

<p style="text-align: center;"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>HEALTH AND WELLBEING BOARD</b></p> <p style="text-align: center;"><b>9 September 2019</b></p>	
<p><b>Report title:</b> Primary Care Networks</p>	
<p><b>Open Report</b></p>	
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## 1. EXECUTIVE SUMMARY

Primary Care Networks (PCNs) are groups of general practices providing population based health care to geographical groupings of between 30,000 and 50,000 people. PCNs are part of the wider changes to the GP contract, accompanied by additional investment to enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

Following the release of the Network Contract Direct Enhanced Service (DES) in March 2019 practices in Hammersmith and Fulham have organised themselves into five PCNs based on existing relationships and organised around the physical geographical locations of the practices. The Network Contract DES, which practices have signed up to in addition to their core GP contracts, applied requirements for the PCN to collectively deliver from 1<sup>st</sup> July 2019 with additional elements being added over the lifetime of the contract which is expected to be in place until at least 31st March 2024.

Initially under the Network Contract DES the PCN is provided with funding to appoint a Clinical Director, core PCN funding to support the development of the network and for the delivery of extended hours access across the whole population alongside reimbursement for additional roles.

From April 2020 PCNs will also be required to deliver the first five of seven national service specifications designed to improve health, improve quality of care and help to make the NHS more sustainable. In April 2020 this will include obligations to provide structured medication reviews and optimisation; enhanced health in care homes; anticipatory care for high needs patients; personalised care; and to support early cancer diagnosis.

Under the Network Contract DES new funding is available to PCNs to support the diversification of the primary care workforce through the recruitment of clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and community paramedics. The introduction of these roles will be phased across the first three years of the Network Contract DES to allow the roles to become an integral part of the core general practice staffing.

In Hammersmith and Fulham several Clinical Pharmacists are already in post and working in practices under existing national schemes who would be eligible to transfer to the PCN roles. Work is also progressing to recruit Social Prescribing Link Workers with three PCNs progressing this through the GP Federation.

PCNs also require the member practices to reflect their existing obligations for patient engagement at a population level. The CCG has taken an active role in supporting this by providing training for existing and potential Patient Participation Group (PPG) members and facilitating network level PPG discussions.

In support of the ambitious aspirations for the PCNs work is underway across NWL to support the PCN development including the creation of a development plan accompanied by access to a menu of support in identified areas. The CCG is further supporting this work through collective and individual meetings with the Clinical Directors and by aligning teams to provide an identified lead for each PCN.

PCNs are also recognised as an important building block in integrated care with the expectation that the Clinical Directors play a role in shaping and supporting their Integrated Care System. Locally this has been responded to through the refocusing of Integrated Care Partnership work at the PCN level and inclusion of the Clinical Directors at Board and workstream meetings. The GP Federation has also revised the composition of its Board to the five Clinical Directors to ensure that it represents primary care across the borough.

