



# Health & Adult Social Care Select Committee – Development of Primary Care Networks Inquiry



Cllr Jane MacBean  
**Chairman**

“In 2019 the UK Government restructured GP practices into collaborative groupings called Primary Care Networks (PCNs), with each network designed to include between 30 and 50 thousand patients.

It has become apparent through this piece of work that the establishment of PCNs is one of the most ambitious and important developments in primary care in recent years and our local PCNs have developed very differently. The Covid pandemic has, no doubt, affected their progress and in July 2022 a new Integrated Care Board and a Buckinghamshire Integrated Care Partnership were formed, so we feel now is the time to re-focus on delivering the ambitions set out by the NHS in its Long-Term Plan that placed PCNs at its heart. We hope the recently appointed Integrated Care Board and Integrated Care Partnership lead officers for Buckinghamshire will make delivery of successful Primary Care Networks a priority over the coming months and ensure greater progress, transparency and accountability.

I would like to thank everyone that gave up their time to talk to the Members of this Inquiry Group and contributed to our evidence gathering. All the meetings were incredibly valuable in improving our understanding of the key issues affecting the development of PCNs in Buckinghamshire. This report contains 17 recommendations, aimed at different local organisations responsible for delivering health and social care services, all of which aim to improve the way PCNs work, which will in turn deliver wider benefits and better health outcomes to patients living in Buckinghamshire.”



Cllr Phil Gomm



Cllr Carol Heap



Cllr Howard Mordue



Cllr Alan Turner



Cllr Julia Wassell

***“NHS England has significant ambitions for Primary Care Networks, with the expectation that they will be a key vehicle for delivering many of the commitments in the NHS Long-Term Plan and providing a wider range of services to patients.”***

***King’s Fund report, November 2020***





## Contents

Aim of the inquiry.....	4
Inquiry scope.....	4
Methodology.....	4
National & local context .....	5
Summary of recommendations.....	6
Key findings and recommendations.....	8

## Aim of the Inquiry

The Health & Adult Social Care Select Committee recognises the importance of Primary Care Networks (PCNs) and has been closely following their progress over the last few years. The last update received by the Select Committee in September 2020 raised concerns about the pace at which PCNs developing, in particular their success in recruiting to the additional roles set out by the Additional Roles Reimbursement Scheme (ARRS).

The Select Committee was keen to undertake a cross party inquiry to gain a better understanding of the current working practices of the PCNs and Patient Participation Groups (PPGs) and understand the key challenges around the recruitment to the additional roles. In addition, the Inquiry Group wanted to collate examples of good practice and discuss areas of improvement with key partners which could help to increase the pace of recruiting to the additional roles and enhance the overall effectiveness of PCNs.

## Inquiry scope

The inquiry was set-up to achieve the following:

- An independent review of the progress in developing PCNs across Buckinghamshire;
- Explore the current working practices of the PCNs, the gaps in recruiting to the additional roles and the challenges faced by the individual PCNs in developing their networks;
- Understand the resources available to PCNs to assist with their development, for example, around patient communications, event organising and links with mental health providers, community and voluntary services;
- Collate examples of good practice across the 13 PCNs (and from other authorities) and discuss what “good looks like” for a PCN;
- Understand in more detail the impact of GP vacancies within primary care alongside plans for future proofing increased demand on primary care;
- Review the current working arrangements of the Patient Participation Groups and how they are working with their GP surgeries and the wider PCN;
- Overall aim – to identify areas to help PCNs in their development and to bring together the collective challenges and barriers facing the PCNs and to highlight the role of the PPGs – both key vehicles in the development of the Integrated Care System.

## Methodology

Evidence gathering sessions were held between 12<sup>th</sup> January 2022 and 16<sup>th</sup> June 2022 with the following groups of key stakeholders and individuals.

- Head of PCN Delivery and Development, Buckinghamshire Clinical Commissioning Group;
- Chairmen of Patient Participant Groups;
- Healthwatch Bucks;
- Head of Service, North & East Localities, Adult Social Care;
- Primary Care Network Managers;
- Accountable Clinical Directors;
- Consultant in Public Health;
- Healthwatch Oxfordshire;
- Director of Primary Care, Berkshire West Clinical Commissioning Group;
- Primary Care Mental Health Team Manager (ARRS), Oxford Health NHS Foundation Trust;
- Community Team Leader, Buckinghamshire Healthcare NHS Trust

As well as the above meetings, an online survey was carried out with Practice Managers (16% response rate) and desk top research was undertaken to provide the national context.

## National Context

In July 2019, as part of the NHS Long-Term Plan (LTP), around 7,000 general practices across England came together to form more than 1,250 Primary Care Networks, covering populations of approximately 30,000-50,000 patients. Bringing general practices together to work at scale has been a priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff, to manage financial and estate pressures, to provide a wider range of services to patients and to ease integration with the wider health and care system.

The new five-year framework for the GP contract published in January 2019, put a more formal structure around this way of working. To support PCNs, the Additional Roles Reimbursement Scheme (ARRS) provides funding for 20,000 additional roles to create bespoke multi-disciplinary teams, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers.

There are 7 national service standards for PCNs to deliver against, including medication review and optimisation, improved health in care homes, early cancer diagnosis and tackling neighbourhood inequalities.

Also included in the GP contract is the stipulation that every GP practice should have a Patient Participation Group (PPG) and the LTP states that the PCNs will work with their PPGs and local communities in making plans, identifying priorities and seeking feedback on how services are delivered.

The LTP also sets out an ambitious transformation of care for people with severe mental illness. The Community Mental Health Framework was published in 2019 with the aim of realigning community mental health with primary care networks. According to a presenter at a recent LGA conference, “Not all PCNs have risen to the challenge and since 2021, only 36% of all PCNs have a mental health practitioner” (*LGA conference – Community Mental Health Framework and Local Government, May 2022*).

The Kings Fund published a report in April 2020 “Integrated Care Systems explained: making sense of systems, places and neighbourhoods” which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three-tiered model – System, Place and Neighbourhood. Primary Care Networks and multi-disciplinary community teams form at neighbourhood level.

Since July 2022, Integrated Care Systems were established across England on a statutory basis which includes Integrated Care Partnerships and Integrated Care Boards. This has seen the abolition of the clinical commissioning groups.

## Local Context

In Buckinghamshire, there are 13 Primary Care Networks (in April 2021, north Buckinghamshire split into two PCNs – “North Bucks” and “the Swan”). See Appendix 1 for a map showing the PCNs in Buckinghamshire. The Health & Adult Social Care Select Committee has, over the past few years, received presentations on Primary Care Networks and reviewed their development. It is fair to say, that the PCNs are developing at very different rates and their success in recruiting to the additional roles is varied. Table 1 below highlights this.

Buckinghamshire is part of an Integrated Care System with Oxfordshire and Berkshire West (known as BOB ICS). The BOB ICS comprises of 5 local authorities, 3 clinical commissioning groups and 5 NHS Trusts.

Whilst this inquiry has focussed on the development of PCNs across Buckinghamshire, it is worth noting that there are 20 PCNs in Oxfordshire and 15 PCNs across the Berkshire West footprint. We hope that some of our findings and recommendations will be used to help inform future decisions affecting the delivery of primary care across the BOB ICS.

