NHS
Leicester City
Clinical Commissioning Group

# The development of Primary Care Networks

## Purpose of this document

1. NHS England and the BMA in January 2019 announced a five year framework for GP contract reform to implement *The NHS Long Term Plan*. A major part of the reform is the introduction of Primary Care Networks in every area of England based around GP practice populations of between 30,000 and 50,000 patients. The full framework can be found at https://www.england.nhs.uk/publication/gp-contract-five-year-framework/.

2. This document summaries the key components of Primary Care Networks (PCNs).

## Background to Primary Care Networks

3. Over the last four years Leicester City Clinical Commissioning Group has organised its locality working based on Health Needs Neighbourhoods based on populations of between 65,702 and 124,203 registered patients. To date these have been primarily about how the CCG and practices communicate and engage with each other. Some work has been done to work collectively across practices in areas such as training and development and locality based non recurrent funding. However the national direction of travel is towards these arrangements becoming the providers of integrated care.

4. In addition the Health Needs Neighbourhoods in the city have been the foundation on which the CCG and Leicester City Council have developed integrated working through our Better Care Fund.

5. The idea of primary care networks in one form or another has been around for a while, including GP fund holding, total purchasing pilots and practice based commissioning. The most recent national direction has piloted GP Home and a number of vanguard sites. In 2016 the GP Five Year Forward view was launched which strongly advocated at scale working and new models of care.

6. The next stage of GP networks development has been set out in The NHS Long Term Plan which was released in January 2019. Within this plan there is an expectation that all areas will have in place Primary Care Networks by 30 June 2019.

7. Primary Care Networks will involve groups of practices working with other local health and social care providers in partnership, as one team, to provide proactive, personalised, coordinated and more integrated primary and community services to improve health outcomes and reduce health inequalities of their population.

**Core characteristics of a primary care network**

8. **Practices working together with other local health and care providers** around geographical communities of between 30,000 and 50,000 registered patients. They will deliver expanded neighbourhood teams comprising of a range of staff including GPs, primary care staff, pharmacists, district nursing, community geriatricians, AHP joined by social care and the voluntary sector. This will be supported by a network contract that will require all practices to enter into as an extension of their existing contract. A designated single fund will be created through which all network resources will flow. A named accountable Clinical Director will be appointed by members for each PCN.

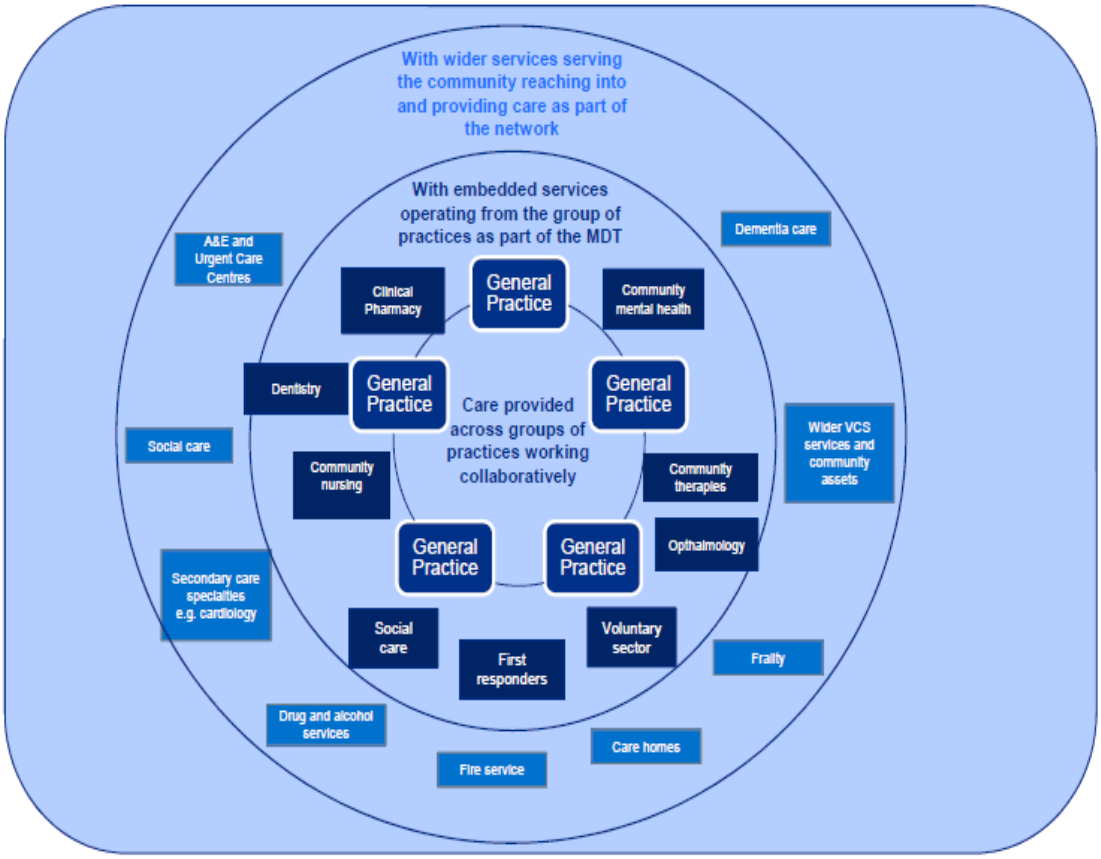
9. **Providing care in different ways to match different people's needs** including flexible access to advice and support for "healthier" sections of the population, and joined up multidisciplinary care for those with more complex conditions. This is effectively how groups of practices in the future will manage routine on the day care requirements and how they will provide continuity of care for those with complex conditions.

