NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
March 2019

TITLE OF REPORT:	Primary Care Networks
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Steven Marshall, Director of Strategy & Transformation
PURPOSE OF REPORT:	To confirm to the committee that the CCG is actively engaging with Group Leads and member practices to ensure Primary Care Networks are established within the city in line with national timescales.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• Guidance was issued summer 2018 regarding the formation of primary care networks & more recently additional guidance published as part of the NHS Long Term Plan and Planning Guidance have given greater clarity regarding the expectations of primary care networks. • Practices within the CCGs membership are all aligned to a practice grouping (model of care). Each practice grouping has is maturing in provision of services at scale through funding available for extended access & transformation funding. • A new DES will be introduced in 2019/20 designed to further develop at scale working & will be complimented by NHS Guidance confirming what Primary Care Networks will comprise of & be required to deliver.
RECOMMENDATION:	The committee should note the content within the report and attachments & confirm if they have any queries regarding the approach that has been taken. The committee will receive further details on Primary Care Networks once applications have been submitted & considered by the CCG Primary Care Team in May 2019.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of the services we commission

1. BACKGROUND AND CURRENT SITUATION

The premise for primary care networks builds on current primary care with a greater emphasis on pro-active, personalised co-ordinated care. . Primary care networks are groups of practices working together, pro-actively caring for the people they serve. Based on GP registered lists, they serve communities of ca. 30-50,000 patients – an optimal size for integrated, locality based working. Core to a network is collaboration and integration, tailoring access to services for communities. By 2020 there will be a network investment and impact fund in place enabling networks to demonstrate the impact new ways of working are having in meeting the care needs of their population.

2. PRIMARY CARE NETWORKS

2.1 Practices will be required to work more formally together. There are already 3 limited companies in Wolverhampton as well as a small cohort of practices who are vertically integrated with Royal Wolverhampton Trust. Building on existing models of care, practices are intended to become more resilient; have a wider team of staff shared across the network which is intended to improve work life balance for GPs and also benefit the practice(s) in being more effective in meeting the holistic needs of their patients and populations.

Networks of practices will have a stronger prevention and population focus whilst also having a stronger voice in service redesign, reaching beyond traditional general practice as their pool of staff and skill mix strengthens. The majority of care will remain with general practice, although some additional services will not be viable for one/every practice and do notneed to be delivered in hospital

2.2 Multi-service delivery at community level will require not only a shared workforce but also an increased skill mix. To enable this a series of new roles will be introduced in networks. Funding will flow through the network for the following roles:-

2019 1 Clinical Pharmacist & 1 Social Prescriber per network
2020 1 First Contact Physio(s) & 2 Physicians Associate(s) per network
2021 1 Community Paramedic per network
2022 All roles increasing by 2024 typical network will comprise of:-
- 3 Social Prescribers*
- 3 First Contact Practitioners 2 Physicians Associates*
- 1 Clinical Pharmacist*

2.3 This funding will flow (to each network) once they have confirmed in the Network Agreement how funding should be paid. Other transformational work attached to the GPFV will continue alongside, led by the CCG/STP. In summary the funding profile from 2019 is listed below:-

- £1.50 per patient funded by CCG (Network DES & additional ring fenced ££ (NHSE) for PCNs
- 70% NHSE/30% PCNs funding for new roles

- BUT 100% funding for Social Prescribers (NHSE)
- Clinical Director 1 day per week (based on 40k network population)

Additionally at practice level there will be an uplift in the global sum (2019/20) as part of a 5 year deal designed to be a major pillar to kick start implementation of the NHS long term plan.

2.4 Leadership within each network will be a critical factor - - aClinical Director will be nominated from within the network by GPs and funded by the Network DES.

2.5 PCN Requirements & Services will be defined in the Network DES (due to be published later in March). Each network will be required to complete a short submission to their CCG confirming the following details:-

- Names & codes for each practice within the network
- Network list size
- Map marking the network area
- Names & details of the nominated provider to receive funding
- Named Clinical Director
- Initial work Agreement signed by each practice

The initial work agreement will outline ***decisions*** the network has made about how they will ***work together***, which practice ***does what***, how ***funding*** will be ***allocated*** between practices, how the ***new workforce will be shared (including who employs them). The network agreement*** can be amended over time i.e. new workforce/services as they become available.

