

**Primary Care Networks
Update
NELFT
June 2019**

10 Year Plan

- Greatest focus on improving primary and community services
 - Major emphasis on the role primary care networks will play in the delivery of services
 - Whole of England to be covered by Integrated Care Networks by April 2021
 - £4.5bn uplift to primary and community health services (significant levels of up front investment) – without unrealistic expectations on efficiency
 - Funding flows to shift to ICNs and PCNs
- A big push on getting people to be healthy
 - Greater emphasis of public taking responsibility for their own health (supported by the NHS)
 - Greater emphasis on prevention
 - Starting point that 9 in 10 people have an unhealthy lifestyle habit, 5 in 10 have at least two

Three Tiers of Commissioning

Level	Population size	Purpose
Neighbourhood	~50k	Primary Care Networks (PCNs) will be the focus for this level, strengthening primary care, supporting collaborative working across groups of general practices and other health and care providers, and adopting integrated service provision for the local population, with a strong focus on prevention.
Place	~250-500k	This is likely to be at borough/local council level, aiming to integrate primary, community, local government and hospital services, with the development of new service models for anticipatory care.
System	1 million+	At this level of planning, there is a capacity to support system-wide transformation, e.g. reorganising the provision of services across hospital in the system. Workforce planning can also be undertaken at this level and some population health interventions may be possible.

What

- Do once services
 - Primary Care Contracting
 - Strategic estates planning
 - Outcome setting
- Service planning (estates)
- Community services (non generalist)
- Oversight
- Generalist provision (primary care, aligned services)

Primary Care Networks

- Why?

- Management of population wellbeing (only part of the health system to hold the population on an active list continuously)
- Cradle to Grave
- Generalist approach as patients rarely fit on neat pathways
- General practice provides over 300 million patient consultations each year, compared to 23 million A&E visits. So if general practice fails, the NHS fails. Yet a year's worth of GP care per patient costs less than two A&E visits
- 85% + of all interactions with the NHS are undertaken by primary care
- Variation in primary care is likely to have the biggest impact on population outcomes of any NHS intervention

Primary Care Networks

- What?
 - All GP practices to come together in networks of approximately 30-50k by May 19.
 - Key outcomes
 - improving the ability of practices to recruit and retain staff
 - to provide a wider and more consistent range of services to patients
 - more easily integrate with the wider health and care system
 - to manage financial and estates pressures
 - reduce variation
 - Improve leadership across primary care
 - Under pinned by a DES and wider contractual changes

Primary Care Networks – What cont....

- Primary care networks will eventually be required to deliver a set of seven national service specifications.

Five will start by April 2020:

- structured medication reviews,
- enhanced health in care homes,
- anticipatory care (with community services),
- personalised care and
- supporting early cancer diagnosis.

- The remaining two will start by 2021:

- cardiovascular disease case-finding and
- locally agreed action to tackle inequalities.

Primary Care Networks – What cont....

- Crucial early messages re the seven service specifications;
- Structure Medication Review
 - In line with The NHS Long Term Plan commitments, this service will have a dedicated focus on particular priority groups, including but not limited to: (i) asthma and COPD patients; (ii) the Stop Over Medication for People with learning disabilities or autism programme (STOMP)48; (iii) frail elderly; (iv) care home residents; and (v) patients with complex needs, taking large numbers of different medications.
- The Enhanced Health in Care Homes Service
 - This comprises a structured set of evidence-based interventions, and is already being widely implemented across the country, supported by CCGs. They also reduced ambulance conveyances, over-medication, and improved the quality of care for resident
 - The Enhanced Health in Care Homes requirements will ensure that all care homes are supported by a consistent team of multi-disciplinary healthcare professionals delivering proactive and reactive care, led by named GPs and nurse practitioners, organised by the Primary Care Network. Typically this involves a comprehensive weekly visit.

Primary Care Networks – What cont....

- Crucial early messages re the seven service specifications;
- Anticipatory Care
 - The NHS Long Term Plan set out an ambition to dissolve the historic divide between primary and community medical services. The Anticipatory Care requirements are central to that goal.
 - By working on 30-50,000 patient footprints, and by joining up GP services with other community and hospital based staff, the new care models programme showed it is possible to improve outcomes and value for the NHS by introducing more proactive and intense care for patients assessed as being at high risk of unwarranted health outcomes including patients receiving palliative care
 - Anticipatory care is not something that either community providers or GP practices can deliver in isolation. As integration supplants competition as the NHS's dominant rulebook, general practice will no longer go it alone. Instead, the Anticipatory Care Service can only be delivered by a fully integrated primary and community health team. This involves input from community providers, general practice, social care and hospitals. Accordingly, from July 2019, community providers are being asked to configure their community teams on PCN footprints.

Primary Care Networks – What cont....

