



# A focus on...the future for Primary Care Networks

[Investment and Evolution: A Five year framework for GP contract reform to implement \*The NHS Long Term Plan\*](#)

<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

***Working together to deliver excellent and sustainable healthcare***



# Networks: Scope

- Networks much more than just at scale general practice: “Primary Care Networks are essential building blocks for every Integrated Care System”.
- General practice to take a **leading** role
- Statement that PCNs “are about provision not commissioning and are not new organisations” ...interesting given roles described below
- PCNs become the footprint on which other NHS community-based services can then dock...
- Strength of PCNs will depend on strength of relationships – in particular the bonds between members & wider health and social care community
- Clear geographical locus for improving health and wellbeing
- Networks registration requirements must be confirmed by CCGs and supported by ICS
- Investment aligned to networks (50,000 being the units of funding scaling)



# Networks: Scope

- Role includes:
  - Dissolving the historical divide between primary and community services
  - Join up delivery of urgent care in the community including transfer of the Extended Hours services to the networks by 2021
  - Drive the pace of digital uptake – Digital First programme
  - Reduce variation of outcomes and services: nationally visible network dashboards
  - Deliver NHS Long Term Plan goals
  - Delivery all network services equally across all constituent practices...every practice will need to meet any local network protocols that are included in Network Agreement
  - Act as test bed for further contract changes – Frimley ICS expressed interest
  - Triple integration of: primary & specialist, physical and mental health, health and social care
  - Taking a leading role within Integrated Care System



# Network Contract



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- **Form** : Directed Enhanced Service (DES) via variation to core contract - managed by CCGs through delegated commissioning responsibilities. Any subsequent changes to footprint have to be agreed by CCGs
- **Content**: Collective rights and obligations (how practices will work together) & formal agreement of how will partner with non-GP stakeholders
- **The deal**: All practices have a right to participate, £1.70 per head for being part of (initial) and **active** participation.
- **Leadership**: Each PCN must have a named Clinical Director – accountable leader and responsible for delivery
- **Data**: Will include patient data-sharing requirement (national) agreed by GPC and NHSE & requirements to share non-clinical data within the network and its CCG to support network analysis & contractual compliance
- **3 components of DES**
  - Delivery of national service specifications (phased)
  - Network financial entitlements...
  - Supplementary network services



# Networks: Formation

- Can the network deliver the expectations set out in the DES and the ambitions of members and partners?
- Scale of the Primary Care Networks in East Berkshire:
  - Size = registered list as of 1<sup>st</sup> January 2019
  - *Typically* serve a population of at least 30,000 / 50,000 registered patients suggested upper level: *not a strict requirement*. Larger networks in reality will organise themselves into separate neighbourhood teams or Alliances will form across primary care networks
- Does the geography make sense to:
  - Constituent practices
  - Other community based providers and social care
  - Local community
  - Local Health and Social Care systems – Frimley Health Integrated Care System
- PCN Applications will require active support from CCG and NHSE
- Networks would collaborate together on wider place based goals through ‘Alliances’



# Investment and Funding

- Network Contract Route:
  - Financial entitlements under the Network DES will be claimed by PCNs for their membership
  - PCN will agree its delivery and finance model: lead practice, GP federation, NHS provider or social enterprise partners (will be route of funding flows) - CCG cannot register itself or host PCNs
- Network contract money in **2019/20**:
  - To practices “network participation payment” in core practice contract
  - To PCNs:
    - Additional roles reimbursement (cohorts of 30 - 50,000 registered patient)
    - Transfer of extended Hours DES
    - Network support: £1.50 from general CCG budgets & 0.25 wte per 50,000...£2.01 per head on 2019/20...”contribution to network effectiveness”
    - Plus any additional resources CCG include (may be in kind)...can go beyond national contract requirements
- Devolved support to PCNs likely to increase as evolve & local help/support will be important success factor
- National Development programme (during 2019) & leadership support



# Workforce Headlines



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- Intended funding for additional role reimbursement per average 50,000 PCN:
  - 2019/20 - £92,000: Clinical Pharmacists (70%) social prescribing link worker (100%)
  - 2020/21 - £213,000: Plus physicians associates (70%), first contact physiotherapists (70%)
  - 2021/22 - £342,000: Plus first contact community paramedics (avoiding net transfer from ambulance services)
  - With more to commitment to come; 2022/23 - £519,000 and 2023/24 - £726,000
- Actual distribution across five roles depended on individual network flexibility
- Intention is to **grow additional capacity** and address workforce shortage
- Expectation that CCGs will continue to fund any funded local schemes
- Each network can decide which provider organisation employs the staff – single lead practice, federation or community, MH or an NHS trust (or voluntary sector organisation)



