

# The Folkestone, Hythe and Rural PCN Hub Pilot Project

## A blueprint guide



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

## About this guide

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This blueprint document provides an overview of how the Folkestone, Hythe and Rural Primary Care Network (PCN) hub model was developed, how it works and what it delivers for staff and patients across the area. It is supported by a series of in-depth Perspectives guides and other practical resources and reference material which provide more detailed information and advice on different aspects of design and implementation.

The pilot – which introduced a new model for managing online consultations and supported the delivery of a wide range of enhanced PCN-level services through a federated approach – demonstrates how a PCN can deliver across a range of strategic challenges: from improving access to services and building workforce capacity, to supporting collaborative working and delivering innovation at scale.

## About the NHS England South East programme team

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The NHS England South East Primary Care Transformation programme team works with six Integrated Care Systems (ICSs) and more than 200 PCNs across the South East to help transform the way patients access and receive care. Its aim is to encourage networks to develop, innovate and act as best practice examples for others.

The Senior Primary Care Transformation and Access Innovation Lead has worked closely with the PCN to capture the lessons and emerging benefits of the hub operating model, with a particular focus on the unique technical solution that supports and enables its workforce to deliver effectively across practice and neighbourhood boundaries.



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# Foreword

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**Primary care is the first port of call for most people when they need medical advice and support, and traditionally the gateway to wider health and care services. Yet it faces significant challenges due to increased caseloads, more patients with complex, long-term needs, and difficulties recruiting and retaining enough staff.**

As both the Fuller Report and the Primary Care Access Recovery Plan make clear, collaborating at scale and establishing new ways of working can improve access for people so that they get the help that they need. These projects need to be resourced, and this has been recognised in funding decisions. As well as the planned £385 million increase in the Additional Roles Reimbursement Scheme (ARRS), the recovery plan announced extra money and practical support for practices to implement changes.

PCNs across the region are using their resources to work differently. The NHS England South East Primary Care Transformation Programme works with PCNs to support them in the journey to encourage collaboration, champion innovative practice and support the transformation required to deliver sustainable access models for the future. We want to support those who are pushing the boundaries so that we can share learning across the region.

We have been delighted to support the innovative and ambitious solutions that Folkestone, Hythe and Rural PCN have designed and embedded. This guide, developed in partnership with the PCN project team, exemplifies many of the principles and practices that we believe define a modern general practice approach.

Firstly, the model incorporates several 'first of type' innovations that helped it overcome the practical difficulties involved in mobilising ARRS resource. This solution has allowed it to establish a federated way of managing online consultations and enabled the delivery of a wide range of enhanced services by a central hub team, who can now operate seamlessly across practice boundaries using a single log in.

Secondly, the project has demonstrated how the right clinical IT infrastructure, combined with an ongoing commitment to support the workforce through change, can help PCNs answer many of the challenges involved in delivering primary care, cutting bureaucracy, securing efficiencies, increasing appointment capacity, and developing federated systems so that people have consistent, equitable access to the right care at the right time.

And thirdly, one of the most compelling features of this project is that it continues to evolve in a truly sustainable way. The hub has already helped the PCN develop a responsive, data-driven approach to the digital front door of primary care, and it is now opening up opportunities to collaborate more effectively at neighbourhood scale – as happened recently when its hub-based teams stepped up to support neighbouring PCNs in the delivery of spirometry services.

We have worked closely with the PCN senior team over the last year to support the project's success and ensure that the practical insights falling out of this process can now help others in overcoming the barriers encountered during delivery. While this model approach relates to the EMIS clinical system, many of the third-party supplier functionality will be the same no matter what clinical system you have in place. As a region, we will continue working with other clinical system suppliers and PCNs to nurture and support similar at-scale delivery model approaches.

So, while we recognise that every project will be different with its own distinct challenges, we hope these resources – written, as they are, by those who have been through the experience and reflected generously on the many lessons learnt along the way – will support many others as they embark on their own transformation journey.



**James Hempsted-Kingham**  
Programme Director -  
Primary Care Transformation Programme -  
NHS England South East Region



**Tim Caroe**  
Medical Director, Primary Care Transformation  
Primary Care Transformation Programme -  
NHS England South East Region

## SECTION 1: Project overview



### Integrating PCN services

through central appointment booking, seamless referral/comms, and the ability to consult patients via a single system



### Enabling PCN-level prescribing

through electronic prescribing within a single clinical service



### Improving access for patients

through additional hub appointments, delivery of online consultations (eHub) and improved access to practice-based appointments



### Securing workforce efficiencies

through single sign-on for ARRS staff via a dedicated smart card and functionality that allows staff to work remotely



### Supporting collaborative working

through federated administrative services, the delivery of enhanced services, development of clinical hubs, and the involvement of other community providers



### Strengthening business intelligence

through demand/capacity modelling, utilisation tools, monitoring of eHub activity and automated tracking of QOF & IIF data

**Figure 1:** The benefits of the Folkestone, Hythe and Rural PCN hub operating model

## About the project

The Folkestone, Hythe and Rural PCN hub pilot project was established at the end of the COVID-19 pandemic to develop a federated approach to online consultations and create more efficient ways of delivering extended and improved access appointments.

### This included:

- offering a single sign-on process and the ability to consult from one clinical system to reduce the number of accounts that PCN staff had to use.
- providing capability for cross-organisational tasking and shared access to service appointment books hosted centrally.
- developing more efficient referral pathways and opportunities for better caseload management.
- building a data strategy to support understanding of PCN service utilisation, meet contractual reporting needs and enable population health management.

Drawing on ARRS and other PCN funding streams, the PCN created a small team of Advanced Nurse Practitioners and Care Co-ordinators to handle the 4,500 online consultation returns generated across its seven practices every month. It also worked with system suppliers to redevelop clinical IT systems to help its growing team of clinical and administrative staff manage demand and workflow across practice boundaries.

The hub model now supports a full range of PCN-delivered services including its Minor Illness Service, other Enhanced Access provision and additional enhanced services, specialist services run by ARRS-funded PCN staff, and Multi-Disciplinary Team (MDT) Coordination functions, all of which are hosted and served by a seamless digital platform.

As well as enabling PCN teams to collaborate at scale, the technical solution is capturing a rich array of data, which is helping the PCN to make the best use of available resources and improve its approach to population health management. The model is also helping the PCN to efficiently manage the contracts that it is required to deliver.



## Outcomes and benefits

The hub's operating model has already delivered a host of benefits to the PCN's patients, workforce, and local GP practices:



**Building capacity** - the hub processes around 4,500 online consultations per month and provides over 2,200 additional face-to-face appointments for patients. This includes both the minor illness appointments delivered by the hub's nurse practitioners and other services provided by the PCN's ARRS-funded clinicians.



**Supporting delivery** - a total of 12 different services now operate out of the hub, helping the PCN to deliver against a range of service requirements set out in the 2023/24 GP Contract. It also allows the PCN to rapidly stand-up additional capacity as needed (e.g. winter access appointments, CAS, acute respiratory infection, etc).



**Freeing up resources** - initial feedback shows that the efficiencies generated by operating at scale have released both administrative and clinical resources at practice level, which can then be reinvested in supporting patients with more complex needs. An independent evaluation is currently underway to understand the full impact.



**Enhancing business intelligence** - the technical solution provides extensive management information including demand/capacity modelling, utilisation tools, monitoring of eHub activity and the automated tracking of new requirement for Access funding, GP contractual requirements, QOF and IIF data.



As in many parts of the country, demand on our primary care services outstrips capacity, so it is important we make the best use of resources and embrace new models of care. The Folkestone, Hythe and Rural model rightly serves as a blueprint for modern general practice and is a credit to the leadership within the PCN and all staff working within it.



