

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	12 th July 2019		
REPORT TITLE:	PRIMARY CARE NETWORKS		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide the Health and Wellbeing Board with a briefing on the establishment of Primary Care Networks in Reading.

2. RECOMMENDED ACTION

2.1 To note the progress made in establishing Primary Care Networks and the intention for the new networks to work collaboratively with partners to develop neighbourhood services through the Reading Locality Integration Board.

3. POLICY CONTEXT

The *NHS Long Term Plan* describes Primary Care Networks as key component of delivering integrated care. Primary Care Networks (PCNs) are groupings of GP practices and other services working together to plan and co-ordinate care within local neighbourhoods typically serving 30-50,000 patients. PCNs are being established through the GP contract arrangements for 2019-24 which has meant that initial discussions have focussed around GP practices coming together. From the outset PCNs will however be expected to work closely with community services, social care and the voluntary sector to improve the wellbeing of the population they serve and provide integrated services.

4. SUMMARY

Following engagement with partners and in accordance with a process set out in the GP contract settlement for 2019-24, Berkshire West CCG has agreed the formation of 14 PCNs which went live on 1st July 2019. Six of these are in Reading:

Network name	Clinical Director	Practices	Total population
Tilehurst	Dr Caverna Tiwari	Westwood Road Grovelands Tilehurst Village	35,766
Whitley	Dr Bu Thava	London Street Milman Road South Reading/Shinfield Longbarn Lane	34,964
Reading Central	Dr Aman Bindra	Abbey Medical Centre Eldon Road Chatham Street	50,789

		Russell Street Pembroke Kennet Melrose Reading WIC	
University	Dr Elizabeth Johnston	University Medical Practice	31,034
Caversham	Dr Tom Back	Baltimore Park Surgery Emmer Green Surgery	31,356
Reading West	Dr Anil Chauhan	Western Elms/Circuit Lane Tilehurst Surgery	41,438

Primary Care Networks bring together GP practices and others to plan and deliver care to populations of 30-50,000 on a neighbourhood footprint. In applying to form PCNs, practices had to demonstrate that their geographical footprint would make sense to other services and to the communities they would serve. Each PCN also had to nominate a Clinical Director to lead their work including interfacing with partners and the broader Integrated Care System and had to sign up to a mandatory network agreement which sets out ways of working between practices. As the commissioner of primary care services, the CCG had to ensure 100% of the Berkshire West population would be covered by a Primary Care Network and that any practice that wanted to join one had an opportunity to do so.

Primary Care Networks are funded through the Network Contract Directed Enhanced Service (DES). This is an optional service which sits alongside the core GP contracts between practices and the NHS. Primary Care Networks are eligible for the following funding under the Network Contract DES:

- £1.50 per head of population for the running of the network.
- Funding to individual practices of £1.76 per registered patient to support their participation in the network
- Funding for the clinical director role at the equivalent of 0.25 whole time equivalent for a network of 50,000 patients
- Investment in additional workforce for primary care for posts which will work across networks. In Year 1 this will fund one social prescribing link worker and 70% of the cost of a clinical pharmacist per PCN. Going forward PCNs will receive funding based on weighted capitation to cover 70% of the cost of employing further staff including physicians' associates, physiotherapists and paramedics thereby further diversifying the primary care workforce and enabling practices to work together to meet workforce challenges.

The current key requirements of the Network Contract DES in are as follows:

- Engaging primary care in shaping and supporting local system plans.
- Leading and supporting quality improvement and performance across member practices.
- Supporting implementation of agreed service changes and pathways.
- Working with the CCG and others to develop, support and deliver local improvement plans.
- Developing local initiatives to deliver the PCN's agenda. This is expected to include taking a lead role in integration work within the neighbourhood(s) the PCN covers (see below).
- Facilitating practice participation in research studies.
- Engaging, liaising and communicating with patients including 'seldom heard' groups.
- Delivery of extended hours appointments, replacing the current DES provided by individual practices. This is in addition to the Enhanced Access arrangements commissioned separately by the CCG.

The requirements of PCNs will build over time; in the first year there is a focus is on establishing effective relationships with partners with a view to requiring PCNs to put in place more formal

relationships in later years which could include other services joining PCNs. The Reading PCNs are now starting to consider how they can work closely with social care and the voluntary sector at neighbourhood level to support integration and improve care for residents. Initial discussions to develop this vision of integrated neighbourhood working will take place through the Reading 'Design our Neighbourhoods' event scheduled for 10th July 2019 at which the six Reading PCN Clinical Directors will be joined from colleagues across the Reading health and social care system to start to think about how services can work better together at a local level to better meet people's needs. Following this, the Clinical Directors will look to take forward joint working with partners by joining the Reading Locality Integration Board which will lead on the local delivery of neighbourhood working approaches.

Early opportunities will include considering how social prescribing link workers in PCNs may interface with existing social prescribing schemes and/or build links with voluntary sector organisations already working within the community. Later iterations of the Network Contract DES are also expected to introduce mandatory service specifications focussed on areas where PCNs can make a difference to patient care by working with partners, in particular:

- Structured medication reviews
- Enhanced care home support
- Anticipatory care
- Supporting early cancer diagnosis
- Personalised care
- CVD prevention and diagnosis
- Tackling neighbourhood inequalities

The CCG will also be able to add to these specifications by using the DES as a means of commissioning other 'supplementary' services from PCNs.

Delivery of these service specifications and broader PCN objectives will be underpinned by a focus on identifying and responding to population needs and working proactively to maintain health and wellbeing. To this end the CCG is providing each PCN with analytical support to take forward the actions and learnings identified through the recent Population Health Management programme.

The ongoing development of PCNs in Berkshire West will be overseen by the newly-established Primary Care Programme Board and work to ensure that the PCNs work with partners at a local level to deliver maximum benefit for the communities they serve will be led by Locality Integration Boards of which the new Clinical Directors will now become members as set out above.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 PCNs will look to work with partners to ensure delivery of the Reading Health and Wellbeing Strategy's eight priorities:

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Primary Care Networks are expected to engage with patients through their constituent practices' Patient Participation Groups (PPGs) and other routes.

7. EQUALITY IMPACT ASSESSMENT

7.1 Not applicable

8. LEGAL IMPLICATIONS

8.1 Primary Care Networks are commissioned through the Network Contract DES (see above) which sits alongside core GP contracts.

9. FINANCIAL IMPLICATIONS

9.1 Primary Care Networks are funded through the GP Contract settlement for which the CCG receives delegated funding from NHS England. In addition, the 2019-20 NHS planning guidance requires CCGs to make available £1.50 per head of population to PCNs to support delivery of the Network Contract DES requirements.

10. BACKGROUND PAPERS

10.1 None