

Oxfordshire Primary Care Commissioning Committee

Date of Meeting: 4 June 2019	Paper No: 3
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Title of Paper: Primary Care Networks
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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>	
It is not expected that any member of OPCCC will have a conflict with this item as it does not have any GP partner members and has a lay majority.	
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	

<p>Purpose and Executive Summary: This paper provides an update to the Committee on the establishment of networks across Oxfordshire in line with the aims of the Long term Plan.</p>
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<p>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. A meeting of the Patient and Public Participation Group of West Oxfordshire was used to start discussion on what offer PPGs and the voluntary sector could make to PCNs</p>

<p>Financial Implications of Paper: Most funding will be part of the delegated fund = £96,813k (19/20 allocation) Core Network funding = £1,133k (from 19/20 core allocation)</p>

<p>Action Required: OPCCC is asked to</p> <ul style="list-style-type: none"> • To note the process undertaken to ensure 100% population cover of network
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areas

- To note the change in funding flows as a result of the introduction of PCNs

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.

Link to Risk:

AF26 – Delivery of Primary care services

Author: Julie Dandridge Deputy Director. Head of Primary Care and Localities

Clinical / Executive Lead: Jo Cogswell Director of Transformation

Date of Paper: 24 May 2019

Primary Care Networks in Oxfordshire

1. Background

The national Network Contract Directed Enhanced Service (DES) contract specification required 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 (PCN). By the end of May 2019, it is expected that commissioners will confirm that registration requirements have been met, including discussing and agreeing the Networks Areas across the CCG. Where this is not possible due to ongoing discussions about the information set out in the registration form, commissioners will aim to confirm to PCNs that registration requirements have been met as soon as possible after this date, but prior to 30 June 2019.

2. Oxfordshire process

The Oxfordshire process was shared electronically with Committee members prior to the approval meeting on 21 May 2019. An outline of the process can be found in Appendix 1

2.1 Outcome

19 network areas have been agreed across Oxfordshire. They include the following

	PCN	No. of practices	Total population
1	Banbury Town	6	66,154
2	North Oxfordshire Rural Alliance (NORA)	5	44,890
3	Bicester	3	49,523
4	Kidlington, Islip, Woodstock and Yarnton (KIWY)	4	35,229
5	City- East Oxford	4	43,066
6	City- OX3+	2	43,391
7	Oxford Central	5	39,178
8	Oxford City North	3	42,500
9	SEOxHA	4	40,824
10	Henley SonNet	4	32,144
11	Thame	3	30,525
12	Wallingford & Surrounds	3	32,052
13	Abingdon Central	2	33,657
14	Abingdon and district	4	30,043
15	Didcot	3	41,902
16	Wantage	2	30,070
17	White Horse Botley PCN	2	31,366
18	Eynsham & Witney	4	51,273
19	Rural West	4	31,457

