

Primary Care Networks (PCNs)

HASC – March 2019

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Primary Care Networks

A working definition.



- Primary care networks enable the provision of **proactive, accessible, coordinated and more integrated primary and community care** improving outcomes for patients. They are likely to be formed around natural communities based on GP registered lists, often serving **populations of around 30,000 to 50,000**. Networks will be small enough to still provide the personal care valued by both patients and GPs, but large enough to have impact through deeper **collaboration between practices and others in the local health (community and primary care) and social care system**. They will provide a platform for providers of care being sustainable into the longer term.

NHS Long-term Plan

What is it?

- A 10 year plan setting out the ambition for the NHS during this period. Key areas of focus are prevention, population health, improving clinical outcomes and reducing health inequalities.

Key Messages relevant to primary and community care

- The Integrated Care System will be key.
- The CCG's commissioning role will change.
- A new service model is required that will support health prevention and ensure that people are mainly cared for in their communities.
- To support this aim Locality Networks will form (by June 19) based on neighbouring GP Practices and other health and social care providers and voluntary groups working together covering populations of 30-50K +.
- Locality Networks will need a good understanding of their population health needs and will be required to maximise digital solutions for care delivery.
- Enhanced Services will be able to be delivered by PCNs through Locality Network contracts
- There will be a £4.5 billion increase in investment in this area of healthcare within 5 years.

NHS Long-term Plan

Fully Integrated Community Based Healthcare (Multidisciplinary teams, including GPs, pharmacists, district nurses, social workers, allied health professionals and the voluntary sector)

1. Community health crisis response service delivered within 2 hrs of referral
2. Re-ablement care within 2 days of referral
3. Multidisciplinary teams aligned to Locality Networks
4. Community hubs
5. 111 booking into both Community Pharmacies to promote self-care and enhance GP access.
6. QOF supporting personalised health care
7. Locality Networks supporting A&E attendances, admissions and discharges by streamlining patient pathways.
8. Improved NHS support to all care homes via a locality based MDT team
9. Carers will benefit from greater recognition and Support
10. Improved digital home monitoring for health care and digital primary care access

A Five Year Framework for the GP Services Contract



A five year framework for the GP services contract

- 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*.
- The agreement sets out the changes in the 19/20 GMS Contract and joint proposals for reform for the four subsequent years.
- The Framework sets direction for primary care and seeks to address the core challenges facing general practice.

Summary of agreement

- Addresses workload issues
- Brings a permanent solution to indemnity costs and coverage
- Improves the Quality and Outcomes Framework
- Introduces a new Network Contract DES
- Helps join-up urgent care services
- Enables practices and patients to benefit from digital technologies
- Delivers new services to achieve *NHS Long Term Plan* commitments
- Gives five-year funding clarity and certainty for practices
- Tests future contract changes prior to introduction

New GP Contract

Key Points

- 5 year framework to support the NHS long-term plan
- **Workforce fund** – For additional staff roles – Pharmacists & Social prescribers (2019), Physician Associates and First Contact Practitioners (MSK) (2020) and Community Paramedics (2021). Funding & workforce to be at Locality Network level. (70% system funding , 30% Network funding)
- **Indemnity** – New NHS Indemnity scheme from 1st April (includes OOH, GPs and locums and all practice staff), this will not be removed from current global sum it will be additional funding
- **Reform of QOF** – Retiring a quarter of points and recycling points into (i) new quality improvement domain (2 in 19/20 – Prescribing safety and EOL) (ii) 15 new indicators incl. Diabetes, Blood Pressure, Cervical screening. Personalised care adjustment – precise reasons for exception reporting. Reviewing Heart Failure, COPD 19/20 Mental health to be reviewed in 2020. CCG is likely to continue to offer the PCDS during 19/20.
- **Network Contract DES** – This is to encourage engagement in Locality Networks , 100% sign up is expected. **New Service specifications** - Medication reviews, Enhanced health in Care Homes (GP ward rounds & hydration reviews), Anticipatory care service provided jointly with community, personalised care programme, Supporting earlier cancer diagnosis, increased case finding (AF, Hypertension), local action to tackle health inequalities (including access to services).
- **Network Participation Practice Payment** will start in 2019 and will be a practice entitlement. A typical practice will receive over £14,000 each year from April 2019, in return for their initial and then continued active participation in a Primary Care Network as demonstrated by signing up to the Network Contract DES by 1 July 2019 and their subsequent participation.

