

Report to: STRATEGIC COMMISSIONING BOARD

Date: 26 June 2019

Reporting Member / Officer of Strategic Commissioning Board Drs Kate Hebden & Vinny Khunger, Governing Body GPs – Primary Care
Jessica Williams, Interim Director of Commissioning

Subject: PRIMARY CARE NETWORKS – IMPLEMENTATION UPDATE

Report Summary: On 31 January 2019 “*Investment and evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan*” was published. This document commonly known as GP Contract Reform sets out a number of fundamental changes to the GP contract from 1 April 2019, including the introduction of the Network Contract Direct Enhanced Service (DES), which create Primary Care Networks.

An initial briefing paper was presented to SCB in March and Primary Care Committee in February and March discussed delivery and implementation of Primary Care Networks across Tameside and Glossop.

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.

The timeline for sign off of Primary Care Networks is in place and Primary Care Committee on 22 May will consider the applications made. Localities are required to report this to NHS England by 31 May and Networks expected to be live from 1 July 2019.

This report sets out the proposal for 2019/20 to support the establishment and early delivery phase of Primary Care Networks and also indicates the longer term strategic direction.

Recommendations:

- (a) Note the approval process and governance via Primary Care Committee on 22 May 2019 AND the construct of five Primary Care Network applications approved and the associated investment across the Integrated Commissioning Fund; both the s75 funding approved at SCB in March and the funding within the In Collaboration element of the Integrated Commissioning Fund.
- (b) Support the proposed strategic direction, set in sections 5 and 6 of this report, for development and implementation of Primary Care Networks and the role of Networks, within an Integrated Neighbourhood, in the delivery of the Primary Care within the Locality Plan.
- (c) Recognise the relationship between individual practices, Primary Care Networks, Integrated Neighbourhoods and the Locality, illustrated at paragraph 5.3. The role, responsibility and differentiation of each of these and their respective place for the delivery of proactive and preventative care for our

population.

- (d) Approve the alignment of the roles of Integrated Neighbourhood Clinical Leads and Primary Care Network Clinical Directors the need to review the clinical sessions of the Integrated Neighbourhood posts in light of the appointment of the Primary Care Network Clinical Directors.

Financial Implications:

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

Budget Allocation (if Investment Decision)	£375k
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	

Additional Comments

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 funding for PCN Clinical Directors and Additional Roles Reimbursement Scheme is a commitment from the primary care allocation (in collaboration funding) and has been budgeted and approved by Primary Care Committee. This is pending further decision on the role of our existing Integrated Neighbourhood Clinical Leads (via the ICFT contract) and the PCN Clinical Director posts. This funding approval therefore sits outside of this report.

Legal Implications:

(Authorised by the Borough Solicitor)

Members of the Board should ensure they understand the rationale for the recommendations they are being asked to decide upon, and be satisfied that they deliver priority outcomes, represent value for money and the best option for delivery of the Primary Care Network objectives within the financial envelope available.

How do proposals align with Health & Wellbeing Strategy?

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.

How do proposals align with Locality Plan?

Alignment of Primary Care Networks to established Neighbourhoods and Transformation Plans in the Locality Plan.

How do proposals align with the Commissioning Strategy?

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.

Recommendations / views of the Health and Care Advisory Group:

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.

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.

Public and Patient Implications:

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.

Quality Implications:

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.

How do the proposals help to reduce health inequalities?

High quality general practice is a key driver to reducing health inequalities for our population.

What are the Equality and Diversity implications?

There are no equality and diversity issues; Primary Care Networks will have 100% population coverage.

What are the safeguarding implications?

There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

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 writer **Tori O'Hare**



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1. INTRODUCTION

- 1.1 On 10 January 2019, the NHS Long Term Plan was published. This was followed on 31 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 July 2019. This report sets out further detail on the timeline, application and approval process and a proposal for the establishment and development phase of Primary Care Networks.
- 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 An initial briefing paper was presented to SCB in March and Primary Care Committee in February and March discussed delivery and implementation of Primary Care Networks across Tameside and Glossop.
- 1.5 Through those discussions the footprint of our established Neighbourhoods was agreed as 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.

2. PRIMARY CARE NETWORKS ENGAGEMENT

- 2.1 The Strategic Commissioning Board is committed to the core principles of our Care Together programme and as such, the footprint of our already established Neighbourhoods is our ambition for Tameside and Glossop Primary Care Networks.
- 2.2 Our engagement with practices following the national publication of the initial guidance in January and further detail at the end of March with a letter sent to all practices at each of these dates. We have also undertaken engagement through Neighbourhood Commissioning meetings in April and with the Local Medical Committee at their meetings in April and May.

