

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	27 March 2019
<b>Reporting Member /Officer of Strategic Commissioning Board</b>	Jessica Williams, Interim Director of Commissioning Drs Kate Hebden & Vinny Khunger, Governing Body GPs – Primary Care
<b>Subject:</b>	<b>Developing place-based Primary Care Networks in Tameside and Glossop</b>
<b>Report Summary:</b>	<p>This report sets out the way in which the Strategic Commission will engage with general practice in the formation and implementation of Primary Care Networks. This will include setting out our aspiration, and rationale, for the alignment of Primary Care Networks to the established Neighbourhoods which deliver Integrated Care in Tameside and Glossop.</p> <p>On 10 January 2019, the NHS Long Term Plan was published. This was followed on 31st January 2019 by “Investment and evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan”. This document commonly known as GP Contract Reform sets out a number of fundamental changes to the GP contract from 1st April 2019, including the introduction of the Network Contract Direct Enhanced Service (DES) which create Primary Care Networks.</p> <p>The footprint of our established Neighbourhoods is our ambition for Primary Care Networks in Tameside and Glossop. This is due to the significant and extensive work to build community health, social care, children’s integrated teams, social prescribing, community, safety partnerships amongst others, around our place with general practice at the heart. There have been many successes to date by these Neighbourhoods and established collaboration across those footprints.</p> <p>We want to engage with General Practice in Tameside and Glossop to ensure we understand views in terms of both the opportunities and potential challenges in developing Primary Care Networks in this way.</p> <p>This report also includes the proposed initial discussion questions and timeline for survey that we would use in order to do this engagement.</p>
<b>Recommendations:</b>	<p>Strategic Commission is requested to:</p> <ol style="list-style-type: none"> <li>1. Approve the principle and ambition for alignment of Primary Care Networks to our 5 established Neighbourhoods across Tameside and Glossop.</li> <li>2. Approve the engagement plan with General Practice in relation to the formation and implementation of the Primary Care Networks, including illustration of the work and successes to date, and the embedded</li> </ol>

relationships across Neighbourhood practices.

3. Note the oversight and approval of Primary Care Network registration documentation by Primary Care Committee and Governing Body in line with the national timetable.

#### Financial Implications:

(Authorised by the statutory  
Section 151 Officer & Chief  
Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	375	-		375
TMBC	-	-	-	-
<b>Total</b>	<b>375</b>	<b>-</b>	<b>-</b>	<b>375</b>
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison</b>  Based upon a requirement in the national planning guidance the CCG has created a budget of £375k (£1.50 per head of population) to fund the establishment of primary care networks.  As mandated by the planning guidance this has been funded from the CCGs core programme allocation.  The guidance talks about a requirement for a network director 2019/20 budgets include payment of our existing neighbourhood leads (via the ICFT contract), but we have not budgeted to recruit to any new clinical director posts. Further guidance is expected nationally to provide more clarity on the role and funding of these posts.				

#### Legal Implications:

(Authorised by the Borough  
Solicitor)

The NHS Long Term Plan committed £4.5 billion more for primary medical and community health services by 2023/24. This will support better care for patients outside hospital in their local communities.

NHS England and the British Medical Association's General Practitioners Committee have agreed a five-year GP (General Medical Services) contract framework from 2019/20. The new contract framework marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services.

The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure general practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities. It will mean much closer working between networks and their Integrated Care System. More can be found here:

<https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Establishment of Primary Care Networks will provide a delivery vehicle per Neighbourhood through which to deliver the establishment programme of work through General Practice as part of the established Integrated Neighbourhood model.
<b>How do proposals align with Locality Plan?</b>	Alignment of Primary Care Networks to established Neighbourhoods and Transformation Plans in the Locality Plan.
<b>How do proposals align with the Commissioning Strategy?</b>	Quality general practice for our population is a key component to deliver population health and as a crucial role within our Integrated Neighbourhoods and therefore the Primary Care Networks.
<b>Recommendations / views of the Health and Care Advisory Group:</b>	<p>This principle of delivery through Primary Care Networks was discussed at February Health and Care Advisory Group (HCAG), as part of on the review of the Locally Commissioned Services specification. HCAG is supportive of implementation of the national model and recognises the established Neighbourhood footprints.</p> <p>The principle of Primary Care Networks aligning to our established Neighbourhoods was also discussed by Primary Care Committee at the February and March meetings. The significant benefits of alignment to existing boundaries was recognised and support for clinical engagement to communicate this ambition and rationale to all practices.</p>
<b>Public and Patient Implications:</b>	The drive to achieve improvements in health and care across primary care is intended to make the most of every opportunity to give people the right support close to where they live with the key principles of people powered change and care delivered by population based models.
<b>Quality Implications:</b>	The establishment of Primary Care Networks will support the drive to reduce variation across practices and improve quality of primary medical services for our registered population.
<b>How do the proposals help to reduce health inequalities?</b>	High quality general practice is a key driver to reducing health inequalities for our population.
<b>What are the Equality and Diversity implications?</b>	There are no equality and diversity issues; Primary Care Networks will have 100% population coverage.
<b>What are the safeguarding implications?</b>	There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	There are no additional information governance implications, the policies in place around existing practice contracts would apply.