Sukh Singh, Director of Primary Care, NHS Kent and Medway, Integrated Care Board

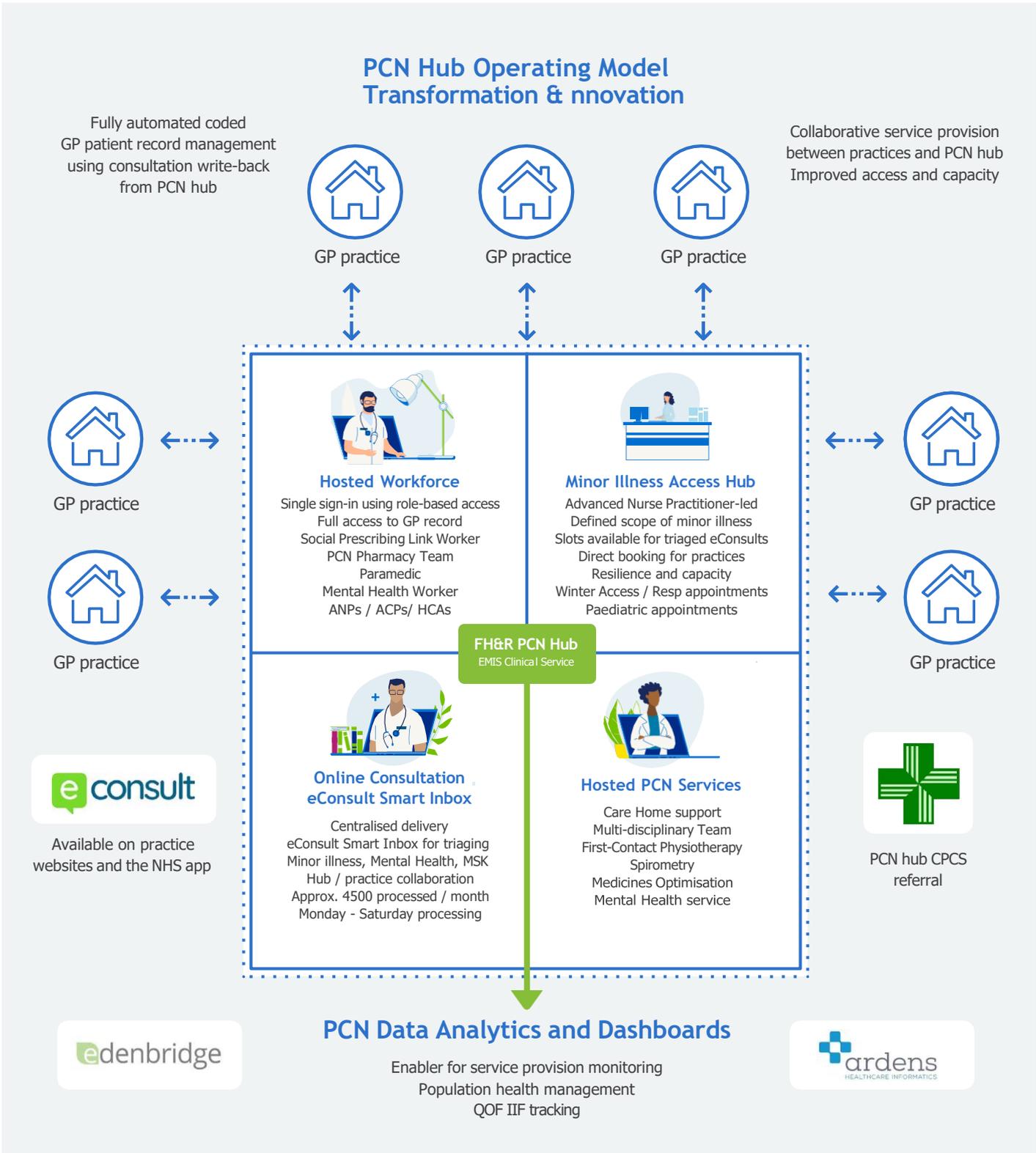


Figure 2: The key components of the hub operating model and technical solution

## SECTION 2: How the hub model operates

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The PCN has worked closely with practice managers, GP partners and other key operational and clinical leads to define and deliver the new hub operating model.

This process was shaped by a **delivery roadmap**, which described the key actions involved in implementing and embedding the new model. This was supported by **standard operating procedures** that were developed for all hub-based services.

The PCN hub now delivers the following services on behalf of its local practices:

### Online consultations

A single, centralised team receives and processes all online consultations received across the PCN's seven practices, which are filed and coded into the patient record. All clinical online consultations are triaged, and those that are suitable for management by a PCN-level service are then passed onto the relevant team via the digital platform. At present, the hub can manage between 30 to 40 per cent of all clinical online consultations itself, without having to pass any work back to the patient's local practice.

### Minor Illness service

The Minor Illness service offers both remote consultations and face-to-face appointments where necessary. The service provides additional appointment capacity from a team of dedicated prescribing Advanced Nurse Practitioners operating within the hub. This is a six-day a week service

that is aligned to the PCN Network DES Enhanced Access requirements. It was designed in response to historic audits that showed that around 30 per cent of inbound clinical demand into local GP practices was due to a minor illness problem. The inclusion and exclusion criteria were set by the PCN management team based on the scope of practice of their prescribing Advanced Nurse Practitioners.

### General Practice Community Pharmacist Consultation Service (GP CPCS)

While practices were already able to refer patients from their own clinical system into community pharmacy services, the new functionality developed during this pilot now allows PCN hub teams to do the same: in effect, this allows PCN staff to complete system-to-system GP CPCS referrals and also provides a direct line of contact back to the hub from the community pharmacy to improve communication between teams.

### Other Enhanced Services

The hub operating model also supports the delivery of PCN-level services. These include Enhanced Access hours provision, Enhanced Health in Care Homes, multi-disciplinary team case management, and other services delivered using ARRS-funded staff — all of which have been enabled through the improvements in IT infrastructure and the new operating model.

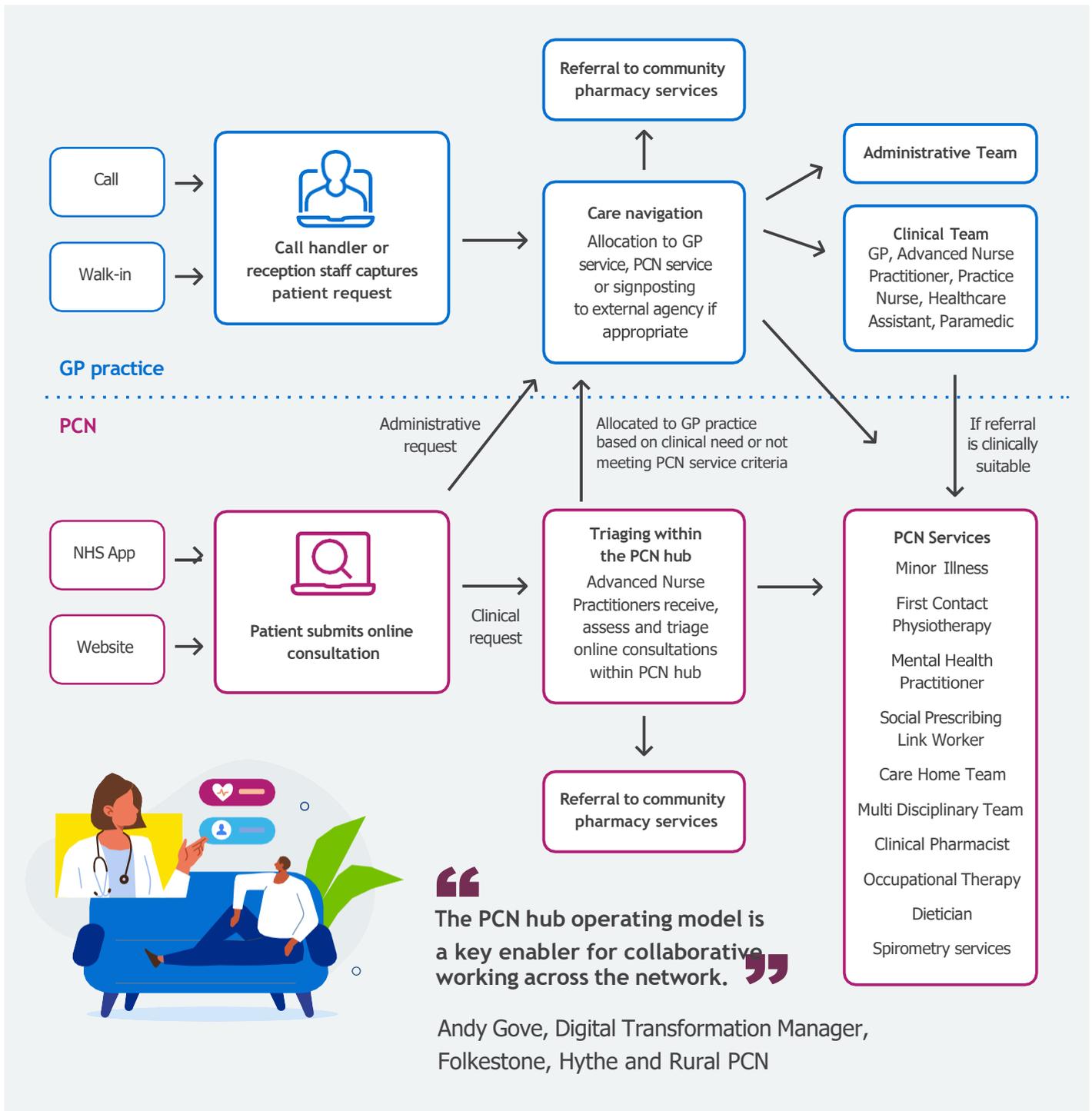


The new access model supports the practices by assessing the patient’s needs and connecting them to the most appropriate PCN-level service using ‘right care, right time, right person’ principles. It has helped our network to move away from a demand-led approach to a more holistic and needs-based service for its patients. ”

▶ Find out more about the PCN’s approach to building access and capacity by downloading our Perspectives guide.



