



Primary Care Committee				
Date of Meeting	9 th July 2019		Paper Number (PART 1 or 2)	Item 6
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)	Clive Bowman, PCCC Chair			
Author(s)	Alex Tilley, Associate Director of Primary Care			
Purpose	Provide an update on the Primary Care Networks 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>	Risk: New national Network Contract stipulating the specification and expectations of outcome from PCNs across 100% practices. Closed: All Mandatory Network Agreements submitted provide 100% coverage of the CCGs population.			
Legal implications/regulatory requirements	Directed Enhanced Service (DES): Newly published Network DES documents setting out contractual requirements			
Public Sector Equality Duty	N/A			
Links to the NHS Constitution (relevant patient/staff rights)	Working together for patients Respect and dignity Commitment to quality of care			
Strategic Fit	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.			
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i>	Allocations under Primary Medical Services Delegated arrangements, except: <ul style="list-style-type: none"> £1.50 per registered patient at 1st 			



<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>January 2019 – confirmed in CCG financial planning</p> <ul style="list-style-type: none"> • First 100 days development fund from Non recurring CCG PC resources – £100k non recurrent • National development offer to PCNs under development through NHSE, allocation - £535k via ICS • Commitment to continue recurring investments into general practice including workforce baseline cost pressures <p>Deputy CFO recognises financial risks in relation to the CCG Workforce Baseline, with proposal to PCOH on mitigation for July meeting</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> <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>Quality concerns will be highlighted through PCOG with quality representation in attendance.</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"> • PCN Clinical Directors • 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 • Patient Forums have been provided with some information and the PCCC received a presentation in public in February 2019 on Primary Care Networks. <p>Communication Plans enacted – information on CCG websites, practices provided with newsletter article.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i> <i>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>



Domain 3 Helping people to recover from episodes of ill health or following injury;

Domain 4 Ensuring that people have a positive experience of care; and

Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Primary Care Networks Registration requirements

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. In the May report to the committee on PCN establishment it was made clear the delegated responsibility given by NHSE to Clinical Commissioning Groups (CCGs) for Primary Care Commissioning included the Network DES and process to appointing Primary Care Networks.

Progress to date has resulted in eight Primary Care Networks being established across East Berkshire and confirmation of initial governance arrangement submitted to the CCG by 1st July 2019. As at 2nd July we have seven out of the eight PCNs with signed mandatory network agreements, with the outstanding PCN documentation expected to be signed by 5th July 2019. (Map of PCNs in Frimley ICS in Item 6a document)

The east Berkshire Primary Care Network Summary:

Practice Name	PCN	Reg List Jan 2019	Clinical Director	Nominated Payee
Green Meadows Surgery	Ascot	10,034	Prash Patel - Magnolia House	Berkshire Primary Care Ltd
Magnolia House Surgery	Ascot	9,147		
Kings Corner Surgery	Ascot	7,659		
Ascot Medical Centre	Ascot	5,260		
	Total	32,100		
Forest Health Group	Bracknell & District	19,980	Rohail Malik - Sandhurst Group Practice	Berkshire Primary Care Ltd
The Waterfield Practice	Bracknell & District	13,320		
Binfield Surgery	Bracknell & District	11,431		
The Gainsborough Practice	Bracknell & District	9,807		
Easthampstead Surgery	Bracknell & District	5,360		
Great Hollands Practice	Bracknell & District	4,133		
The Sandhurst Group Practice	Bracknell & District	19,701		
	Total	83,732		
Evergreen Practice	The Health Triangle	4,733	Syed Jalali - Ringmead Group Practice	Evergreen Practice
Ringmead Medical Practice	The Health Triangle	16,075		
Heath Hill Surgery (Ringmead MP)	The Health Triangle	6,498		
Crownwood Medical Centre	The Health Triangle	5,359		
	Total	32,665		



