

WOLVERHAMPTON CCG

**Primary Care Commissioning Committee
July 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 in preparation of primary care networks mobilising in readiness of being formal entities from 1 July 2019.
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"> • Network DES – Payments and role reimbursement are due to be made to networks in July 2019. • Full Network Agreements • Network Changes – Formal notification has been received from a network confirming a change in Clinical Director arrangements. • PCN Development Programme(s) – National prospectus has been developed to compliment a range of other offers and locally the STP has designed a PCN Development Programme with RightCare and Dartmouth Institute. • New Roles – Social Prescribing Link Workers are due to be recruited by Wolverhampton Voluntary Sector Council and seconded exclusively to each network. • Clinical Directors Meetings – Meetings commence in July 2019. • Data Analytics – National dashboard not yet available, this is expected later in July. • Patients & Public Engagement - the role of practices and primary care networks in accordance with contractual obligations.
RECOMMENDATION:	<p>The committee should consider the progress that has taken place and confirm if they have any queries or require clarification on working taking place and future reporting requirements.</p> <p>The committee should also confirm their agreement to the change of Clinical Director for the VI Network.</p>
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	<p>1 Improving the quality and safety of services we commission.</p> <p>2 Reducing health inequalities in Wolverhampton.</p> <p>3 System effectiveness delivered within our financial envelope.</p>

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The committee have been kept apprised of the preparatory work that has been taking place through close liaison between the CCG and each Primary Care Network. As preparatory phase in concluding and formal implementation of the new way of working commences on 1 July 2019.

2.0 Network DES

Practices are required to sign up to the DES via CQRS by 30 June 2019 and payments pertaining to the Network DES will be made by the CCG thereafter. There are a range of payments to be made comprising of the following:-

Type	Value	Payee
Core PCN Funding	£1.50 per patient	Payable to the Network
Clinical Director(s)	£0.51 per patient	Payable to the Network
Network Participation Payment	£1.76 per patient	Payable to Practices
Roles Reimbursement Scheme	70% 1 per Network* 100% 1 per network	Payable to the Network
i) Clinical Pharmacist(s)		
ii) Social Prescribing Link Worker(s)		
Extended Hours DES	£1.09 per patient	Payment to the Network

In order for payments to be made to the network and practices in line with the DES processes are being agreed between the CCGs Finance and Primary Care Teams to ensure payments are timely and in line with the requirements of the DES. Whilst this is being worked through the committee should note that workforce baselines for each network (submitted on 28 June) have been shared with NHS England for consideration, these will be used as the basis for reimbursements. Allocations and payments will commence in July.

2.1 Network Agreement

The Network DES requires all networks to have in place a full network agreement signed by all parties within the network by 30 June. A meeting has been scheduled with PCN Clinical Directors and Group Managers to identify areas of priority and issues faced by PCNs and explore what support will be required from the CCG.

2.2 Network Changes

A change in Clinical Director arrangements has been confirmed from Royal Wolverhampton Trust for the Vertical Integration Network. The change will take effect on 1 July due to retirement of a GP who had been included on the network application. A process was underway to identify a replacement but hadn't concluded at the point of submitting the network agreement.

The committee should confirm their agreement to the change in line with the Network DES – Dr John Burrell will assume the role of Clinical Director from 1 July and be the CCGs point of contact for the network.

2.3 PCN Development Programmes

There are a range of offers available to primary care networks that will encourage development and maturity in 2019/20 initially. A national prospectus issued to STPs at the end of June explores the needs of PCNs both from an education and organisational development perspective. The prospectus comprises of 8 modules for PCNs designed to meet local needs:-

- 1 PCN Set Up
- 2 Organisational development support
- 3 Change management quality and culture
- 4 Leadership development
- 5 Collaborative working (MDTs)
- 6 Asset based community development and social prescribing
- 7 Population health management
- 8 PCN Clinical Director development support

The development programme will enable PCNs to reach Step 3 of the maturity matrix over a period of time whilst they develop using a framework that can be shaped to meet their specific needs. The prospectus isn't intended to be a prescriptive list that must be complied with nor a framework that PCNs will be performance managed against rather a prospectus that has been co-designed by a PCN focus group lead by NHS England so that the programme is flexible and meets the needs of individual networks.

