



Primary Care Committee				
Date of Meeting	14 th May 2019	Paper Number (PART 1 or 2)	Item 5b	
Title	Primary Care Update: Primary Care Networks – NHS East Berkshire CCG			
Sponsoring Director (name and job title)	Fiona Slevin-Brown, Director of Strategy and Operations, NHS East Berkshire CCG			
Sponsoring Clinical / Lay Lead (name and job title)	PCN – Clive Bowman, PCCC Chair			
Author(s)	Alex Tilley, Ass Director of Primary Care Nicola Airey (contributor), ICS SRO for General Practice Transformation			
Purpose	Provide an update on the establishment of Primary Care Network programme in east Berkshire			
The Primary Care Operations Group is required to (please tick)				
Approve	X	Receive		
Discuss		Note		
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	<p>Cause: New national Network Contract stipulating the specification and expectations of outcome from PCNs including 100% coverage</p> <p>Impact: Practice/s may opt to not participate in the network contract, leaving responsibility for resolution of a complex issue with CCG leading to destabilisation of existing networks of practices. Place based delivery of 10 year plan more challenging with mixed economy of Network DES delivery and less consistency around service delivery</p> <p>Assurance: support and close liaison with practices both as collectives and individual as needed to ensure all practices have the correct information available to sign up to the Network DES</p>			
Legal implications/regulatory requirements	Directed Enhanced Service (DES): Newly published Network DES documents setting out contractual requirements			
Public Sector Equality Duty	N/A			



<p>Links to the NHS Constitution (relevant patient/staff rights)</p>	<p>Working together for patients Respect and dignity Commitment to quality of care</p>
<p>Strategic Fit</p>	<p>Alignment with ICS Primary Care Operating Plan: For 2019-20 our focus will be on 1) Maximising and optimising the tools at our disposal to ensure general practice resilience 2) Building and developing primary care networks.</p>
<p>Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Allocations under Primary Medical Services Delegated arrangements, except:</p> <ul style="list-style-type: none"> • £1.50 per registered patient at 1st January 2019 – confirmed in CCG financial planning • ‘In kind’ provision from with CCG resources • Commitment to continue recurring investments into general practice <p>Deputy CFO confirmed £1.50 in financial plans</p>
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Quality Improvement approach detailed in the Network DES – further agreement on approach required with PCNs on establishment</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Clinical engagement:</p> <ul style="list-style-type: none"> • Members meeting • Individual practice visits • Clinical leadership forums • PC Operational Group
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Stakeholder:</p> <ul style="list-style-type: none"> • Governing Body briefing • Unitary and community providers briefings at joint forums/system leaders <p>Patient Forums have been provided with some information and the PCCC received a presentation in public in February 2019 on Primary Care Networks.</p> <p>Further Communication Plans – to be outlined in</p>



	May/June 2019
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><u>Primary Care Networks Registration requirements</u></p> <p>In the NHS Long Term Plan, Primary Care Networks (PCNs) become an essential building block of every Integrated Care System, and under the new Network Contract Directly Enhanced Service (DES), general practice takes the leading role in every Primary Care Network.</p> <p>Governing Bodies and their Primary Care (Delegated) Committees have already received briefings on the purpose and scope of PCNs. This paper sets out the responsibility given by NHSE to Clinical Commissioning Groups (CCGs) to confirm that the registration requirements for Network Contract DES have been met by all PCNs within their boundaries by the 31st May 2019.</p> <p>CCGs also have a responsibility to secure the explicit pledge of support from their ICS or STP (Sustainable and Transformation Partnership). This will be sought from on the ICS Board on the 23rd May 2019 with a commitment of support if registration requirements are met and boundaries make sense to community based providers, local authorities and local communities. All Network contracts within a single CCG will be confirmed at the same time to ensure every constituent practice of a CCG and 100% of its geographical area, are included within primary care networks.</p> <p>The three CCG Primary Care Teams across the Frimley Health and Care ICS have worked to a single set of guidelines to inform their recommendations and to ensure consistency of approach to the registration process. These guidelines were shared with the clinical leaders and member practices to support engagement in the registration process during April and are based on National guidance.</p> <p>This cover sheet is being used by all three CCGs with bespoke information in Appendix A.</p>	



Network Contract DES Registration requirements

To be eligible for the Network Contract DES, a PCN needs to submit a completed registration form to its CCG by no later than **15th May 2019** and have all member practices signed-up to the DES. The registration form asks for six factual pieces of information. The table below summarises these and includes additional national guidance that has informed the thinking of the PCNs and the recommendations from the Primary Care Teams.

