

WOLVERHAMPTON CCG

**Primary Care Commissioning Committee
June 2019**

TITLE OF REPORT:	Primary Care Networks Update
AUTHOR(S) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To ensure the committee are sighted on progress being made regarding the formation of Primary Care Networks.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This documentation is suitable for sharing in the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Share the outcome of decisions made in response Primary Care Network Applications considered by the CCG Panel on 16 May 2019 & the responses provided. • Confirm the configuration of each network including Clinical Director(s), constituent practices etc. • Assurance was provided to NHS England on 21 May confirming the outcome of panel decisions. • Arrangements for Clinical Directors to meet regularly and a series of assurance statements have been prepared.
RECOMMENDATION:	The committee should consider the progress that has taken place to date & next steps noting that ongoing support and close liaison is being maintained with each network by the Primary Care Team.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of services we commission. 2 Reducing health inequalities in Wolverhampton. 3 System effectiveness delivered within our financial envelope.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The committee have been kept apprised of the preparatory work that has been taking place in Wolverhampton in order to formalise Primary Care Networks by 1 July 2019.
- 1.2. This report provides a further update on the activities that have taken place through engaging with member practices and group leads to ensure the formation of networks is in line with national guidance.

2.0 Network DES

2.1 *Panel Decisions*

On 16 May the CCGs Panel met to consider 6 Network Applications, 4 were approved without challenge, 2 required further clarification. By 21 May all 6 network applications had been approved and the decisions confirmed to NHS England.

The panel were in agreement that all 6 networks satisfied national requirements defined in the Network DES :-

- Number and name of practices (including ODS Codes)
- Network list size
- Reasons for networks being approved with population(s) in excess of 50,000 patients
- Registration Form signed by all member practices
- Single practice or provider that will receive funding on behalf of the network
- Geographical boundaries made sense, including provision for branch practices*
- Named Accountable Clinical Director
- Data Sharing Agreement in place

Two applications included details for the same practice this was due to geographical boundaries and provision for branch practices. A meeting has since taken place between the practice and both Clinical Directors to ensure that the functionality at network level, particularly patient care and financial flows are clear and this detail is reflected in the network agreements.

The CCG were able to afford 100% assurance for each of the above requirements by the due date a copy of the network composition(s) can be found in Appendix 1.

2.2 *Network Agreement*

The Network DES requires all networks to have in place an initial network agreement signed by all parties in May 2019 and a full Network Agreement by the end of June. All network agreements received in May have been signed by every member practice. Full network agreements are currently being prepared and due to be submitted to the CCG by Friday 21 June for review and feedback prior to go live of each network on 1 July.



2.3 **Milestone Dates Application Timeline**

The timeline being worked to takes account of both national and local requirements to ensure that all requirements are met in a timely manner:-

Requirement	Due Date
PCN Participation in Network DES confirmed to NHS England	30 April 2019
Primary Networks submit registration information to CCG	By 15 May 2019
CCG Panel Meeting to consider/ approve applications	16 May 2019
CCGs confirm to Joint Commissioning Committee outcome of panel meetings	16 May 2019
Confirm outcome of Panel to STP Joint Commissioning Committee & Clinical Leadership Group	17 May 2019
NHS England Primary Care Networks (Commissioner Event)	17 May 2019
CCGs confirm network coverage to NHS England	21 May 2019
CCGs approve variations to GMS/PMS/ APMS contracts	By 31 May 2019
Full Network Agreements submitted to CCG	By 21 June 2019
NHS England, CCGS & LMCs resolve any local issues	Early June 2019
Network DES goes live	1 July 2019
Clinical Directors Meetings commence	July 2019
National Entitlements start ie DES, Engagement, Social Prescribing etc	July 2019

The committee will be kept apprised of progress and achievements attached to each of the above timescales in subsequent meetings.

2.4 **Workforce - New Roles**

Social Prescribing Link Workers will be the first new roles to be available for Primary Care Networks. In July 2019 100% of 1 WTE salary at Band 5 will be available for reimbursement to each network, this will increase 2 WTE in 2020 and 3 (total) by 2021.

A workshop was held in May including Wolverhampton Voluntary Sector Council, Group Leads and Commissioning representatives from the CCG plus the Clinical Chair to explore delivery model options. A follow up session is due to take place in June with Group Leads to confirm what their preferred core offer would comprise of and how this would complement the existing service. There is a consensus of agreement that a hosted service should be pursued.