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



“ The PCN hub operating model is a key enabler for collaborative working across the network. ”

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



Figure 3: How the hub supports patients

## SECTION 3: Overview of technical solution

The project team focused on a set of operational challenges that the new technical solution needed to address and worked with their clinical system suppliers and the national and regional NHS England teams to create the right technical solution to solve them.

### Challenge 1: Developing a more seamless way of managing online consultations

The PCN wanted to move away from a traditional 'refer in' model for eHubs where local GP practices either forwarded online consultations into a PCN hub federated delivery model via email or fed them manually into a cross-organisational appointment booking system. Instead, it worked with EMIS to develop a way of getting online consultations to flow directly into the PCN-level clinical service enabling the centralised hub-level processing of online consultations.

This involved setting up a new MESH inbox within the hub and then reconfiguring each practice level online consultation service so that all patients' triage forms were automatically re-routed into the new inbox. In addition, the team used the [eConsult Smart Inbox tool](#) to efficiently process online consultations between the hub and their constituent practices, significantly improving workflow and communication.

#### Troubleshooting: consultation write-back issues

One of the technical issues that arose during the pilot was that consultation write-back functionality allowed consultations to be sent between practices in certain scenarios as well as from hub to practice. EMIS will shortly release an enhancement that will allow this to be switched on and off according to the client's preference. In the meantime, any PCN looking to exclude practice-to-practice write back can contact EMIS to request one-to-one consultation write-back agreements.

A second issue was that all third-party products that created consultation entries in the EMIS Clinical Service were not written back to the host GP practice using consultation write-back. Again, EMIS are due to develop an enhancement to resolve this issue. More details on the temporary workarounds put in place to manage this issue can be found in our [EMIS PCN hub clinical system functionality issues log](#).



Figure 4: How the digital system supports staff

## Challenge 2: Designing a more effective way of updating the patient's coded care record

While care record sharing agreements between the clinical systems at the patient's registered practices and the hub had been available for some time, there was a gap in coded care record management which meant that the patient's GP practice would have to either access hub-based activity via a shared care record, or manually code relevant entries from a hub-based consultation into the patient's GP record.

Folkestone, Hythe and Rural was one of two PCNs that piloted a new 'consultation write-back' functionality with EMIS that allows consultation entries added to the hub record to be coded back into the patient's registered GP record automatically. This has been done via a technical sharing agreement and means that local GP practice staff no longer need to manually update their records after handling each online consultation thereby saving time for practice.

## Challenge 3: Creating a more efficient way of managing prescribing processes

There were also practical barriers that prevented prescribing from the hub. After consulting with a patient, a hub-based clinician could raise a prescription on their behalf but was not able to issue it. This led to additional work for the practice which needed to reconcile any prescriptions raised before issuing them.

Following discussions with NHS Kent and Medway ICB, the PCN established a new prescribing cost centre, which has been configured into the Electronic Prescription Service (EPS) module in the hub clinical system. This has allowed hub-based services to raise and issue non-repeat prescriptions directly. It also aggregates data on PCN-level prescribing for PCN audit and monitoring purposes.

## Challenge 4: Supporting different referral methods

The project team also worked with their clinical system suppliers to develop a series of technical solutions and workarounds to support the different ways in which a patient could be referred into the hub by one of the constituent practices. The next section provides more detailed descriptions of how each referral method works in practice.

## Challenge 5: Managing workflow using the eConsult Smart Inbox tool

The PCN uses the eConsult Smart Inbox tool to help hub and practice-based teams to process and triage online consultation requests in a collaborative way. The tool helps to build resilience and supports business continuity if the capacity of the hub becomes over-utilised, or if there is insufficient hub staff to manage demand, by allowing the seamless flow of online consultation requests between practice and hub. This also encourages multidisciplinary working and supports the "right care, right person and right time" approach based on clinical need.



Figure 5: How the eConsult Smart Inbox tool works

## SECTION 4: Supporting referral processes

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There are several methods by which a patient can be referred into the PCN hub by one of the constituent practices. Each referral method has different features associated with it which will determine whether it is suitable for specific services. When a new healthcare service is set up within the hub, a decision is made as to which referral method is most appropriate.

### EMIS-to-EMIS Cross Organisational Appointment Booking

This method of referring a patient into the hub relies upon the setup and management of an appointment book within the EMIS Clinical Service that has been made bookable across multiple organisations via a technical data sharing agreement. When set up in association with a 'service' it allows a practice to search for a particular slot type to book the patient into. Slot types and services are set up with consistent naming conventions to make the slots easy for a practice to find.

The main drawback of this referral method is that, unless 'Remote' or 'Enterprise' consultations are to be used the PCN hub will need to register the patient into the EMIS Clinical Service. The PCN team put in place a manual workaround which required practices to copy the patient's NHS number into the 'Slot Notes' when booking the appointment, which could then be copied and pasted into the 'Patient Trace' screen in the EMIS Clinical Service to trace the patient within the system.

### GP Connect Appointment Booking

A second option is referral via the GP Connect Appointment Book. This carries the advantage that the patient is automatically registered within the PCN hub upon being booked rather than having to be manually registered, as is the case with the EMIS-to-EMIS cross organisational booking method. However, there are some trade-offs. Firstly, there are additional administrative steps to follow, including the setup of an organisational group within both the practice and PCN hub's EMIS systems. The system also requires the user to be signed into the practice system using a smart card. And although there have been developments in the EMIS interface for GP Connect bookings, the functionality remains better within EMIS-to-EMIS appointment booking function.

### EMIS-to-EMIS Document Send

There are also occasions where referrals into a PCN service are not best supported by cross-organisational appointment booking. There are two alternative methods of referral that can be used in these cases. The first is EMIS-to-EMIS document send. This allows a constituent practice to complete a referral form within EMIS Web

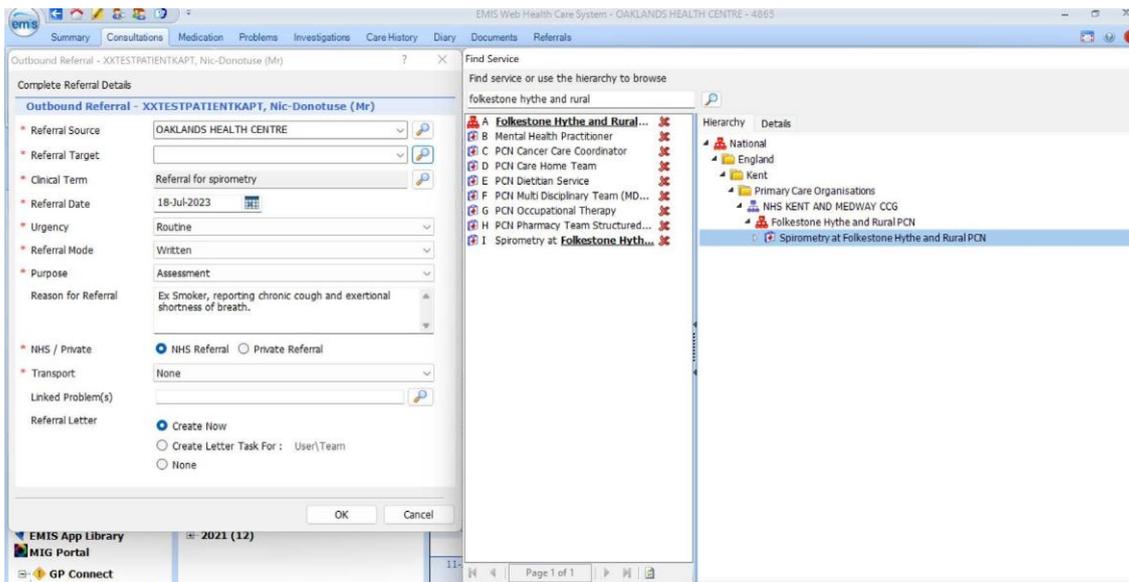
and then send it directly into the EMIS Clinical Service for review. The document will arrive in the Workflow module of the EMIS Clinical Service for review. The service receiving the referral can then manage the patient through to the appointment book or – if the referral is rejected – send a message directly back to the referring practice's EMIS Web system. This method of referral works well but when there are multiple services receiving referrals in this way an operating procedure to determine which referrals are allocated to specific services should be implemented. An administrator within the PCN hub currently completes this task manually.