PCN Formation - Principles to consider (1/3)

Membership - Strength of relationships, in particular bonds of affiliation between its *members and the wider health and social care community* who care for the population.

List size – A PCN will tend to be 30,000 – 50,000 but consider the list size and the population density required in order to create the *critical mass to do the tasks expected*.

Network area – The PCN *geography must make sense* to: (a) its constituent practices; (b) to other community-based providers, who configure their teams accordingly; and (c) to its local community, given it marks the extent of PCN accountability for the health and wellbeing of a defined place.

Network Agreement - Will need to be in place and *strengthens the collaboration between all constituent practices*.

PCN Formation - Principles to consider (2/3)

General Practice Stability - will your PCN support your practice to survive and evolve over the coming decade, and provide a means of mutual support for better workload management

Different roles – will your PCN be able to create and use new workforce roles that will benefit patients including those that support MDT working whilst still operating on a human scale with clinicians able to know each other

Investment – can the PCN with the dedicated joint investment and as a delivery vehicle offer services that the NHS couldn't reasonably ask of every individual practice

Integration – is your PCN the natural unit with a clear geography for integrating most health and social care on which other community-based services can then dock.

Community leadership - The PCN Clinical Director will be expected to provide strategic and clinical leadership to help support change across primary and community health services

Care Model:

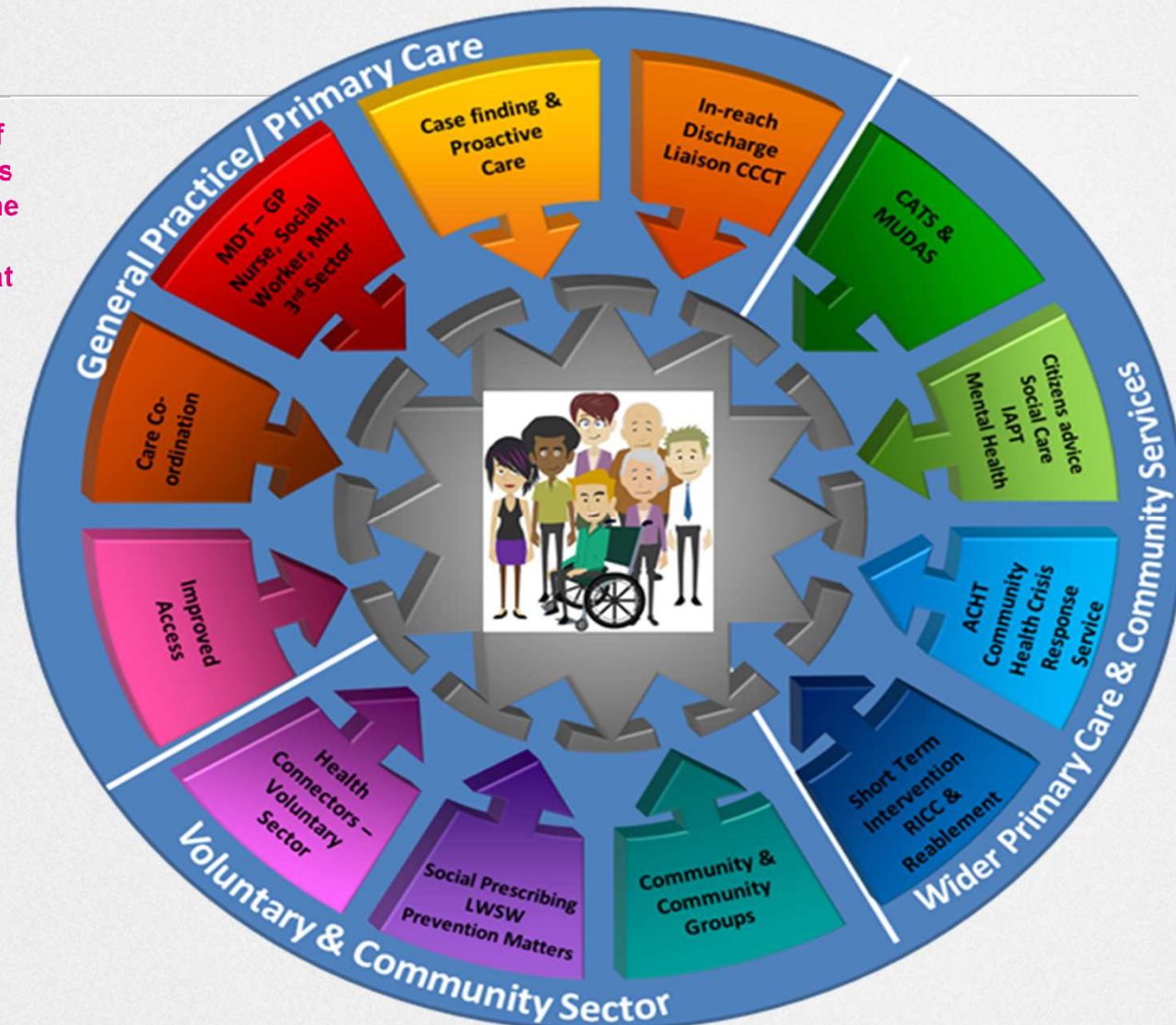
PCN Further Considerations - (3/3)