2.5 **Primary Care Network Maturity Assessment**

An initial self-assessment of network maturity in Wolverhampton was undertaken earlier in 2019 and confirms the extent of maturity of our existing practice groups that will be functioning as networks from 1 July.

A copy of the assessment can be found in Appendix 2 and this will be a core requirement for inclusion in their development plans due to be completed by the end of June.



2.6 Assurance Statements

During 2019/20 NHS England will require a number of assurance statements to be satisfied as part of the STP's routine reporting. A copy of the local assurance plan can be found in Appendix 3, this document is currently draft and will be subject to further detail being included once the development needs of each network have been confirmed.

2.7 Clinical Directors Meetings

Regular meetings among Group Leads take place lead by the CCG each month, those meetings will change from July 2019 a new Terms of Reference has been prepared for executive sign off in order for the CCG to continue to work in close liaison with Clinical Directors from each Network. The primary focus will be not only on network development and maturity but also to ensure all Clinical Directors are supported by the CCG and have the opportunity to be part of a peer network that captures the varying work streams attached to the CCGs governance for clinical commissioning.

3.0 CLINICAL VIEW

The CCGs panel comprised of clinical and non clinical personnel, Group Leads and member practices have been and continue to be actively engaged in discussions regarding network development and functionality in line with national guidance.

4.0 PATIENT AND PUBLIC VIEW

On 23 May a patient engagement event took place in the city, attended by approximately 30 members of the public who, as part of the Wolverhampton and Black Country STP Primary Care Strategy development were advised about the challenges faced across the footprint but also given the opportunity to be encouraged to consider. Patient engagement has also been encouraged at practice level and Clinical Directors should ensure that this ongoing liaison continues via PPG Chair Meetings.

5.0 KEY RISKS AND MITIGATIONS

There is a risk that one group will overlap significantly with other networks in the city and may result in the CCG being unable to approve their application. Ongoing discussions with Group Leads are taking place.

6.0 IMPACT ASSESSMENT(S)

Financial and Resource Implications

National funding allocations have been provisionally confirmed for Primary Care Networks comprising of Engagement Costs, Network DES, Workforce and New Roles. The CCG has set aside funds to cover the cost of the Network DES.



The committee will be kept informed regarding further funding allocations as they are confirmed over the coming months.

Quality and Safety Implications

The Chief Nurse has been actively engaged in discussions regarding the formation of Primary Care Networks in both Wolverhampton and the wider STP footprint.

Equality Implications

An equality impact assessment has not been undertaken.

Legal and Policy Implications

There are no legal implications identified at this stage.

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Date: June 2019

Enclosure(s): Enclosure 1 Primary Care Networks
Enclosure 2 Network Self Assessment
Enclosure 3 Assurance Statements



Appendix 1 - Primary Care Networks

Name	Composition	Member Practices
Wolverhampton North Network Dr S Rafiq – Clinical Director	7 practices 52,584 patients	Prestbury Medical Practice Woden Road Surgery MGS (Low Hill/Ruskin Road) Dr St Pierre-Libberton Ashfield Road Surgery Showell Park Health Centre Keats Grove Surgery
Unity East Network Dr K Krishan – Clinical Director	8 practices 32,867 patients	Poplars Practice Dr Kainth (Primrose Lane) Ashmore Park Health Centre Dr Fowler Probert Road Surgery IH Medical Mayfield Medical Practice Bilston Family Practice
Wolverhampton South East Network Dr R Mohindroo – Clinical Director	7 practices 56,933 patients	Health & Beyond Ettingshall Medical Practice Parkfield Medical Practice Bilston Urban Village Dr Mudigonda Dr Suryani MGS (Bradley)
Vertical Integration Dr J Parkes – Clinical Director	8 practices 55,516 patients	Alfred Squire Group Practice Dr Bilas West Park Surgery Coalway Road Thornley Street Warstones Medical Penn Manor Medical Centre



<p>Unit West Network Dr K Ahmed – Clinical Director</p>	<p>5 practices 38,197 patients</p>	<p>Castlecroft Medical Practice Tettenhall Medical Practice Penn Surgery Dr Whitehouse Pennfields Health Centre</p>
<p>Wolverhampton Total Health Dr G Pickavance – Clinical Director</p>	<p>6 practices 56,321 patients</p>	<p>Newbridge Surgery Duncan Street Primary Care Centre East Park Medical Practice Tudor Medical Centre Fordhouses Medical Centre</p>