**Table 1 - Latest recruitment figures by PCN (June 2022)**

PCNs	ARC	Phoenix	BMW	Maple	Chesham and Little Chalfont	Cygnets	Dash wood	Mid-Chilterns	North Bucks	South Bucks	The Chalfonts	The Swan	Westongrove
Advanced Practitioner	3.0	1.0	1.2					0.6		1.0			
Care Coordinator	5.0	1.8	1.0	1.0			3.8	4.8	0.7	3.1	1.1	3.2	1.0
Clinical Pharmacist	9.8	4.6	1.6	2.0	1.6	5.1	3.0	2.8	1.0	2.5	3.1	0.8	1.0
First Contact Physiotherapist	0.9	1.6	1.2	0.4			1.0			1.0	0.6		1.0
Health and Wellbeing Coach	1.0	1.0	1.0					2.0				1.0	1.0
Mental Health Practitioner Band 7				1.0									
Mental Health Practitioner Band 8a		1.0						1.0					
Nursing associate								0.1					
Occupational therapist										0.1		0.8	
Paramedic		0.9				2.0	1.0			0.8	1.2	1.9	1.7
Pharmacy Technician	2.0	1.0		1.0		3.4		1.0	0.6	0.8	1.0	0.5	1.0
Physician Associate							2.0			5.0	2.0		1.0
Social Prescribing Link Worker	5.0	1.0	3.4	4.3	1.0	2.5	2.0	3.8	2.3	4.0		2.0	1.0
Trainee nursing associate									0.9		1.0		
<b>Grand Total</b>	<b>26.7</b>	<b>13.9</b>	<b>9.5</b>	<b>9.7</b>	<b>2.6</b>	<b>13.0</b>	<b>12.8</b>	<b>16.1</b>	<b>5.6</b>	<b>18.3</b>	<b>10.0</b>	<b>10.1</b>	<b>8.6</b>

*These figures are calculated on hours allocated to each post*

## Summary of Recommendations

The Health & Adult Social Care Select Committee Inquiry group make the following recommendations (grouped together for ease). For the purposes of this report, and to reflect the recent changes across the Integrated Care System, we see place and neighbourhood activities to be delivered by the Place-based Partnership. At the time of preparing this report, the governance arrangements around the ICB, ICP and Place-based Partnerships have yet to be fully and clearly presented.

### ***Governance and oversight***

- 1) A firm commitment from the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to invest, both financially and in people, at local Place level to deliver, through strong leadership, regular monitoring and reporting on progress with PCN development, in an open and transparent way with key partners and stakeholders.**
- 2) The undertaking of a mapping exercise to align future primary care provision, based on fully developed PCNs across the county, with future housing growth at “Place and neighbourhood”. Ensure senior people are involved in conversations between Buckinghamshire Council and health in relation to future planning of primary care. Attendance at the planned joint Select Committee meeting.**

- 3) The preparation of an annual report to the Health & Adult Social Care Select Committee on the performance of PCNs, including resourcing, staffing and outcomes.

#### *Development of Primary Care Networks*

- 4) PCN workforce plans to be published on the websites at Place level, as well as being shared with the Patient Participation Group Chairs on an annual basis to coincide with submission of them to the ICB.
- 5) Ensure all PCNs have a dedicated network manager in post. Lobby NHS England for this to be a funded position as part of the additional roles reimbursement scheme to ensure fairness across the PCNs and to review the current yearly funding arrangements.
- 6) Create through the Place-based Partnership support for PCNs to be creative when recruiting to the additional roles and to lobby NHS England to allow more flexibility around the roles matched to local need.
- 7) Investment by the ICB to ensure a more consistent approach to GP websites leading to updated, accessible and user-friendly information for all patients. Websites to be used to promote the additional services available across the PCN, promote PPGs and to publicise current vacancies.
- 8) Greater consideration should be given to the working environment. Access to IT and other equipment for PCN teams needs to be made easier and the funding available needs to be more clearly publicised to the Network. The benefits of working within a PCN need to be promoted through the recruitment campaigns and to the wider community.

#### *Patient Participation Groups*

- 9) A “Back to Basics” approach should be adopted for developing Patient Participation Groups. The Place-based Partnership should work with Healthwatch Bucks and PPG Chairs to refresh and re-affirm the statutory need to establish a PPG, including a clear steer on the role of the Chair. A directory of PPG Chairs needs to be developed as a matter of urgency and circulated to all PPGs and Network Managers to encourage closer collaboration and the sharing of knowledge and best practice.
- 10) Develop a fair, comparable and consistent approach in supporting the development of Patient Participation Groups across the BOB ICS with clear, measurable outcomes. These outcomes to be co-produced with PPG representatives.
- 11) Provision of regular communications to all PPGs, including topical webinars with guest speakers and regular newsletters for PPGs to help increase their membership. Development of basic mandatory practices, including automatic sign-up prompts for new patients and greater collaboration between PPGs and GP practices to recruit PPG members.
- 12) Linked to recommendation 7, clearer and more comprehensive information on GP surgery websites relating to the work of the PPG, including upcoming meetings and minutes. It needs to be regularly refreshed and updated to include more emphasis on the benefits/improved outcomes that PPGs can provide for patients and a working mechanism for patients to contact their PPG.

## *Partnership working*

- 13) Develop a formalised approach/framework with clear pathways to ensure named social workers are known to GPs, Practice Managers, Network Managers and Community Healthcare Teams.
- 14) Re-introduce regular Multi-Agency Group meetings to include mental health practitioners, social prescribers, social workers, district nursing teams and reablement & rehabilitation teams.
- 15) Community Board Managers to reach out to PPG Chairs and PCN Inequality Champions to build relationships and work together to realise both the NHS LTP in bringing PCNs, PPGs and local communities together as well as supporting the delivery of the “Opportunity Bucks” theme around health and wellbeing.

## *Digital, data and information sharing*

- 16) Investment by the ICB to prioritise the delivery of consistent digital and data solutions. Develop a clear strategy for delivering population health management across the county for PCNs, informed by updated census information.

## *Communications*

- 17) The Place-based partnership to develop a co-ordinated communications and engagement plan for key partners involved in PCN development to enhance joint working, deliver key public messages, written in Plain English and share best practice and information. Plans to be published on all GP surgery websites and PCN websites.

Please read on to understand more fully the reasoning and evidence behind the recommendations.