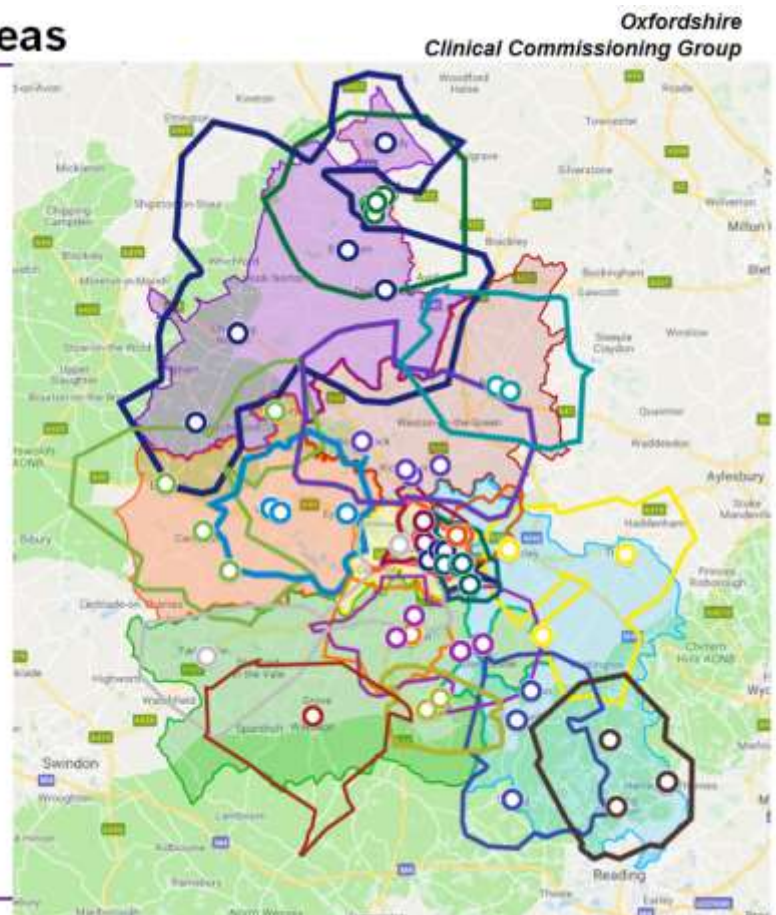
2.2 Nationally PCNs are described as typically serving populations between 30,000 to 50,000. All Oxfordshire network areas are within these limits with the exception of Banbury Town (66,154) and Enysham and Witney (51,273). In the case of Banbury Town it was not felt appropriate to have two networks across the town serving similar populations.

Before the approval process, network coverage looked as below.

Oxfordshire Network areas

15 May 19

- NORA
- City Central
- East Oxford
- Rural North
- Abingdon & District
- SE Ox Health Alliance
- Henley SonNets
- KIWY
- Rural West
- Eynsham & Witney
- Bicester
- Oxford City North
- Didcot
- Thames
- Wallingford & Surrounds
- Abingdon Central
- White Horse Botley
- OX3+
- Wantage



These are now being updated to show that there are no populations not covered by a network.

2.3 Three practices are currently not part of a Network but work is ongoing to ensure that the practice populations are included within a network service.

2.3.1. Sibford Surgery – they have taken an active decision not to be part of a Primary Care Network. Further details are provided on their website <http://www.sibfordsurgery.co.uk/>. The North Oxfordshire Rural Alliance (NORA) is currently working with the CCG and LMC to ensure that the patients of Sibford Surgery are able to access Network services.

2.3.2 South Oxford Health Centre – This practice gave notice to terminate its contract from 31 July 2019. A local practice is currently being sort to have primary medical services continue to run from the Lake Street site. It is hoped that this will be known in early June which will allow South Oxford Health Centre to join the Network affiliated to the new practice

2.3.3 Luther Street – this is a specialist service providing healthcare to people experiencing homelessness in Oxford City. There

are a number of options being considered including whether this practice should be part of a local network as the needs of the population are very different. Local Networks are keen to work closer with Luther Street. Information is being sort from other CCGs with similar services.

3. Funding arrangements

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

Changes to funding flows in Oxfordshire as a result of the introduction of PCNs are given below

	18/19 ('000)	19/20 ('000)		Comments
		Practice	PCN	
Local Investment scheme (LIS)	£1,156	£390	£0	Most aspects of the LIS came to an end at the end of March 2019. The funding has been moved to core PCN funding
Locally Commissioned services	£4,003	£4,359	£0	Increased due to release of PMS premium for 19/20
Core PCN funding	£0	£0	£1,133	
Network Participation fund	£0	£1,330	£0	This is approximate funding as weighted population not applied
Extended access Directed enhanced service	£1,127	£0	£1,377	Using Q1 of old funding formula and Q2-4 for new funding formula
Additional roles	£0	£0	£1,357	Maximum payable as based on reimbursement rates
Totals	£6,286	£6,079	£3,867	

All other funding remains as 18/19

4. Next steps

The CCG will need to confirm the Oxfordshire network areas to NHS E by 31 May 2019. Any outstanding issues will need to be resolved by 30 June 2019 in conjunction with LMC.

