

Report to: (Governing Body/Committee): Primary Care Commissioning Committee

Date of Meeting: 28th May 2019

Subject: Primary Care Networks: Approval of PCNs and Future Direction

Presented by: Julie Wilson, Assistant Director Programme Delivery & Co-Commissioning

**Agenda Item 07**

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| --- | --- | --- |
| **PURPOSE OF REPORT:** | The NHS Long Term Plan set out the vision for the development of Primary Care Networks (PCNs), which will form the foundation for the delivery of integrated care to the local population. This is also reflected within the CCG’s Primary Care Strategy. PCNs are groups of GP practices working more closely together, with other primary and community care staff and health and care organisations, providing integrated services to their local populations.  PCN registration forms were required to be submitted to CCGs by 15th May 2019, with final approval required by 31st May 2019. Once approved, PCNs must complete their Network Agreements by 30th June 2019 and will become operational from 1st July 2019.  The CCG has received 5 PCN registration forms. Each PCN covers a population size within the specified 30,000 to 50,000 range. Groupings have been practice-led and are generally based on historical working relationships; this is recognised in the national guidance as an important success factor for PCNs. Practices within the proposed PCNs are not always geographically near to each other, but the boundaries of the GP practices within NEL mean that there is a spread of registered patients across the borough, rather than being in ‘natural communities’; the only exception to this are the more rural areas and towns and villages on the outer areas of NEL. This also means that PCNs overlap, but the national guidance sets out an expectation that this would be the case, particularly within towns. As there are no existing integrated community teams already established, the CCG will need to facilitate work between the PCNs and other local community services to agree alignment around the PCN populations. This is a key priority for the CCG in 2019/20.  The Committee is asked to approve the proposed PCNs and provide a recommendation for final approval to the Humber Coast and Vale Primary Care Programme Board on 30th May 2019.  The CCG has identified opportunities for potential local supplementary schemes for PCNs that will help deliver improvements across NEL. These are based on CCG benchmarking data (Appendix 3) and are set out within Section 3 of the main report. The Committee is asked to support these ideas in principle, subject to further detail being developed.  NHS England and Improvement is also looking to identify PCN accelerator sites. Should NEL be identified as potential site, this would need to include all 5 PCNs. The Committee is asked to support the submission of an Expression of Interest, subject to being identified as a potential site by NHS England and all 5 PCNs confirming they are in a position to do this. | |
| **Recommendations:** | The Primary Care Commissioning Committee members are asked to:   * Approve the North East Lincolnshire PCNs and provide a recommendation for final approval to the Humber Coast and Vale Primary Care Programme Board on 30th May 2019 * Approve in principle the ideas for the CCG supplementary schemes, subject to further development * Support the expression of interest for the PCN Accelerator site programme, subject to nomination by the Region and the PCNs agreeing they are in a position to submit an expression of interest | |
| **Committee Process and Assurance:** | N/A | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | If the proposed PCNs are not approved, the CCG and local Practices will not meet national deadlines for implementing Primary Care Networks. This will impact on the pace of service changes and development of integrated care delivery within NEL. | |
| **Legal Implications:** | N/A | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | Choose an item. |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report | |
| **Finance Implications:** | The financial requirements for the PCNs are included within the CCG’s core allocation for primary care from NHS England. | |
| **Quality Implications:** | This report details a positive impact on quality.  The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | N/A | |
| **Engagement Implications:** | Once approved, PCNs will need to engage with the constituent practice patient participation groups on service development and redesign. Some PCNs have already shared their PCN proposals with their PPGs. | |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> | |
| **Appendices / attachments** | Full report follows from Page 3  Appendix 1: Network Contract DES contract specification 2019/20  Appendix 2: PCN Maps  Appendix 3: CCG high level improvements / savings opportunities | |



**Primary Care Networks: Approval of PCNs and Future Direction**

**1.0 Introduction**

The NHS Long Term Plan set out the vision for the development of Primary Care Networks (PCNs), which will form the foundation for the delivery of integrated care to the local population. This is also reflected within the CCG’s Primary Care Strategy. PCNs are groups of GP practices working more closely together, with other primary and community care staff and health and care organisations, providing integrated services to their local populations.

The BMA GP (England) committee and NHS England have agreed, through the national contract negotiations, for the development and rollout of PCNs (primary care networks). As part of the 5 year contract deal for general practice, which came into effect from April 2019, GP practices are able to establish or join PCNs covering populations of between 30,000 to 50,000 population size (with some flexibility). A national Directed Enhanced Service (DES) will support the development of PCNs and will cover a number of areas, including funding for the provision of additional workforce and services that the PCN will be required to provide; the requirements of the DES will develop over the duration of the 5 year contract deal. The initial focus is to establish and form the PCNs with the GP practice members, but the expectation is that collaboration between practices and other providers will need to be developed during 2019/20. The DES Contract Specification is attached as Appendix 1, to provide further detail.