3. PRIMARY CARE NETWORKS APPLICATIONS

- 3.1 The national guidance sets out the timeline for approval of Primary Care Networks and localities are required to approve Primary Care Network registration forms and coverage and to confirm arrangements to NHSE by 31 May 2019.

- 3.2 An extra-ordinary, single agenda item, Primary Care Committee meeting, arranged for 22 May 2019, will receive and consider these applications. We have received five applications reflecting current geographical neighbourhoods. The table below sets out the Primary Care Network applications received.

Network and Practices	Population	Clinical Director	PCC approval
Ashton			
Albion Medical Practice	Actual 57,154	Dr Ram Jha	
Ashton Medical Group			
Gordon Street Medical Centre	Weighted 61,024.98		
HT Practice			
West End Medical Centre			
Stamford House			
Waterloo Medical Centre			
Ashton GP Service			
Denton			
Medlock Vale Medical Practice	Actual 50,841	Dr Vikas Gupta	
Millgate Healthcare Partnership			
Denton Medical Practice	Weighted 52,967.42		
Market Street Medical Practice			
Droylsden Medical Practice			
Guide Bridge Medical Practice			
Glossop			
Howard Medical Practice	Actual 32,685	Dr Veena Jha	
Manor House Surgery			
Lambgates Health Centre	Weighted 31,882.45		
Cottage Lane Surgery			
Simmondley Medical Practice			
Hadfield Medical Practice			
Hyde			
Dukinfield Medical Practice	Actual 67,945	Dr Jane Harvey and Dr Faisal Bhutta	
Haughton Thornley Medical			
Awburn Medical Practice	Weighted 74,913.77		
Donneybrook Medical Practice			
Brooke Medical Practice			
Hattersley Medical Practice			
The Smithy Medical Practice			
Clarendon Medical Practice			
Stalybridge			
Lockside Medical Centre	Actual 40,274	Dr Saif Ahmed and Dr Narveshwar Sinha	
Staveleigh Medical Centre			
King Street Medical Centre	Weighted 41,664.76		
St Andrews House			
Town Hall Surgery			
Grosvenor Medical Centre			
Mossley Medical Practice			
Pike Medical Centre			
Millbrook Medical Practice			

- 3.3 Following Primary Care Committee on 22 May a response will be provided to all proposed Networks.