## Key Findings & Recommendations

After carefully considering the evidence collected at meetings with key stakeholders, the inquiry group wish to report on our key findings, observations and recommendations across a number of important themes, as follows:

### **Governance and oversight – Integrated Care System and “Place-based” activity**

- It became clear during our discussions with key stakeholders that the changes in putting ICSs on a legal footing from 1 July 2022 and the subsequent changes to governance structures, including the abolition of the Clinical Commissioning Group, has led to a lengthy and confusing period of transition and ongoing transformation. We understand that the current roles within the CCG have transferred into the new structure from July 2022 but there is still no clarity on the reporting structure, priority areas or accountability.
- We are concerned that the creation of the Integrated Care Board (ICB) and Integrated Care Partnerships (ICP) across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) footprint could impact on the delivery of some existing local functions, including oversight of the PCN Development and Delivery, which is currently led by the CCG.
- As mentioned earlier, there are 7 national service standards for PCNs to deliver against under the Network Contract DES. These services are focused on areas where PCNs can have significant impact against the ‘triple aim’:



- Improving health and saving lives, i.e. from strokes, heart attacks and cancer;
  - Improving the quality of care for people with multiple morbidities, i.e. through holistic and personalised care and support planning, structured medication reviews, and more intensive support for patients who need it most including care home residents; and
  - Helping to make the NHS more sustainable, i.e. by helping to reduce avoidable hospital admissions.
- We understand that these services are currently at different stages of delivery and progress is being monitored by the CCG. We heard that the Medication Review and Optimisation service is led by PCN Pharmacists which is monitored on a quarterly basis by the CCG. In terms of enhanced health in care homes, we understand that during 2022/23, PCNs will be developing referral pathways, embedding MDTs (multi-disciplinary teams) and working closely with a range of partners to continue developing in this area. In terms of personalised care, care plans are currently being monitored on a quarterly basis. We also heard that each PCN has developed a “Neighbourhood Inequalities Plan” and all PCNs have an inequalities champion in place (more on this under the “partnership” section).
  - We heard that the CCG holds meetings for PCN Network Managers, although we understand these are not regular and we also heard that some Network Managers have set-up their own information-sharing channels. We heard that the Accountable Clinical Directors (ACDs) hold regular meetings to which the CCG is invited. We feel that both the PCN Network Manager meetings and ACD meetings need to be formalised and led by a single qualified point of contact in order to enhance continuity and the minutes of these meetings made publicly available, i.e. published on the local, at Place website. It is essential that accountability and transparency are strengthened to encourage closer partnership working and to ensure key partners and stakeholders remain well informed about what is taking place across the PCNs. We felt this was a gap in the current arrangements surrounding PCNs and would like to see more openness around reporting the progress in delivering against the seven service standards.

**Recommendation 1 – A firm commitment from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to invest, both financially and in people, at local place level to deliver, through strong leadership, regular monitoring and reporting on progress with PCN development, in an open and transparent way with key partners and stakeholders.**

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- From speaking to the Accountable Clinical Directors and Network Managers, it became evident that the introduction of the new roles had created challenges around workspace and additional consulting room space for the clinical staff. In addition, the HASC Select Committee is already aware that some existing GP practice buildings are at full capacity or are older properties which are no longer fit for purpose. Planning for future healthcare provision has been a concern of the Select Committee for some time and hearing the views of those we spoke to, future planning for primary care is becoming ever more pressing. A fully staffed primary care network requires a different approach to how community buildings and GP surgeries are used and with the housing development plans across the county, we feel these issues need to be addressed as a matter of urgency.
  - The HASC Select Committee and the Growth, Infrastructure and Housing (GIH) Select Committee are currently discussing a joint meeting to review the processes surrounding healthcare planning and working with planners and developers to secure future healthcare provision. This meeting is likely to take place towards the end of this year and we would like to see strong representation from health partners at this meeting to ensure progress can be made around this important issue.

**Recommendation 2 – The undertaking of a mapping exercise to align future primary care provision, based on fully developed PCNs across the county, with future housing growth at “Place and neighbourhood”. Ensure senior people are involved in conversations between Buckinghamshire Council and health, in relation to future planning of primary care services. Attendance at the planned joint Select Committee meeting.**

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- Whilst the HASC Select Committee has received a number of presentations over the last few years on PCN development, the latest update in September 2020 raised concerns about the pace at which the PCNs have been recruiting to the additional roles. We recognise that each PCN must identify which roles are most necessary to meet the needs of their patient cohort. However, there are still a number of PCNs that are slow to recruit to a significant level, which is of great concern. To ensure an independent review of the ongoing progress, we would like to receive an annual report on PCN progress. This will also help to provide an ongoing platform for delivering key messages around primary care and ensure that the public voice is heard and help build closer relationships.

**Recommendation 3 – The preparation of an annual report to the Health & Adult Social Care Select Committee on the performance of PCNs, including resourcing, staffing and outcomes.**

## **Development of Primary Care Networks**

- PCNs were launched on 1<sup>st</sup> July 2019 as part of the NHS’s Long-Term Plan. As mentioned above, we heard that PCNs are required to deliver against a set of 7 national service specifications. Three started in 2020/21: structured medication reviews, enhanced health in care homes and supporting early cancer diagnosis. A further 4 specifications have followed – anticipatory care (with community services), personalised care, cardio-vascular disease case-finding and locally agreed action to tackle inequalities.
- The Additional Roles Reimbursement Scheme (ARRS) was introduced to support PCNs in recruiting people to roles which would help to deliver these service specifications. ARRS saw an increase in funding from £430m in 2020/21 to £746m in 2021/22 (BMA presentation, April 2021). The roles were extended from 10 to 12 in October 2020, with the inclusion of nursing associates and trainee nursing associates and now includes paramedics, advanced health practitioners and mental health practitioners (from April 2021).
- Table 1 at the start of this report shows the progress across Buckinghamshire in recruiting to the additional roles. It is worth noting that the additional roles have been introduced in phases with the mental health practitioner roles being one of the latest ones to be introduced. However, the table does currently show an uneven spread, both in terms of the numbers recruited to each role and where the gaps are where PCNs have yet to recruit to the specific roles (ranges from 2.6 posts in one PCN to 26.7 posts in another).
- We understand that each PCN submitted workforce plans on 31 August 2020 outlining their recruitment intentions for the roles for 2020/21. We heard that the Covid pandemic has impacted the workforce plans. We heard that some PCNs use the services of FedBucks to help with their recruitment whilst others undertake their own recruitment, using external recruitment agencies.
- Whilst recognising the challenges in recruiting and a general feeling that everyone is “fishing in the same pond”, some roles have had more success, such as the social prescriber role and it is clear some PCNs have made significant progress in successfully recruiting to a large number of roles.
- When speaking to PPG Chairs, we asked whether they were actively involved and aware of the recruitment plans within their PCN. None of them were involved in the recruitment process but some were aware of who had been recruited to the roles. One PPG Chair provided an example where they had invited their social prescriber to a PPG meeting to discuss their role and to raise awareness of what they can do within the community. We feel that the PPG Chairs and wider PPG membership could play a part in helping in the recruitment process by spreading the word through their networks. They also have a role to play in helping patients to understand how they can liaise with the full range of health care professionals instead of insisting on an appointment with their GP.

