

**CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMITTEE
EXECUTIVE SUMMARY SHEET**

DATE:	6 th August 2019
TITLE OF PAPER:	Primary Care Network Development
EXECUTIVE RESPONSIBLE:	Fran Beck – Executive Lead for Commissioning
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CCG OBJECTIVE:	<ul style="list-style-type: none"> • To improve commissioning of effective, safe and sustainable services, which deliver the best quality outcomes, based upon best available evidence • In meeting the objectives above, to exercise CCG functions effectively, efficiently and economically, and in accordance with generally accepted principles of good governance
<input checked="" type="checkbox"/> For Information <input type="checkbox"/> For decision <input type="checkbox"/> For performance monitoring	
EXECUTIVE SUMMARY	This report sets out the position and the national requirements for the delivery of primary care networks.
FINANCIAL IMPLICATIONS:	National investment has been provided to support the delivery of a proportion of the services set out in the document. At the moment the source of the monies or the value of the national DES specifications is not known.
EQUALITY & INCLUSION	In line with the Health and Equality Act, this report does not disadvantage any person with protected characteristics. The effective delivery of the Primary Care Networks should support greater patient access and the reduction in variation in patient outcomes.
PATIENT & PUBLIC ENGAGEMENT:	Not required.
LEGAL IMPACT:	N/A
CONFLICTS OF INTEREST	No conflict of interest with this report as it is providing an update on rather than agreeing any investment.
RISKS/OPPORTUNITIES:	Risks: None identified at this stage Opportunities: None identified at this stage

RECOMMENDATIONS:	Primary Care Committee are requested to:- <ul style="list-style-type: none">• Note the content of the report.
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Primary Care Networks

1. Document purpose

Following the endorsement of the Telford and Wrekin primary care networks, this paper provides a summary of the national guidance.

It summarises workforce, service provision and the organisational development methodology that is to be followed.

Details of the resource allocations that are known are also included.

2. Current PCNs

The table below acts as a reminder of the constituent members and leadership of the four PCNs.

TELDOC		Newport PCN	
Ian Chan/Rashpal Bhachu		Kevin Douglas	
Teldoc	45,602	Linden Hall	13,865
		Wellington Road	15,174

South East Telford (SET) PCN		Central Telford PCN	
Mike Innes/Dez Ebenezer		Jim Hudson	
Court Street Medical Practice	6,097	Charlton Medical Practice	15,184
Dawley Medical Practice	10,124	Donnington Medical Practice	14,034
Hollingswood	6,300	Shawbirch Medical Centre	13,178
Ironbridge Medical Practice	4,530	TOTAL POPULATION	42,396
Stirchley Medical Practice	23,582		
Woodside Medical Practice	6,640		
Wellington Medical Practice	14,564		
TOTAL POPULATION	71,837		

Four PCNs have now been authorised within Shropshire. Details of the constituent practices and coverage can be seen at the end of this paper.

3. Workforce Requirements

3.1 Clinical Director

One of the core facets of the PCN is the identification of clinical leadership. The details are as follows:-

- Development of relationships and working closely with other PCB clinical directors, LMC, commissioners and clinical leads of health and social care service
- Ensuring the full engagement of primary care in development and implementing local system plans
- To provide strategic and clinical leadership to the PCN
- Development of strategic plans for the Network which support quality improvement across the member practices
- To provide strategic leadership for workforce development
- Support PCN development of agreed service changes
- To work with commissioners and other networks to develop and delivery local change aligned to national priorities
- To represent the PCN at CCG/ICS and STP level meetings
- Contribute to the strategic development and the wider work of the ICS

3.2 Additional roles

Additional funding is available to support new staff roles. It is likely these roles will be fundamental to the delivery of the PCN directly enhanced services described later in the paper.

2019/20	2020/21	2021/22
Social prescribing link workers	First contact physiotherapists	First contact community paramedics
Clinical pharmacists	Physicians Associates	

4. Commissioning of Services

From 1st July 2019, PCNs were commissioned to provide extended access appointments at a rate of 30 minutes per 1,000 head of population (php). This is in addition to the 30 minutes per 1000 php required as part of the GPFV.