## Managed referrals

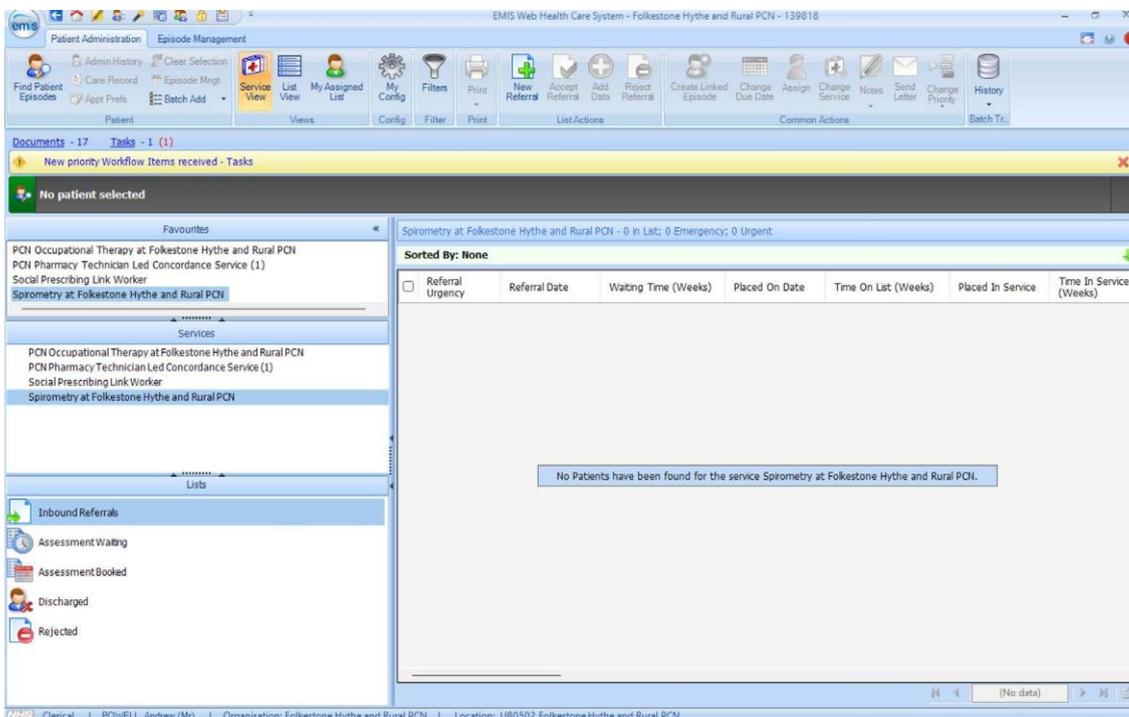
The other option is to support a managed referral via the EMIS Clinical Service 'Patient Administration' functionality. This allows direct referrals to be made from a practice clinical system into an inbound referral caseload for a specified service within the hub. A service-specific caseload management workflow assesses and then accepts or rejects referrals that have been received. All communication regarding the progress of a referral is conducted directly between the EMIS clinical systems, reducing the need for alternative communication methods such as email. Updates are recorded directly into the patient's record so that progress can be tracked by both practice and hub. The caseload model also allows enhanced reporting in particular relation to referral to treatment and episode of care metrics.



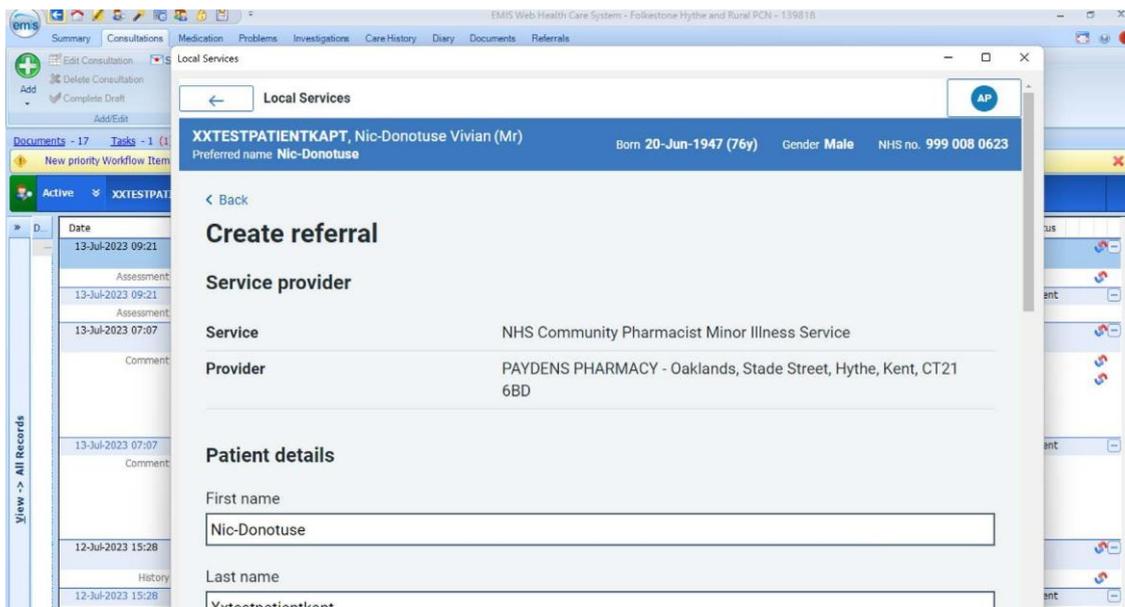
## How these referral methods work in practice



**Screenshot 1: The local practice view at the point of referral.** The referral is made from within the practice clinical system and can target any of the PCN services that have been set up with a caseload model. In this example, a service is being offered to practices outside of the boundaries of the PCN – thereby opening services to a wider patient population.



**Screenshot 2: The caseload management screen within the PCN hub.** The hub user can view and assess inbound referrals, manage their caseload and communicate with the GP practice via direct system-to-system integration.



**Screenshot 3: Managing referrals from the hub into Community Pharmacy Consultation Services.** The project team has also worked with EMIS to develop a module integrated into the clinical system that enables hub-based teams to seamlessly refer suitable minor illness patients to a community pharmacy for a consultation, with the results being sent directly back to their GP practice. This screenshot shows the functionality in practice.



