

The Future of Primary Care Provision and an Update on Primary Care Networks

Briefing paper for HOSC – 18 November 2019

Background

1. In 2016, NHS England published the GP Forward View (GPFV) which outlined the key work programmes to be delivered across all GP practices to support the resilience and sustainability of Primary Care. It provided guidance on actions practices should take to support their resilience and also laid out requirements to deliver extended access to routine and pre-booked GP appointments 8am to 8pm 7 days a week. Both Shropshire and Telford and Wrekin CCGs successfully delivered the required programmes as outlined in the GPFV.
2. In January 2019, NHS England published The NHS Long Term Plan (LTP) which as well as setting out the overarching long term goals for the NHS, included some specific changes for Primary Care. To support delivery of the Primary Care elements, amendments were needed to the national GP Contract and these were published in the form of “Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan”.
3. To ensure successful delivery of the GP contract reform in line with the LTP, CCGs were required to review and refresh or rewrite their Primary Care Strategy, which Shropshire and Telford & Wrekin CCGs did jointly in April 2019.
4. To ensure that this Strategy supports the delivery of all the requirements, it was split into the following deliverables:
 - Primary Care Networks and models of care
 - Prevention and addressing health inequalities
 - Care quality and improvement
 - Improving access to Primary Care
 - Ensuring a workforce fit for the future
 - Improvements to technology and digital enablers
 - Ensuring high quality Primary Care estate
 - Optimising workflow and address workload pressures
 - Audited delegated statutory functions and governance arrangements
5. Within the LTP and the local Primary Care Strategy, Primary Care Networks (PCNs) become an essential building block of every Integrated Care System, and under the new Network Contract, General Practice takes the leading role in every PCN.

The Primary Care Strategy

6. As mentioned above, the Primary Care Strategy covers eight key areas of Primary Care delivery. Shropshire and Telford & Wrekin CCGs are leading on supporting practices with this work and have individual named leads for each area. However, practices and/or PCNs remain responsible for their participation.
7. The eight key areas are detailed in the table on the following page:

<p>Primary Care Networks (PCNs)</p>	<ul style="list-style-type: none"> • Each GP Practice must be part of a PCN from 1st July 2019 and a formal Network Contract in place • PCNs will be made up of practices and serve patient populations of around 30,000 to 50,000 • Each Network will identify a Clinical Director • The boundaries of the Networks must make geographical sense to enable community and social care services to be provided • Some services will be provided via Networks from 1st April 2020. These will be mandated nationally and CCGs will be able to add additional local services
<p>Supporting Prevention and addressing health inequalities</p>	<ul style="list-style-type: none"> • Improvements in the uptake of physical health checks for the seriously mentally ill • Consideration to specific actions to support people with Learning Disabilities and Autism and delivery of the required increase in the number of health checks • Improvement in the Type 2 Diabetes prevention and management programme • Improvements to Dementia diagnosis rates • Introduction of prevention and management programme for respiratory conditions • Programme of work to reduce Antimicrobial Resistance
<p>Improving Care Quality</p>	<ul style="list-style-type: none"> • The LTP explicitly details five areas of care for national improvement which will be supported by the Networks: supporting children and young people, perinatal mental health, diabetes care, respiratory care and patients in care homes – Primary Care will support these national improvement programmes • Continue to reduce medication errors, increase the use of generic medicines, and prescribe according to best practice • Amendments to the Quality and Outcomes Framework (QOF) to ensure more clinically appropriate support for patients to include 2 Quality Improvement models introduced; one for prescribing safety and one for end of life Care • A national review of heart failure, asthma, and chronic obstructive pulmonary disease. QOF domains will commence in 2019/20
<p>Improving access to Primary Care</p>	<ul style="list-style-type: none"> • As part of the GPFV programme of work, CCGs have worked closely with GP Practices to improve access to appointments both in and out of the core working hours of 8.00am to 6.30pm • By April 2021, improving access will become part of the Network responsibility • Patients will be able to access appointments via 111, who will also be able to direct patients to appropriate providers such as pharmacies rather than always directly to a GP Practice • The CCG is engaging with the national review of access to General Practice and will be
<p>Ensuring a workforce fit for the future</p>	<ul style="list-style-type: none"> • From 2019 as part of the additional roles reimbursement scheme there is funding to increase the number of clinical pharmacists and social prescribing link workers in Primary Care • From 2020 there will be national funding from the reimbursement scheme to introduce physician associates and first contact physiotherapists and from 2021 first contact community paramedics • Employment of these staff can be direct by Networks or through other NHS or voluntary organisations • The work programmes initiated as part of the GPFV continue for the retention and recruitment of GPs and other clinical professionals • As well as retention, recruitment and increased multidisciplinary working there will be increased opportunities for flexible/ mobile working, interoperability and portfolio careers. • Clinical Directors will provide the compassionate leadership in primary care to lead the complex, practical, financial and cultural challenge ahead • Learning/education also remain important elements of the development of the workforce with Protected Learning Time sessions being adapted to meet the future needs of working in Networks
<p>Improving the use of technology</p>	<ul style="list-style-type: none"> • The use of technology will enhance models of care • The core level of digitisation will be met by 2024 including the withdrawal of the use of fax machines by 2020 • The CCGs will ensure that all GP Practices and PCNs are technically enabled to provide the required functionality and interoperability of systems • The NHS App will be available and promoted in Shropshire and some practices will commence online consultations from May 2019 • Online and video consultations across all practices by 2021 • At least 25% of appointments will be available for online booking by July 2019 • Many patients are already able to request their repeat prescriptions electronically; however this will be a default position from April 2019