**Risk Management:**

There are no additional risk management issues arising from this proposal over and above management of patients through existing contractual requirements.

**Access to Information :**

The background papers relating to this report can be inspected by contacting the report writers Janna Rigby or Tori O'Hare



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## DEVELOPING PLACE BASED PRIMARY CARE NETWORKS IN TAMESIDE AND GLOSSOP

### 1. INTRODUCTION

- 1.1 On 10th January 2019, the NHS Long Term Plan was published. This was followed on 31st January 2019 by “Investment and evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan”. This document commonly known as GP Contract Reform sets out a number of fundamental changes to the GP contract from 1st April 2019, including:
- Addressing the workforce shortfall
  - Solving indemnity costs
  - Improving the Quality and Outcomes Framework (QOF)
  - Introducing the Network Contract DES
  - Going ‘digital first’ and improving access
- 1.2 Each of these areas is of great interest to Practices. Perhaps the most notable area initially is the introduction of a Network Contract Directed Enhanced Service (DES) which sees a national expectation of 100% population coverage by Primary Care Networks to be in place by 1<sup>st</sup> July 2019.
- 1.3 The delivery of the GP contract reform, including the requirement for a Primary Care Strategy to be in place, will be managed by Primary Care Committee as part of the delegated responsibilities to the CCG. The Primary Care Strategy will be reported through Strategic Commission for alignment to our broader strategic direction.
- 1.4 Further information, including full detail relating to the GP Contract Reform to implement the NHS Long Term Plan is available at:  
<https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

### 2. PRIMARY CARE NETWORKS

- 2.1 The Strategic Commission is committed to the core principles of our Care Together programme and as such, the footprint of our already established Neighbourhoods is expected to be the position for Tameside and Glossop Primary Care Networks. This is due to the significant and extensive work to build community health, social care, children’s integrated teams, social prescribing, community, safety partnerships amongst others, around our place with general practice at the heart.
- 2.2 The proposed Primary Care Networks aim to smooth the interface between primary and community care. In Tameside and Glossop, we are proud of our achievement on this journey and look forward to using this new opportunity of Primary Care Networks to improve this further. The mapping our existing neighbourhoods is shown at **appendix 1** and some of the delivery successes of each are set out in **appendix 2**.
- 2.3 The period of delivery of the Commissioning Improvement Scheme (CIS) through Neighbourhoods, particularly since April 2018 has also supported the development of relationships across Neighbourhood practices. This provides a strong foundation on which to build the Primary Care Network. The Invest to Save element of the scheme has given a platform for the testing of new and innovative ways of working and bringing care closer to home.
- 2.4 The CIS model has supported increased sharing of best practice and exploring different ways of working by Neighbourhoods. It has also embedded a greater understanding of services available to patients across Neighbourhoods and how practices and/or patients can refer into these. There has also been a recognition of improved relationships with a range of stakeholders and increased use of patient feedback to inform future planning.

- 2.5 We recognise that this arrangement of Networks may bring some complexity for providers working across multiple contracts and so we will support those practices, where possible, to minimise that challenge and ensure the benefits for patients and communities of the development of Primary Care Networks around existing geographical boundaries can sit alongside the efficiencies of single management structures for multiple General Practice contracts. This layering of network arrangements is not new and has existed for many years across CCG (and PCT) boundaries; there are many examples of such provider organisations nationally and locally.