# Timeline for Delivery

## Five Year GP Framework

### Year One 2019/20





# Networks: Key changes 2019/20 & preparatory work

## Changes

- Network contract goes live in July 2019
- Network participation payment starts July 2019

## Work (before PCN Application to CCG by 15<sup>th</sup> May 2019)

- Agree footprints & size
- Identify clinical directors
- Network agreement signed
- Agree how funding will flow
- Agree £1.50 funding flows from CCGs/ source & any support “in kind”, confirm any other funding flows
- ID any supplementary additional services



# Workforce: Key changes 2019/20 & preparatory work

## Changes

- Additional roles reimbursement scheme launched (clinical pharmacists & social prescribing link workers)

## Work (Before 1<sup>st</sup> July for maximum income)

- Clinical pharmacists
  - Map existing resources & any potential issues
  - Implement new reimbursement approach
  - Identify which networks might want to recruit more posts
- Social prescribing link works
  - Understand the role as outlined nationally
  - Map against existing roles either in general practice or elsewhere including social care/ICS Prevention programme & identify potential issues
- Build local investment case to bridge non-recurring funded roles
- Agree approach to employment, recruitment & retention



# Access: Key changes 2019/20 & preparatory work

## Changes

- Extended hours DES requirements introduced across all practices in every network (July 2019)
- Improving Access to General Practice services to PCNs by 2021
- During 2019 NHS 111 direct appt. booking into practices as core GP contract requirement (For 2019/20 1 appt. per 3,000 patients per day (rising with 3,000 increments))

## Work

- Assess work required to implement whole network DES & plan (must be delivered by constituent practices)
- Assess current NHS 111 capabilities and timelines for direct booking
- Alignment to system –wide out of hospital urgent care plans



# Digital First Programme: Key changes 2019/20 & preparatory work

- New digital improvement requirements
  - Default position **from April 2019** that all practices will be offering & promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing
  - **From April 2019** all new registrants having full online access to prospective data (some exceptions)
  - **By April 2020** default position will be for all patients to have online access to their full record including the ability to add their own information
  - **By July 2019** all practices to ensure 25% of appointments available for online booking
  - **By April 2020** all practices need to have an up-to-date and informative online presence
  - **By April 2020** all practices giving all patients access to online correspondence
  - **By April 2020** no further use of fax for either NHS or patients communication
  - From **October 2019** practices to register for MHRA CAS alert system & monitor & act on alerts



# Core Contract: Key changes 2019/20 & preparatory work

## Changes:

- Indemnity for clinicians will be provided nationally for the whole team
- Changes to the quality outcome framework and introduction to Quality Improvement approach to medication reviews and End of Life
- Rural and London weighting application to be reviewed
- Out of Area patient process to be reviewed
- Ban on advertising and hosting Non-NHS providers within the remit of the NHS services
- Declaration and publication of all GPs with income greater than £150k per year

## Work

- Provide time for practices to discuss and plan for changes – members forums
- Issue and commission contract variations across all general practices in east Berkshire
- Practice to make returns to receive the changes to indemnity
- Practices preparation for the QoF changes
- Identification and implementation of robust Quality Improvement methodology in to practices and PCNS
- Impact assessment for practice with rural weighting
- Audit advertising and hosting in east Berkshire practices



# Primary Care Commissioning Committee: March 2019

CCG approval for PCN applications to deliver the Directed Enhanced Services -  
Timeline for PCN Applications:

- **By 29<sup>th</sup> March:** NHSE to issue national template mandated (includes patients data sharing agreement)
- **By 15<sup>th</sup> May:** Submit registration forms to CCGs
- **By 31<sup>st</sup> May:** CCGs to confirm coverage
- **1<sup>st</sup> July : DES** goes live

PCC will require assurance around:

- role of the Primary Care Commissioning Committee in approvals process
- Capacity in ICS and CCG to effectively commission the framework?
- Investment locally in place to support the CCG responsibilities?
- Primary Care Network readiness to deliver DES
- Impact assessment on other parts of the ICS