The Committee are requested to approve the North East Lincolnshire PCNs and provide a recommendation for final approval to the Humber Coast and Vale Primary Care Programme Board on 30th May 2019.

**2.0 PCN Registration and Approval**

To register as a PCN, individual GP practices were required to make a joint submission to the CCG by 15th May 2019. Final approval is required by 31st May 2019. The CCG has received registration forms to establish 5 PCNs across North East Lincolnshire.

The Network Contract Directed Enhanced Service Contract Specification 2019/20, Section 3, set out the description of Primary Care Networks and Network area, which forms the basis upon which PCN submissions can be approved. Appendix 1, pages 10 and 11, contain the specific detail, but the following narrative covers how the proposed PCNs meet those requirements.

All practices within all 5 proposed PCNs hold a registered patient list and offer in-hours (essential services) primary medical services, so all are eligible to apply to be a PCN. All practices within the NEL CCG boundary are included within a PCN, which ensures 100% coverage for the registered population.

The proposed PCNs are all within the specified 30,000 to 50,000 population coverage. They do represent some change from the footprints that were covered by the NEL GP Federations\*, but not significantly so; a small number of practices have elected to move to a different group and, in order to meet the population size requirements, Panacea has established smaller PCNs. This means that the PCNs can build on the relationships and foundations set by the federations. The PCN groupings are summarised below:



*\*PCNs are different to Federations, but member practices can use Federation organisations as vehicles to support delivery if they wish.* ***The CCG will only be commissioning services through the PCNs in future.***

The boundaries of all of the proposed PCNs overlap, and the national guidance recognises that this will be the case in some areas. The reason this is the case locally is because the GP practices within North East Lincolnshire have specified contractual boundaries that cover a large proportion of the NEL area and there is a spread across the NEL area of registered patients for most practices; the only exception to this is the more rural areas or towns and villages on the outer areas of NEL, where registered patients do generally live closer to their registered practice. This means that there are no obvious geographical groupings of practices that would focus care delivery around specific geographical or Ward areas and meet the population size requirement. However, given the compact nature of the NEL geographical area, this does not present too significant a problem. The contractual boundaries, and the spread of patients across NEL, for each PCN can be seen within Appendix 2.

In terms of PCN alignment with other community services, within NEL there is no existing single community service infrastructure against which to compare or overlay the proposed PCNs. The NEL health and social care community providers do not currently have consistent service delivery structures across geographical areas, e.g. the community nursing teams are structured differently to the community mental health teams, and so on with other community teams. To progress the PCN model and develop wider, multi-organisational, integrated teams, there will need to be discussions between providers regarding the alignment of teams around the PCNs. The local Integrated Care Partnership (ICP) and the previous Federations had already agreed in principle to begin this work, and a workshop is being arranged for July 2019 to move these discussions forward, reflecting the new PCN groupings.

The national GP contract document emphasises the fact that the success of a Primary Care Network will depend on the strength of its relationships, and that the main reason NHS England and GPC England are backing Primary Care Networks now is because they have emerged from a practice-led process. The practices have self-selected their groups, but building on the foundations set by the practice federations, which also already have established relationships with other local partners through the ICP. In order to ensure we have resilient, effective and successful PCNs, it is important that the CCG supports the PCNs and their member practices to further develop their relationships, as well as facilitating the work with other local providers to develop integrated service delivery around those PCN populations. This is a key focus of the CCG corporate plan in 2019/20.

**3.0 Potential CCG Local Supplementary Schemes**

The PCNs provide an infrastructure through which local enhanced services could be commissioned from general practice. As part of the ongoing review of the existing general practice enhanced services, the CCG will be considering whether those services would be suitable for commissioning via PCNs and will be making recommendations to future PCCC meetings regarding this.

In the meantime, the CCG has considered whether there are any other local supplementary schemes that could be developed and commissioned via the PCNs. On reviewing local benchmarking data, and in particular the areas where PCNs could potentially have direct influence over delivering improvements, the CCG identified some areas of opportunity. These are set out at Appendix 3. This was also shared with practice representatives at a PCN development session in April 2019.

All potential PCN Clinical Directors were also invited to attend a panel discussion with CCG Executives during the week commencing 21st May 2019. The purpose of these discussions was to understand the PCN’s emerging priorities and to discuss the potential to move further faster in some areas. In addition to the CCG ideas, the PCNs were asked to share any ideas they might have. Two of the five PCNs attended for a panel discussion (Freshney Pelham and Meridian Health Group); others were unable to attend and/or felt that it was too early for such a discussion, but were willing to engage once they have established their arrangements.

