Health and Wellbeing Board
Meeting Date: 12th September 2019

Responsible Officer: Nicky Wilde, Shropshire CCG

Email:

Primary Care Networks

1. Summary

Health and Wellbeing Board have requested an update on Primary Care Networks across Shropshire CCG. In summary

- There are 4 Primary Care Networks (PCNs) in Shropshire CCG.
- All PCNs have a Clinical Director to provide leadership.
- PCNs are delivering Extended Access in 2019/20
- From April 2020 PCNs will also be providing the following nationally agreed service specifications:
  - Structured medication reviews and Optimisation
  - Enhanced health in care homes
  - Anticipatory care
  - Personalised care
  - Supporting early cancer diagnosis
- From April 2021 an additional 2 service specifications will be delivered by PCNs:
  - Tackling Neighbourhood inequalities
  - Cardiovascular case finding
- There is a national maturity matrix which PCNs need to work within over the next 2 years and support is available to guide them through this process.

2. Recommendations

Health and Wellbeing Board members are asked to note the content of the paper.

REPORT

3. Risk Assessment and Opportunities Appraisal

PCNs will be expected to reflect their member practices' requirements relating to patient engagement in their primary medical services contract.

Over time patients will receive a more resilient and comprehensive set of integrated services that anticipate rising demand and support high levels of self-care closer to home

PCNs will need to engage and communicate with their collective registered population in the most appropriate way, informing and/or involving them in developing new services

4. Financial Implications

Practices and Networks are entitled to certain levels of funding, outlined in the table below. Funding has been allocated to CCGs by NHS England.

Payment Details and allocation	Amount	Payee
1. Core PCN funding	£1.50 per registered patient per year (equating to £0.125 per patient per month)	PCN
2. Clinical Director contribution	£0.514 per registered patient to cover July 2019 to March 2020 (equating to £0.057 per patient per month)	PCN
3. Staff reimbursements • Clinical pharmacists • Social prescribing link workers	Actual costs to the maximum amounts per the Five-Year Framework Agreement. • Up to £37,810 for a Clinical Pharmacist (70% of cost) • Up to £34,113 for a Social Prescribing Link Worker (100% of costs)	PCN
4. Extended hours access	£1.099 per registered patient to cover period July 2019 to March 2020 (i.e. equating to £0.122 per patient per month) Note: This amount is pro-rata from £1.45 over 12 months.	PCN
5. Network Participation Payment	£1.76 per weighted patient per year.	Individual Practices

*Payments are based on patient lists as at 1st January 2019.

Development funding is also available for PCNs to support their development and this is outlined below in section 6 below.

5. Background

All GP Practices were given the opportunity to be part of a Primary Care Network (PCN) from 1st July 2019.

In summary the overarching principle of a PCN is that they will be fundamentally Primary Care led and owned. PCNs are about provision, not commissioning and are built on the core of current primary care service and based on GP registered lists.

PCNs have been introduced to enable greater provision of proactive, personalised, coordinated and more integrated health and social care intended to dissolve the historic divide between primary and community health services, social care and voluntary services. The move to PCNs is a change from reactively providing appointments to proactively caring for the people and communities they serve. By 2021 Integrated Care Systems will cover the whole country and Primary Care Networks, through their clinical directors, will play a role in shaping and supporting their ICS.

The criteria to approve a PCN is based on GP Practices coming together to serve natural communities of around 30,000 to 50,000 *(the upper limit can be more than 50,000 if sub-network arrangements are in place and the lower limit can only be reduced in very rural and*

sparse communities. Network boundaries must make sense geographically as community and social care providers are required to build their teams around these Networks. PCNs were required to complete an application process for CCG for approval and the CCG undertook an approval process during May and June 2019. Representatives from Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee, Shropshire and Telford and Wrekin CCGs, Shropshire Community Trust and Midland Partnerships Foundations Trust and Shropshire and Telford and Wrekin Local Authorities were all involved in the discussions around the approval of the PCNs.

Shropshire CCG approved 4 Primary Care Networks as below:

South West Shropshire PCN		
Clinical Directors: Dr Juliet Bennet (julietbennett@nhs.net) & Dr Digby Bennett (digby.bennett@nhs.net)		
Code	Practice Name	Patients
M82033	Bishops Castle MP	5,352
M82008	Church Stretton MP	7,391
M82046	Craven Arms MP	3,957
M82043	Portcullis Surgery	7,908
M82014	Station Drive Surgery	8,284
M82620	The Meadows MP	3,060
	Total	35,952

South East Shropshire PCN		
Clinical Director: Dr Shailendra Allen (sallen12@nhs.net)		
Code	Practice Name	Patients
M82021	Albrighton MP	8,075
M82601	Alveley MP	2,302
M82004	Bridgnorth MP	16,474
M82051	Broseley MP	4,684
M82024	Brown Clee MP	3,434
M82041	Cleobury Mortimer MP	7,083
M82031	Highley Medical Centre	3,163
M82019	Much Wenlock & Cressage MP	8,177
M82038	Shifnal & Priorslee MP	10,694
	Total	64,086