### **3. ENGAGEMENT WITH GENERAL PRACTICE**

- 3.1 Key to our collective principles of Care Together is our integrated system approach and the development of our integrated care provider, Tameside and Glossop Integrated Care NHS Foundation Trust. This approach has been the basis of our transformation work over the past five years leading to the evidential significant improvements in quality of care, access, environment, and the stability of our of our key stakeholders which provides so much support and care for our populations and practices. With this in mind, we want to engage with every practice across Tameside and Glossop and understand views and ideas for how we can successfully implement Primary Care Networks to continue to build on our delivery plan to date.
- 3.2 In developing place-based Primary Care Networks in Tameside and Glossop, we will engage with Practices through a series of Neighbourhood discussions. We have set out a number of key questions we plan to frame these discussions to understand how the Primary Care Networks can support the architecture of, and delivery by, each of the Neighbourhoods. This engagement will be undertaken through the development, and early implementation, of Primary Care Networks.
1. The Network Contract DES provides the contractual vehicle that will enable general practice to fully embrace place-based provision. What do you see as the short and longer term opportunities with this way of working?
  2. The Strategic Commission has set out the expectation for Primary Care Network geographical footprints to align to our established Integrated Neighbourhoods. Do you agree with this view?
  3. If the answer to question 2 is 'no', please provide an explanation of your reasons for this and suggest what mitigations would be required in order to address these reasons.
  4. How can the Strategic Commission work with General Practice to support the implementation of the GP Contract changes as set out in the GP Contract Reform document?
  5. How can the Strategic Commission and General Practice work together to improve the links and economy wide working with our key partners across the public and voluntary sector, including but not limited to the ICFT and Pennine Care?
- 3.3 The Strategic Commission and Primary Care Committee are required to approve Primary Care Network registration forms and coverage and to confirm arrangements to NHSE by 31 May 2019. Feedback from the neighbourhood engagement discussions will be used to inform next steps. The full timetable of dates for the Network Contract DES implementation detailed in the national documentation, which we are expected to follow is set out below:

<b>Date</b>	<b>Action</b>
Feb – April 2019	PCNs prepare to meet the Network Contract DES registration requirements
<b>March/April 2019</b>	<b>Neighbourhood engagement meetings</b>
By 29th March 2019	NHS England and GPC England to jointly issue the Network Agreement and 2019/20 Network Contract DES specification
<b>By 15th May 2019</b>	<b>T&amp;G proposed Primary Care Networks to submit completed registrations to T&amp;G Strategic Commission; including Neighbourhood practice led elections for Clinical Director roles</b>
May 2019	T&G Primary Care Committee meeting - CCG approval of Primary Care Networks confirmed
<b>1st July 2019</b>	<b>Network Contract DES goes live</b>
July 2019 – March 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> <li>• Year 1 of the additional workforce reimbursement scheme</li> <li>• Ongoing support funding for Clinical Director roles</li> <li>• Ongoing £1.50/ head from CCG allocations</li> </ul>
April 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

#### **4. FINANCE**

4.1 The GP Contract Reform document outlines the changes to existing funding streams plus additional funding to be made available to General Practice or Primary Care Networks. This includes the following:

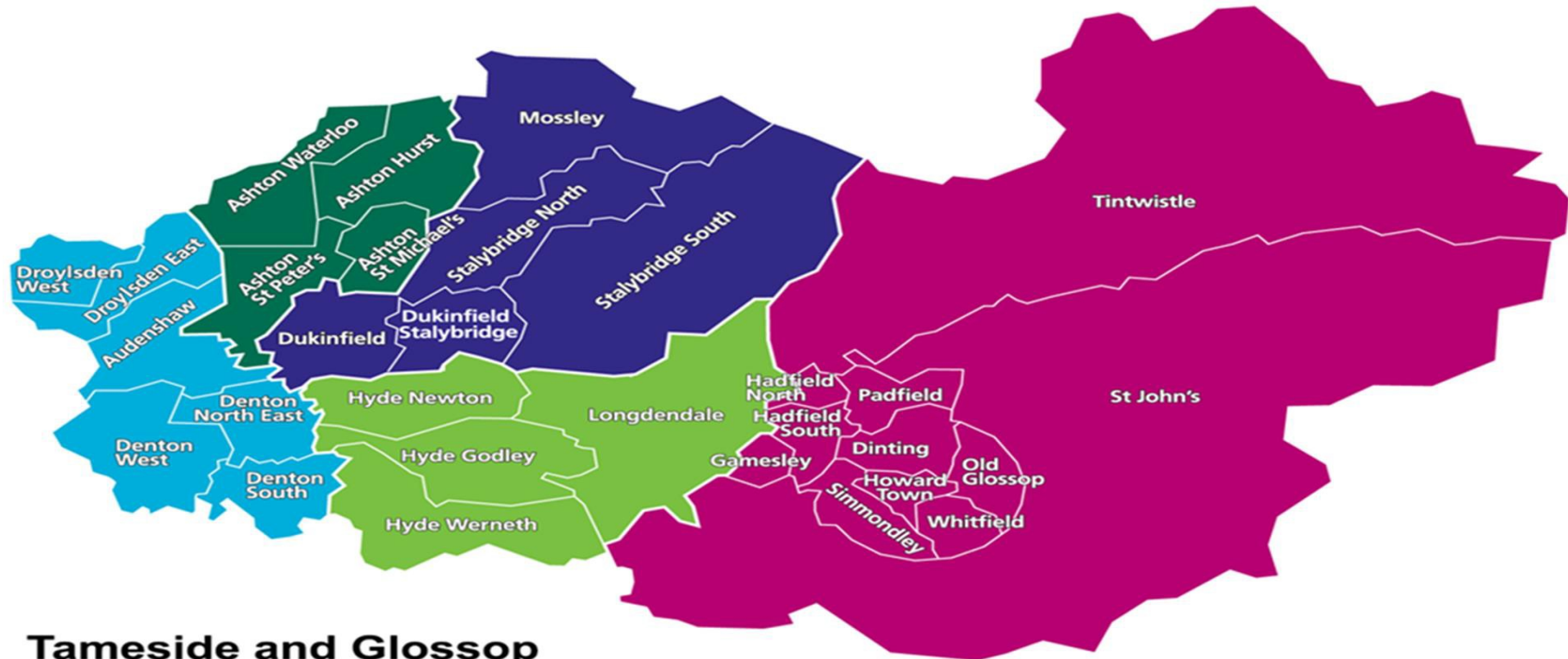
- Additional Roles Reimbursement Scheme
- Fellowship Scheme & Training Hubs
- GP IT Futures
- Clinical Negligence Scheme for General Practice
- Changes to Quality Outcomes Framework (QOF) indicators
- Changes to the provision of the Enhanced Hours Directed Enhanced Service (DES)

4.2 Although the above is new funding and/or the conversion of existing funding streams, CCGs are required to fund £1.50 per registered patient as a Network Financial Entitlement payment to each Primary Care Network. This is a recurrent extension of the existing £1.50 per head support scheme and is to be funded from CCG general allocations rather than the specific NHSE primary medical care allocation. The approval of this £375k budget therefore is the responsibility of the Strategic Commission.

#### **5. RECOMMENDATIONS**

5.1 As set out on the front of this report.

## APPENDIX 1



### Tameside and Glossop Integrated Neighbourhoods

- Ashton
- Denton, Droylsden, Audenshaw
- Hyde, Hollingworth, Longdendale
- Stalybridge, Dukinfield, Mossley
- Glossop

TAMESIDE AND GLOSSOP  
**Care together**



## APPENDIX 2 - Neighbourhood Delivery Successes

<b>Ashton</b>	
Review A & E Frequent Attenders	<p>Review of frequent attenders, analysing when the attendances are happening and discussing the attendance with the patient either by telephone or face to face. In addition, patients are being sent information about accessing out of hours care.</p> <p>Tameside and Glossop Integrated Care Foundation Trust (TGICFT) is working with A &amp; E frequent attenders with mental health issues to reduce their A &amp; E attendance and will be working with the practices to support this work.</p>
Long Length of Stay Patients	<p>For patients with over 7 and 21 days in TGICFT the registered GP will undertake in-reach at TGICFT to support discharge of patients where the patient is deemed to be medically fit but have been staying in the hospital. This work is supported by the Clinical Director for Ashton, who has been spending time on wards at TGICFT performing deep dives to challenge situations where patients medically fit. The aim is to determine if these patients can be more effectively, or appropriately, managed in the neighbourhood.</p>
MDT meetings	<p>Multi-morbidity MDTs taking place in all practices on a weekly/fortnightly basis. Patients who are most 'at risk' of using health and social care services are discussed. The teams present ensure that further referrals to support the patients' holistic care are made and patients followed up.</p>
<b>Denton</b>	
Denton Diabetes 100 day challenge	<p>Denton Diabetes Diverts (DDD) has been shortlisted for an HSJ Award. The NESTA 100 Day Challenge aimed to 'reduce the HbA1c by 0.2, and see an improvement in at least 1 lifestyle measure for 75% of people coded as pre diabetic. The Neighbourhood GP practices identified patients who attended an event and signed up to services to improve their lifestyle. Many patients reversed their pre-diabetes and continue to improve their lifestyle.</p>
Care Home Ward Rounds	<p>A service for patients in care/nursing homes which would involve the registered GP practice undertaking 'ward rounds' to any home they have patients in, to proactively review these patients/or undertake any acute visits.</p> <p>Positive feedback from Care Homes, staff undertaking the visits and CQC.</p>
MDT meetings	<p>Multi-morbidity MDTs taking place in all practices on a weekly/fortnightly basis. Patients who are most 'at risk' of using health and social care services are discussed. The teams present ensure that further referrals to support the patients' holistic care are made and patients followed up.</p>
<b>Glossop</b>	
Minor Injuries Service	<p>This provides an opportunity for Glossop registered patients to receive a Minor Injury service within their GP Practice. All the Glossop Neighbourhood Practices will be offered the opportunity to opt in and deliver the scheme on behalf of their patients.</p> <p>Undertaking a Minor Injury Service in Glossop supports Glossopdale residents to access a level of high quality care</p>