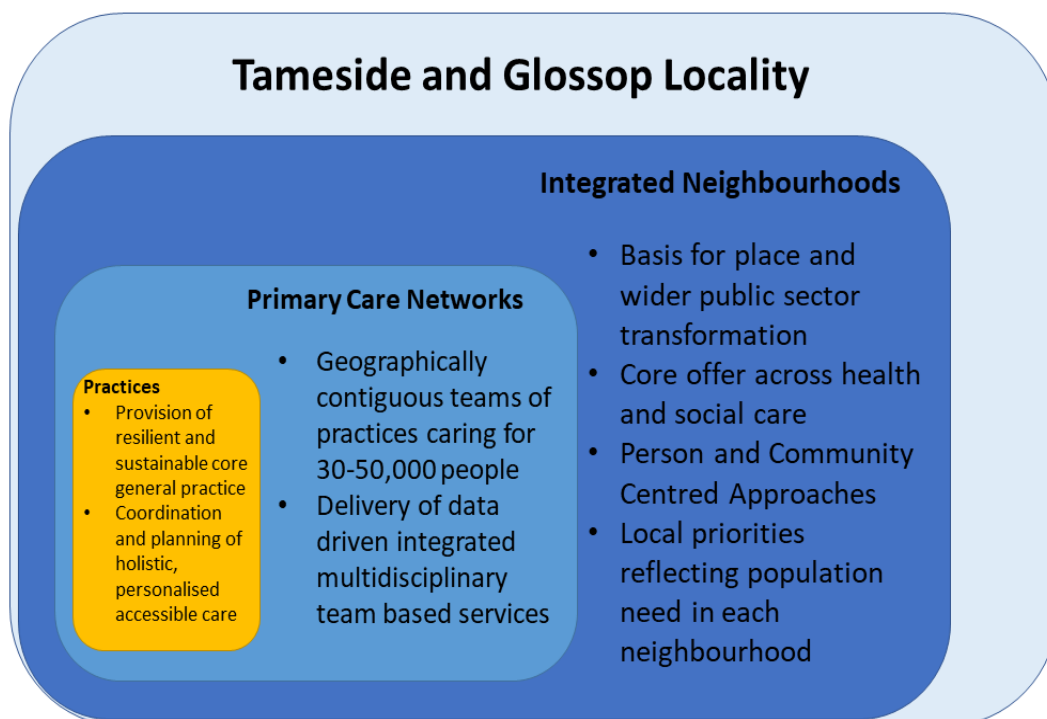
4. PRIMARY CARE NETWORKS DEVELOPMENT AND EARLY IMPLEMENTATION

- 4.1 A Primary Care Network support programme will be delivered through the initial phase of formation and establishment of Primary Care Networks; this will built on the pre-application engagement undertaken.
- 4.2 Primary Care is the subject for TARGET (our General Practice learning and education forum) on 20 June, the agenda at that session includes the opportunities Primary Care Networks provide and the alignment to existing or future primary care strategy.
- 4.3 The first delivery requirement of Primary Care Networks is the Extended Hours Directed Enhanced Service (DES) which transfers from being an optional DES for individual practices to being a requirement of Networks from 1 July 2019 for delivery for a total Network population. This is separate to the extended access evening and weekend hub appointments delivered through the Primary Care Access Service (PCAS).
- 4.4 In all Tameside and Glossop Primary Care Networks this will see an increase in population coverage of extended hours provision and therefore support improved access for patients. The Primary Care Network DES specification is clear that these appointments “*should be held at times that takes into account patients expressed preferences, based on available data at practice or network level and evidenced by patient engagement*”. In line with digital developments within primary care access and new models of care, these appointments are be delivered through a range of methods however a “*reasonable number to be face to face appointments*”.
- 4.5 The specification sets out that, “*unless a GP practice has prior written approval from the commissioner, no Primary Care Network member practice is to close for half a day on a weekly basis and all patients must be able to access essential services, which meet the reasonable needs of patients during core hours*”. This provides an opportunity for historic subcontracting arrangements to be reviewed and reassessed and this will be considered and progressed through Primary Care Committee.
- 4.6 The option within the practice contract to subcontract remains in place and therefore provision of services meeting the reasonable needs of the population can be arranged, with appropriate patient engagement, across a Primary Care Network with approval from the commissioner.
- 4.7 A development programme for Primary Care Network Clinical Directors is being established. This will provide a forum for individual development for these postholders in addition to support in the establishment of delivery models across Networks for their population.
- 4.8 Delivery and embedding of Primary Care Networks across Tameside and Glossop forms part of the objectives of the Primary Care Team and updates will be provided through both Strategic Commission and CCG governance as appropriate.

5. PRIMARY CARE NETWORKS AND INTEGRATED NEIGHBOURHOODS

- 5.1 The NHS Long Term Plan describes Primary Care Networks as an essential building block of every Integrated Care System, and under the Network Contract DES, general practice takes the leading role in every Primary Care Network.
- 5.2 Locally general practice is established within each Integrated Neighbourhood. Primary Care Networks will create another dynamic within these however with an opportunity to provide stability and efficiency for general practice through the economies of an increased footprint.

- 5.3 The Primary Care Network Clinical Director role is mandated and funded however consideration is now needed as to how this appointment fits alongside the existing Integrated Neighbourhood Clinical Lead role and the extent to which there is a duplication or crossover of these roles.



6. STRATEGIC DIRECTION

- 6.1 Although practices have aligned as Neighbourhoods for many years, pre-dating the CCG, commissioning has remained at individual practice level as the legal entity to hold a contract.
- 6.2 The establishment of Primary Care Networks creates the organisational structure for commissioning on a network footprint. This will give opportunities for delivery in a sustainable, resilient way, recognising the known challenges of availability of primary care workforce and estate, and for commissioning so as to address unwarranted variation and improve consistency of delivery and outcomes.
- 6.3 Existing workstreams are focusing on addressing the challenges of workforce and estate and developing short and longer term strategies for both.
- 6.4 Data sharing across practices and across the wider system has been discussed locally and nationally through a range of forums and interim and longer term solutions developed. The Primary Care Network contract will include a Data Sharing Agreement which will resolve this for primary medical services across a network population. Existing work will continue to focus on resolution across community, social care and acute care data.
- 6.5 Primary Care spans four contractor groups, however under Delegated Commissioning of Primary Care it has only been the delegating of primary medical services. Primary Care Committee have discussed the broadening of this remit with initial focus on the alignment of Community Pharmacy.

- 6.6 Future consideration will need to be given to the inclusion in the national strategic outline for GP Contract Reform and the transfer, from 2021/22, of the access funding, referred to as £6/head CCG commissioned enhanced access funding, to Primary Care Networks as a combined fund with the Extended Hours DES funding transferred in 2019/20. For Tameside and Glossop the £6/head funding has, in part, been included in the commissioning of the Primary Care Access Service (PCAS).

7. RECOMMENDATIONS

- 7.1 As set out at the front of the report.