After CCG confirmation has been received, each GP practice in a PCN will sign up to the Network Contract DES through the Calculating Quality Reporting System (CQRS), when available and by recording the agreement in writing with the CCG.

The Network DES is expected to commence on 1 July 2019

5. Actions for OPCCC

- To note the process undertaken to ensure 100% population cover of network areas
- To note the change in funding flows as a result of the introduction of PCNs



Oxfordshire Primary Care Commissioning Committee

Date of Meeting: virtual paper	Paper No: X
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Title of Paper: Primary Care Networks in Oxfordshire – approval process
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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>	
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No conflict identified	✓
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Purpose and Executive Summary: This paper describes the approval and escalation process for the CCG approval of Primary care Networks

Engagement: clinical, stakeholder and public/patient: The process and escalation process have been shared with LCDs and at LMC both at separate meetings on 2 May 2019 It is not expected that there will be any equality issues as we expect 100% of our population to have access to these services.

Financial Implications of Paper: Most funding will be part of the delegated fund = £96,813k(19/20 allocation) The CCG was also required to identify the core network funding (£1.50) from the 2019/20 core allocation. This is a recurrent commitment of £1,133. This budget has been committed from the CCG's core allocation. This is a significant commitment in a challenging budget year, it should be noted that other historic uses of the core allocation including discretionary spend in primary care have not continued into the
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2019/20 financial year.

Action Required:

OPCCC is asked to

- Note the process for approving the Network contracts
- Provide assurance of the process

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 these services.

Link to Risk:

AF26 – Delivery of Primary care services

Author: Julie Dandridge

Clinical / Executive Lead: Jo Cogswell

Date of Paper: 3 May 2019

Primary Care Networks in Oxfordshire

Background

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 Systems. 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

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 needs to be done to ensure that PCNs are able to deliver network contracts ensuring integration with community services remains at the heart of any evolution

At its March meeting the Committee agreed to delegate the agreement of the network areas to OPCCOG but requested assurance around conflicts of interest and the process.

The national specification requires commissioners to confirm and approve all network areas during the period 16 May 2019 to 31 May 2019 in a single process that ensures all patients in every GP practice are covered by a Primary Care Network and that there is 100 per cent geographical coverage. By May 2019, it is expected that commissioners will confirm that registration requirements have been met, including discussing and agreeing the Networks Areas across the CCG. Where this is not possible due to ongoing discussions about the information set out in the registration form, commissioner's will aim to confirm to PCNs that registration requirements have been met as soon as possible after this date, but prior to 30 June 2019.

This paper outlines the process the CCG is taking to approve the formation of fully integrated Primary Care Networks.

Timetable for DES introduction

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract DES registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract DES goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> • year 1 of the additional workforce reimbursement scheme • ongoing support funding for the Clinical Director • ongoing £1.50/head from CCG allocations
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

Registration Process

To be eligible for the Network Contract DES, a PCN needs to submit a completed registration form to its CCG no later than 15 May 2019 using the occg.pcn@nhs.net email address, and have all member practices signed up to the mandatory network agreement¹. CCGs are responsible for confirming the registration requirements have been met by no later than 31 May 2019.

In order to undertake this process, OPCCC has delegated the decision making to an extraordinary meeting of Oxfordshire Primary Care Commissioning Operational Group (OPCCOG). The OPCCOG meeting on 21 May 19 has been extended to include representatives from LMC and Oxford Health NHS Foundation Trust in order to approve the Network areas. Once approval has been received, each GP practice in a PCN will sign up to the Network Directed Enhanced Service (DES) and it will receive PCN funding from 1 July 2019.

