NHS

Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group Board

Date of Meeting: 25 July 2019	**Paper No: 19/42**

Title of Paper: Primary Care Networks

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**	✓	**Information**	✓

Conflicts of Interest (please delete tick as appropriate)	
No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	✓
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary:

This paper provides an update to the Board on the establishment of Primary Care Networks across Oxfordshire in line with the requirements of the Long term Plan.

19 Primary Care Networks have been confirmed across Oxfordshire achieving 100% population coverage.

There will be three *network of networks* areas across Oxfordshire in the north, south and city. This will have an impact on the current way in which the CCG organises partnership work, engagement and delivery across the x6 CCG locality areas.

The introduction and development of PCNs is a programme of transformational change. Not just for primary care but for community services across health and care, physical and mental health. The CCG will need to work with system partners to actively support and progress the transformation change required to achieve the integration of primary care and community services.

Engagement: clinical, stakeholder and public/patient:

The establishment of primary care networks has been discussed with Locality Forum Chairs and at locality meetings where there are patient representatives.

The CCG's Primary Care Commissioning Committee recently held an informal

workshop where communications and engagement was the main focus of discussions. The CCG is committed to supporting the emerging Primary Care Networks to actively engage with their population and patients.

Financial Implications of Paper:
A summary of network contract DES Financial entitlements for 19/20 is given below. These have been agreed nationally

Payment details	Payment to	Amount	Funded through:	From:
Core PCN funding	PCN	£1.50 per registered patient (equates to £0.125 per patient per month)	CCG core allocation	Backdated to 1 April 2019
Clinical Director contribution	PCN	£0.514 per registered patient (equating to £0.057 per patient per month)	Delegated primary medical services	To start from 1 July 2019
Additional roles reimbursements	PCN	Actual costs to a maximum amount per the Five year framework agreement	Delegated primary medical services	Paid from July 2019 following employment
Extended hours access	PCN	£1.099 per registered patient (equating to £0.122 per patient per month)	Delegated primary medical services	From July 19
Network participation payment	Practice	£1.76 per weighted population (equating to £0.147 per weighted patient per month)	Delegated primary medical services	Backdated to 1 April 2019

Action Required:
OCCG Board is invited to:

1. Note the progress of the Primary Care Network development and implementation undertaken to achieve 100% population coverage
2. Actively support and progress the transformation change required to achieve the integration of primary care and community services
3. Support the Chair and CEO in establishing a different approach for future CCG partnership work, engagement and delivery with the three network of networks areas

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:
Primary Care Networks will have a key role in prevention and reducing inequalities.

It is not expected that there will be any equality issues as we expect 100% of our population to have access to network services.
The use of population health management approaches will actively support PCNs to identify and respond to need and deprivation.

Link to Risk:
AF26 – Delivery of Primary Care services

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Date of Paper: 15 July 2019

Primary Care Networks in Oxfordshire

1.   Context

1.1   The Long Term Plan (LTP) and 'Investment and evolution – a five year framework for GP contract reform to implement The Long Term Plan' set an ambitious programme of change for primary care and community services. They describe Primary Care Networks (PCNs) as the building block of integrated care. The PCN concept is however wider than just general practice as they are intended to dissolve the historic divide between primary and community health services

1.2   The new Network Contract DES will see general practice take a leading role in every PCN. The timescale for the introduction is however challenging; much work has been completed in a short space of time to confirm the PCNs. Further work will be required to ensure that PCNs continue to develop beyond the current practice members so that they are able to deliver the full range of network requirements. Ensuring integration with community services remains at the heart of any evolution.

1.3   The integration set out in the Long Term Plan grows over time with increasing numbers of services and areas of focus being included from years 2 to 5 of the plan where 2019/20 is year 1.

2.   Progress to date

2.1   The national specification[1] placed a requirement on commissioners to confirm and approve all network areas during the period 16 May 2019 to 31 May 2019 in a single process that ensured all patients in every GP practice are covered by a Primary Care Network and 100 percent geographical coverage. The confirmation process was led by Oxfordshire Primary Care Commissioning Operational Group (OPCCOG) on delegated authority of Oxfordshire Primary Care Commissioning Committee (OPCCC).

