, you will need to consider whether the most appropriate referral method will involve practice-to-hub appointment booking, workflow-to-workflow document sending, or a managed referral into the Patient Administration service. Will the completion of a referral form be required, and who will be responsible for informing the patient of their booking?

### 2. What are the prescribing requirements for the service?

Depending on the scope of the service, you will need to decide whether clinicians will need the ability to prescribe new medication through the clinical system and/or administer repeat prescription. It's also important to consider how or whether the service will need to manage existing medications information on the patient's GP record. Once these requirements have been gathered, an overall assessment of the capability of the new system to support this way of working will be required.

### 3. Does the service require access to the test requests system?

Similarly, it is important to understand requirements regarding ordering and viewing tests. Will the service need to be able to raise test requests, or

does the clinical team just need to be able to view the status of a test result?

### 4. What are the cross organisational tasking requirements?

The technical specification supporting a service will also need to take account of how tasks will be assigned and shared between the PCN hub and practice. Will you require single directional tasking (typically hub-to-practice), or will you need the ability to pass tasks in both directions? What task groups will need to be set up and how should they be organised?

### 5. Does the service need to utilise any third-party products?

Finally, it's worth thinking about how the service may use different product available within the PCN hub, such as patient messaging functionality or the online consultation toolbar. These elements also need to be understood and factored into the technical solution. Check whether the third-party products are accredited for use within an EMIS Clinical Service.



**Integrated neighbourhood 'teams of teams' need to evolve from Primary Care Networks (PCNs) and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space within these teams to problem solve together, and build relationships and trust between primary care and other system partners and communities.**



**Next Steps for Integrating Primary Care: The Fuller Stocktake Report**

## SECTION 3: Building for the future

### Refining and expanding the hub model

Key people involved in the project share their perspectives on how they are maximising the value of the hub model by expanding the range of services it can deliver for their area.

#### Building out new functionalities to extend the hub's offer



We knew that if we created certain core functionalities – the single sign-on, access to SPINE services via a smart card, prescribing at PCN level, the ability to update GP records, and so on – then we were building the foundations to host any service you want through the hub system. Being able to iterate and build on these foundations is a massive advantage – for example, we've recently built in the ability to issue fit notes and are looking at how we can enable the hub to take on more of the administrative elements of online consultations over time.



**Andy Gove**, Digital Transformation Lead Manager, Folkestone, Hythe and Rural PCN

#### Using the hub model to stand up new services and meet changing needs



We built the infrastructure first but designed it in a way that gives us the flexibility to expand out our hub services in whatever direction we need to. A good example of this is winter planning where we've been able to stand up Acute Respiratory Infection (ARI) hub capacity very quickly: you can just recruit in the resource, configure their accounts, and get them connected with everything they need to work effectively across the PCN in a single leap. Before this pilot, that process would involve a lot of complexity working across the seven different practices. It allows us to be much more responsive to demand and wider system needs.



**Aravinth Balachandran**, Clinical Director, Folkestone, Hythe and Rural PCN

## Opening up the potential for neighbourhood model approaches



The benefit of the service is its ability to allow resources and services to be shared across a larger area in a seamless way. In our case, the Folkestone, Hythe and Rural PCN team supported the roll-out of spirometry services for our population as we did not have the capacity within our primary care estate to deliver this service within infection control guidelines. They delivered a straightforward technical reconfiguration between our system and theirs, which allowed us to refer our patients directly into their hub for spirometry to be undertaken. In addition, the PCN were keen to support an honorary contract arrangement to ensure staff were able to maintain their competencies. We hope this will unlock more potential for large-scale collaboration in the future.



**Lisa Barclay**, Director of Operations, Invicta Health



# In summary

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## A checklist for implementing a hub-based access model

Based on their experiences, the project team recommended the following essential actions to ensure effective project set-up, design, and delivery:

- ✓ **Engage early and widely.** Map out all relevant stakeholders and develop an engagement plan to ensure they are fully involved. Ensure your governance structure supports a collaborative and inclusive approach throughout the project's development.
- ✓ **Define your objectives and approach.** Spend time collectively diagnosing and distilling the problems you are looking to solve and stress-test a range of approaches. Be open-minded and agnostic throughout this process.
- ✓ **Be aware of the technical implications of change.** Identify what combination of systems will be used, then define what functionality you need them to have and what technical limitations may need to be accommodated within the scope.
- ✓ **Model your resourcing needs carefully.** Assuming your chosen model involves investing in a central hub resource, use historic data to create modelling assumptions about how much capacity is necessary to meet demand.
- ✓ **Set a clear and realistic scope for the new services.** Remember that it may be necessary to make certain trade-offs to ensure you deliver something sustainable, so think carefully about what the inclusion and exclusion criteria may be based on the chosen workforce mix.
- ✓ **Invest in the skills you need.** Identify team members with previous experience of working in clinical environments and/or leading successful change projects. Consider recruiting in skills you may be lacking, e.g. digital transformation expertise.
- ✓ **Build the right foundations for delivery.** The Folkestone, Hythe and Rural PCN hub benefited from having strong project management discipline, a clear and replicable approach to clinical governance, and highly tailored training and support for onboarding staff.
- ✓ **Involve patients throughout the process.** The PCN initially worked through individual practice-level patient participation groups (PPGs) to discuss the new model but has now set up a new PCN-level PPG which provides advice and feedback on all PCN-delivered services.
- ✓ **Take advantage of available NHS funding.** The PCN has been able to obtain NHS offered resources in order to help support this new model approach and is working closely with the Kent and Medway ICB to support delivering this model.
- ✓ **Create standards operating procedures to guide delivery (SOPs).** The PCN developed SOPs to ensure there was a consistent approach to how hub services operated and what inclusion/exclusion criteria were followed. These are available to download as part of the blueprint guide resources.

## Key contacts:

The Folkestone, Hythe and Rural PCN leadership team is happy to field enquiries from other PCNs embarking on similar projects. If you would like to get in touch, please e-mail

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For more information about how NHS England South East regional office supported this project, please e-mail Adriana Jimenez, Senior Primary Care Transformation and Access Innovation Lead: **[adriana.jimenez@nhs.net](mailto:adriana.jimenez@nhs.net)**.