	in their Neighbourhoods and reduce the level of minor injuries activity attending A&E.
FeNO Machines and Testing Kits	Delivery of FeNO testing locally supports the earlier identification of asthma. It also enables Practices to ensure patients are placed on the most appropriate medication to control their condition at the time. Undertaking FeNO testing locally will ensure the numbers of patients attending hospital are kept to a minimum; therefore reducing admissions. The devices play a role in education too.
MDT meetings	Multi-morbidity MDTs taking place in all practices on a weekly/fortnightly basis. Patients who are most 'at risk' of using health and social care services are discussed. The teams present ensure that further referrals to support the patients' holistic care are made and patients followed up.
<b>Hyde</b>	
Asthma Champions	Delivery of long term health promotion and improvement, with Breath Champs training a team to provide support to children, parents, teachers and pupils to help improve management of asthma. These champions will deliver asthma awareness assemblies to Neighbourhood primary schools and will also run asthma parties. These parties provide a non-clinical environment to carry out asthma reviews and provide education and support to children, families and school staff. The project will work with school nursing, community pharmacy, paediatricians, Public Health and the Children's Community Nursing team.
Proactive care visits	Advanced care plans, EPaCCs template for new care homes residents.
Raising the profile of Children's and young people's mental health services	Support to all 6 secondary schools across the Neighbourhood, rolled out based on need and will improve local provision. This will increase the frequency of drop in sessions from 1 to 3, two hour sessions per week and provide access to on-site counsellors. This complements a series of events working alongside public health colleagues to raise awareness of what is available within the Neighbourhood to support individuals, empower people to look at alternative options to promote their own Health and Wellbeing and to identify anyone who may need some additional support or interventions. This collaboration includes working with Diversity Matters to ensure they are more accessible for the large Bangladeshi population in Hyde.
<b>Stalybridge</b>	
Community Events/COPD Event	A number of Inter-generational events have taken place including Marvellous Mossley (for the Brownies etc and moderately frail patients); afternoon teas for moderately frail and we now have reading buddying at schools with our moderately frail patients. An event for COPD patients took place to support patients and inform them of the services available locally to help them manage their condition/lifestyle. Patients were able to sign up to local lifestyle services. As a result of the vent a Stalybridge COPD choir was formed which meets weekly.

Care Home Visiting Teams	A weekly/fortnightly proactive ward round (dependent on numbers of registered patients) has been introduced. This is aimed at reducing the need for acute visits to care home residents. The ward round are a Multi-disciplinary team approach to provide a visit to each home Monday to Friday providing a targeted health and wellbeing review of each resident. GP to have an identified team to access (either present at the ward round or virtually following the ward round) to include District Nurse, Social Worker, Be Well Advisor, Physiotherapy, Occupational Therapy, re-ablement, IUCT, Community Neuro, Extensivist Team, Care Home representative, Action Together to identify those care needs if not met may lead to residents needing inappropriate secondary care.
Coffee Mornings/Luncheon Club	Regular luncheon clubs with transport to and from the venues available to severely frail who can't get to the venues independently. There are also low level exercise sessions running at these venues (Live Active) following the coffee mornings/luncheon clubs and participants will be encouraged to join in or sign up to other community activities.