**Recommendation 4 - PCN workforce plans to be published on the websites at Place level, as well as being shared with the Patient Participation Group Chairs on an annual basis to coincide with submission of them to the ICB.**

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- According to the THC Primary Care Network website (a healthcare consulting firm) - “A network manager, in essence, is there to build the business infrastructure of the Primary Care Network (PCN) working alongside the Clinical Director, all member practices and stakeholders. With more contract specifications, more projects, more roles and more money to manage; your Network Manager is essential to help your network reach its fullest potential and ensure things do not fall through the cracks.”
- To date, we do not have a clear picture of which PCNs have network managers and where the gaps are. We heard that in some cases, practice managers are covering the tasks which would normally be covered by a network manager. We have a list of Accountable Clinical Directors (who provide the leadership and strategic direction for the PCN) as this is published on the CCG website.
- Through discussions with network managers, it became apparent that their role is not funded through the ARRS. All those we spoke to, recognised the value in having a dedicated network manager and whilst other factors may well be at play, there appears to be a clear correlation between the numbers of additional roles being recruited to and the PCNs having a dedicated network manager.
- We heard that PCN funding is allocated on an annual basis which raises concerns about the sustainability of the funding for the roles and the difficulties this presents in terms of longer-term planning. A Network Manager explained that they are only recruiting to roles which they would be able to continue funding should the ARRS be reduced. By not providing funding over a longer timeframe, some PCNs are finding it more challenging to recruit to some of the roles and there is uncertainty over future sustainability. As one Network Manager stated: “we are forced to react rather than pro-actively plan”.
- The Community Mental Health Framework, published in 2019, describes how the NHS Long Term Plan’s vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks.
- We heard that the Mental Health practitioner role is a jointly funded post between Oxford Health and the PCN. We understand that Oxford Health is leading on the recruitment process and placement of the Mental Health Practitioners within the PCNs. We understand that Oxford Health is also responsible for the clinical supervision which is a strong component of the role.
- Table 1 shows that there is still a long way to go in recruiting to these roles and we feel that close working between Oxford Health and the Network Manager is crucial to ensuring these roles are embedded within the PCN but also receive the specialist development and clinical support required. We are concerned about the PCNs who do not have a dedicated Network Manager. This role provides the pivotal support and guidance to all those working across their PCN, and they also play a major part in the retention of staff within their PCN.

**Recommendation 5 – Ensure all PCNs have a dedicated network manager in post. Lobby NHS England for this to be a funded position, as part of the additional roles reimbursement scheme to ensure fairness across the PCNs and to review the current yearly funding arrangements.**

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- As part of our background research, we reviewed the job specifications for some of the additional roles. From speaking to ACDs and Network Managers, we heard that some creativity over the roles was needed in order to meet local needs. A Network Manager explained that they had incorporated some memory services within the Health & Wellbeing Coach role.

- We asked the Network Managers and ACDs whether specialists in dementia care or Parkinson’s support would be beneficial as part of the ARRS. A Network Manager gave an example where they had combined specific services into the Health & Wellbeing Coach role. With the future increase in population and the projections around growth in the older demographic groups, we believe that there will be greater demand around dementia diagnosis and care services. We would like to see more flexibility around some of the roles to allow PCNs to bring related specialists into their PCN to meet local demand.
- We sent an online survey to Practice Managers and received a 16% response rate. It is worth noting that the contact details were collated from surgery websites – 48 emails were sent and 6 emails were undeliverable, primarily due to the email no longer in use. The email address for the Practice Manager was not always available on the website so the survey was sent to a general surgery email address.
- One of the questions asked was - “What are the current challenges facing your PCN?”. Below are some of the responses:
  - Capacity versus demand;
  - Managing patient expectations;
  - Recruitment and covering staff absences;
  - Recruitment – lack of suitable staff;
  - Balancing time, money and resources;
  - Recruitment to roles based on short-term contracts as the PCN was a 5 year deal – people want permanent contracts.
- The next survey question asked was “How are these challenges being addressed?”. Below are some of the responses to this question:
  - Looking to expand the ARRS roles to include mental health worker, physician associate and associate nurse practitioner;
  - Creation of a staff wellbeing team;
  - Looking at different ways of delivering services;
  - FedBucks need to have more solid and robust recruitment processes in place;
  - They are not being addressed – “The PCNs are a good concept but you can’t make a silk purse out of a pigs ear”.
- Delivering the ambitions set out in the NHS LTP relies on PCNs providing the enhanced range of specialist services, so we feel there needs to be a renewed effort by the newly formed Place-based Partnership and ICB to actively and regularly support PCNs in recruiting to the additional roles.

**Recommendation 6 – Create through the Place-based Partnership support for PCNs to be more creative when recruiting to the additional roles and to lobby NHS England to allow more flexibility around the roles matched to local need.**

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- The last couple of years have seen an unprecedented demand on both health and social care services. GP surgeries had to rapidly change their working practices and continue working through some very difficult and challenging times. It is understandable that, during the Covid-19 pandemic, certain aspects of service delivery had to be placed on hold whilst other priorities took over.
  - As part of the recovery process, we feel that an overhaul of GP surgery websites needs to take place and be led by a team at the ICB level. Patients, Carers and Families, who are digitally literate, turn to websites for basic information on services and to help signpost them to services. In reviewing a number of GP surgery websites as part of this inquiry, we found numerous examples of out-of-date information, general email addresses which are undeliverable, a named contact which then uses a different individual in the email address as well as a lack of consistency in how PPGs are promoted. There is very little information about services provided by PCNs and how patients can access these services on individual GP surgery websites. We heard from one Network Manager that they are in the process of developing a PCN website but we feel that there should be more PCN information on GP websites which describes



what they are, what additional services and roles are available and how to self-refer to those applicable services.

- We feel that the websites should be used as another mechanism for promoting the current vacancies across the PCN as this would be a way of reaching out to individuals and communities.
- We understand there is funding available for PCNs to develop their websites but to ensure a consistent and fair approach, we feel that this funding should be used to create a central ICB project team to deliver updated, user-friendly websites for all GP surgeries which include more comprehensive PCN and PPG information.

**Recommendation 7 – Investment by the ICB to ensure a more consistent approach to GP surgery websites leading to updated, accessible and user-friendly information for all patients. Websites to be used to promote the additional services available across the PCN, promote PPGs and to publicise current vacancies.**

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- We heard from one network manager about the challenges in ensuring IT equipment is available for newly recruited staff members in a timely manner with examples of staff having to wait months for crucial equipment, such as laptops. We understand there is funding available through the CCG to help support PCNs with IT equipment so there needs to be far greater encouragement and support to assist PCNs in accessing available funding. Creating a “nice” working environment is an important part of the PCN offer.
- Through speaking to network managers, it became apparent that there are real advantages to working within a network, including working closer to home, being part of a team with greater development and learning opportunities. We feel these benefits need to be publicised within local communities with a “spotlight” on each of the roles with articles in local newsletters, information in GP surgeries and targeted information to voluntary organisations - e.g. a “spotlight” on the social prescriber role could be circulated to relevant interested organisations and a “spotlight” on the mental health practitioner role could be circulated to other relevant organisations.

**Recommendation 8 – Greater consideration should be given to the working environment. Access to IT and other equipment for PCN teams needs to be made easier and the funding available needs to be more clearly publicised to the Network Managers. The benefits of working within a PCN need to be promoted through the recruitment campaigns and to the wider community.**



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## Patient Participation Groups

- A Patient Participation Group (PPG) is a group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience to help improve the service. Since April 2015, it has been a contractual requirement of NHS England for all GP practices to have a PPG and to make reasonable efforts for this to be representative of the practice population.