10. **Focus on providing proactive, personalised and coordinated care to the local population** PCNs will be required to assess their local population by risk of unwarranted health outcomes and working, with the wider network service providers make support available to people where it is most needed. Using a proactive population health approach, people identified as having the greatest risks and needs will be offered targeted support for both their physical and mental health needs.

11. **Focus on prevention** supporting patients to make informed decisions about their care and look after their own health, by connecting them with the full range of statutory and voluntary sector services.

12. **Making best use of collective resources across practices** and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups. The Long Term Plan also sets out a national shared savings plan for PCNs so that they can benefit from actions to reduce avoidable A&E attendances, admission and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over medication through pharmacist review.

The following diagram demonstrates what a Primary Care Network may look like.




**What could Primary Care Networks mean for patients, practices and others**

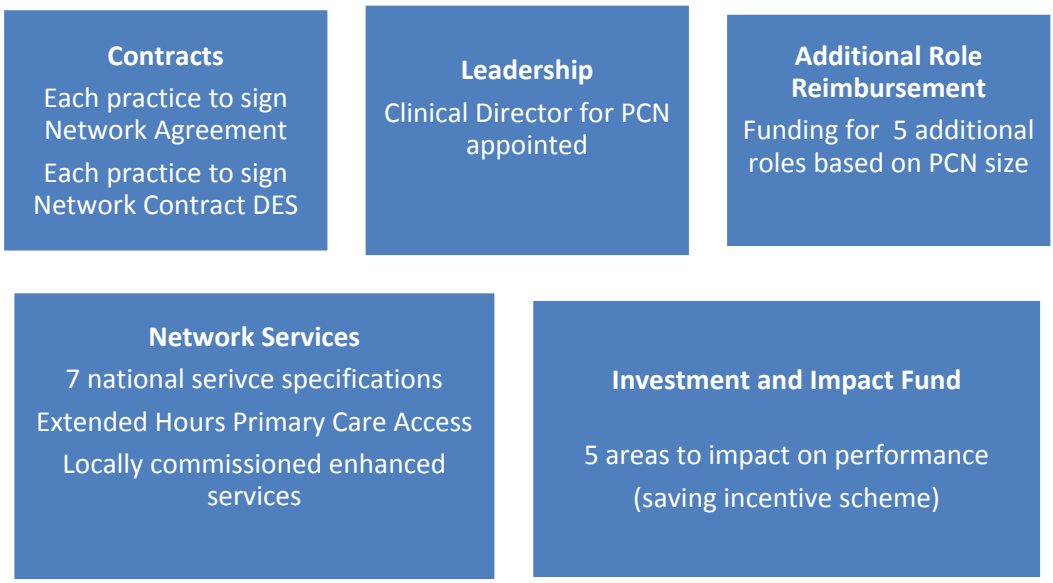
13. The NHS England Primary Care Network Reference Guide sets the following impact of PCNs.

| | |
|---|---|
| Patients should experience | • Joined up services, **where everyone they engage with knows about previous interactions**<br>• Access to a wider range of professionals and diagnostics **in the community, so they can get access to the people and services they need in a single appointment**<br>• Different ways of getting advice and treatment, **including digital, telephone based and physical services, matched to their individual needs**<br>• Shorter waiting times, **with appointments at a time that work around their lives**<br>• Greater involvement, **when they want it, in decision about their care**<br>• **An increase focus on prevention and personalised care helping people to take charge of their own health, enabling them to stay out of hospital** |

| | |
|---|---|
| Practices should experience | • **Greater resilience** by sharing staff, buildings and other resources, helping to smooth out fluctuations in demand and capacity and make the more efficient use of resources<br>• **A more sustainable work/life balance**, as more tasks are routed directly to appropriate professionals e.g. care navigators, social workers, physios, pharmacists and counsellors<br>• **More satisfying work**, with each professional able to focus on the tasks they do best<br>• **Greater influence** on decisions made elsewhere in the health system<br>• **Ability to provide better treatments to their patients**, through better access to specialists in the community, diagnostics, and partnership with community services, social care, and voluntary organisations |
| Wider health and care partners should experience | • **Cooperation across organisational boundaries** to allow greater joined up services<br>• **Primary care providers as core partners in system decision making**, helping to drive a more population-focused approach to decision making and resource allocation<br>• **A wider range of services in the community so patients don't have to default to the acute sector**<br>• **More resilient primary care, acting as the foundation of integrated systems** |

**Key components of the five year framework relating to Primary Care Networks**

14. The following diagram show the key components PCNs will be expected to deliver or have in place.



**Contracting route and timetable for developing Primary Care Networks**

15. As part of the wider GP contract changes practices will be required to sign up to a new Network Directly Enhanced Service (DES) from 1 July 2019. This will be mechanism for both the development of integrated care at a neighbourhood level but also the channel in which much of the additional funding for primary care will flow.