2.2   The timescale in which the process was introduced and implemented was very short. Throughout the development and approval process the CCG worked closely with practices, Community Services partners, GP Federations and the LMC. Of particular note is the work with Berkshire, Buckinghamshire & Oxfordshire LMC.

2.3   The CCG and the LMC committed to working together to support the successful implementation of the PCNs. This included the co-development and co-hosting of a series of workshops to inform and advise practices when the detailed guidance was first published and design and delivery of a wider integration workshop. The LMC also has a clear role to play supporting and advising its members.

2.4   A set of criteria was followed as part of the PCN confirmation process with many options and implications for practices to consider. A total of 19 Primary Care Networks have been confirmed across Oxfordshire achieving 100% population coverage. Only one practice in Oxfordshire opted not to join a PCN and take up

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[1] https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf

the Network DES. In this case the PCN in that area has committed to providing PCN service coverage for the impacted patients. The Primary Care Networks are set out in Table One and a map of coverage is included at Appendix One.

Primary Care Network	Number of practices	Registered Population	District/s
City - East Oxford	5	47,535	Oxford City
City - OX3+	2	43,391	Oxford City
Oxford Central	5	39,178	Oxford City
Oxford City North	4	42,990	Oxford City
SE Oxfordshire Health Alliance	4	40,824	Oxford City
Banbury	6	66,154	Cherwell
Bicester	3	49,523	Cherwell
Eynsham & Witney	4	51,273	West
KIWY (Kidlington, Islip, Woodstock, Yarnton)	4	35,229	Cherwell, West
NORA (North Oxfordshire Rural Alliance)	5	47,666	Cherwell, West
Rural West	4	31,457	West
Abingdon & District	4	30,043	Vale
Abingdon Central	2	33,657	Vale
Didcot	3	41,902	South
Henley SonNet	4	33,052	South
Thame	3	30,525	South
Wallingford & Surrounds	3	32,052	South
Wantage	2	30,070	Vale
White Horse Botley	2	31,366	Vale
Total		757,887	

Table One Oxfordshire Primary Care Networks

2.5 Achieving 100% coverage is a great achievement for Oxfordshire. The focus will now shift to the further establishment and development of the PCNs specifically integrated working.

3. Next Steps for PCNs
3.1 The LTP places PCNs at the heart of the work to deliver integrated primary care and community services. PCNs are regularly described as the building blocks of integration. The CCG alongside other system partners will continue to support and empower the PCNs to develop and succeed.

3.2 The greater integration of primary care and community services was subject of a recent whole system event. PCNs, GP Federations, LMC, community and acute providers, third sector representatives, social care, public health, patient representatives and commissioners spent time exploring how patient needs could be better met through integrated delivery of health and care. The risk of duplication and overwhelming fledgling PCNs were raised as risks but there was a strong enthusiasm and commitment to take this as an opportunity to advance the delivery of care in a more integrated way.

3.3 The system needs to consider how to best manage the developing relationships and integrated working between 19 PCNs and the providers of community services. Oxford Health and Oxfordshire County Council along with key third sector organisations risk being overwhelmed if all 19 PCNs make individual slightly different approaches and requests.

3.4 Oxfordshire Health and Wellbeing Board received a paper from the GP representative who set out some of the plans and ideas from the partners of Oxfordshire Care Alliance – made up of Oxford Health and GP Federations. In this paper a concept of a *network of networks* was presented, as a solution to managing supporting resources efficiently. This concept had significant support, particularly as there would be more co-terminosity with District Councils.

3.5 The *network of networks* concept would enable PCNs to support one another, allow more at scale working where appropriate with other health and care organisations and reduce the risk of overlap and duplication. For example, 19 PCNs serving populations of 30-66k will have some community services (across physical and mental health services and social care) that will be best delivered at a scale greater than the PCNs. It was described as an informal but structured way of working and not an additional layer of bureaucracy in the Oxfordshire system.