	<ul style="list-style-type: none"> • There is currently limited patient access to medical reports. This will be increased with full access by 2020 and patients will be able to input their own information • Improvements to electronic and integrated decision trees with direct links to create referrals so that GPs are one click away from advice and diagnostic information
Ensuring a high quality Primary Care Estate	<ul style="list-style-type: none"> • Planning beyond the currently approved estates projects will be invigorated • National review of Primary Care Estate during 2019 • A project to fully understand the functionality of Primary Care estate will identify how the use of technology, changes in workforce, opportunities arising from Primary Care Networks, and population growth will impact on the premises requirements in the future • Future integration of the Primary Care Estates planning with the One Public Estate programme of work to align, where possible, developments which encompass several schemes under the same programme of work
Optimising workflow and addressing workload pressures	<ul style="list-style-type: none"> • Continued support will be available via the National Primary Care Resilience programme and the Releasing Time to Care Programme, enabling GPs and Managers to think and plan to identify new ways of making better use of resources (e.g. premises, IT, workforce, HR, back office functions, staff) • Continued support to deliver the 10 high impact changes that were launched in 2016 <ul style="list-style-type: none"> • Active signposting • New consultation types • Reduction in DNAs • Developing the team • Productive workflows • Personal productivity • Partnership working • Social prescribing • Support self care • Develop Quality Improvement expertise • Strong public awareness campaigns explaining wider practice team roles and services provided by a range of healthcare professionals - patients will in the future be seen by a wider range of healthcare professionals • To promote self-care and alternative sources of advice and treatment • Social Prescribing, Care Coordination, and Link Workers will continue to support people to identify support and those with the lack confidence or knowledge to get involved with community groups or to approach agencies on their own • GP Practices will be supported to use the new demand and capacity tools to identify how appointments are used and the effect of seasonal variation

8. The full version of the Primary Care Strategy is published on the CCG website here: <https://www.shropshireccg.nhs.uk/policies-and-reports/reports-and-publications/>

9. There are operational plans that link to these key deliverables in the plan and these are reviewed every other month at Primary Care Commissioning Committee (the relevant papers can be found on the CCG website here: <https://www.shropshireccg.nhs.uk/get-involved/meetings-and-events/primary-care-committee-meetings/>)

Primary Care Networks

10. Primary Care Networks were established in Shropshire on 1st July 2019. There are four PCNs that incorporate the following groups of practices

North Shropshire PCN		
Clinical Director: Dr Catherine Rogers		
Practice Code	Practice Name	Registered Patients
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

Shrewsbury PCN		
Clinical Directors: Dr Julia Visick & Dr Sarah Harwood		
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
M82604	Worthen MP	1,994
	Total	114,955

Note: List sizes are as at 1st January 2019.