Dr Nabi	LOCC	5,495	Asif Ali - Langley Health Centre	East Berkshire Primary Care (OOHs)
Langley Health Centre	LOCC	19,445		
The Orchard Surgery	LOCC	9,016		
The Chapel Medical Centre	LOCC	8,339		
	Total	42,295		
Bharani Medical Centre	SHAPE	13,022	Nithya Nanda - Farnham Road Surgery	Bharani Medical Centre
The Village Medical Centre	SHAPE	11,867		
Ragstone Road Surgery	SHAPE	3,510		
Kumar Medical Centre	SHAPE	4,918		
Farnham Road Practice	SHAPE	26,171		
The Avenue Medical Centre	SHAPE	7,419		
242 Wexham Road Surgery	SHAPE	4,342		
	Total	71,249		
Herschel Medical Centre	Central Slough Network	14,988	Raj Bhargava - Herschel Medical Centre	Shreeji Medical Centre
Shreeji Medical Centre	Central Slough Network	6,174		
Manor Park Medical Centre	Central Slough Network	10,602		
240 Wexham Road	Central Slough Network	5,644		
Crosby House Surgery	Central Slough Network	11,824		
	Total	49,232		
Linden Medical Centre	Maidenhead	10,064	Amandeep Dosanjh - Cedars Surgery	East Berkshire Primary Care (OOHs)
Woodlands Park Surgery	Maidenhead	3,283		
Ross Road Medical Centre	Maidenhead	3,200		
Cordwallis Road Surgery	Maidenhead	3,631		
Redwood House Surgery	Maidenhead	6,470		
Claremont / Holyport Surgery	Maidenhead	19,020		
The Cedars Surgery	Maidenhead	10,773		
Cookham Medical Centre	Maidenhead	7,761		
Rosemead Surgery	Maidenhead	7,001		
	Total	71,203		
Clarence Medical Centre	Windsor	15,834	Edward Harrison - South Meadow Surgery	East Berkshire Primary Care (OOHs)
South Meadow Surgery	Windsor	14,056		
Lee House Surgery	Windsor	6,971		
Runnymede Medical Practice	Windsor	12,339		
Datchet Health Centre	Windsor	10,275		
Sheet Street Surgery	Windsor	10,241		
	Total	69,716		
Symons Medical Centre	Maidenhead	12,008	Patients allocated to Maidenhead PCN - subject to member agreement	Patients allocated to Maidenhead PCN - subject to member agreement



			(5/7/2019)	(5/7/2019)
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Exception report: Symons Medical Practice in Maidenhead have decided not to participate in delivering the Network DES services to their patients, therefore the CCG, Local Medical Committee and Maidenhead PCN have drafted a local agreement in line with national guidance to bring Symons patients within the local PCN. This agreement stipulated the funding available to be transferred to the Maidenhead PCN, the scope of provision, identified of risk through a financial open book review arrangement. The first review will be carried out by end of December 2019, but can be reviewed earlier if required by any party to the agreement.

PCN establishment checklist

Information/ Requirement	Evidence
1. Names and practice codes	Names and codes are confirmed
2. Network list size	PCN registered list confirmed. Range from 32,100 up to 83,732
3. Map clearly marking the Network Area	Individual maps of member practices have been provided, the CCG have commissioned a revision of PCN mapping by August 2019. An indication can be seen in item 6a. Alignment with integrated care review is underway with BHFT and ICDM programmes All PCNs are coterminous with the local authority and social care.
4. Initial Network Agreement signed by all member practice	Schedule one documents have been provided
5. The single practice or provider that will receive funding on behalf of the PCN – Nominated Payee	The Nominated Payee in each PCN is separate to the Clinical Director's practices. In Ascot PCN the Clinical Director is also the Medical Director of the Nominated Payee, therefore an extract on PCN management of conflicts of interest is provided below for the committee's information: <i>The Clinical Director shall or shall procure that the Network maintains a register of any interests, and shall adopt a conflicts policy to determine whether the Clinical Director any Member, Member Representative, Core Network Practice, Practice Representative or committee member (as the case may be) with a relevant interest can participate in meetings concerning and/or in votes on that matter.</i> All PCN Clinical Directors will be asked to update their Conflict of Interest declaration with the CCG.
6. Names accountable Clinical Director	The appointment of all Clinical Directors have been concluded and listed above.