3.6 Three *network of networks* areas have been described utilising the District Council boundaries as a component part.

- In the **north** of Oxfordshire PCNs within West Oxfordshire and Cherwell District Councils
- In the **south** of Oxfordshire PCNs within South Oxfordshire and Vale of White Horse District Councils
- Those PCNs in Oxford **City** Council area could make up a third network area

3.7 Work across health and all local authorities – County, District and City Councils will be critical to the success of any integrated future. Working with the Councils in a more co-terminous way will have benefits for the future of PCNs and for wider integrated working in Oxfordshire. District Councils have responsibilities for many of the wider social determinants of health that we know have such a significant impact of the health and wellbeing of any population.

3.8 The announcement that the BOB STP has been accepted onto the national Integrated Care System programme and will work towards becoming an ICS in 2021 was made in June. The LTP sets out the point that PCNs should be represented at ICS level. There will be 45 across the BOB ICS.

3.9 The first meeting of the PCN Clinical Directors surfaced some of these points – about representation, about scale and about not overwhelming PCNs / Clinical Directors and or community services partners. There was support for a more networked approach and it was agreed that this would need to be explored further.

4.   CCG approach to PCNs

4.1 Table One includes details of the relevant District / City Council for each PCN. These networked areas would represent a difference in approach for the CCG. The 6 CCG locality areas are not co-terminous with the District / City Councils and some of the PCNs are split across more than one CCG locality. Given the likelihood and logic behind these 3 networked areas the CCG will now consider a different approach to the current x6 locality based engagement and delivery approaches.

4.2 The introduction and development of PCNs is a programme of transformational change. Not just for primary care but for community services across health and care, physical and mental health. Establishing models of care that are outside of acute hospital settings; bringing care closer to home have been shown to be effective in terms of patient outcomes, patient experience, staff experience and have reduced overlap and duplication benefitting the system overall. Population Health Management approaches underpin this, providing an evidence base for insight based decisions that directly influence resource allocation and system priorities.

4.3 The Integration of Primary Care and Community Service is now a system workstream that reports through the Integrated System Delivery Board. The workstream will be centred around delivery of the integrated care that is set out in the Long Term Plan, the LTP Implementation Framework and the follow up PCN and Network DES documents.

4.4 Multidisciplinary Integrated Care teams are a key element of that work. There is a great deal of learning from early adopters of this approach that we can bring to Oxfordshire and use to our benefit.

4.5 CCG Clinical Leads have been working up some very practical suggested ways forward including:

- The use of population segmentation
- Use of unified reception triage processes to AHPs / other services (e.g. community pharmacy etc)
- Focussing on high intensity users with low level needs - within Primary Care and linking across into A&E attendance
- Providing a greater understanding of the most pressing needs and issues facing each PCN – looking for exemplars to share good practice and highlighting PCNs with common challenges so that they may work together to address those challenges
- Workforce comparisons – numbers, roles and utilisation. Just adding in extra staff without ensuring they will be used efficiently could lead to them being absorbed into the new baseline provision with no improvement in time to access care
- Sharing a gateway style methodology to support PCNs – including their partner organisations – to scope and develop project for delivery in a structured and targeted way

4.6 The CCG is organising an Insights event for September. This will be time to consider some of the key questions in relation to the delivery of integrated care in and around the PCNs. The use of data when seeking to answer challenges is

critical. PCNs will be provided with access to activity information that can be cut at PCN and practice level. The practices can draw out reports from EMIS that highlight information about the profile of patients in practices and so PCNs. The event will encourage insight driven decision making and will be the first event where the attendees will spend time together in the new network areas.

5. Recommendations

5.1 **OCCG Board is invited to:**

1. Note the progress of the Primary Care Network development and implementation undertaken to achieve 100% population coverage
2. Actively support and progress the transformation change required to achieve the integration of primary care and community services
3. Support the Chair and CEO in establishing a different approach for future CCG and partnership work, engagement and delivery with the three network of networks areas

Appendix One

Oxfordshire Primary Care Network Boundaries July 2019