# SECTION 5: Detailed technical specification and workarounds

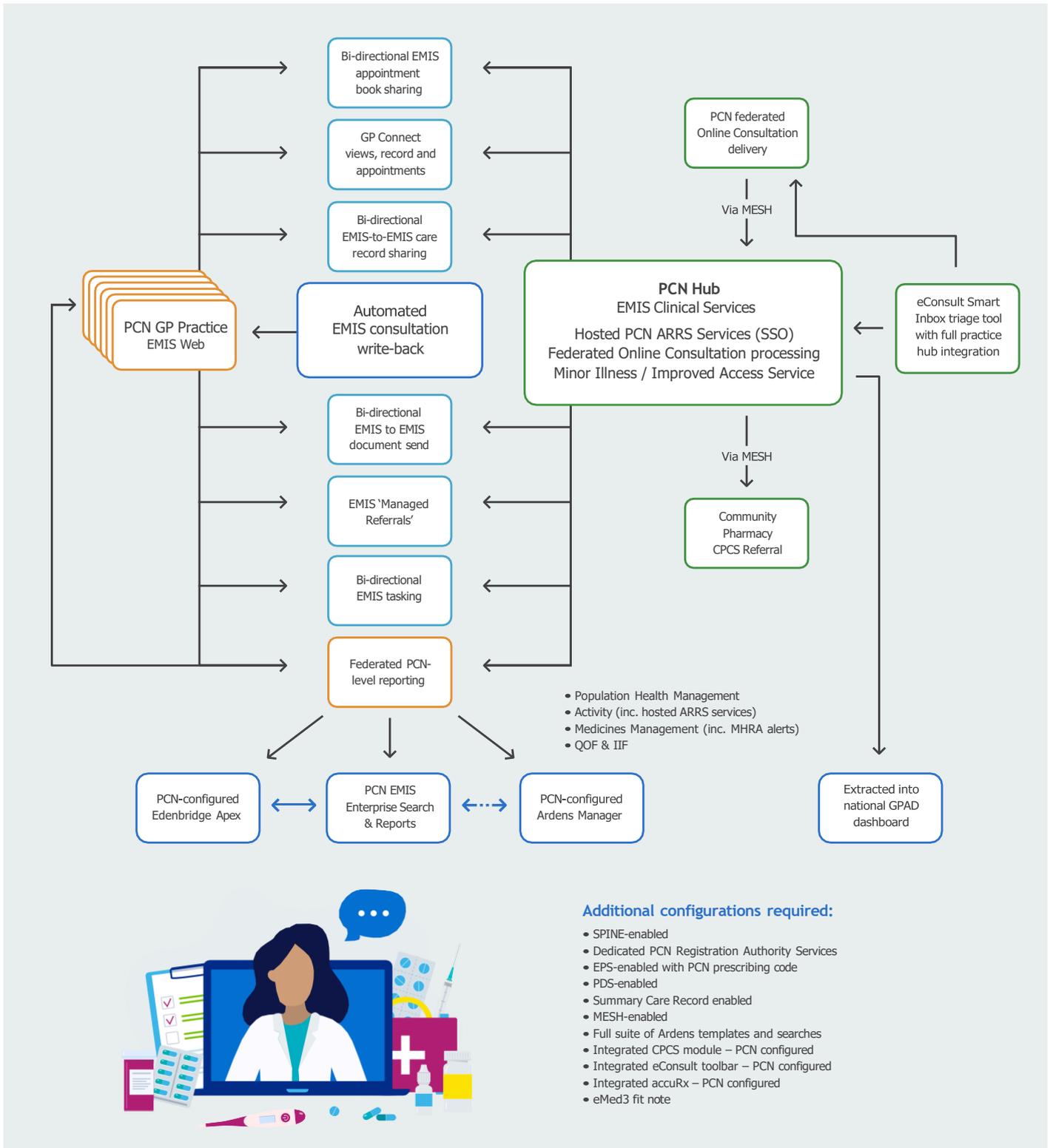


Figure 6: A wireframe showing how the technical solution works

To serve these different operational requirements, the PCN created a detailed technical model that described the specification and ensured the technology serving the hub reflected the individual needs and circumstances of its network. This interactive wireframe diagram above summarises how the system fits together. You can download the full [PCN system solution configuration and considerations log here.](#)

All seven constituent PCN practices continue to be supported by the EMIS web primary care system. Within the PCN hub, staff now connect to the EMIS Web clinical service, which comprises:

- PCN federated online consultation delivery
- Message Exchange for Social and Health (MESH) delivery to PCN hub, which enables online consultations from all seven practice websites to be delivered directly to the PCN hub via MESH. This puts them straight into the EMIS Web workflow to be dealt with.
- Details of the national spine services e.g. PDS, EPS and Summary Care Records (SCR)
- The deployment of full suite of Ardens templates and searches into the PCN hub
- Third party integrations configured with the PCN hub e.g. AccuRx, CCG SMS+ contract on-boarding for PCN hub
- Integration of EMIS Community Pharmacy Consultation Service (CPCS) – a module that is integrated into EMIS that provides a pathway to seamlessly refer suitable minor illness patients to a community pharmacy for a consultation
- Full integration of eConsult Smart Inbox online consultation triage tool to manage workflows between practice and hub-based teams

## Technical prerequisites

The technical pre-requisites for an organisation to develop this solution are as follows:

- **An EMIS Clinical Service** (now being marketed as an EMIS “PCN hub”)
- **A dedicated PCN-level smart card service** and associated support contract
- **PDS services** enabled within the EMIS Clinical Service
- **EPS module** enabled within the EMIS Clinical Service
- **A PCN-level prescribing cost centre** issued by NHS England Business Services Authority (BSA) and agreed by the local Integrated Care Board

## Workarounds and limitations

While the technical solution meets the majority of the PCN’s needs, there are still some unresolved technical issues that are reliant on actions by the suppliers, including some key functionalities that the EMIS clinical system cannot yet deliver for PCNs. These need to be factored into early discussions about the scope and operating model for hub-based services as they will apply to all PCNs using an EMIS-based system.

▶ Download the [EMIS PCN hub clinical system functionality issues log](#) which tracks the technical limitations and workarounds that the PCN is working to resolve.



In particular, there are several issues related to the consultation write-back functionality which EMIS is currently working to resolve (see p12 for more detail). Other technical challenges involve electronic referrals via ERS, pathology services managed via the DART system currently used in Kent and Medway, and difficulties integrating third-party suppliers that lack EMIS accreditation for their products to be used within an EMIS Clinical Service.



**An important lesson we've learnt is that you need to be mindful of what is and isn't possible with the systems and third-party products you use. There are always going to be some limitations to what a hub-based system is capable of - make sure you know what they are and factor them into the scope and design of your operating model from the outset.**



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

▶ Find out more about the PCN's approach to innovating at scale by [downloading our Perspectives guide.](#)



# SECTION 6: Workforce design and development

One of the principles that shaped the design and scope of the hub was that it needed to be achievable and realistic for its workforce to deliver. The PCN worked closely with its delivery teams to create an operating model that supported their professional skills and experience while also bringing in the additional expertise necessary to design and embed the technical solution. The hub has also helped to improve the working experience

of PCN staff, supporting greater collaboration between hub and practice staff and creating a stronger “one team” ethos.



### Executive board

Responsible for strategic decision-making

- PCN Clinical Director
- Nominated GP Partner from each of the remaining six PCN practices



### Leadership team

Responsible for operational delivery and transformation programme management

- PCN Clinical Director
- Operational Manager
- Senior Clinical Pharmacist
- Digital Transformation Manager



### Delivery function

Responsible for PCN healthcare service delivery

- Pharmacy Team
- Care Home Team
- Advanced Nurse Practitioners
- First Contact Practitioners MSK
- Mental Health Practitioner
- Dietician
- Paramedic Practitioner
- Care Coordinators
- Social Prescribing Link Workers
- MDT Coordinator
- Occupational Therapist
- Cancer Care Coordinator



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PCN-specific posts  
Actively progressing appointment of new GP Assistant roles

Figure 7: Hub organisational structure and high-level governance arrangements

## The core hub workforce

The PCN initially recruited three Advanced Nurse Practitioners, who were trained on how to review and handle online consultations, manage triaging and referral processes, and provide remote and face-to-face appointments for patients with minor illnesses. A fourth lead nursing practitioner has since been recruited to oversee the team. They are supported by two Care Coordinators, who help with processing of online consultations and communications with patients.

As new capabilities were added into the hub's IT systems, the range of professionals brought into the operating model expanded to include other ARRS-supported roles within the PCN. The wider team now includes: a Physiotherapist, a Lead Pharmacist, a Clinical Pharmacist, pharmacy technicians, a Specialist Cancer Care Co-ordinator, a Paramedic Practitioner, a Social Prescribing Link Worker, and an Occupational Therapist. It also draws in other non-ARRS support, including the work of care home nurses and healthcare assistants employed by the PCN.



Seamless access to clinical systems and IT hardware has made our work more efficient and enjoyable, which has boosted staff morale and created a more supportive and pleasant working environment. The hub has also revolutionised our work dynamics and collaboration, improving communication between teams and increasing clinical contact time with patients.

Sumin Moses, Extended Scope Physiotherapist, Folkestone, Hythe and Rural PCN

## The senior management team

Recognising the importance of digital and change management expertise, the PCN also invested in a management team to support the hub's development. This included an Operational Manager, Digital Transformation Manager and Project Manager, who have all played a pivotal role in building and embedding the new hub operating model.

They report into an executive board led by the PCN's Clinical Director and involving senior representatives from each of the other local practices across the network. The board is responsible for strategic oversight and direction.



Our productivity has soared and patient feedback is extremely positive, as the hub's Minor Illness team can now normally complete an episode of care the same day, either by telephone call, face-to-face consultation or remote closure by way of advice or prescription. This has truly transformed the way we operate.

Alison Hothersall, Lead Advanced Nurse Practitioner, Folkestone, Hythe and Rural PCN

## Staff training and development

Clinical training for the new hub-based nurse practitioners was led by the PCN's Clinical Director and the wider clinical team within the PCN lead practice. This included intensive training on reviewing and handling online consultations, understanding the criteria and thresholds for offering minor illness appointments and ensuring standard operating procedures were followed.

In addition, all staff who would be booking in patients through the hub, whether they worked in the hub itself or at one of the local practices, received training on how to use the new systems to ensure they understood the new tools and followed

consistent processes by the Digital Transformation Manager and the Digital Project Manager.