16. As a DES, it is an extension of the core GP contract and as Leicester City CCG has delegation in relation to primary care the CCG will be the commissioner.

17. It is for each PCN to decide its delivery model for the Network Contract DES. It could be through a lead practice, GP federation, NHS provider or social enterprise partner.

18. In addition to the DES practices will need to sign a Network Agreement which will set out the Primary Care Networks collective rights and obligations and how it will partner with non-GP stakeholders. It is needed for a PCN to claim its financial entitlements (collectively) and deliver national and local services to its whole Network list and area.

19. The Network Agreement strengthens the collaboration between all constituent practices and is the vehicle under which constituent members agree how they work together and share resources and responsibilities.

20. The Network Agreement is also the formal basis for working with other community-based organisations. Collaboration arrangements with other local organisations including community health providers will form a distinct part of every Network Agreement.

21. There is a requirement for 100% geographical coverage of PCNs by 1st July 2019 and in order to achieve this each PCN were required to register by 15th May 2019. CCGs are responsible for agreeing the registrations of the PCNs by no later than 30th June 2019.

22. The CCG has been working with local practices to agree footprints of PCNs in the city. The guidance is clear that the formation needs to be driven from practices but each footprint in the area must cover a boundary that makes sense to:
    - Constituent members;
    - Other community based providers who configure their teams accordingly; and
    - The local community, and would normally cover a geographically contiguous area.

There is also a requirement for the CCG to ensure there is 100% coverage across their area.

23. Final configuration of PCNs will not be known until after the 30th June 2019 and information will be provided at the Health Overview and Scrutiny Committee meeting. However at the time of writing this report it is anticipated that there will be ten PCNs across the city.

**Clinical Director**

24. Every Primary Care Network must appoint a Clinical Director as its named accountable leader, responsible for delivery. The Clinical Directors will play a critical role in shaping and supporting their Integrated Care System. They will help ensure the full engagement of primary care in developing and implementing local system plans to implement the NHS Long Term Plan.

25. The appointment of the Clinical Director is part of the registration process for the PCN and as such needed to be in place prior to the submission of the PCN registration form in May 2019. There is no prescribed process for the recruitment of the Clinical Director, it was for determination by the member practices in the PCN.

**Additional Roles**

26. As part of the Network DES funding will be provided for PCNs to recruit to additional roles that will form part of the multi-disciplinary team with a PCN. The roles include Clinical Pharmacists, Social Prescribing Link Workers, First Contact Physiotherapists, Physician Associates and First Contact Community Paramedics. Funding for these roles will be part of the Network Contract DES and will be phased in over the next few years.:

| **Role** | **Maximum reimbursable amount in 2019/20 (with on costs)** |
|---|---|
| Clinical Pharmacist | From July 2019 |
| Social Prescribing Link Worker | From July 2019 |
| First contact Physio | From 2020/21 |
| Physician Associate | From 2020/21 |
| First Contact Community paramedic | From 2021/22 |

**Network Services**

27. As part of the Network Contract DES networks will be asked to deliver seven national service specifications that will support the delivery of the key priorities set out in the NHS Long Term Plan for which funding will be provided.

    The seven service specifications are:

| Specification | Commences |
|---|---|
| Structured Medications Review and Optimisation | 2020/21 |
| Enhanced Health in Care Homes | 2020/21 |
| Anticipatory Care requirements for complex patients | 2020/21 |
| Personalised Care | 2020/21 |
| Supporting Early Cancer Diagnosis | 2020/21 |
| CVD Prevention and Diagnosis | 2021/22 |
| Tackling Neighbourhood Inequalities | 2021/22 |

28. In addition to these seven national specifications the Extended Hours DES will transfer to the Network Contract DES from 1 July 2019. And by 2021 there is an intention that the CCG commissioned access service will transfer to the Network Contract DES to create a single fund to support access.

29. The requirements of the DES transfer will be for 100% of patients to have access to extended hours, on average it is expected that a network with a population of 50,000 would need to provide 25 hours extended access per week, shared between morning, evening and weekends.

**Investment and Impact Fund**

30. A new network Investment and Impact Fund will start in 2020 and will eventually cover five elements:
    - Avoidable A&E attendances
    - Avoidable emergency admissions
    - Timely hospital discharge
    - Outpatient redesign
    - Prescribing costs

31. It will provide a fund to achieve better performance across those areas listed and national rules will be developed to manage the fund. The funding will be pre-identified and capped, with the exception of prescribing costs and will be available from 2020/21.

32. The scheme will be overseen by Integrated Care Systems. Networks will agree with their Integrated Care System how they spend any monies earned and these will be intended to increase investment for workforce expansion and services.