Later in 2019 all networks will be required to confirm how Care Homes will be supported within the geography of their network area including medication reviews, improving personalisation, anticipatory care and CVD. This provision will be linked to the expanding workforce that will begin to be realised later in 2019.

2.6 Changes to the extended hours access DES that is currently delivered through ***practice level*** sign up will move to the ***network*** which will be responsible for equivalent coverage for 100% of its population, in addition to services currently ***provided by hubs/PCNs.*** Funding will continue at ***£6.00 pp*** delivered via the network from 2020/21.

2.7 Since the introduction of the Primary Care Networks Reference Guide in August 2018, Group Managers have undertaken outline self-assessments in conjunction with their respective Group Lead/Group Board(s) to determine how their working relationship and at scale provision is developing. The self-assessment process confirmed that each practice group was partially achieving Step 2 of the foundations for transformation. The final version of this guidance is due to be published in March along with the Network DES.

The Network Agreement will require each network to confirm how they will be fully compliant with level 2 by March 2020 and this will be detailed within the Network Agreement due to be submitted to the CCG in May 2019.

2.8 In order for primary care networks to be adequately supported with sufficient community nursing skills and specialist knowledge, demand for community nursing service provision will be informed by population health needs for each network, taking account of the greatest prevalence in each network and also within each respective locality. This assessment is currently taking place and will inform a series of revisions to the Community Nursing Services Specification (commissioned from Royal Wolverhampton Trust).

2.9 There are a number of milestones that have been mentioned within the body of this report, for each of reference Appendix 1 is a copy of the Outline Milestone Plan 2019-2023 As further detail becomes available from NHS England the milestone plan will be refreshed including funding allocations for workforce etc.

3. CLINICAL VIEW

3.1. Group Leads have been actively involved in discussions with the CCG for some months, self-assessments against national guidance have been encouraged at group level & confirmation has been reached where each grouping has matured and where further action is required to meet the standards advocated.

4. PATIENT AND PUBLIC VIEW

4.1. Patient feedback is actively encouraged, collected & reported upon at group level for services provided at scale. The CCGs Commissioning Intentions have a supporting engagement plan that will be taking place at CCG and Group level to ensure patients & the public are aware of the national drive for Primary Care Networks.

5. KEY RISKS AND MITIGATIONS

5.1. Appendix 1 includes an outline critical path from March to May 2019 specific to Primary Care Networks. There is a risk that networks may not comprise immediate neighbouring practices which has the potential to impact on the alignment of Community nursing services. This will be mitigated through on-going dialogue with Group Leads and practices at Members' Meetings, Group Board Meetings & Group Leads' Meetings with the CCG.

6. IMPACT ASSESSMENT

6.1 Financial and Resource Implications

The CCGs financial plan recognises the requirement to fund the 2019/20 DES Funds are set aside in the LTFM for 2020/21 and provision has already been made as part of budget setting.

Further allocations for networks are yet to be confirmed & will be shared when the CCG has been informed.

6.2 Quality and Safety Implications

Active involvement has and will continue to take place with the Quality Team (Chief Nurse) to ensure patient safety, experience & clinical effectiveness are duly satisfied and developed further across the CCGs networks.

6.3 Equality Implications

An equality impact assessment has not been undertaken at this stage. It is envisaged that at the point of confirming how each group/network will function an overarching equality impact assessment will be undertaken and all necessary mitigations have been identified as per the protected characteristics & statutory duty.

6.4 Legal and Policy Implications

Further consideration will be given when network agreements are being developed over the coming months.

Name	Sarah Southall
Job Title	Head of Primary Care
Date	26 February 2019
Enclosures	Appendix 1 Outline Milestone Plan Draft Network Proposal Appendix 2 Draft Network Plan

SLS/PCCC-PCN/MAR19/V1.0

NHS
Wolverhampton
Clinical Commissioning Group

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr Reehana	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	Tony Gallagher	
Quality Implications discussed with Quality and Risk Team	Sally Roberts	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Steven Marshall	26.2.19