



OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 30 July 2020	Paper No: 20/31
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Title of Paper: Primary Care Networks 2020/21
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Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
GP practice partners and employees have a conflict of interest in relation to the Network DES contract held by participating GP practices, and associated payments. However given that this is a national contract with pre-defined funding the Board is not able to influence funding for practices. Therefore the conflicted parties should be able to participate in discussion and decision.	
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 Oxfordshire position for 2020/21 relating to Primary Care Networks in line with the requirements of the Long term Plan.

NHS England launched the 2020/21 Network Contract DES on 31 March 2020, with some changes designed to enhance the capacity and ability of practices and Primary Care Networks (PCNs) to respond to the COVID-19 outbreak.

19 Primary Care Networks and 1 Network (referred to locally as 20 PCNs) have been confirmed across Oxfordshire with 4 practices opting out of the Network Contract. This paper confirms that services will be in place to achieve 100% population coverage.

The Network DES has significant associated funding to increase staffing and deliver the service requirements.

The ongoing 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:

Not applicable

Financial Implications of Paper:

The financial entitlements associated with the Network Contract DES total a maximum of £8,186,776 for PCNs and a further £1,275,853 for individual participating practices. These sums are included in Primary Care Medical local allocations with a small amount from the CCG core allocations from NHS England (see [NHSE Financial Implications letter 03.03.20](#)).

PCNs are eligible for the following funding streams:

Payment	Annual value	Notes	Oxon £ ,000
Core PCN funding	£1.50 / registered pt		£1,154
Clinical director	£0.722 / registered pt		£556
Extended hours access	£1.45 / registered pt		£1,116
PCN support	£0.27 / weighted pt	April to Sept 20	£195
Care home premium	£60 / bed	Aug 20 to Mar 21	Tbc
Impact and Investment Fund	tbc	Oct 20 to March 21	Tbc
Additional Roles Reimbursement	£7.131 / weighted pt	Maximum claimable sum	£5,166
Total			£8,187

Action Required:

OCCG Board is invited to:

- Note that Oxfordshire has 19 PCNs and 1 Network which will be referred to locally as 20 PCNs
- Note the steps that have been taken to ensure that 100% population coverage is achieved with respect to access to Network services

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:

CCGs must ensure that PCN services are available to the entire registered patient population of the area.

PCNs must engage patients in developing new services and changes related to service delivery – engaging with a range of communities including “seldom heard” groups.

PCNs must provide reasonable support and assistance to the commissioner in the performance of its duties to engage patients in the provision of and/or reconfiguration of services where applicable to the PCNs patients

Link to Risk:

AF32: There is a risk that Oxfordshire will not deliver comprehensive services if resources (money and people) are not used optimally leading to poorer health outcomes.

817: Risk the system doesn't work effectively together requirements of the Long Term Plan won't be delivered. Implications are that we may not be able to ensure the delivery of services to meet population need & that the funding we can attract is limited.

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Primary Care Networks 2020/21

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 described 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 Network Contract DES sees general practice take a leading role in every PCN. Work that started in 2019/20 will be required to continue 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. Clear evidence of the integrated primary and community care response during the COVID19 pandemic has demonstrated the ability of groups of practices to lead in service redesign and delivery.
- 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 2020/21 is year 2.

2. Network DES 2020-21 overview

- 2.1. NHS England launched the Network Contract DES on 31 March 2020, with some changes designed to enhance practices' and PCNs' capacity and ability to respond to the COVID-19 outbreak.
- 2.2. The first Network Contract DES ran from July 2019 to March 2020 and focused on setting up PCNs. Major additions and changes for 2020/21 include:
 - Enhancements to the Additional Roles Reimbursement Scheme – increased funding and more eligible roles included such as First Contact Physiotherapists and Physician Associates (previously announced) and extra roles such as podiatrists, dietitians and occupational therapists
 - Four new service requirements in addition to existing Extended Hours Access:
 - Structured Medication Review and Medicines Optimisation (from October 2020)
 - Enhanced Health in Care Homes
 - Supporting Early Cancer Diagnosis.
 - Social Prescribing (to build on the Social Prescribing Link Workers already in place under the 2019/20 PCN Network Contract)
 - Collaboration with non-GP providers – PCNs must document agreements with the following in their Network Agreement:
 - community service providers (by 30 September 2020)
 - mental health providers (by 31 March 2021)

- community pharmacy providers (by 31 March 2021)
- 2.3. The final specification includes changes in response to the COVID-19 pandemic:
- The implementation date for the Structured Medication Review service requirements postponed until 1 October
 - The introduction of the Investment and Impact Fund (IIF) postponed for at least six months, with direct funding provided in the interim
 - A requirement for all PCNs to provide a social prescribing service

3. Confirming participation in the PCN DES

- 3.1. The national specification placed a requirement on commissioners to confirm and approve all primary care networks by 12 June 2020. For 2020/21 practices were given the opportunity to opt in or opt out by 31 May 2020. The confirmation process was led by Oxfordshire Primary Care Commissioning Operational Group (OPCCOG) on delegated authority of Oxfordshire Primary Care Commissioning Committee (OPCCC).
- 3.2. Where any practice does not participate in a PCN the commissioner must ensure that that all its registered patients have access to network services. A commissioner may contract with any suitable provider for the delivery of network services although are not able to offer services directly back to opting out practices as a better offer.
- 3.3. A practice participating in the Network Contract DES for 2020/21 will be automatically enrolled to participate in any subsequent year's Network Contract DES to 2024, and any variation that may take place in-year, unless it chooses to opt out in specific circumstances.