Next Steps: Primary Care Networks

The ambitions for PCNs in the Frimley system run high with exciting opportunities around reducing health inequalities, greater engagement with partners and introduction of new roles to deliver care closer to home. All these are in the plans for PCNs as they development and members will look forward to being leading on some of these areas.



The next steps for the networks in 2019/20 are detailed in the Innovation and Evolution framework with greater emphasis on service model changes in subsequent years.

- Establishment of Primary Care Networks (July 2019) – working to progress along the maturity matrix
- Additional Roles Reimbursement scheme for Clinical Pharmacists and Social Prescribers (available from 1st July 2019)
- Extended Hours Access DES delivered for 100% of the PCN populations (July 2109)

Primary Care Networks / CCG Workforce Baseline submission to NHS England was made in June, including the existing baseline of general practice employed staff for the five ‘new’ roles set out in the Network DES service specification. PCN and CCG have signed off the return to confirm the numbers are as accurate as possible. NHS England has been asked to confirm next steps and feedback routes.

The establishment of the baseline as at 31st March 2019, has ensuring that all existing role funded by CCG or partnership monies are required to be included, these include the 7.2 whole time equivalent additional capacity implemented through the General Practice Forward View Transformation Plans between 2017 – 2019. Including this will increase pressure on the primary care financial planning for the next five years, and a proposal on how best to mitigate this risk will be taken to PCOG in July 2019, however the investment in workforce has been a CCG priority in the CCG Primary Care Strategy.

Primary Care Network: Development Support

PCOG considered in June making available some non-recurring funds in primary care to PCN Clinical Directors to pump prime the establishment and development of the new networks. This was supported in principle by PCOG; however the guidance on the national scheme has now been received confirming more information on national funding for this purpose.

The local and national support offers are summarised below, with First 100 days being immediate support locally and national funds requiring further development in July is likely to be delayed.

National: PCN Development Monies	CCG level: ‘First 100 Days’
Expected allocation of £500k+ from July 2019 to ICS for supporting PCN development.	Business Case required to release £100k for PCNs to access to support their development
Output - support based on their needs, the local, place and system priorities and deliver their vision	Output – support newly formed PCNs equitably to assess development needs, focus on workforce planning, establish governance
Process - PCNs completing a structured development discussion and/or self-assessment that refers to the PCN maturity matrix, to identify their current state of readiness, their vision, and their specific priority projects in order to create their local development plan	Process (proposed) - aligned with PCN maturity matrix: <ul style="list-style-type: none"> • Enable PA/project management support to implement and embed the PCN schedules • Deliver the self-assessment and diagnostics for developing the vision and year one PCN plans – link with Time for Care programme resources • Facilitation and analysis tools to develop outline workforce plans • Delivery plan based on the five year Evolution and Innovation policy for general practice <i>Readiness for accessing the National Funding</i>
Timeline: available after meetings in July with national team (assumed from the letter)	Timeline: before end of July (subject to support from commissioners and development from PCNs)



Subject to the co-design with PCN Clinical Directors and agreement from PCOG, the PCCC are asked to agree the investment in the region of £100k to bridge the gap for the national scheme and progress at pace the maturity of the new Primary Care Networks

Recommendation(s)

PCCC note the update in the attached and will continue to receive updates on PCNs through the Primary care update and PCOG report.

PCCC to support the investment in the development of the eight new PCNs in East Berkshire through PCN having access to £100,000 to support their 'first 100 days'.



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

Information/ Requirement	Evidence
7. 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>
8. Network list size	Sum of its member practices' registered lists as of 1 January 2019. Registered lists not weighted populations.
9. Map clearly marking the Network Area	Individual maps of member practices have been provided, the CCG have commissioned a revision of PCN mapping by August 2019. An indication can be seen in item 6a. Alignment with integrated care is under review is underway and all PCNs are coterminous with their local authority and social care.
10. Initial Network Agreement signed by all member practice	Minimum requirement: Schedule 1 only detailing network area, Clinical Director and appointment process, nominated payee.
11. The single practice or provider that will receive funding on behalf of the PCN	<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.
12. Names accountable Clinical Director	<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)