Vision and Alignment to ICS



The Whole Systems Approach –

The translation of early elements of the Care Model for locality networks is crucial especially in respect of the maturity matrix (see section 6.1.3). Early discussions during January at the Steering Group, Clinical Leads meeting and Integrated Care Delivery Board has resulted in the emerging thinking.



Network Contract DES

Timeframes

- **15 May 2019** – Network registration form submission to CCG to include
 - (i) names of the Locality Network member practices;
 - (ii) the Network list size, i.e. the sum of its member practices' registered lists as of 1 January 2019;
 - (iii) a map clearly marking the agreed Network area;
 - (iv) the initial Network Agreement signed by all member practices;
 - (v) the single practice or provider that will receive funding on behalf of the PCN; and
 - (vi) the named accountable Clinical Director.
- **31 May 2019** - CCGs to confirm registration requirements have been met including explicit support from the leadership of the local Integrated Care System (ICS) and Sustainability and Transformation Partnership (STP).
- **1 July 2019** – Network 'go live' including
 - Year 1 of the additional workforce reimbursement scheme

Leadership Team

Locality	GP lead (1 session a week)	PM (1 session a week)	Comments
A&C	Shaheen J/Clare G	Jeremy Pinner	
South AV	Martin T/Stephen S	Ellen S/Lesley MF	
Central AV	Sunil P		
Wycombe	Arnab B/Rashmi S/Russell M	Zoe B/Shannon H	
Southern	Nicki T/Conan H/Tilly S	Louise Bzdek	Helen E (Nurse)
Wooburn Green	Penny M/Oliver L		
North AV	Satheesh R	Debbie R	

Integrated Care System - Improvement Facilitator Band 7 (Fixed Term or Secondment) - NHS website link

https://www.jobs.nhs.uk/xi/vacancy/?vac_ref=915457934

Locality Leadership Team

The intent is for this team to:

Ensure the planning and development of PCN delivery plans between now and the end of May 2019 and alignment to the Long Term Plan

1. The team will lead on the development of network/s proposal re delivery
2. The team will ensure the sharing of 'existing best practice' with other networks
3. Leads network/s colleagues from general practice and other partners across the system to describe the current state of maturity.
4. Ensures that network/s performance and activity is understood in collaboration
5. Responsible for the next stage delivery of PCN and the care model ambition in totality and actively involved in the execution of the plan, raising clinical concerns and risks and issues to delivery as appropriate.
6. Responsible for, and actively involved in the delivery of the project / workstream, ensures delivery is based on best clinical practice and as appropriate represents the locality project at the relevant steering groups, raising risks and issues to delivery as appropriate
7. Attending/Representation

Next Steps

Timeline	Action
22 February 19	Expression of interest for interim clinical & PM lead role for the Locality Network transformation team (3 months initially).
26 February 19	GPC Contract Roadshow hosted by the BMA from 7pm – 9pm at The Holiday Inn, High Wycombe
12 March 19	Education evening session from 6pm – 9pm at Missenden Abbey, hosted by FedBucks, and facilitated by the LMC to continue discussions around PCNs
12 April 19	Agree your network practices, scale of ambition and subsequent priorities & plan – workshop
12 April 19	Agree longer term Clinical Director for the network
26 April 19	Agree funding flows
15 May 19	Complete and submit registration form

Programme Delivery Framework:

- Programme Structure: Steering group and Mobilisation Group and ToRs (in place)
- Core Dependencies and interdependency matrix