East Berkshire Progress on PCNs – March 2019

Following publication of the General Practice five Year framework a in January 2019, the Directed Enhanced Service contract was provided on 29th March by NHS England (outstanding documentation – Data sharing agreement)

<https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

All members have been provided with formal documentation and local summaries of the requirement and process of establishing Primary Care Networks. Further Q&A sessions have been delivered at member's sessions and via practice visits since February.

Members have been asked to identify their emerging PCNs in April members meetings, to ensure that any gaps are identified early in the process of establishing networks. Early indications are that there is currently one practice who is indicating they do not intend to sign up to the network DES; this remains on the risk register.

Update at 8th May 2019

The CCG has received two out of the expected seven or eight primary care network applications, by 8th May 2019. All members have been offered individual practices based discussions and these have been taken up by a few practices requesting specific information.

Appendix A: summarises this information required in applications for PCNs

Recommendation(s)

PCCC meet in common with PCOG members on 23rd May to provide due consideration in line with the requirements (set out in Appendix One) with the Applications received for PCNs in East Berkshire.

Outcome of the meeting on 23rd May will be ratified subsequently at PCCC in July 2019.



Appendix A: Application requirements for PCN applications in East Berkshire CCG

Information	Guidance
1. Names and practice codes	<i>[CCG offered to supply this field, list sizes and maps completed by Locality PC commissioning manager following April members meetings]</i>
2. Network list size	Sum of its member practices' registered lists as of 1 January 2019. Registered lists not weighted populations.
3. Map clearly marking the Network Area	<p>Using practice boundaries. Must fully cover the CCG's own boundary but may be geography that could be serviced by more than one PCN – overlapping practice catchment areas.</p> <p>PCNs will typically service a population of at least 30,000. Any PCNs under 30,000 will be exceptional and require CCG and Regional support. The criteria all 3 CCGs have used to decide whether to put a PCN forward to the Regional team are:</p> <ul style="list-style-type: none"> • Rurality, low density populations • LA and/or integrated community provider boundaries • Existing strong practice relationships and track record of delivery of PCN responsibilities at this footprint • Strong practice support • Minimal disruption to existing PCN boundaries (where these are working) – alternative would risk existing integrated, multi-disciplinary team arrangements • Local plans demonstrate population increases in line with size expectations in short term (1-2 years) <p>A suggested upper level of 50,000 has been given nationally but this is not a strict requirements and a decision to support a network of this size sits with CCGs alone. All 3 CCGs have agreed a set of criteria that would be used to judge if a network had a reasonable case for being larger than 50,000.</p> <ul style="list-style-type: none"> • LA and/or integrated community boundaries • Existing strong practice relationships and track record of delivery of PCN responsibilities at this footprint • Strong practice support • Minimal disruption to existing PCN boundaries (where these are working)
4. Initial Network Agreement signed by all	Minimum requirement: Schedule 1 only detailing network area, Clinical Director and appointment process, nominated payee.



<p>member practice</p>	
<p>5. The single practice or provider that will receive funding on behalf of the PCN</p>	<ul style="list-style-type: none"> • Provider must hold a primary medical contract GMS, PMS or APMS. • Definition of provider can include GP Federations who hold APMS contracts. • Strong recommendation that where the nominated payee is not a core practice member that they sign the network contract as an “other organisation” who is a member of the network.
<p>6. Names accountable Clinical Director</p>	<ul style="list-style-type: none"> • Should be a practicing clinician from within member practices • Most likely to be a GP but not an absolute requirement • Cannot be shared across networks • The role could be a job share or include rotation arrangements. • Should not be employed by a commissioner (CCG) as a clinical commissioning lead. CCGs clarification re “employed” – should not hold a clinical commissioning role (includes any Governing Body role or Clinical Commissioning Lead role) whether or not currently on the CCG payroll • Could be a GP Federation employee but PCNs must demonstrate how any Conflicts of Interest will be managed. • The expected time commitment may vary between networks depending on the clinical support team put in place and the size of the network. PCNs should consider the indicative time commitment reflect in the associated clinical director payment contribution (0.25 wte for 50,000)