- Crucial early messages re the seven service specifications;
- Personalised Care
 - In England, general practice is based on traditions that are partly psycho-social as well as bio-medical. Consistent with that heritage, this service specification is intended to avoid over-medicalising care, and ensure patients are asked by the primary care team “What matters to you?”, not just “What’s the matter with you?”⁵². It is about engaging people fully, sharing control, and connecting them to wider societal support. The model partly reflects the wider movement led by doctors for ‘rethinking medicine’
 - The Comprehensive Model of Personalised Care has six main evidence based components: (i) shared decision-making; (ii) enabling choice, including legal rights to choice; (iii) personalised care and support planning; (iv) social ‘prescribing’ and community -based support; (v) supported self-management; and (vi) personal health budgets and integrated personal budgets

Primary Care Networks – What cont....

- Networks will receive specific funding for clinical pharmacists and [social prescribing](#) link workers in 2019/20, with funding for physiotherapists, physician associates and paramedics in subsequent years. Nationally, this amounts to 20,000 new staff by 2023/24

TABLE 1: INTENDED FUNDING FOR ADDITIONAL ROLE REIMBURSEMENT

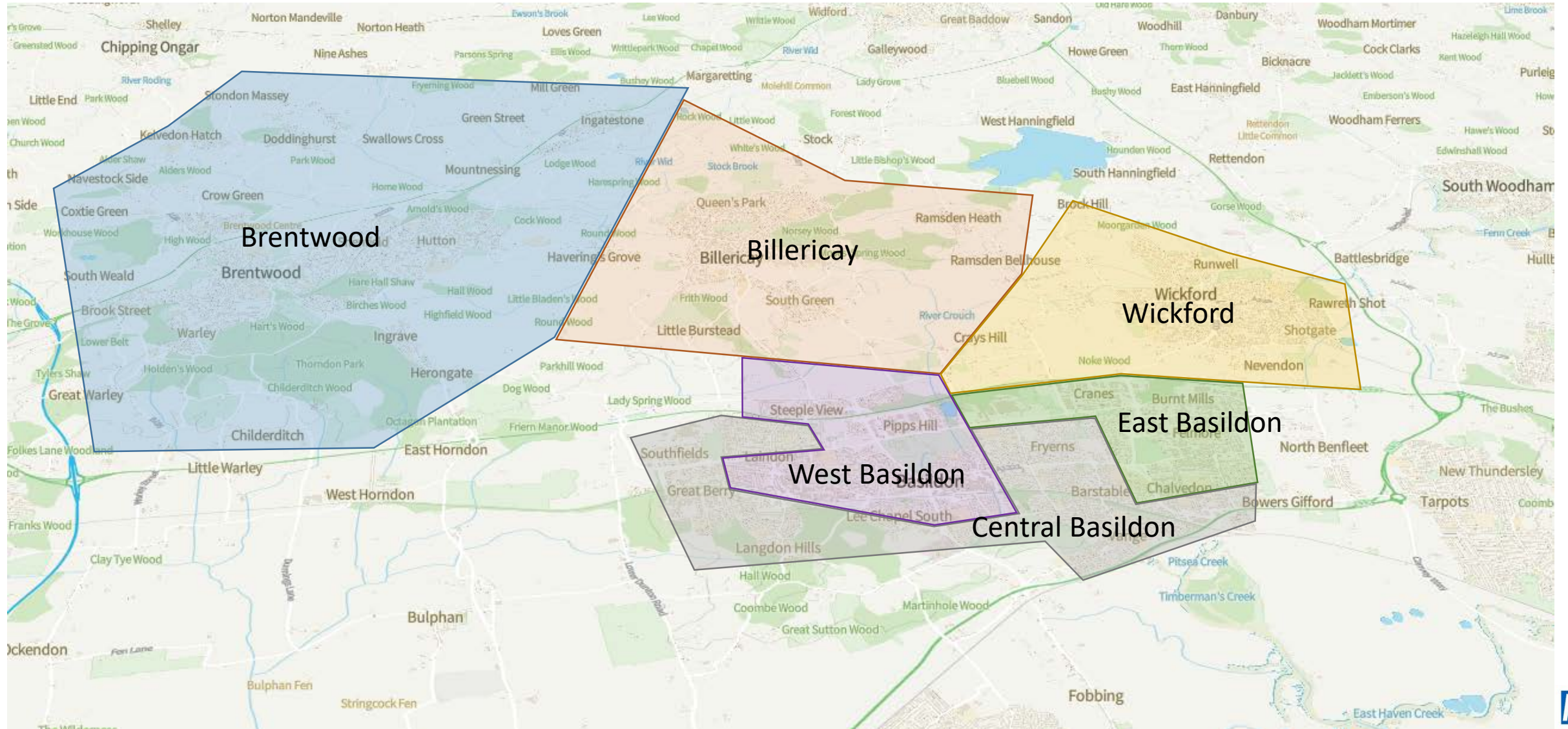
	2019/20 (from July)	2020/21	2021/22	2022/23	2023/24
National total	£110 m	£257 m	£415 m	£634 m	£891 m
Average maximum per 50k typical network	£92,000	£213,000	£342, 000	£519,000	£726,000

- They will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around primary care network boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.
- Primary care networks will be focused on service delivery, rather than on the planning and funding of services, responsibility for which will remain with commissioners, and are expected to be the building blocks around which integrated care systems are built. The ambition is that primary care networks will be the mechanism by which primary care representation is made stronger in [integrated care systems](#), with the accountable clinical directors from each network being the link between general practice and the wider system

Primary Care Networks – What cont....