Shrewsbury PCN		
Clinical Directors: Dr Julia Visick (julia.visick@nhs.net) & Dr Sarah Harwood (sharwood@nhs.net)		
Practice Code	Practice Name	Registered Patients
M82048	Belvidere MP	5,300
M82034	Claremont Bank Surgery	7,701
M82047	Marden MP	7,752
M82040	Marysville MP	5,456
M82002	Mytton Oak MP	10,657
M82023	Prescott Surgery	6,689
M82030	Pontesbury MP	7,811
M82016	Radbrook Green Surgery	9,660
M82006	Riverside MP	10,154
M82011	Shawbury MP	3,999
M82032	Severn Fields MP	17,031
M82060	South Hermitage Surgery	8,032
M82018	The Beeches MP	6,319
M82013	Westbury Medical Centre	2,824
Y02495	Whitehall MP	3,576
M82604	Worthen MP	1,994
	Total	114,955

North Shropshire PCN		
Clinical Director: Dr Catherine Rogers (catherinerogers1@nhs.net)		
M82026	Cambrian Medical Centre	12,955
M82025	Churchmere Medical Group	15,962
M82017	Clive MP	4,689
M82044	Dodington Surgery	4,946
M82010	Drayton MP	17,524
M82058	Hodnet Medical Centre	3,522
M82020	Knockin Medical Centre	3,443
M82005	Plas Ffynnon Medical Centre	9,049
M82022	The Caxton Surgery	13,440
M82035	Wem & Prees MP	11,526
	Total	97,056

6. Additional Information

Clinical Directors

All PCNs have a Clinical Director to provide clinical leadership in the development of their Network. In time, they will have close working relationships with other PCN clinical directors, LMC, commissioners and clinical leads of health and social care services.

Their role is to ensure the full engagement of primary care in development and implementing local system plans and development of strategic plans for the Network which support quality improvement across the member practices. Clinical Directors also have a role in representing the PCN at CCG/ICS and STP level meetings and will contribute to the strategic development and the wider work of the ICS. Discussions are taking place with the Clinical Directors to determine how they intend to work with the CCG and STP in the development of the ICS.

Workforce

As outlined in point 4 above, PCNs have access to additional funding to support some new staff roles to deliver services. IN 2019/20 there is funding available for Social prescribing link workers and Clinical Pharmacies and in future years this expands to First contract Physiotherapists, Physicians Associates and First Contact Community Paramedics. These will work at PCN level and support delivery of the Directed Enhanced Services outline in point 1 and below.

PCN Maturity Matrix

To support PCNs through their development, NHS England has produced a maturity matrix which outlines the core components that underpin the successful development of networks. It sets out a progression model that evolves from the initial steps and actions that enable networks to begin to establish through to growing the scope and scale of the role of networks in delivering greater integrated care. Using the matrix, PCNs will be able to identify their learning and development needs and tailor available development support to ensure that they mature across the steps outlined in the matrix model. When a PCN is fully established (estimated to be after year 2 for new networks), and delivering the mandated services it will be able to expand to provide further PCN services. There is national funding available to support PCNs to progress through the maturity matrix.

Commissioning of Services from PCNs

From 1st July 2019, PCNs were commissioned to provide extended access appointments at a rate of 30 minutes per 1,000 population.

From April 2020 PCNs will be required to deliver an additional 5 Directed Enhanced Services (DES):

- Structured medication reviews and optimisation
- Enhanced health in care homes
- Anticipatory care
- Supporting early cancer diagnosis
- Personalised care

From April 2021 a further 2 enhanced services will also be commissioned:

- CVD prevention and diagnosis
- Tackling neighbourhood inequalities

When the detailed specifications are published (expected January 2020) a detailed review will be carried out to identify opportunities around the development of community based models to ensure alignment including the current Care Close to Home programme.

Sustainability and Transformation Partnership (STP)

Under the Shropshire STP governance structure, PCNs sit within the Prevention and Place based care work programme together with care closer to home, integrated place, prevention and early help, primary care, frailty, long term conditions, end of life, medicines optimisation and elective care.

Primary care providers as core partners in system decision making will play a crucial role in the development of STPs and ICSs, helping to drive a more population-focused approach to decision making and resource allocation. Part of the nationally agreed role of a Clinical Director is to contribute to the strategic development and the wider work of the ICS.

The CCG is working to develop the line of Governance between the STP, ICS development and the Clinical Directors.

Future Development

Within the NHS Long Term Plan (LTP), PCNs are identified an essential building block of every Integrated Care System with General Practice taking the lead role in every PCN. However PCNs are in a very early stage in their development and it will take some time for the Clinical Directors to develop their PCNs to maturity and be able to take an active role in system development. The CCG is meeting with the local PCN Clinical Directors to ensure that the governance arrangements meet the needs of both the system and the PCNs.

The PCN concept is intended to dissolve the historic divide between primary and community health services but they are focused on provision of services not commissioning and are not new organisations. The opportunities that PCNs bring will ensure that Community and Primary Care services become integrated from a patient perspective, with organisational boundaries invisible in terms of delivery of care. To ensure that partner organisations will work with the CCG to deliver appropriate services around Networks; this requirement has been added to provider contracts as part of the 2019/20 contract negotiations.

Following a development period during 2019/20, it is intended that PCNs, alongside their system partners, will begin to deliver the national services identified in this paper and to ensure that primary care, community services, social care and voluntary sector services are co-ordinated to improve population health.

7. Conclusions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Local Member
Appendices