The hub delivery team has weekly meetings with the PCN leadership team to discuss operational issues, review cases and learning, and advise on how the operating model might be refined based on their experiences and feedback.

▶ Find out more about the PCN's approach to workforce planning and development by [downloading this Perspectives guide.](#)



## SECTION 7: Governance, funding and compliance arrangements

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The hub has been developed in a way that reflects the need to uphold clinical safety, deliver financial sustainability and ensure robust governance processes are in place to protect the patient and workforce. The PCN has developed resources that other PCNs can adapt and use as part of a “lift-and-shift” approach.

### Data protection

The project team worked with an independent data protection officer to ensure the model is safe and compliant. This involved completing a comprehensive Data Protection Impact Assessment (DPIA) that addressed each element of the proposed operating model and identified necessary supporting documentation for the project.

**[You can download the data protection impact assessment here.](#)**

### Clinical safety

Standard clinical safety case resources have been developed for delivering federated PCN-level online consultations, and the team has worked closely to identify potential hazards and provide suitable mitigations in line with the **[clinical risk management standard](#)** set out in the Health and Social Care Act 2012. The scope and requirements of the PCN’s clinical safety team are aligned to **[national guidance and best practice](#)**. The programme has also been fully integrated into the PCN’s standard clinical governance structures and processes. **[A range of clinical safety resources are available to download.](#)**



By doing a lot of the thinking upfront, we’ve built solid foundations in terms of embedding compliance and safety processes into our operating model. This has helped us evolve quickly while assuring ourselves that the services we provide are safe and resilient. ”

Kim Lee – Folkestone, Hythe and Rural Operational Manager

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### Financial sustainability

An important principle when developing the hub operating model was to ensure that it was financially sustainable. The initial staff and IT system costs involved were drawn from three main sources:

1. **The Enhanced Access contract**
2. **Investment and Impact (IIF) funding**
3. **Seasonal Capacity and Access funding**

The PCN’s Enhanced Access contract generated approximately £390,000. Around £210,000 of this funded the Advanced Nurse Practitioners, while the administrative support for those clinicians were claimed under the ARRS. This enabled the online consultation eHub and Minor Illness hub to be provided during core and enhanced access hours. The remaining Enhanced Access funds were distributed to practices to support the remaining contracted hours.

Additional PCN hub services and resource were largely made up of a mixture of ARRS and PCN-funded roles (see figure 8 below). For IT investment, the PCN spent around £25,000 on the various clinical systems and configuration costs. This was drawn from the previous year's IIF performance and profits from earlier contracts. Although Kent and Medway ICB had already procured eConsult, Edenbridge Apex and Ardens on behalf of its PCNs, it was important that the PCN budgeted for the annual recurring licence costs and any additional support for the systems procured directly.

### Other available funding streams

Since the project began, both Advanced Nurse Practitioners (under the category of Advanced Clinical Practitioners) and the Digital Transformation Lead have been recognised under the ARRS scheme, which creates further financial relief. This year, PCNs are also able to access new Capacity and Access Support payments. Please check NHS England's [Ready Reckoner](#) to calculate all potential funding streams available to finance a hub model.

Staff role	Funding stream
Clinical Director	Clinical Director Contribution funding
Operations Manager	PCN-funded
Digital Transformation Lead	ARRS-funded (through reinvestment)
Project Manager	Winter Access plan funded (year 1) / PCN-funded
First Contact Physiotherapy	ARRS-funded
<u>Care Home team</u>	
Lead Nurse & Healthcare Assistant	PCN Care Home Premium
Paramedic	ARRS-funded
GP Lead	PCN Care Home Premium
Mental Health Practitioner	ARRS-funded
Social Prescribing Link Worker	ARRS-funded
Clinical Pharmacists and Pharmacy Technicians	ARRS-funded
Multi-Disciplinary Team for Complex Case Management	ICB-funded
Advanced Nurse Practitioners	Enhanced Access contract
Occupational Therapist	ARRS-funded
Care Coordinators	ARRS-funded

**Figure 8:** How the PCN hub-based staff roles were funded

## SECTION 8: Data intelligence and reporting

Before the development of PCN data analytical dashboards, manual reports had to be generated within each of the seven practice EMIS Web systems, either by practice staff or PCN staff given authorised access into those systems to generate the reports.

These individual reports then had to be collated manually to get any meaningful data at PCN level, which created a large bureaucratic burden and made it more difficult for the PCN to understand levels of demand, track the utilisation of services, maintain oversight of PCN staff workload and ensure additional PCN services were being allocated to practices on a “fair share” basis.

However, by carefully configuring the digital systems and processes used by the hub team and its member practices, the PCN has now been able to harvest more insightful data and intelligence and streamline the way it meets mandatory reporting requirements.

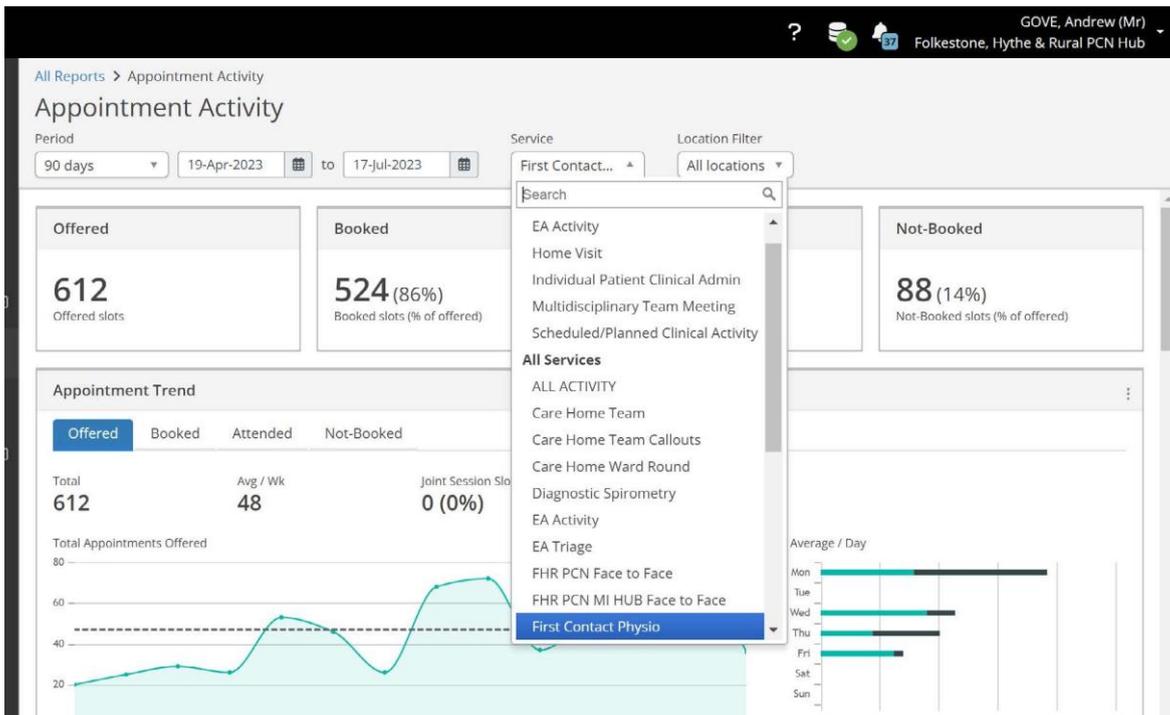
Its data and reporting solution features the following:

- **EMIS’s APEX analytics tool** generates live dashboards charting demand, capacity, and activity across the PCN – helping the leadership team to make data-driven decisions about how to manage their resources most effectively.
- **The APEX Contract Manager function** helps contract managers in member practices to generate claims and invoices for locally-commissioned services more efficiently through automated processes, releasing hours of administrative time.
- The **APEX Contract Manager tool** is also being used by the PCN to monitor their **Impact and Investment Fund (IIF) progress**, with full indicator breakdowns and a highly visual practice benchmarking.
- **EMIS Enterprise, Search and Reports tool** is used to create patient level worklists, allowing a single search to be run across all constituent practices.
- **Ardens Manager tool** is used to manage performance against IIF targets.
- The project team also worked with Edenbridge Apex and NHS England to create a **General Practice Appointment Data (GPAD) dashboard** allowing for “once for all reporting” for the PCN, again simplifying and streamlining reporting requirements for practices.