The steering group will link to and keep abreast of developments in a number of cross cutting areas which may be reported on in different forums including

- | | |
|--------------------------------|---|
| o Population Health Management | o Organisational Development / Workforce |
| o ICT Interoperability | o Integrated Team Development |
| o Patient Outcomes | o Locality Leads Meeting |
| o ASC Transformation Board | o Short term interventions steering group |
| o CATS Governance Board | |

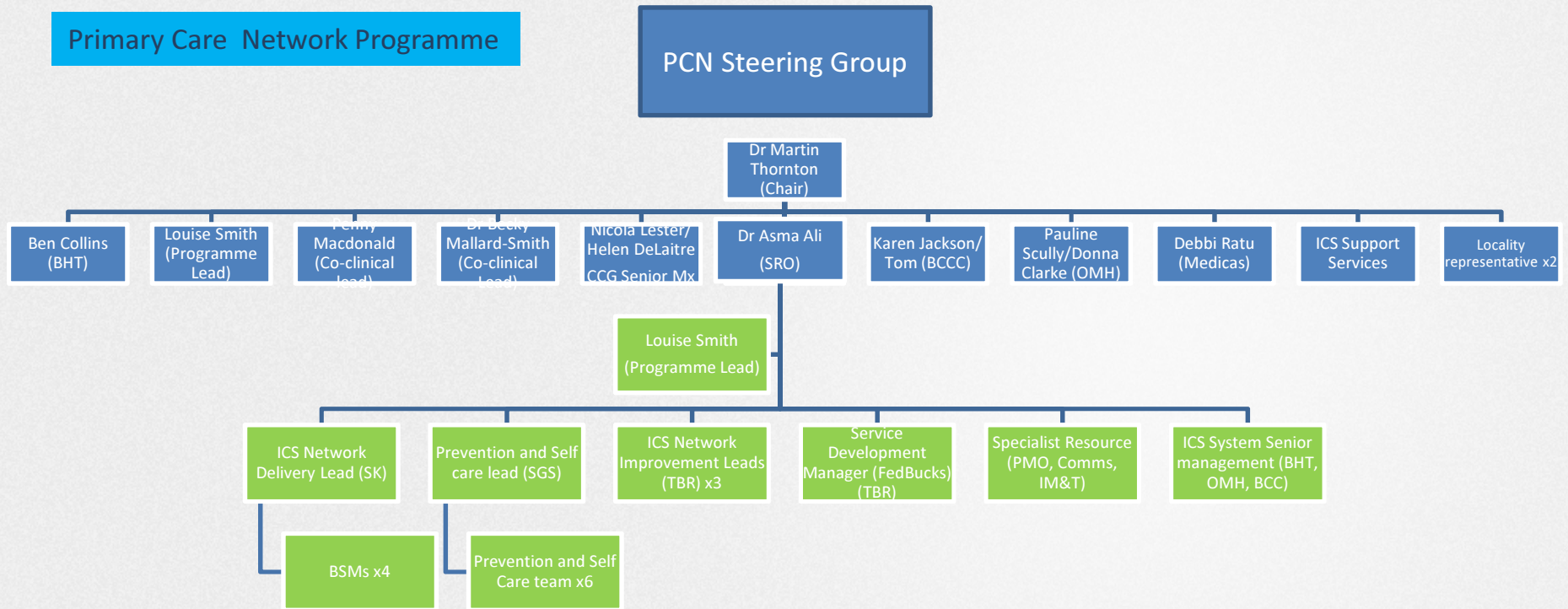
- Resources: Transformation Teams as party of locality teams, Alignment
- Delivery Plan



Primary Care Network Programme



**Your community
Your care**
Developing Buckinghamshire together



Blue – Steering Group
Green – Transformational Delivery Group

Locality Delivery Group:

Locality Delivery Group x7

Each Locality Network will have a

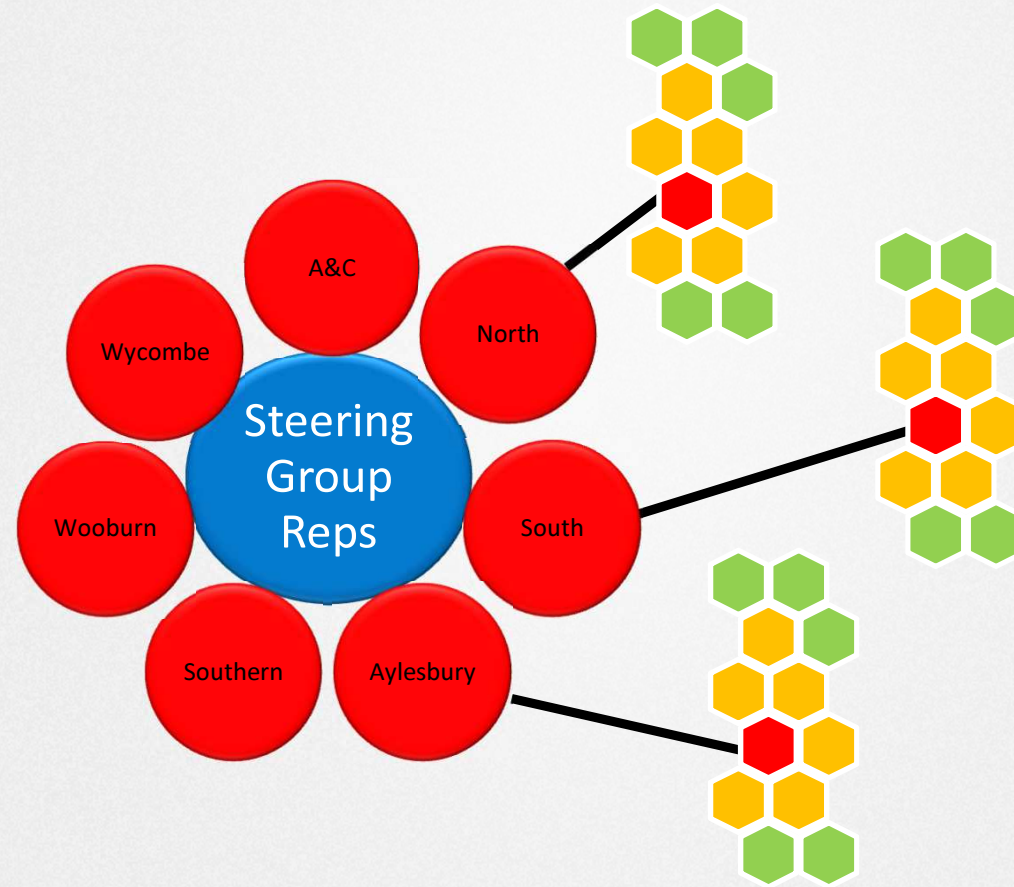
- Core team
- Lead representative sitting in the forum
- Support to transform from the transformation group



PCN Mobilisation Group:

Each Locality Network representative will sit on the PCN Mobilisation Group which will

- Ensure smooth comms with Steering Group and on the ground representation
- Share best practice and ideas
- Support and troubleshoot issues



Delivery Plan

Programme Infrastructure -
Short Term Delivery (<90 days)

Locality Infrastructure
(Group 1 - Aylesbury Central, North & Wycombe)
Short term delivery (<90 days)

Locality Infrastructure
(Group 2 - Southern, South, Wooburn & A&C)
Medium term delivery (6-9 months)

Locality Service Redesign

Infrastructure

Top 3 priorities for service development in each locality
implemented

The community care model will integrate 24/7 primary care, improved
access, integrated teams and reablement with clarity on cross
border service support

100% of the county will have in place integrated teams which are
focused on providing proactive care to those with co-morbidities,
including the frail so that Residents where an intervention will make
a difference are identified and proactively managed

Communications Workstream

IT Workstream

1. Next Steps (Till March 2019):

The Steering group members have met with localities (all 7) in the 2 weeks in January and have discussed the intent, implications, next steps and how we progress the self-assessment and maturity matrix. There has been real enthusiasm and buy-in. The recognition of critical success factors and core dependencies (6.1.2) and a whole system approach (not primary care only) is there.

- **For steering group**
 - Agree membership
 - Meet with CLLs and all localities
 - Work with CLLs to agree *maturity matrix
 - Mobilise transformation resource
 - With localities develop implementation plan

*This is a national ask to support networks to evaluate how well developed they are. For Locality Networks development in Buckinghamshire, we are planning to develop and agree these with the clinical leadership and localities.

- **For localities**
 - Self assessment against matrix
 - Locality map of what services are in locality
 - Look at locality profiles and agree priorities
 - Develop milestone plan
 - Agree mobilisation model within each locality
 - Integrated care Board signs off mile stone plan