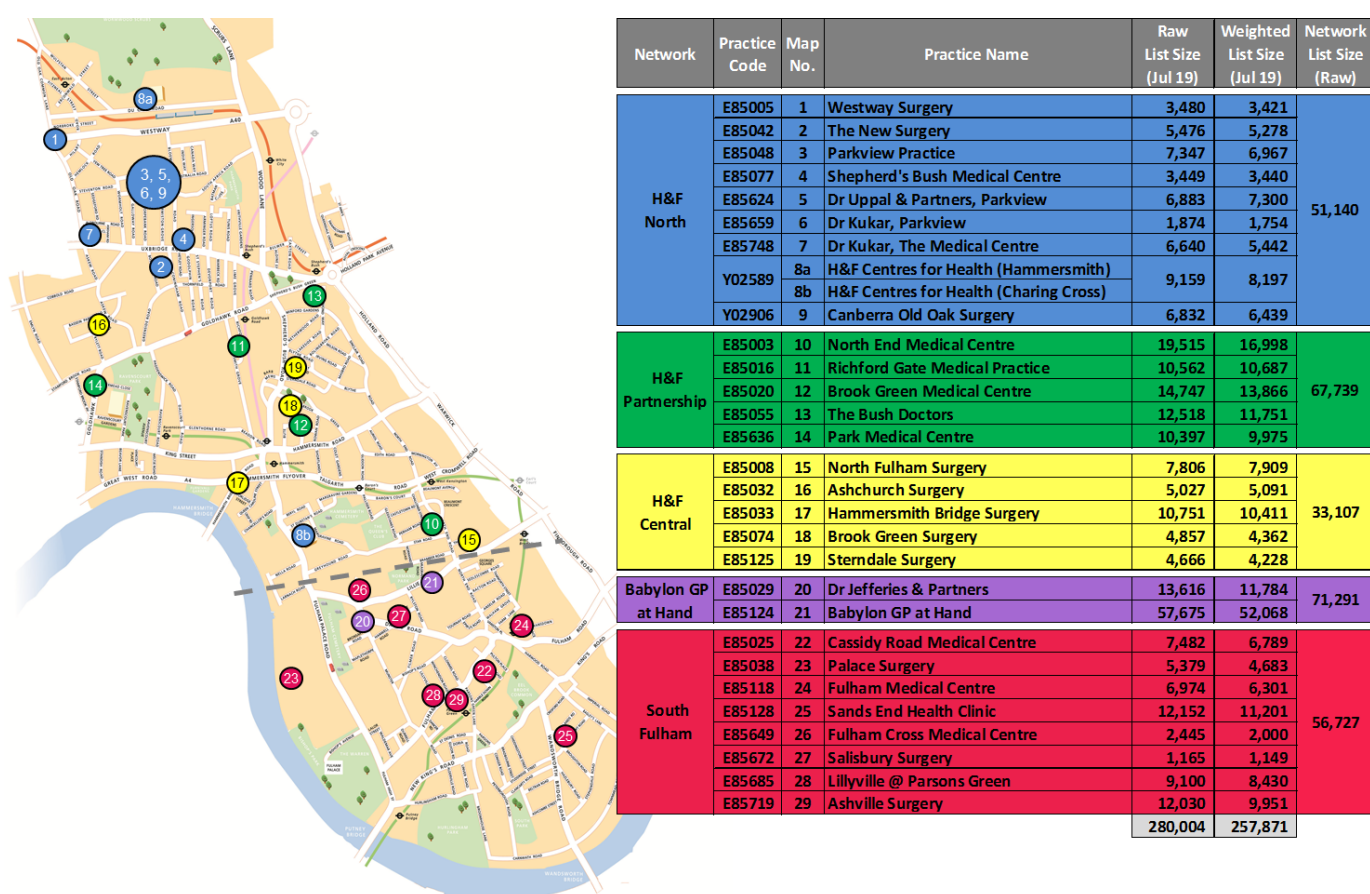
## **2. INTRODUCTION**

Primary Care Networks (PCNs) are at their simplest level, groupings of local general practices and are intended to build upon the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Typically PCNs are expected to cover a population of between 30,000 and 50,000 people so that they are small enough to provide the personal care valued by patients and GPs, whilst being large enough to provide economies of scale through better collaboration between practices as well as with the wider health and social care system. Although these are the anticipated population sizes the upper limit is not a strict requirement providing that the PCN is able to organise itself operationally into smaller neighbourhood teams.

PCNs are part of the wider changes to the GP contract which provide access to extra investment in order to help address the challenges facing general practice and deliver new services. In order to do this the PCNs will enter into network contracts in addition to the core GP contracts of their member practices.

Practices in Hammersmith and Fulham have organised themselves into five PCNs, building on established relationships and organised around the physical geographical locations of the practices. The location of practices and population for each of the PCNs is shown below in Figure 1.

Figure 1: Hammersmith and Fulham Primary Care Networks



### 3. NETWORK CONTRACT DIRECT ENHANCED SERVICE

In order to register as a PCN a new Network Contract Direct Enhanced Service (DES) was published in March 2019. The CCG was required to offer the practices the opportunity to register a PCN from April 2019 to enable the PCNs to sign up to deliver the contract in advance of the application of the requirements on practices from 1<sup>st</sup> July 2019. The Network DES is intended to evolve over time with additional elements being added over the lifetime of the contract which is expected to be in place until at least 31<sup>st</sup> March 2024.

The focus of the Network Contract DES in 2019/20 is to support the establishment and development of the PCNs in preparation for their role as a key delivery vehicle for the ambitions articulated with the NHS Long Term Plan.

Alongside working on organisational development the PCNs are currently delivering extended hours access across their PCN, ensuring full population coverage, and recruiting to clinical pharmacist and social prescribing link worker roles.

The Network Contract DES is supported by financial entitlements which the PCN receive into a nominated payee account on behalf of the network.