Based on the CCG information and the discussions to date, the CCG’s view regarding the potential areas that could be supported and progressed as local supplementary schemes for all PCNs is set out below:

1. Medicines Optimisation: There will be a national service specification as part of the PCN DES from 2020, but the CCG could develop a local scheme to go further faster on this during the current financial year. This has been part of the Local Quality Scheme previously, but it is proposed this is removed and established as a standalone scheme. The concept is that PCNs would be able to invest in additional support, e.g. additional pharmacists or pharmacy technicians, to undertake the work required to deliver quality and cost improvements more quickly
2. Community urgent care: This would entail developing a broader team around the PCN, to include roles such as Paramedic, and revising the service delivery model to ensure more effective planned care case management (to prevent deterioration and need for urgent response) and provide a quick on the day response for urgent need. This would improve the timeliness of the community response, improve patient experience and reduce hospital urgent care costs. This links with both the integrated urgent care specifications that the local Integrated Urgent Care (IUC) Alliance are taking forward, and the Primary Chronic and Complex Enhanced Service. The latter would need to be revised, in light of the PCNs. The CCG would need to consider how this scheme would operate, within the context of the IUC Alliance arrangements, particularly as not all PCNs have yet confirmed sign up to the Alliance
3. GP support to discharge: This would entail GP attendance at weekly MDT meetings at the hospital to review ‘super stranded’ patients to aid in discharge planning, with the potential to decrease both length and cost of stay. To deliver a resilient and consistent service, this would be best co-ordinated across all 5 PCNs within NEL. As with the community urgent care above, this links to the integrated urgent care specifications that the local IUC Alliance are taking forward and development of the detail would therefore need to consider that context
4. Community Respiratory Service: This would build on work already started, which fits with the Primary Chronic and Complex Enhanced Service, to take the respiratory element of the service further and provide a more enhanced level of skills amongst the PCN teams, supported by a respiratory specialist. This could improve rates of diagnosis and treatment of chronic disease, improve the response to patients and potentially avoid hospital care and costs, but also has the potential to improve lung cancer detection rates and earlier diagnosis. As this will involve a more enhanced level of skill, it may necessitate having some elements of service that span all 5 PCNs across NEL.

In the future, the CCG is looking to develop schemes whereby providers take a share in the risk and reward for any service change, e.g. if they invest to make a service change which generates savings elsewhere in the system, they receive a share of the savings. This approach is being taken forward with the IUC Alliance, and we would need to ensure that any PCN schemes align with this. In addition, the PCN DES contract documentation and NHS Long Term Plan state that there will be a National Network Investment and Impact Fund from 2020/21. Any local arrangements would need to be reviewed in light of this.

More detail would be required to work up these ideas, and the fit with existing services and/or programmes of work already underway needs to be further considered. However, the Committee is asked to support these ideas in principle, subject to further work up. It is proposed that funding for any schemes would be identified from within residual PMS reinvestment funding, as indicated within the separate paper on PMS Reinvestment Schemes.

**4.0 Accelerator Site PCNs**

NHS England and Improvement are establishing a programme of national accelerator sites for PCNs. This would provide some additional support and funding to enable PCNs to move more swiftly in a specific focus area. Regional teams will be expected to identify sites that they believe are in a position to move swiftly, within the following categories:

1. A site with already more advanced/mature networks and place integration
2. A site at an earlier state of maturity but high confidence on local leadership and infrastructure to make faster progress in 19/20

The historic joint working across practices, and the arrangements with other local organisations through the IUC Alliance and ICP could be positive factors for NEL to be considered. If NEL were to be considered and identified by the Region as a potential accelerator site, our expression of interest would need to be at CCG level, so all PCNs would have to agree that this is something they support. Whilst we recognise it is still early days, PCN Clinical Directors have been asked to consider this and it will be discussed in more detail at the next PCN Forum on 5th June 2019.

Should the CCG area be identified as a potential accelerator site, the deadline for submissions of expressions of interest is 11th June 2019. An update will be brought back to the Committee at a future meeting regarding the outcome of the discussions on this.

**5.0 Next steps**

In line with the nationally specified process, the PCN registrations will also be considered for final approval at STP level, and will be considered at the Humber Coast and Vale Primary Care Programme Board on 30th May 2019. The views of this Committee will be shared with that Board. PCNs will then be formally notified of approval by 31st May 2019.

After final commissioner confirmation has been received by the PCNs, and prior to 30th June 2019, each GP practice in a PCN will sign up to the Network Contract DES. PCNs have to complete the work on signing their formal Network Agreement and ensuring data sharing agreements are in place by the 30th June 2019. The PCN must confirm to the CCG that these have been completed and once this confirmation is received the PCN is deemed to be formally established as at the date of confirmation.

The CCG has established a forward programme of PCN forum meetings, which will facilitate engagement between the CCG and the PCN Clinical Directors and support development of the PCNs. An internal working group has also been established to review the support required from within the CCG functions to assist PCNs in their operational duties, e.g. performance data, business intelligence, workforce planning, etc.

**6.0 Recommendations**

The Primary Care Commissioning Committee members are asked to:

* Approve the North East Lincolnshire PCNs and provide a recommendation for final approval to the Humber Coast and Vale Primary Care Programme Board on 30th May 2019
* Approve in principle the ideas for the CCG supplementary schemes, subject to further development
* Support the expression of interest for the PCN Accelerator site programme, subject to the PCNs agreeing they are in a position to submit an expression of interest