- Part of the role of a PPG is to invite health and voluntary professionals to PPG meetings and to ensure that PPG members are kept informed and updated about local opportunities for patients.
- There were some consistent messages coming through our discussions with PPG Chairs, including a lack of central communications about how PCNs are developing, no formal mechanism for increasing membership of the PPG and a lack of patient representation on the PPG. There was also a sense that not all surgeries have an active PPG and that, in some cases, it was seen as a “tick box” exercise with no real activity.
- When asked whether the PPG Chairs have sight of data for their local population, we heard that CCGs are unable to share certain facts and figures with PPGs, according to an NHS ruling. This creates challenges around being able to work closely with GP surgeries and the wider PCN if local population data is not presented to PPGs in a meaningful way.
- The PPG Chairs we spoke to felt that a directory of PPG Chairs across Bucks needed to be produced as a matter of urgency. This is a simple exercise which would deliver a “quick win” as it would help to bring them together to share experiences and to support each other.
- It was reported that some PPGs are run by Practice staff but there was a general feeling that the PPG Chairs should be independent and patient led. We also heard that the membership of PPGs is not always representative of the local community, although there was acknowledgment that, achieving this is very challenging with a number of factors mentioned. Whilst it is an ambition for PPGs to achieve a wider membership base, there are difficulties around contacting patients as the GP surgery holds this information and attendance as most PPG meetings take place in the evening.
- The PPG Chairs provided examples of how volunteers had played a key role in the recent vaccination programmes and how they were trying to harness the willingness of these volunteers to increase the membership of their PPG.
- It was evident through speaking to the PPG Chairs that they are passionate, enthusiastic and knowledgeable about health issues. Strong Chairs are needed in order to drive the success of PPGs, including developing close links with the surgery and other local groups.
- Pre-pandemic, the PPGs were meeting in person, and we found evidence of minutes of these meetings on some PPG websites. The pandemic has had an impact on these meetings with some PPGs moving to virtual meetings but others not meeting at all over the last couple of years.
- Working closely with Patient Participation Groups is key for PCNs to help shape services to meet local needs but it requires a level of understanding about the role of the PPG and investing time and support to the Chairs to help them develop and be an integral voice on the future delivery of local health services. We heard about the support provided by Healthwatch Bucks and we feel that there needs to be further support made available at the practice level as well to help PPGs to develop their membership and to ensure PPGs are updated on PCN development.
- A PPG Chair made a general comment about PCNs saying “they got off to a good start but activity seems to have tapered off now. We need more engagement with the PCNs and better communications.”

**Recommendation 9 – A “Back to Basics” approach should be adopted for developing Patient Participation Groups. The Place-based Partnership should work with Healthwatch Bucks and PPG Chairs to refresh and re-affirm the statutory need to establish a PPG, including a clear steer on the role of the Chair. A directory of PPG Chairs needs to be developed as a matter of urgency and circulated to all PPGs and Network Managers along with a strategy to encourage closer collaboration and the sharing of knowledge and best practice.**

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- With Patient Participation Groups being a statutory requirement within the GP contract, we were expecting to see evidence of close working between the GP surgery and their PPG to help increase membership, particularly in terms of greater representation of the local population.

- Since 2015, the CCG has commissioned Healthwatch Bucks to help support PPG development which included attending networking events, running workshops and developing a PPG toolkit.
- In mid-2019, Healthwatch Bucks were asked to refocus their efforts to support PPGs to network within their PCNs. Their work included publicising how PPGs were engaging with their PCNs, attending PPG meetings and working with PCNs and PPGs to help establish PCN wide PPG meetings. A key part of their work has been to respond to requests from individual PPGs to attend meetings to provide help and advice.
- During the pandemic, Healthwatch Bucks contacted PPGs and shared their experiences, organised a webinar for the CCG and GP Leads to brief PPGs on the vaccination programme as well as attending some virtual PPG meetings and offering support to some PPGs.
- The Healthwatch Bucks contract is worth £5k per year which equates to half a day per week of resource. Whilst the CCG has asked Healthwatch Bucks to support PPGs in delivering a number of activities, we felt that there is a need to provide clearer direction for Healthwatch, in terms of agreed measurable outcomes. This will ensure Healthwatch can more easily evidence the value associated with supporting PPGs.
- We heard that in Oxfordshire, the CCG commissions Healthwatch Oxfordshire to support the development of PPGs by promoting good practice, support PPGs to work together, support GP practices to develop their PPGs and develop their working relationships with their PPGs and support PPGs to create a coherent patient voice across the PCNs and be actively involved in their PCN.
- The Healthwatch Oxfordshire contract is worth £38k per year.
- Whilst acknowledging there are 20 PCNs in Oxfordshire and 13 PCNs in Buckinghamshire, this highlights a very different level of investment in PPG development by the CCGs.
- If PPGs are to realise the ambitions set out for them in the NHS LTP, then appropriate investment needs to be made in developing them so they can work effectively with their GP surgeries, the wider PCN and the BOB ICB.

**Recommendation 10 – Develop a fair, comparable and consistent approach in supporting the development of Patient Participation Groups across the BOB ICS with clear measurable outcomes. These outcomes to be co-produced with PPG representatives.**

**Recommendation 11 – Provision of regular communications to all PPGs, including topical webinars with guest speakers and regular newsletters for PPGs to help them increase their membership. Development of basic mandatory practices, including automatic sign-up prompts for new patients and greater collaboration between PPGs and GP practices to recruit PPG members.**

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- As part of the evidence gathering, two Members tried to contact their PPG through the website – neither were successful. One Member reported that the contact details on the website were out of date and having sent an email, no response has been received. Another Member contacted their PPG via the website and did not receive a response.
  - Whilst we have seen examples of good PPG websites, the experience above reveals that work is needed to update PPG websites with current information and links that are working. This needs to be done before PPGs undertake further work to increase their membership.
  - Some PPGs have developed their websites and included relevant articles for patients, minutes of their meetings and dates of future meetings. These websites have also included information on how to become a member of the PPG. Recognising PPGs have had a challenging time throughout the pandemic, with some PPGs meeting virtually whilst others have not met at all, we feel that there needs to be a concerted effort to review current GP surgery websites and provide support for them to be refreshed and updated, in terms of PPG information.

- PPG Chairs referred to the need to have access to good IT equipment and support. Funding available to PPGs seems to vary and we heard from one PPG who received funding from a beneficiary which was used to purchase equipment. League of Friends was also mentioned as a source of financial help for some PPGs although others have said that they do not receive any funding.
- We found some good examples of PPG websites which provided clear and up-to-date information with links to join the PPG. Below is a selection of some of those websites, for illustrative purposes.

**Recommendation 12 – Linked to recommendation 7, clearer and more comprehensive information on GP surgery websites relating to the work of the PPG, including upcoming meetings and minutes. It needs to be refreshed and updated to include more emphasis on the benefits/improved outcomes that PPGs can provide for patients and a working mechanism for patients to contact their PPG.**

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# Examples of good PPG websites

## Patient Participation Group (PPG)

Southmead Surgery  
Farnham Common, Bucks

**Patient Participation Group**



Together, we are working towards a Healthier Community.