Payments to the PCN reflect funding for:

- Clinical Director  
Funding: 0.25WTE per 50,000 registered population or £0.514 per registered patient  
The PCN are required to appoint a named accountable Clinical Director to provide leadership for the PCNs strategic plans and to work with members to improve the quality and effectiveness of the network services.
- Core PCN Funding  
Funding: £1.50 per registered patient  
This funding is for use by the PCN as required to deliver the ambitions of the Network Contract DES.
- Workforce  
Percentage Reimbursement based on actual salaries up to maximum amounts  
Under the Network Contract DES PCNs will be reimbursed to support the recruitment to new roles. Initially this is for Social Prescribing Link Workers and Clinical Pharmacists with other roles to be introduced from 2020/21.
- Extended Hours Access Appointments  
Funding: £1.45 per registered patient  
PCNs are required to provide additional clinical sessions outside of core contracted hours to all registered patients within the PCN.

In addition to the funding provided to the PCN, funding is also available for practices to support their participation and active membership of their PCN equivalent to £1.761 per registered patient.

#### **4. FUTURE REQUIREMENTS**

Following the initial period of development the PCNs will be required to deliver seven national service specifications with five starting in April 2020 and the remaining two starting in April 2021.

The seven specifications are focused on areas where PCNs can have a significant impact on improving health and saving lives; improving quality of care for people with multiple morbidities; or helping to make the NHS more sustainable. Each of the specifications will include national processes, metrics and expected quantified benefits for patients.

Table 1: Network Contract DES Service Specifications

	2020/21	2021/22
Structured Medications Review & Optimisation		
Enhanced Health in Care Homes		
Anticipatory Care		
Personalised Care		
Supporting Early Cancer Diagnosis		
CVD Prevention & Diagnosis		
Tackling Neighbourhood Inequalities		

The specifications are to be developed with the General Practitioners Committee England as part of the annual contract negotiations and have yet to be released. In preparation the CCG is working with PCNs to ensure their readiness to deliver the specifications including support through the Integrated Care Partnership (ICP) to develop multi-disciplinary teams. The CCG is anticipating providing additional support to the PCNs to prepare for delivery when the specifications are released.

## 5. WORKFORCE

The additional requirements for general practice under the Network DES are accompanied by new funding to support the diversification and recruitment to new roles to work across the PCN. Initially this is for clinical pharmacists and social prescribing link workers in 2019/20, expanding to include physician associates and first contact physiotherapists in 2020/21 and community paramedics in 2021/22.

These roles have been identified based on the demand for these roles within general practice and their ability to reduce the burden of the GP workload and improve practice efficiency. It is expected that over the course of the Network Contract DES that these roles will become an integral part of the core general practice.

The reimbursement available to PCNs will fund 70 per cent of these roles, with the exception of social prescribing link workers which are 100 per cent funded through the DES, up to maximum values. For 2019/20 this is the relevant percentage reimbursement of one Whole Time Equivalent (WTE) Clinical Pharmacist and one WTE social prescribing link worker per PCN. In most cases the reimbursement is required to fund new rather than existing roles with Clinical Pharmacists funded through alternative reimbursement schemes the only exception.

Table 2: Network Contract DES Additional Roles Reimbursement

	Funding	2019/20	2020/21	2021/22
Clinical Pharmacists	70%			
Social Prescribing Link Workers	100%			
Physicians Associates	70%			
First Contact Physiotherapists	70%			
Community Paramedics	70%			

From 2020/21 the network will be given greater flexibility to decide how many of each of the additional staff to recruit under the Network Contract DES with each network being allocated a single combined maximum reimbursement sum covering all five staff roles.

In Hammersmith and Fulham there already a number of clinical pharmacists in post working in a number of practices under existing national schemes who would be eligible to transfer to receive the Network Contract DES reimbursement. The CCG is working with practices and PCNs to discuss the potential transfer and to support them in developing new ways of working for the Clinical Pharmacists to deliver services across the PCN not for a single practice.

Work to recruit Social Prescribing Link Workers is also progressing locally with the recruitment for three PCNs being organised through the GP Federation and the remaining PCNs advertising independently. Opportunities to enhance and supplement these roles with additional funding are also being discussed as part of an ICP workstream to develop a Compassionate Communities model.

## **6. PCN PATIENT INVOLVEMENT**

The PCNs are expected to reflect the existing patient engagement requirements of their member practices through their primary medical services contracts. In practice this means that the PCNs are required to engage, liaise and communicate with their collective registered population, including 'seldom heard' groups, in the most appropriate way to inform and involve them in developing new services or changes related to service delivery.