Appendix 2 – Network Self-Assessment

PCN Maturity Assessment : May 2019

Step 1

Practices identify partners for network-level working and develop shared plan for realisation. ✓

Integrated teams, which may not yet include social care, are working in parts of the system. ✓

Analysis on variation between practices is readily available and acted upon. ✓

Basic population segmentation is in place, with understanding of needs of key groups and their resource use. ✓

Standardised end state **models of care** defined for all population groups, with clear gap analysis to achieve them. **Prototypes** in place for highest risk groups. !

Steps taken to ensure **operational efficiency** of primary care delivery. !

Primary care has a seat at the table for all system-level decision making. ✓

Step 2

Practices have defined future business model and have early components in place. ✓

Functioning **interoperability between practices**, including read/write access to records. Data sharing agreements in place. ✓

Integrated teams in place throughout system and formalised to include social care, the voluntary sector and easy access to secondary care expertise in at least some sites. ✓

The system can **track data in real time**, including visibility of patient movement across the system and between segments, and information on variability. !

New models of care in place for most population segments, including both proactive and reactive models, with standardised protocols in use across the system. !

Networks have sight of resource use for their patients, and can pilot new incentive schemes. ✓

Step 3

Network business model fully operational. **Interoperable systems** Workforce shared across network. Rationalisation of estates. !

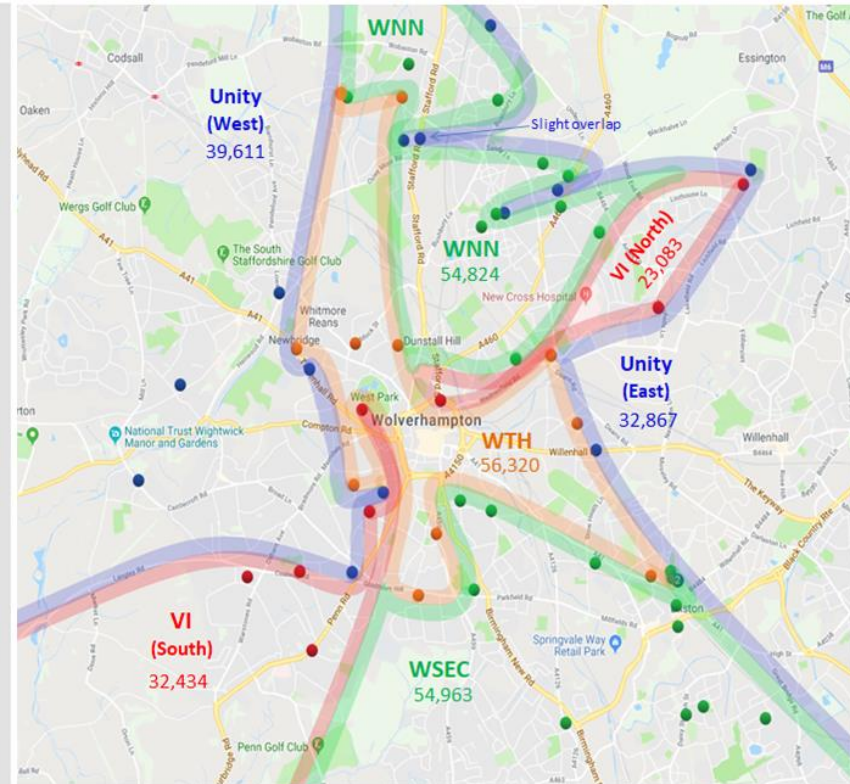
Fully functioning integrated teams in place across whole system including general practice, access to secondary expertise, nursing, community services, social care and voluntary sector. Care plans and coordination in place for all high risk patients. !

Systematic population segmentation including risk stratification, with in depth understanding of needs of each population segment. Routine peer review of metrics in and between networks. !

New models of care in place to meet needs of all population segments. Internal referral processes in place. !

Primary care networks take **collective responsibility for available funding**. Data being used at individual clinical level to make best use of resources. !

Primary care network full decision making member of ICS leadership. ✓



Appendix 3 – PCN Assurance Statements

(Primary Care Commissioning Committee)
(June 2019)

Page 9 of 9