- Practices are accountable to their commissioner for the delivery of network services. Practices will sign a network agreement, a legally binding agreement between the practices setting out how they will discharge the responsibilities of the network. Primary care networks can also use this agreement to set out the network's wider objectives and record the involvement of other partners, for example [community health providers](#) and pharmacies, though these partners will not be part of the core network, as that can only be entities who hold a GP contract.
- £1.8bn of investment will flow in to the PCN DES by 2023/24.
- PCNs will have a clear role within any future Integrated Care System with representation on the Board of any future arrangement and PCN Clinical Directors having an influence on the use of new resources coming into the system
- By April 2021 PCNs will have a single combined access offer which will integrate with the wider system including the NHS App and 111

Our PCN landscape – BB CCG



Our PCN landscape

Clinical Director: Dr Anita Pereira (**Laindon Medical Group**)
Anita.pereira@nhs.net

West Basildon		
PRACTICE CODE	PRACTICE NAME	PRACTICE NORMALISED WEIGHTED LIST SIZE
F81666	NOAKBRIDGE MEDICAL CENTRE	3496
F81025	KINGSWOOD MEDICAL CENTRE	9505
F81108	LAINDON MEDICAL GROUP	18598
F81150	BALLARDS WALK SURGERY*	11236
F81029	THE KNARES SURGERY	6463
		49298

Clinical Director: Dr Raman Chandel (**Aryan Practice/Matching Green**)
Raman.chandel@nhs.net

East Basildon		
PRACTICE CODE	PRACTICE NAME	PRACTICE NORMALISED WEIGHTED LIST SIZE
Y00469	DR SIMS & PARTNERS - DIPPLE MEDICAL CENTRE *	12851
F81640	THE ARYAN PRACTICE	4427
F81186	FELMORES MEDICAL CENTRE	6599
F81031	MUREE MEDICAL CENTRE	7222
F81729	MATCHING GREEN SURGERY	3972
		35071

Clinical Director: Dr Arv Guniyangodage (**New Surgery Shenfield**)
arv.guniyangodage@nhs.net

Brentwood		
PRACTICE CODE	PRACTICE NAME	PRACTICE NORMALISED WEIGHTED LIST SIZE
F81023	BEECHWOOD SURGERY BRENTWOOD	10709
F81085	THE NEW SURGERY, SHENFIELD	12812
F81102	ROCKLEIGH COURT SURGERY	6078
F81163	NEW FOLLY SURGERY	6620
F81055	MOUNT AVENUE SURGERY	11998
F81038	TILE HOUSE SURGERY	13479
F81215	DEAL TREE HEALTH CENTRE	10006
F81737	HIGHWOOD SURGERY	2288
		73990

Billericay		
PRACTICE CODE	PRACTICE NAME	PRACTICE NORMALISED WEIGHTED LIST SIZE
F81013	WESTERN RD SURGERY	10849
F81104	CHAPEL STREET SURGERY	4998
F81080	BILLERICAY MEDICAL PRACTICE	11037
F81045	THE NEW SURGERY, BILLERICAY	3137
F81222	QUEENS PARK SURGERY	4469
F81651	SOUTH GREEN SURGERY	3107
		37597

Wickford		
PRACTICE CODE	PRACTICE NAME	PRACTICE NORMALISED WEIGHTED LIST SIZE
F81036	ROBERT FREW MEDICAL PARTNERS *	16812
F81041	LONDON ROAD SURGERY	13075
F81732	SWANWOOD PARTNERSHIP	7481
		37368

Central Basildon		
PRACTICE CODE	PRACTICE NAME	PRACTICE NORMALISED WEIGHTED LIST SIZE
Y03052	LANGDON HILLS MEDICAL CENTRE**	11982
F81711	KNIGHTS SURGERY	2700
F81006	CLAYHILL MEDICAL CENTRE	6567
F81158	DR NASAH - DIPPLE MEDICAL CENTRE	3895
Y00758	DR ARAYOMI - DIPPLE MEDICAL CENTRE	2311
F81645	ROSE VILLA SURGERY	4362
F81707	FRYERNS MEDICAL CENTRE	3096
F81060	AEGIS MEDICAL CENTRE	5130
		40043

Clinical Director: Dr Nuzhat Sarfraz (**South Green Practice**)
Nuzhat.sarfraz@nhs.net

Clinical Director: Dr Raj Rai (**Swanwood**)
rajrai@nhs.net

Clinical Director: Dr Sanjana Banka (**Langdon Hills**)
Sanjanabanka@nhs.net