The CCG has been very active in supporting practices and PCNs with these requirements particularly in relation to the development of well supported Patient Participation Groups (PPGs). This has led the CCG to develop a coaching style PPG Leadership course, based on the London Leadership Academy model, to help residents develop the collaborative working skills required to be an effective PPG member. In developing this training the CCG has worked closely with some particularly active PPG Chairs which has supported them in developing networks with other PPGs in line with the PCNs.

Accessible communications about PCNs are also being coproduced with patient and voluntary sector representatives to ensure a wider understanding of the broader context of practice engagement.

## **7. NWL SUPPORT**

Alongside the additional funding within the Network Contract DES, across NWL there is a clear programme of work to support the PCNs and help deliver the ambitious aspirations for PCNs as part of the wider system.

In order to support this the PCNs are being asked to undertake a maturity matrix assessment to establish development needs and have a clear idea of where they are aiming to get to through the implementation of a development plan. Having identified the goals and

development support for the PCN the networks will then have access to a menu of support based on a series of domains:

- PCN Set-up
- Organisational Development & Change Management
- Leadership development
- Collaborative working (MDTs)
- Population Health Management
- Asset based community development and social prescribing
- Clinical Director development

Support will be allocated on the basis of agreed principles that ensure that the success and progress against the PCN development plans are measurable, is targeted at achieving strong team-working with partners and enables the PCN to understand their population to reduce unwarranted variation.

Table 3: Timetable for PCN Development Support

<b>Milestone:</b>	<b>Completion:</b>
PCN & Community Partners undertake PCN assessment	August / September 2019
PCN Development Plan reviewed at Integrated Care Partnership	September 2019
PCN Development Plans submitted to Health and Care Partnership	October 2019
Development Support Mobilised	Late October 2019
Progress against PCN Development Plans reviewed and areas for additional support identified including sharing learning and best practice.	October 2019 – March 2020

As part of the support offer PCNs are also being asked to consider how their development could contribute to the Health and Care Partnership priorities particularly in achieving the improvement in clinical outcomes for:

- Urgent Care
- Outpatient Care
- Supporting people with frailty
- Diabetes
- Last Phase of Life and Enhanced Health in Care Homes
- Cardiovascular disease and respiratory disease
- Personalisation
- Mental Health
- Cancer
- Children's Health
- Musculoskeletal Health

In addition to the NWL level support we are also supporting the PCNs locally having met with the Clinical Directors to establish ways of working to ensure a collaborative relationship

between the CCG and PCNs. To further this collaborative approach we have also organised our Primary Care and Commissioning and Delivery Teams to align to the five PCNs with an identified lead from each team for each PCN.

## **8. PCNs AND INTEGRATED CARE**

PCNs are recognised within the NHS Long Term Plan as an essential building block of every Integrated Care System with the expectation that the Clinical Directors play a critical role in shaping and supporting their Integrated Care System.

The importance of alignment of the work of the H&F Integrated Care Partnership (ICP) with the development and plans of the PCNs has been recognised with the clinical directors of each PCN invited to attend at both Board and workstream level ICP meetings. In further support of this the H&F GP Federation has revised its constitution with the five PCN Clinical Directors now forming the Federation Board.

Progress has also been made to refocus partnership working activity at a network level, allowing the PCNs to focus on delivering care to reflect local need, and established workstreams to address priority areas. These priorities are based on steps towards a place based model of care, bringing together staff from across health and social care with the voluntary sector and the community.

- Social Prescribing – utilising the opportunity provided by the social prescribing link workers funded through the Network Contract DES, and potential additional investment from Macmillan to further increase the link worker workforce, this workstream is intended to support the development of a borough level architecture to effectively utilise community assets and support community activation and development.
- Integrated Community Teams – this workstream will look to accelerate the integrated working at PCN level through the creation of place based teams encompassing staff across health, social and voluntary sector organisations. Initially building the links between community health services the workstream will look to deliver improved outcomes for the patients alongside improving staff experience and improving the system efficiency.
- Integration of acute services with Primary Care Networks - building on the foundation of the other workstreams, this will look to fast-track the integration by bringing in acute services in order to draw resources out of hospital and avoid unnecessary acute activity.

The formation of the Primary Care Networks provides an exciting opportunity to support GP at scale working and deliver a standardised offer of primary care to the residents of Hammersmith and Fulham with practices working together, and with partners, to harness their respective strengths.



## Where we are now – Primary Care Networks