From April 2020 PCNs will be required to deliver an additional five directly 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 two enhanced services will also be commissioned:

- CVD prevention and diagnosis
- Tackling neighbourhood inequalities

5. Financial allocations

The table below sets out the financial allocations that have been identified to support PCN development.

Purpose	Payee	Annual value	Monthly value	Detail
Participation fees	Practice	1.761	0.147	Payable in July, backdated to April 2019
Extended hours	Network	1.099	0.122	Payable monthly from July 2019.
Core PCN	Network	1.500	0.125	Payable in July backdated to April 2019.
Clinical Director	Network	0.514	0.057	Payable monthly from July 2019
Staff reimbursement	Network	Payable following recruitment		

It is important to note that the financial support aligned to the new national DES identified above remains unknown.

6. What do PCNs mean for patients?

- PCNs will be expected to reflect patient engagement priorities/requirements of its membership practices in their primary medical services contract
- Over time patients will receive a more resilience comprehensive and integrated set of 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.

7. PCN Development

7.1 The role of the STP

The Shropshire STP governance structure sits PCNs within the Prevention and Place based care work programme. Is is aligned 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 CCGs will work together to develop a line of Governance between the STP and ICS development and the Clinical Directors.

7.2 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 to enable and support their development. (Appendix one)

PCNs can use the matrix to identify their learning and development needs. It can be used to assess the level of developmental support required to facilitate their development and progression through the stages of the matrix.

Shropshire CCG is currently working to pull together all clinical directors for a joint meeting in September 2019. It is intended that this matrix and its application will be discussed and the ongoing monitoring of progress agreed at this meeting.

Guidance suggests that when a PCN is fully established (in line with the maturity matrix – estimated to be two years) and is delivering the mandated services it will be able to provide further PCN based services.

In addition, CCGs are able to fund PCNs to offer additional agreed services that are agreed locally to best meet the needs of members practices and local patient population

7.3 Development Support for PCNs

NHS England is producing a prospectus of PCN development support (due end of July 2019). This is expected to be centred around seven ‘domains’. These are:-

- Organisational development & change
- Leadership development support
- Supporting collaborative working (MDTs)
- Population health management
- PCN set up support
- Social prescribing and asset based community development
- Identifying, evaluating and sharing learning on PCN sites

In view of the variable developmental stages of PCNs it is anticipated that the prospectus will be a menu of support options rather than a list of ‘must-dos’.

The prospectus is expected to set out:

- How to get started
- The resources available and how they can be used
- How to support PCN Clinical Directors
- How the development support available aligns with the Maturity Matrix

7.4 Development Resources

The STP has been allocated £374,000 to deliver this support and the funding is to be used as below:

Funding should be used for:	Funding should <u>not</u> be used for:
<ul style="list-style-type: none"> ✓ Freeing up clinical time ✓ Local transformation resource ✓ Support from ‘NHS family’ bodies e.g. the leadership academy, CSUs, the NHSE sustainable improvement team, federations, at scale primary care providers, NHS Trusts and also Local Authorities. Commissioning support from other providers via the HSSF or through other procurement	<ul style="list-style-type: none"> ✗ Anything that is already covered in the contract, including Clinical Director time ✗ Anything that is already funded by the CCG or another system partner ✗ Non transformation costs Work that isn’t related to PCNs

A suggested process for PCN Development support has been put forward by NHSE/I and is shown below.



8. Recommendations

Primary Care Commissioning Committee is asked to:

- Note the workforce that PCNs are expected to employ and the national services that they will be expected to deliver
- Support the commencement of developmental assessments using the maturity matrix
- Charge the primary care team with ensuring the assessment of the deliverability and affordability of the services when the DES and details of any associated financial allocation is known

Table to show the constituent practices of PCNs in Shropshire

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)		
Code	Practice Name	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

Map to show the geographical spread of PCNs in Shropshire