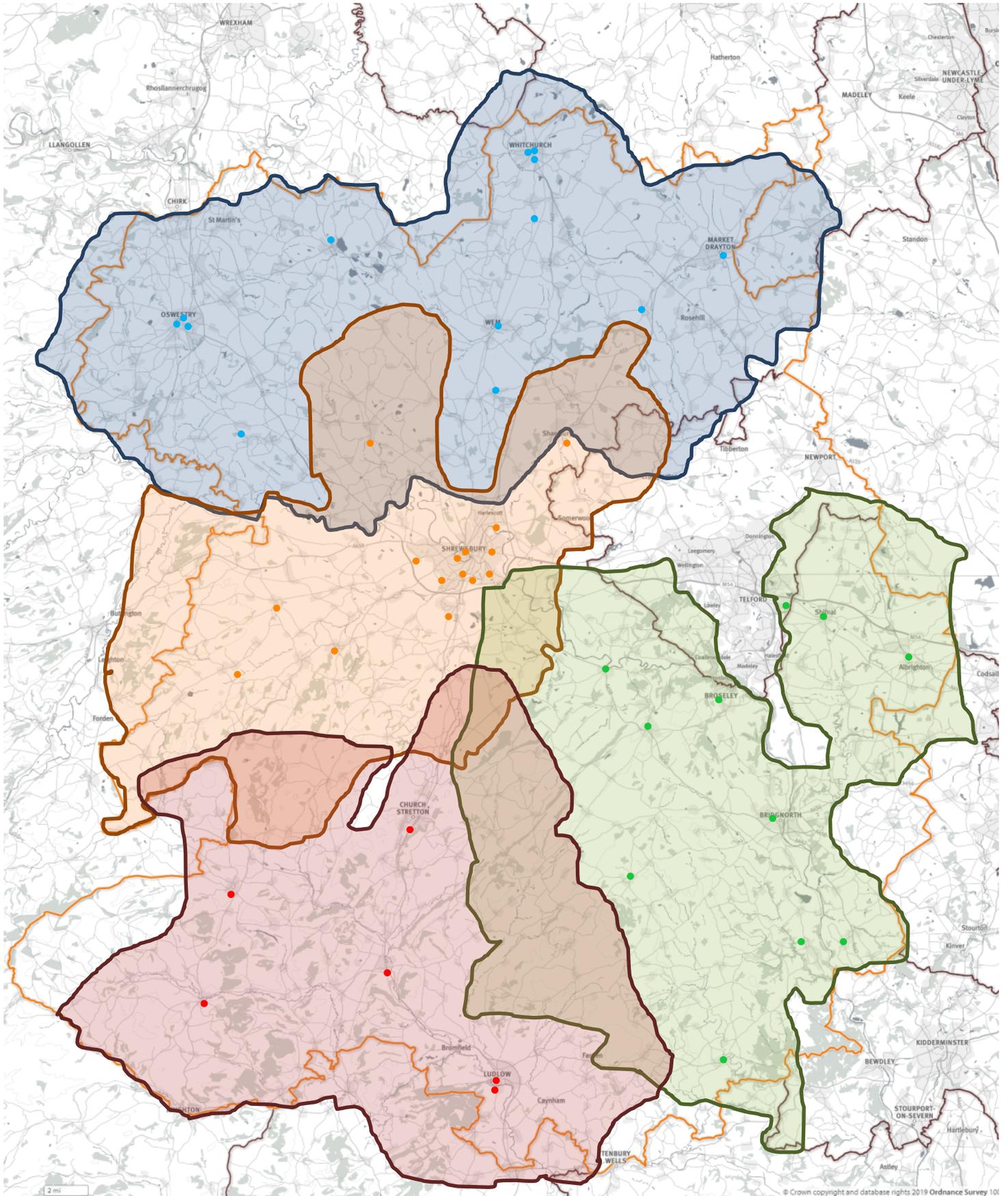
South East Shropshire PCN		
Clinical Director: Dr Shailendra Allen		
Practice Code	Practice Name	Registered Patients
M82021	Albington MP	8,075
M82601	Alveley MP	2,302
M82004	Bridgnorth MP	16,474
M82051	Broseley MP	4,684
M82024	Brown Clee MP	3,434
M82041	Cleobury Mortimer MP	7,083
M82031	Highley Medical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

South West Shropshire PCN		
Clinical Directors: Dr Juliet Bennet & Dr Digby Bennett		
Practice Code	Practice Name	Registered 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

- The areas that these practices cover are detailed in the map at Appendix 1
- Initially, PCNs in Shropshire wholly consist of General Practices but the PCN concept is wider. It is intended to break down the historic divide between primary and community health services. PCNs are about provision not commissioning, and are not new organisations.
- The CCG is holding regular meetings with the Clinical Directors and working closely with them to assist them in accessing national funding to support the development and maturity of the PCNs

14. As PCNs develop, they will begin to include providers of other Primary Care services (Dentistry, Pharmacy, Optometry) and also community services provided by other NHS organisations.

Appendix 1 – Map of Shropshire PCNs



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|--|---|
|  North Shropshire PCN |  Shrewsbury PCN |
|  SW Shropshire PCN |  SE Shropshire PCN |