Priority will be given to two offers - development of Clinical Directors and PCN Start Up - these will commence implementation from July 2019. A self-assessment tool is due to be issued for PCNs to complete focussing on what they are already doing/done, how much time PCN leads need to commit to development work, PCN needs and meeting immediate needs and preferred learning methods. This will allow each network to prioritise and focus on what is important to them over the coming months. A copy of the assessment will be issued to Clinical Directors and discussed further with them in July.

Other offers including General Practice Improvement Leaders Programme continues to be available along with other Time for Care Programme Offers. This information has been shared with Clinical Directors for consideration/confirmation of expression of interest.

Locally, the STP Clinical Leadership Group have secured funding from RightCare for Primary Care Networks, an initial event is due to take place on Thursday 4 July, all Clinical Directors from across the STP have been invited to the first meeting of all Clinical Directors.

The workshop has been designed to focus on developing clinical transformation leadership within Primary Care Networks to drive innovation, develop person-centred models and create integrated teams. All Wolverhampton networks have confirmed they will be attending along with the Head of Primary Care.

2.4 **New Roles**

In addition to existing arrangements for Social Prescribing each network will benefit from a fully funded (employment costs) Social Prescribing Link Worker who will be aligned to their network. Two workshops have been held with Clinical Directors from each PCN and also Wolverhampton Voluntary Sector Council who are the commissioned provider of the CCGs Social Prescribing Service. The outcome of the workshop was that all Clinical Directors were in agreement that the existing service should be developed further, recruitment of additional Social Prescribing Link Worker(s) will be lead primarily by Wolverhampton Voluntary Sector Council, this approach is fully supported by each Network Clinical Director. Following appointment each network will be allocated a link worker, seconded to them exclusively via a Service Level Agreement. A separate report will be shared with the committee in August to provide more detailed assurance about the intended arrangements.

2.5 **Clinical Directors Meetings**

Monthly clinical directors meetings will commence in July 2019, a revised terms of reference has been shared and comments invited from members of the group, although this will not be a formal forum. 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 benefit from regular round table discussions and access to peer support.

2.6 **Data Analytics**

A review of analytics support has taken place to determine what and how data will flow to networks. The CCG has developed a primary care dashboard comprising a range of quality and resilience indicators that can be reviewed at regular intervals both at practice and network level. Data is intended to flow to networks at quarterly intervals, this is in addition to the National Primary Care Dashboard currently being finalised by NHS England. The Wolverhampton Dashboard is being developed further to include additional data and will be shared with networks as follows for their review:-

Reporting Period	Issue to Networks	Data Categories & Developments
April to June 2019	August 2019	Practice, Acute, Community & Mental Health
July to September 2019	November 2019	As above plus Prescribing & additional Quality Indicators
October to December 2019	February 2020	As Above
January to March 2020	May 2020	As Above

The dashboard will be used as the basis for networks to be better informed about population health needs and utilisation enabling them to review activity and expose

areas presenting challenge and/or variation from the Wolverhampton and national average.

The national dashboard when released is intended to compliment local data and is expected later in July.

2.7 Patient & Public Engagement

Patient engagement is a core responsibility of practices and networks under their primary medical services contracts. PCNs will be expected to reflect those requirements through engaging, liaising and communicating with their registered population in the most appropriate way, informing and/or involving them in developing new services and changes related to service delivery.

This includes engaging with sections of the community who are hard to engage with. PCNs will also be required to provide reasonable support and assistance to the CCG in the performance of its duties to also engage with patients in the provision of and/or reconfiguration of services where applicable to the registered population.

Clinical Directors have confirmed that following a recent engagement event lead by the CCG (STP Primary Care Strategy Development) that the questions and outputs from group discussions will be discussed at PCN and practice level Patient Participation Group Meetings and should not be responded to generically by the CCG.

3.0 CLINICAL VIEW

The Group Leads and Committee membership comprises extensively of GP and other clinical representation. Group Leads (Clinical Directors) are actively engaged in discussions with the CCG regarding all aspects of PCNs detailed in this report.

4.0 PATIENT AND PUBLIC VIEW

See 2.7 patient engagement detailed above.

5.0 KEY RISKS AND MITIGATIONS

The CCGs risk pertaining to the formation of primary care networks has been fully mitigated and therefore closed on the risk register.

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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