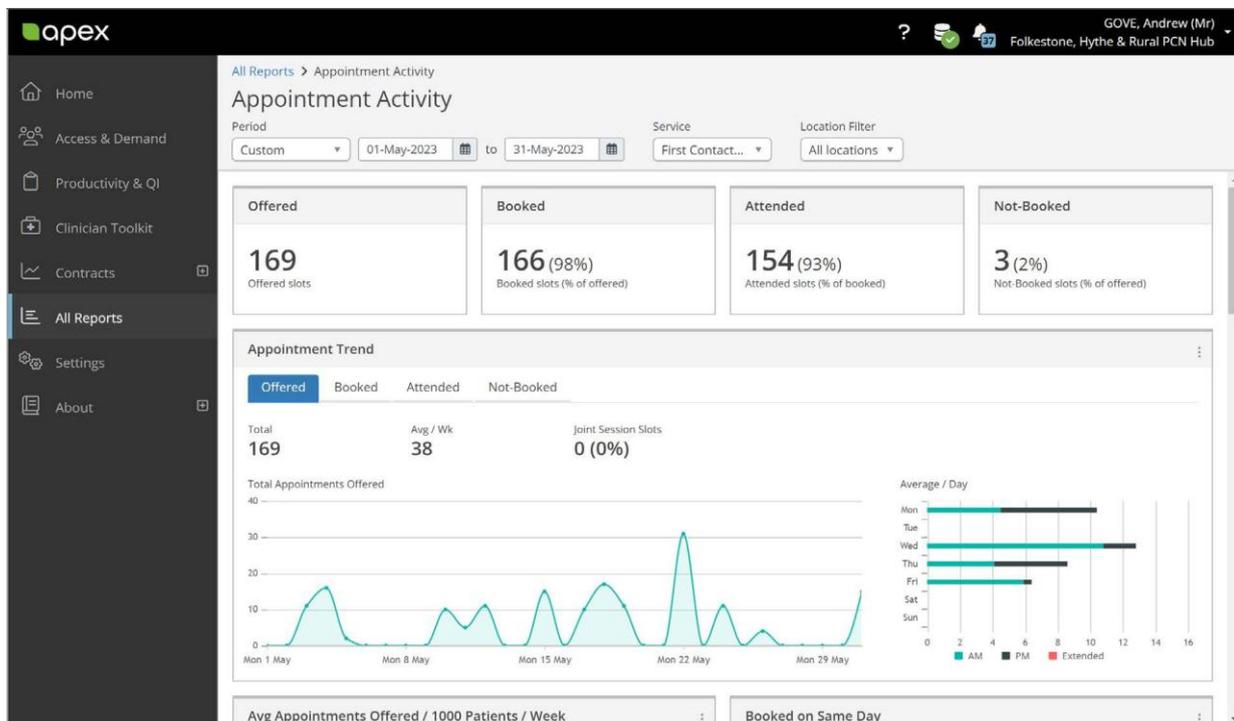
▶ Find out more about the PCN’s approach to harnessing data and intelligence by [downloading this Perspectives guide.](#)



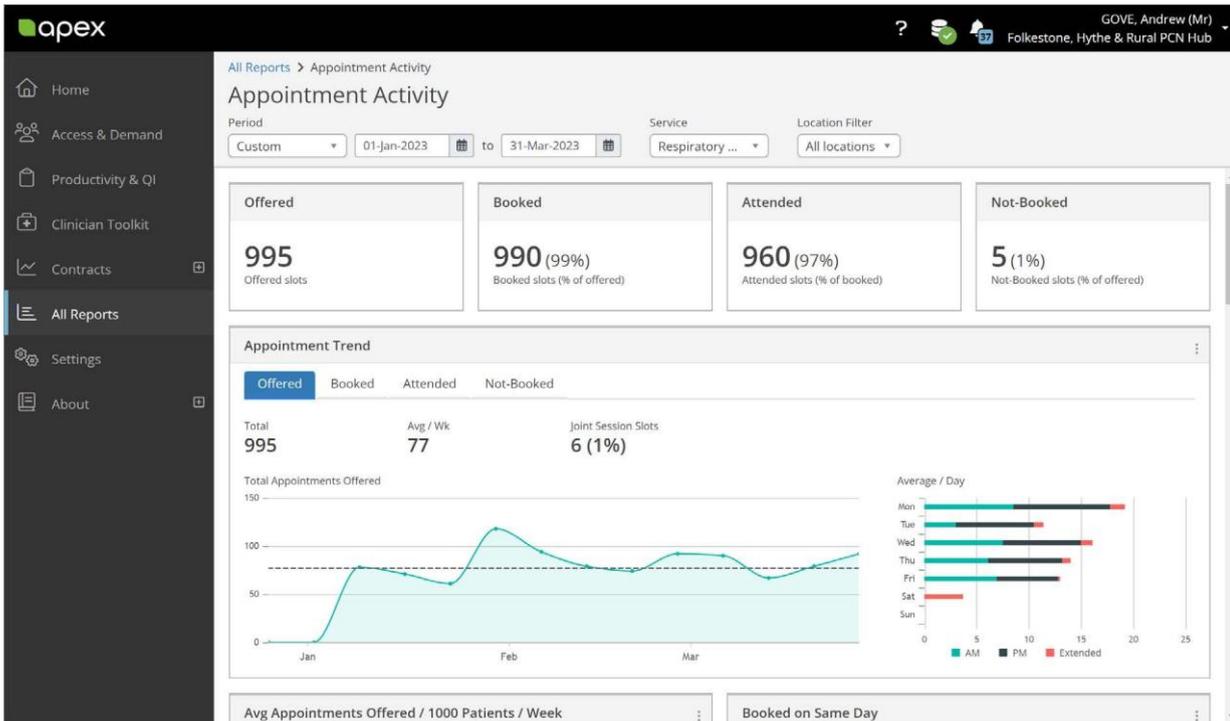
## How the PCN reporting solution work in practice



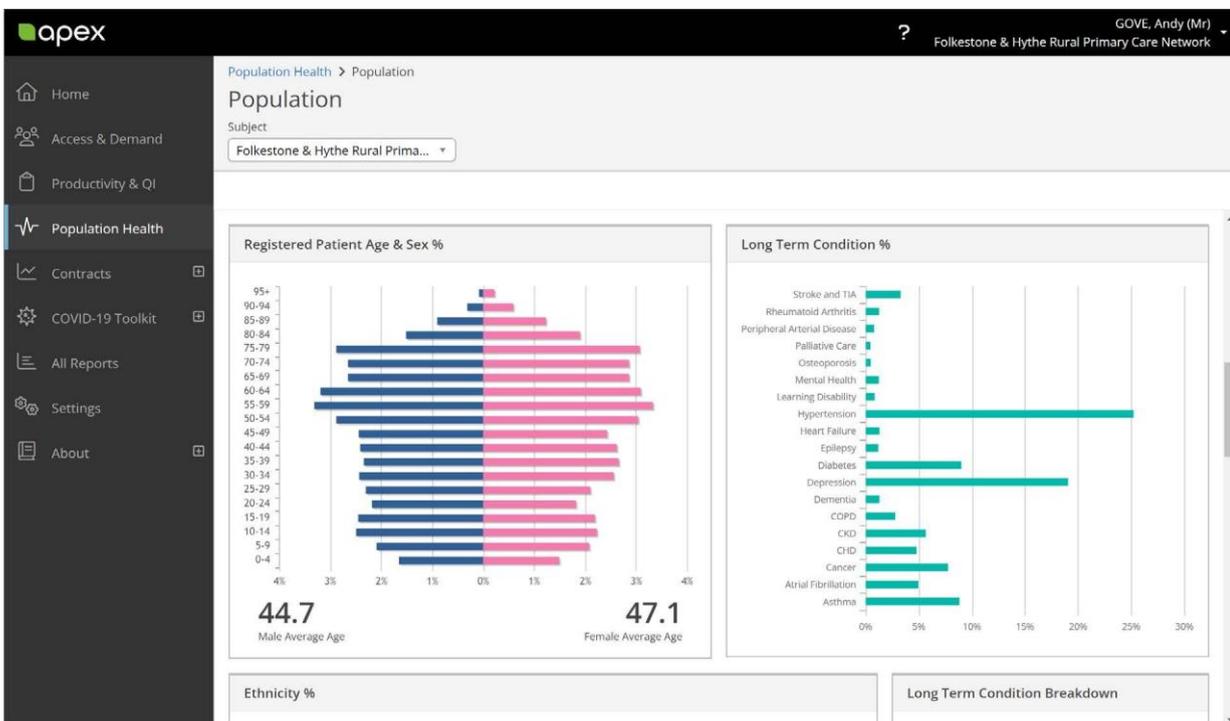
Screenshot 1: Different PCN level services are configured into Edenbridge Apex PCN dashboard.