**Best Outcome For Every Patient Every Time**

Welcome to Southmead Surgery PPG

**Latest News**

Next PPG Meeting 11th December 2019, 10.00-19.00, Southmead Surgery, Farnham Common. Everybody welcome.

The Patient Participation Group was formed in November 2018 and is a group of volunteers seeking to support and enhance the services provided by the Practice. The PPG aims to contribute to quality improvement by encouraging co-operation, collaboration and consultation. They are not a complaints processing service but do welcome constructive criticism and ideas.

The PPG committee is elected once a year at the AGM in March and current memberships are displayed on the Practice notice board in the foyer. If you would like to join the PPG then please drop a note into the PPG box or contact the Secretary, or alternatively please [click here](#) to download and complete the form, or [click here](#) to complete the form.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.

The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

Please note that no medical information or questions will be responded to

**Welcome to Meadowcroft Surgery Patient Participation Group (PPG).**

We are an active group of volunteer patients who meet (with doctors and staff) on a quarterly basis and act as your representatives providing views and opinions and giving feedback about the surgery and the services provided from a patients' perspective.

The PPG currently consists of a Committee of about 19 members and we have recently established an active virtual participation group (vPPG) who correspond by email only - see below for more information about the virtual group and how to join. We are continually seeking new members to join our virtual group as there is no limit on the number who can join. This is being introduced on an initial trial for 3 months, so that we can assess the impact the additional workload on our Committee members who are all volunteers. A copy of the full PPG Terms of Reference can be downloaded via the link below:

[PPG Terms of Reference 20210126.pdf](#)



**Why Join the Virtual Patient Participation Group (vPPG)**

Why Join the Virtual Patient Participation Group (vPPG)

- We would like to ask you about the areas that you think we need to concentrate on, and to complete and return occasional online questionnaires which will help us review services and the way we do things.
- The benefit to you and us of being in a 'virtual' group, is that you and we can respond to the group's emails as and when convenient, rather than holding meetings which not everyone can attend.
- Your input and thoughts are very important to the Practice and GPs. We hope that the vPPG will allow you to have an influence and a voice to express your views on how the Practice is doing and how we can improve services. Of course, we won't be able to do everything, but we hope that we can develop services together.
- To assist us in improving the running of the practice for the benefit of patients and staff.
- To promote good relations between the practice and patients by communicating patients' experiences, interests and concerns and provide patient feedback to the practice on current procedures and proposed new developments.
- Promote health education and self-care, including providing links/information to self-help groups for patients with specific needs.
- Facilitate communications between patients and the practice to ensure they are clear and easily understood.
- Discuss issues raised by patients of a general nature and provide feedback.

**IMPORTANT NOTE:** Please note the PPG is here to represent patients and we deal only with issues and concerns of a general nature. Please do not contact us about any personal or medical matter or clinical complaint - in these circumstances, please contact the surgery directly in the usual way.

**How Do I Apply to Join?**

If you have an email address and would like to join our Virtual Patient Participation Group please complete our online vPPG Joining form by clicking on the image opposite.

Please note that your email address will be kept confidential and not passed to other Virtual Group Members or any other organisations, in line with current General Data Protection Regulations.

Join our Patient Practice Group



Contact the PPG

**What if you have something to say but don't want to be part of the group?**

You can contact the Patient Participation Group with your feedback, suggestions, comments or questions. Please do not use this form for complaints - these should always be directed to the Practice Manager.

**Patient Participation Group Membership**

All registered patients are welcome to join the PPG although, in the interests of effective decision making, membership of the core is limited to 12-15. Specialist sub-groups may be formed to deal with specific topics utilising individual skills and interests. Our group meets regularly approximately every 4-5 weeks.

The PPG has a Constitution in place and can be viewed [here](#).

A key objective is to involve patients from a cross section of the practice population and to establish patient reference groups. How the group communicates with a wide cross section of the Practice population is a key issue. Apart from more conventional means of communication.

Patient and public experience and engagement is a key priority for GP consortia as outlined in the Department of Health [White Paper: Equality and Excellence: Liberating the NHS](#).

Under the government proposals PPGs will have an increasingly important role in helping to give patients a say in the way services are delivered to best meet their needs, and the needs of the local community.

We look forward to hearing from you and discussing your ideas.

**The Current (2017-2018) patient group are:**

Core Team Members		Active Members
Kevin Blakemore	Chairman	Joan Davis
Chris Parry	Secretary	Keith Anthony
Sue Hazell (By Invitation)	Practice Manager	Michelle Campbell
Replacement TBA	Communications Team	Charlotte Boyle
Malcolm Simpson	Communications Team	Hilary Jones
Replacement TBA	Communications Team	Marcia Lawton
Sandy Seal	Communications Team	Liz Simmonds
Tricia Weidner	School Events	Georgina McMasters

**Ground Rules (Terms of Reference)**

- The Group is not a forum to air individual complaints and issues
- We advocate open and honest communication challenge between individuals
- All views are valid and will be listened to, ask for help, and support each other
- Silence indicates agreement - speak up, but always go through the Chair
- Racism and discrimination will not be tolerated
- No phones or other disruptions during meetings
- We will start and finish on time and stick to the agenda
- All communications issued by the PPG will first be agreed by the Group
- No communications about the group will be issued by individual members
- A review of the PPG's progress action plan and membership will take place after 12 months... To be agreed with the PPG
- Brief notes (not detailed minutes) will be made recording key actions and decisions only notes will be included in the public domain and will not include confidential matters
- A Chairperson and Secretary shall be appointed on a regular basis to be decided by the group
- The Chair shall be in post for a period of one (1) year, but can be re-elected
- The Chair and Secretary must be members of this practice, all members of PPG must be patients

## Patient Group Reporting



Minutes of Meetings



Reports & Surveys

**Who are we?**

We're the Rectory Meadow Patients Group - a communication channel between the Practice staff and patients. We're developing a partnership between the staff and patients to improve the quality of service provided. Read here how we relate to FRIENDS and other group activities at the surgery: [Three Patient Groups.pdf](#)

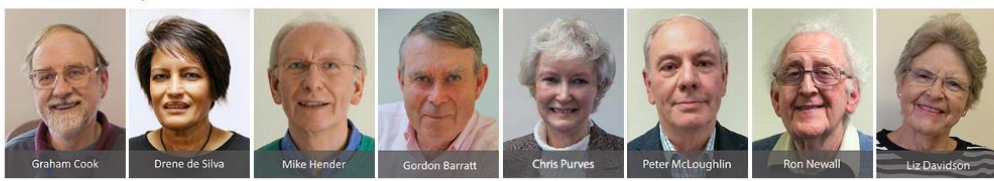
**When do we meet?**

We meet face to face every three months but, if you're busy with work and family, we also welcome members who prefer to contribute by email and text.

**Why not join us?**

We'd love to have your suggestions on NHS changes and what's happening locally. You can download our [Invitation to Join PPG](#), print it out, complete it and return it to the Practice. The Patients Group committee will use your email address to keep you up to date with new things happening at the surgery. Your details will not be used for any other purpose.