4. Oxfordshire position

- 4.1. Oxfordshire can confirm that 63 out of 67 practices have agreed to opt in and form 19+1 Primary Care Networks as detailed in Appendix 1.
- 4.2. Across Oxfordshire
- 1 practice (Cowley Road Medical Centre) opted out of a single PCN originally of 4 practices
 - 2 practices (Alchester Medical Group and Montgomery House surgery) opted out of a single PCN originally of 3 practices
 - 1 practice (Sibford Surgery) has never been part of a PCN
- 4.3. One practice, Bicester Health Centre opted in to the Network Contract DES but was not able to form a PCN as it did not meet the national criteria for a PCN which was that it must have a PCN list size as at 1 January 2020 of between 30,000 and 50,000.
- 4.4. Taking into account the unique geography and population demographics of Bicester, the work to establish the Bicester PCN during 2019/20, the need to provide Network services to patients of the other two practices in Bicester and the best interest of the patients of Bicester, the CCG, working with the LMC, has commissioned network services from Bicester Health Centre for the whole of Bicester. Locally, the CCG will ensure that the

Bicester Network will have access to all the benefits of being part of a PCN including access to funding and integration with the community services.

- 4.5. The CCG, working with LMC, has approached the local PCNs for delivery of network services to the patients of East Oxford Health Centre and Sibford Surgery. East Oxford PCN has now been commissioned to provide Network services to Cowley Road Medical Practice. No PCNs in the north of the county wished to provide services to Sibford Surgery (as there are incompatible IT issues). The CCG is now working with a local federation to ensure that the patients of Sibford Surgery have access to network services.

5. Next steps for PCNs

- 5.1. The Long Term Plan 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.
- 5.2. PCNs demonstrated strong clinical leadership during the response to COVID-19, with some Clinical Directors leading on some of the core workstreams for the system. Building on this will strengthen their contribution to the system strategic direction where their voice will be increasingly important.
- 5.3. PCNs have a number of key actions over the next few months including developing workforce plans to secure additional roles funding and prepare for the delivery of the DES Enhanced Health in Care Homes specification from 1 October 2020

6. Recommendation

OCCG Board is invited to:

- Note that Oxfordshire has 19 PCNs and 1 Network which will be referred to locally as 20 PCNs
- Note the steps that have been taken to ensure that 100% population coverage is achieved with respect to access to Network services

Appendix 1

PCN Number	PCN Name	Practice Names	Registered patient population as of 01/01/2020
OPCN01a	Banbury Cross	Banbury Cross Health Centre	39,876
OPCN01b	Banbury Alliance	Windrush Surgery (Banbury)	27,196
		Hightown Surgery	
		Woodlands Surgery	
OPCN02	North Oxfordshire Rural Alliance (NORA)	Chipping Norton Health Centre	45,562
		Wychwood Surgery	
		Deddington Health Centre	
		Bloxham Surgery	
		Cropredy	
OPCN03	Bicester Network	Bicester Health Centre	50,669
		<i>Montgomery House Surgery</i>	
		<i>Alchester Medical Group</i>	
OPCN04	Kidlington, Islip, Woodstock and Yarnton (KIWY)	Islip Surgery	35,326
		Woodstock Surgery	
		Gosford Hill Medical Centre	
		The Key Medical Practice	
OPCN05	City- East Oxford	St Bartholomews Medical Centre	48,121
		Bartlemas Surgery	
		St Clements Surgery	
		South Oxford Health Centre	
		<i>Cowley Road Medical Practice</i>	
OPCN06	City- OX3+	Hedena Health	46,985
		Manor Surgery Headington	
OPCN07	Oxford Central	Beaumont St (27)	39,893
		Beaumont St (28)	
		King Edward Street	
		Observatory Medical Practice	
		Jericho Health Centre (Leaver)	
OPCN08	Healthier Oxford City Network	Beaumont St (19)	44,395
		Summertown Health Centre	
		Banbury Road (172)	
		Luther Street	
OPCN09	SEOxHA	Donnington HC	41,250
		Temple Cowley Health Centre	
		The Leys Health Centre	
		Hollow Way Medical Centre	
OPCN10	Henley SonNet	Hart Surgery	33,387
		Nettlebed Surgery	
		Sonning Common Health Centre	
		Bell Surgery	

OPCN11	Thame	Watlington & Chalgrove Surgery	30,656
		Morland House Surgery	
		The Rycote Practice	
OPCN12	Wallingford & Surrounds	Mill Stream Surgery	32,503
		Wallingford Medical Centre	
		Goring & Woodcote Health Centre	
OPCN13	Abingdon Central	Abingdon Surgery	34,454
		Malthouse Surgery	
OPCN14	Abingdon and district	Berinsfield Health Centre	30,040
		Clifton Hampden Surgery	
		Marcham Road Health Centre	
		Long Furlong MC	
OPCN15	Didcot	Didcot Health Centre	43,472
		Woodlands Medical Centre	
		Oak Tree Health Centre	
OPCN16	Wantage	Newbury Street Practice	30,449
		Church Street Practice	
OPCN17	White Horse Botley PCN	Botley Medical Centre	31,570
		White Horse Medical Practice	
OPCN18	Eynsham & Witney	Eynsham Medical Centre	51,858
		Windrush Health Centre	
		Nuffield Health Centre	
		Cogges Surgery	
OPCN19	Rural West	Bampton Surgery	31,892
		Burford Surgery	
		Broadshires Health Centre	
		Charlbury Surgery	

Practices that have chosen to opt out are in italics. They (and their patient numbers) have been allocated to the Network which has been commissioned to provide services to their patients