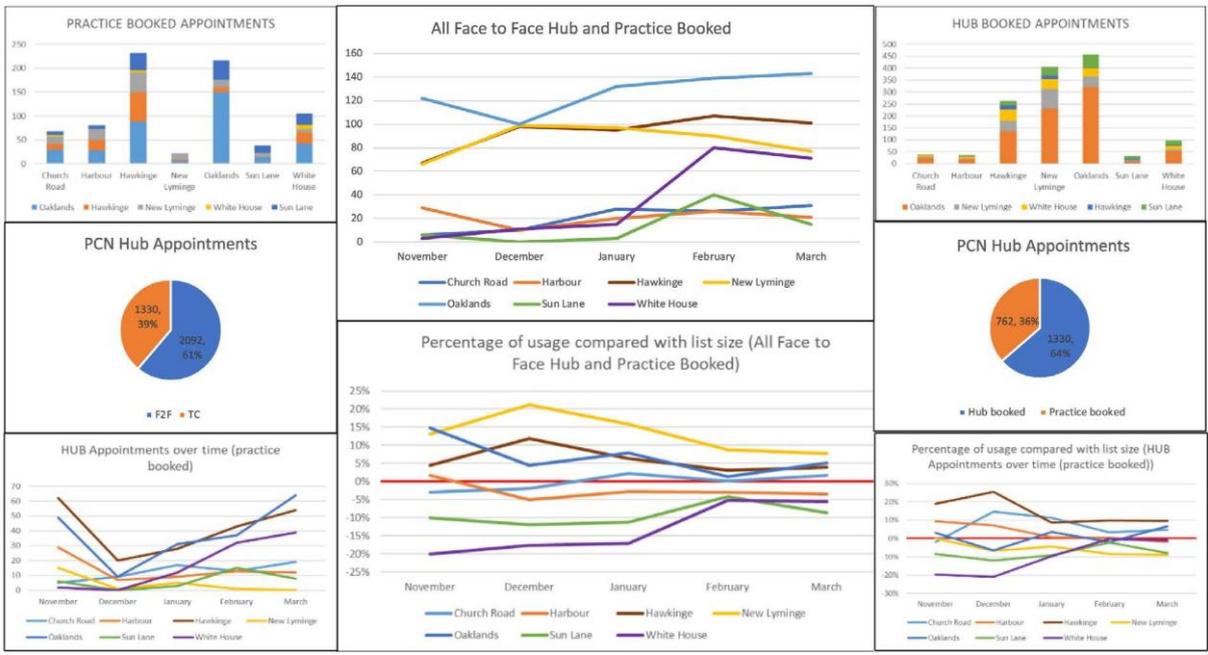
Screenshot 2: An overview of appointment activity for the chosen service (in this case the First Contact Physiotherapy service).



**Screenshot 3:** An overview of appointment activity for the chosen service (in this case Respiratory Hub appointments). This capacity was made available through seasonal funding from the ICB and the reporting capability of the PCN hub has allowed service delivery to be proactively monitored from the outset to ensure best utilisation rates. The PCN can also quickly assess delivery during Enhanced Access hours.



**Screenshot 4:** Consolidated PCN-level views are now available to support proactive population health management



**Screenshot 5:** Various data extracts from the PCN hub help keep track on utilisation and ensure “fair share” principles are being applied. In particular, the central graphs show face-to-face and practice-booked hub activity and the data adjusted to list size. This was a key requirement to ensure that practices and their patient population have fair share access to PCN-level services.

“ Having real-time data highlighting our IIF indicators and progress has enabled our PCN to work collaboratively with practices to ensure work is distributed equitably and targets are met. ”

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



## SECTION 9: The patient's perspective

The following real-life case studies show the impact that the new hub operating model is having across a range of clinical scenarios. These are supported by a full evaluation of the hub project which will be published shortly.

### Case Study 1: Speedy access to urgent medical advice

In mid-December 2022, a concerned parent submitted an eConsult at 6.44am on Monday morning seeking advice for their child who had a sore throat. This was at the height of the Strep A outbreak and shortly before Christmas when practice capacity is often most strained. Before the new operating model was in place, the parent would have been faced with the challenge of getting through to their practice by phone as soon as the surgery opened – and may then have had difficulty securing a same-day appointment due to the pressure on services.

Under the new operating model, the eHub team received the eConsult first thing and had triaged the request by 8.57am. They contacted the parent to offer an appointment by mid-morning, and the child was seen by an Advanced Nurse Practitioner at their local practice for later in the afternoon. In under 12 hours, the patient had been triaged, booked into an appropriate clinical service and given the necessary medical advice and treatment at the busiest time of the week during one of the busiest periods of the year.



### Case Study 2: Supporting 'right care, right place, right person' principles

Late afternoon in early 2023, a patient put in an eConsult request for an elbow injury. The eHub team triaged the request within the hour and confirmed that the case is appropriate for a referral to the First Contact Physiotherapist service. A Care Coordinator then contacted the patient and made a telephone appointment for one week later.

This example reflects the role that the Online Consultation service plays in supporting access to a wider range of PCN services. The First Contact Physiotherapist is available for telephone triage appointments which can be booked directly by practices as well as by the Hub team – and in this case, the patient was triaged, contacted and given an appointment within an hour of submitting their online request.



### Case study 3: Maintaining fast response times during periods of peak demand

According to the data collected over the last year, Tuesday 11 April 2023 represented the busiest day for eConsults, with over 250 clinical requests being submitted across the Folkestone, Hythe and Rural area.

One of these requests was from a patient with a rash or skin condition and came into the team at 9.37am. By 9.42am this had been triaged and a decision to offer a face-to-face appointment was made. By 11.05am, the Care Coordinator had spoken to the patient and booked him in for an appointment at his local surgery.

The fact that a patient could be triaged, contacted and given an appointment within just two hours of submitting an eConsult request, on the busiest day of the year, shows the speed and efficiency of the hub is not hindered by volume. It also demonstrates the scale of workload that is being lifted from individual practices, thereby supporting their resilience at the busiest times too.



As a member of the Patient Participation Group (PPG) for Folkestone Hythe & Rural PCN, I've seen the difference the new operating model has made for patients. It is offering a more consistent level of care across the seven practices, while the additional services delivered by the hub mean that patients are being seen by the right professional for them. ”

Caroline, Folkestone, Hythe and Rural PCN  
PPG Representative



# ANNEX: Additional resources

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## The Perspectives series

The Folkestone, Hythe and Rural PCN project team has developed [a collection of practical mini-guides](#) to support this blueprint. These cover the access model, workforce design and development, innovation and data in more depth, providing further advice on how to provide further advice on how to establish a similar model and capture the team's experiences and lessons learnt. Their aim is to provide other PCNs with practical support and first-person perspectives on how to manage similar projects.

## Other downloadable resources

Below are all the other frameworks and documentation referenced in the blueprint guide, many of which can be lifted or adapted for use in other PCNs.

### Delivery roadmap

This one-page PDF provides an overview of the key elements involved in delivering the PCN hub operating model, along with a list of suggested actions.

### Standard operating procedures

Reference materials are available to support the development of standard operating procedures for online consultation triage, Minor Illness and Digital Spirometry services. Further resources will be added over time.

### Full PCN system solution configuration and considerations log here.

A detailed excel sheet providing a full list of the technical capabilities that support the PCN hub operating model.

### Training manuals and resources

A range of sample training materials and instruction manuals that can be used to support PCN Hub and practice staff in the use of associated clinical systems.

### Sample job descriptions

These include sample job descriptions for the PCN Hub Advanced Nurse Practitioner (Team Leader) and the Digital Transformation Manager role, as well as the nationally-agreed job description for the ARRS-funded Digital Transformation Lead role

### EMIS PCN hub clinical system functionality issues log

This provides a list of known technical issues associated with PCN Hub Operating model, along with suggested workarounds and estimated timescales for fixes (where known).

### Clinical safety resources

This includes a hazard log and clinical safety case report to support the implementation of the online consultation triage function (eHub).

### Data governance framework

This provides the supporting information governance (IG) framework model for the PCN hub operating model.

▶ All resources can be downloaded from the [NHS England South East Primary Care Transformation team web page.](#)



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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@nhs.net](mailto:adriana.jimenez@nhs.net).

## Acknowledgements

The Folkestone, Hythe and Rural PCN leadership team and NHS England South East regional office would like to thank staff at all member practices and within the PCN who have contributed to the effective delivery of this model.