**Your Patients Group committee**



**You can contact us at**

[mspatients@nhs.net](mailto:mspatients@nhs.net)

**Our goals**

[Our goals](#)

**Other Useful Information**

[Meeting notes](#), [eBulletins](#), [Healthwatch](#), [Timeline](#)

**Recent and upcoming events**

[Recent and upcoming events](#)

**Who does what on the committee**

[Committee Responsibilities](#)

**Newsletter**

[Autumn Newsletter 2020](#)

## Partnership working

- We heard that the restructuring of the Council’s Adult Social Care (ASC) service was completed in June 2021. The service has adopted an asset-based approach to service delivery with three tiers – tier 1 is the first response which focusses on providing advice and guidance and signposting to community services; tier 2 provides reablement services to clients who have been in Hospital and need some support to return home and resume independent living in their home; tier 3 relates to about 10% of ASC’s total contacts (approximately 4,000 people) at any one time across the whole county and handles long-term support needs.
- The national shortage of social workers is recognised and the challenges in recruiting social workers in Buckinghamshire has been discussed at Select Committee meetings. We are aware of the initiatives currently in place to try and recruit to these posts but there are still a substantial number of vacancies. We also heard that managers are struggling to create the capacity to undertake project work, including developing productive relationships with health colleagues and attending networking events.
- We heard about the introduction of the named social worker and the phased introduction of this approach which is starting in April 2022.
- Both ACDs and Network Managers stressed the importance of having a named social worker and mentioned the multi-agency team meetings which social workers used to attend. These meetings provide an opportunity to discuss more complex patients and to develop co-ordinated care plans. As PCNs recruit more healthcare professionals, there will be an even greater need for closer working across all health and social care services to reduce duplication and ensure the highest quality of care for patients.
- ***“People get a better service if we work closer together”*** – a quote from a partner working within the health & social care system which we felt summed up the value of partnership working.

**Recommendation 13 – Develop a formalised approach/framework with clear pathways to ensure named social workers are known to GPs, Practice Managers, Network Managers and Community Healthcare Teams.**

**Recommendation 14 – Re-introduce regular Multi-Agency Group meetings to include mental health practitioners, social prescribers, social workers, district nursing teams and reablement & rehabilitation teams.**

- 
- According to the NHS Long-term Plan, PCNs need to work with their PPGs and local communities in making plans, identifying priorities and seeking feedback on how services are delivered. From speaking to network managers, their current priorities are focussed on recruiting to the additional roles and ensuring the right work environment for their team. For PCNs to develop further and to achieve closer integration with local communities, we feel more needs to be done in engaging with the PPGs and other community groups. We feel that Network Managers need to bring the PPG Chairs in their PCN together to share “Network News” and provide support to PPGs in helping them to raise awareness of what they do and how patients can become involved.
  - Buckinghamshire Council’s approach to local levelling-up and the proposed framework to address disparities of outcomes experienced by identified communities, “Opportunity Bucks – Succeeding for All”, was agreed at Cabinet on 12<sup>th</sup> July 2022. We understand that the programme will focus on 10 wards in Buckinghamshire’s 3 largest towns: Aylesbury, High Wycombe and Chesham, who are experiencing the poorest outcomes across multiple indicators of inequality within Buckinghamshire. The report states that local plans will be developed through engagement with local communities which will be led by the Community Boards.

- Five themes underpin “Opportunity Bucks”, one of which is around health and wellbeing and undertaking public health projects targeted at the specific needs of the community. We understand that Public Health colleagues have been working with ACDs across four PCNs, in Aylesbury and Wycombe, who were identified as having the worst cardio-vascular outcomes.
- As mentioned earlier, one of the PCN service standards focusses on tackling inequalities within neighbourhoods. We understand that each PCN has developed a Neighbourhood Inequalities Plan and each PCN has an inequalities champion. This area of work is supported by the Population Health Management Programme which a number of PCNs have currently been through.
- We asked Network Managers whether they had reached out to their Community Board. One Network Manager talked about the difficulties around the PCNs not being co-terminus with the Council’s Community Board and the pressure on resources to attend evening meetings. Another Network Manager said that their social prescriber had attended a community board meeting. Whilst acknowledging these difficulties, we feel that more needs to be done to build relationships between Community Boards and PCNs. As the membership of the Community Boards includes parish and town councils, there would be great value in Network Managers building links with the Boards and introducing the work of their teams and sharing information.

**Recommendation 15 – Community Board Managers to reach out to PPG Chairs and PCN Inequality Champions to build relationships and work together to realise both the NHS LTP in bringing PCNs, PPGs and local communities together as well as supporting the delivery of the “Opportunity Bucks” theme around health and wellbeing.**



## Digital, data and information sharing

*“Unlocking” the power of data across local authorities and the NHS will provide place-based leaders with the information to put in place new innovative services to tackle the problems facing their communities. A more joined-up approach will bring public health and NHS services much closer together to maximise the chances for health gain at every opportunity. Each ICS will implement a population health platform with care co-ordination functionality that uses joined-up data to support planning, pro-active population health management and precision public health by 2025.*

*Joining up care for people, places and populations  
The Government’s proposals for health and care integration - published February 2022*

- We heard from Public Health colleagues that the guidance around the above proposal and what is specifically meant by “precision public health” has yet to be published. We understand that the Public Health team currently engages with the Head of PCN Development and Delivery and partners on the Integrated Care Partnership and Integrated Care System.
- We are aware of the Public Health profiles which have been developed for each Community Board. We heard that the population estimates from the 2021 Census will be released in ‘early summer’ and there will be a staggered release of the various specific topics over the coming years.
- We asked PPG Chairs and Network Managers whether they were sighted on the Public Health profiles for their areas. The response was mixed with some saying they were aware whilst others saying they hadn’t seen them.
- Delivering key public health messages across 47 GP practices can be challenging so the benefits of the PCNs could be seen but it was acknowledged that the Network Manager was an important person in helping to disseminate information to GPs and others within the PCN.
- We understand that the NHS is responsible for delivering population health management with data provided by local Public Health teams. Before the pandemic, we heard that good progress had been made in Buckinghamshire, but progress has slowed. We understand there is a newly appointed BOB ICB Director of Digital and Data. We hope there will be significant investment in this area to ensure digital and data solutions can be developed which will help to widen the delivery of the population health management programme across all PCNs.
- We heard anecdotal evidence relating to patient frustrations around digital barriers, for example, the incompatibility between IT system so emails can’t be sent between a GP practice in Bucks and a Hospital just outside of Bucks, as well as general frustrations around data sharing. Unlocking these barriers will have a significant impact on being able to deliver services in a more efficient and joined-up way across the health and social care system and we would like to see this given significant investment over the coming months.