It is not expected that any member of OPCCOG will have a conflict of interest as the decision required relates to network area coverage and no member will directly benefit from any formation. However in order that there are no perceived conflicts, a non-partner GP will be asked to chair the extended OPCCOG which will also have a non-clinical majority. Declarations of Interest will be collected at the start of the meeting as usual. Attendance at the extended OPCCOG will include:

- OCCG Clinical Chair
- OCCG Director of Transformation
- OCCG GP x2 (Chair)
- OCCG Deputy Clinical Director of Quality

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/05/mandatory-network-agreement-updated-may-2019.pdf>

- OCCG Deputy Director, Head of Primary Care and Localities
- OCCG Deputy Director of Finance
- OCCG Director of Quality
- LMC representative
- OH representative
- OCCG Senior Contracting Manager – Primary Care
- NHS England Assistant Head of Primary Care Finance
- NHS England Primary Care Manager
- OCCG Primary Care Contract Officer.
- Primary Care Project Manager

As stated in the *Investment and Evolution – A five year framework for GP contract reform to implement The NHS Long Term Plan*, all the Network contracts within the CCG will be approved at the same time. This is to ensure that both (a) every constituent practice of a CCG, and (b) 100% of its geographical area, are included within Primary Care Networks. Taken together, the Network boundaries within a CCG must cover the CCGs own boundary.

CCGs will therefore only approve the awarding of the Network DES if there is 100% geography coverage

Time table for approval process

15 May 2019 All PCNs submit forms to CCG

17 May 2019 Extended OPCCOG formally receive the network registration submissions

21 May 2019 Extended OPCCOG meet and agree or otherwise approval of Network areas

21 May 2019 If necessary extended OPCCOG to escalate to NHS E if not possible to attain 100% geographical coverage of Networks (see separate process below)

31 May 2019 CCG confirm network coverage

Network area approval criteria

Extended OPCCOG will approve the Networks if:

- There is 100% geographical coverage
- There is 100% population coverage
- They serve a minimum of 30,000 people unless in exceptional circumstances
- They typically serve 30,000-50,000 people and where they exceed 50,000 there is justification i.e. geography covers a Market town
- Network boundaries are contiguous
- All networks provide
 - Mandatory Network Agreement signed by all member practices (schedules not needed except the first part of schedule 1)
 - Names and ODS codes for all practices in Networks
 - Numbers of patients per practice and total for PCN as of 1 Jan 19

- Map showing Network boundary
- Name of Clinical Director
- Details for network's nominated payee
- Configurations make sense to partners whom will be an integral part of the PCNs (in particular community services)
- Configurations make sense to local community and patient flow (pts may need to travel to other sites)
- Normally a practice will only join one network.

Local factors that will be considered include:

- An expectation that PCN proposals have been discussed with the patients ideally through Patient Participation Groups
- Minimising any disruption to any pre-existing PCNs or formations
- Consideration has been given to the future footprint which would best support delivery of services to their patients in the context of the broader Integrated Care System (ICS) or STP strategy
- Patients should be able to access services at anyone of the sites in the PCN footprint
- Staff should easily be able to transfer across sites
- They would not normally cross CCG, STP or ICS boundaries (but some exceptions where practice boundaries, or branch surgery , crosses the current CCG boundary)

These principles are similar to those used in Buckinghamshire CCG and have been shared with BWCCG to encourage similar approaches across BOB STP.

Gaps in PCN Coverage

It is not yet clear if OCCG will have any practices or geographies which will not be part of a Network area. If there are gaps in terms of coverage then the CCG in collaboration with LMC will follow the escalation process as set out to below

3 May 2019 – formally escalate known risks to Clinical Exec, OPCCC and to LMC

7 May 2019– alert all practices to the fact that we have risk(s) and be clear that no PCN will be signed off unless the specific issues have been resolved

Commence an options paper as to the various possible PCN coverage and any other alternative services that the CCG would have to put in for 1st July

17 May 2019 – extended OPCCOG formally receive the options paper and Network registration submissions

21 May 2019– extended OPCCOG review Network registration submission and any options paper

31 May 2019 – approve all Network areas or recommendations passed to NHSE

Early June NHS E and GPC England jointly work with CCGs and LMCs to resolve issues

By 30 June 19 – confirm final network area configuration

If a practice chooses not to sign up to the DES at all, the CCG will need to arrange for an appropriate PCN to take on provision of network-level services to the patients in that practice (along with the relevant funding). This will need to be agreed ahead of 30 June 2019.

OPCCC are asked to

- Note the process for approving the Network areas
- Provide assurance of the process