**Recommendation 16 – Investment by the ICB to prioritise the delivery of consistent digital and data solutions. Develop a clear strategy for delivering population health management across the county for PCNs, informed by updated census information.**

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## Communications

- The constant changing health and social care landscape relies heavily on strong communications at all levels. As a HASC Select Committee, we have expressed concerns about the lack of communications around the changes in the statutory functions of the Integrated Care System that came into effect on 1<sup>st</sup> July 2022. Whilst recognising that the Integrated Care Board is an NHS statutory body, the governance structures have yet to be understood and the impact on the local, at Place activities are not yet clear. We would urge the newly created Integrated Care Board and Integrated Care Partnership to invest in building a strong and effective communications team, who understand not just NHS structures, but the wider political structures and community and voluntary sector links. Keeping the people of Buckinghamshire informed about the work of the ICB, ICP and Place-based Partnership will be important.
- The HASC Select Committee submitted a response to the recent ICB’s draft strategy “Working with People and Communities” and stressed the importance of good communications with all key stakeholders.
- In terms of PCN development and based on the principles outlined in the draft strategy mentioned above, we feel that the local, Place-based Partnership needs to invest in developing a co-ordinated communications and engagement plan to help bring the key partners and stakeholders, including PPGs, ACDs, Network Managers, Practice Managers, community and voluntary organisations, social workers, public health and community board managers together.



- A general comment and observation from one of the PPG Chairs was around ICS communications. We heard that 14 out of 15 of previous ICS documents had failed the Plain English test. We would strongly recommend that all public facing documents are shared, in draft, with PPG Chairs.

**Recommendation 17 – The Place-based Partnership to develop a co-ordinated communications and engagement plan for key partners involved in PCN development to enhance joint working, help deliver key public messages, written in Plain English and share best practice and information. Plans to be published on all GP surgery websites and PCN websites.**

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## Conclusion

Whilst an in-depth look at current and future GP provision was not part of this inquiry, the pressures on GPs and healthcare professionals working within primary care were highlighted during the evidence gathering discussions. The Covid-19 pandemic led GPs to make rapid and significant changes to working practices, which have impacted on the pace of delivery around the ambitions set out for developing Primary Care Networks. Now is the time for a renewed focus, with increased investment from the newly formed ICB, in supporting PCNs to successfully deliver against all seven service standards set out for PCNs. Recruiting to the additional roles will ensure the resources are in place to help deliver these services and will therefore maximise opportunities for residents to engage with specialist practitioners at the initial point of contact and not solely rely on face-to-face contact with a GP. This will undoubtedly lead to better initial experiences for a greater number of patients, allow patients to self-refer to place-based practitioners and ultimately deliver better outcomes. There are examples of good practice across the PCNs in Buckinghamshire which need to be harnessed and shared amongst all PCNs. The newly formed Place-based Partnership needs to facilitate and drive the relationship building between health colleagues and local communities.

As part of the monitoring process, the HASC Select Committee will expect to receive, and will request, regular updates on the progress of PCN development. The Members on the Inquiry Group look forward to reviewing this progress and, as local Members, we look forward to helping our communities shape health services to meet the needs of our local population.

## Glossary of Terms

ACD – Accountable Clinical Director

ARRS – Additional Roles Reimbursement Scheme

ASC – Adult Social Care

BOB ICS – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

CCG – Clinical Commissioning Group

GIH SC – Growth, Infrastructure and Housing Select Committee

HASC SC – Health and Adult Social Care Select Committee

ICB – Integrated Care Board

NHSE – National Health Service England

NHS LTP – National Health Service Long-Term Plan

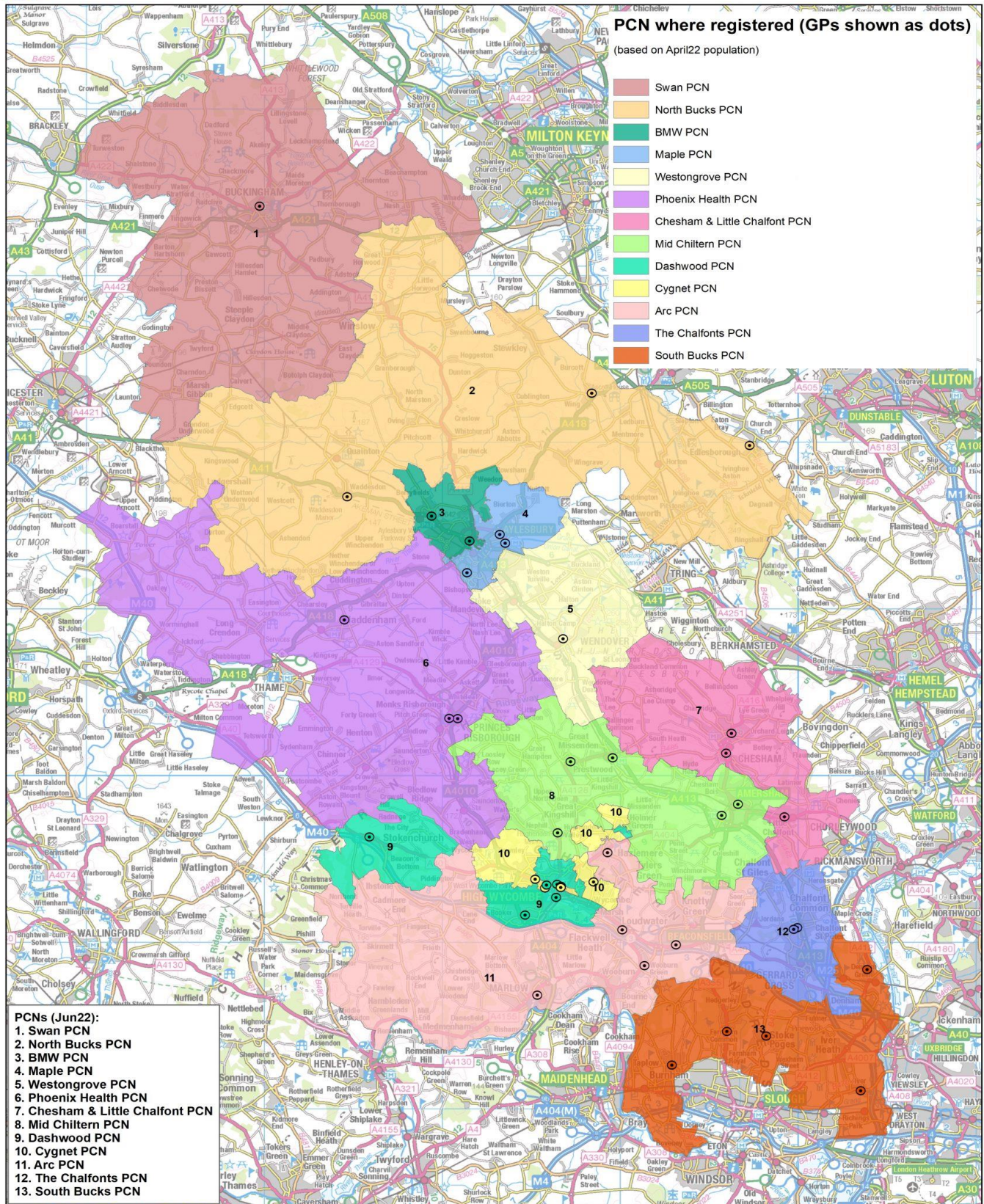
PBP – Place-based Partnerships

PCN – Primary Care Network



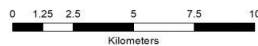


# Buckinghamshire Primary Care Networks (PCNs) (PCNs)



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Scale: 1:200,000 at A3



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