

## **Oxfordshire Primary Care Commissioning Committee**

**Date of Meeting:** 5 November 2019

**Paper No:** 2.1

**Title of Paper:** Primary Care Networks – an update October 2019

**Paper is for:**  
(please delete tick as appropriate)

**Discussion**



**Decision**

**Information**



### **Purpose and Executive Summary:**

The introduction and development of Primary Care Networks (PCNs) is a transformational change, not just for primary care but for community services across health and care, for physical and mental health. The CCG will continue to work with system partners to actively support and progress the transformation change required to achieve the integration of primary care and community services.

This paper provides an update on progress to date in Oxfordshire and set out some of the next steps for the further development of Primary Care Networks and integrated working across primary care and community services.

### **Engagement: clinical, stakeholder and public/patient:**

Communications and engagement was subject of a recent informal workshop of this Committee. The CCG is committed to supporting the emerging Primary Care Networks to actively engage with their local communities.

Healthwatch Oxfordshire organised an event for patients groups across Oxfordshire in October 2019 to harness and share ideas of working together at network level. Feedback from this event which was attended by the CCG was positive.

The CCG ran a workshop for members of the Oxfordshire Joint Health Overview Scrutiny Committee in September so that they could understand the role of local communities in the PCNs

### **Financial Implications of Paper:**

There are no financial implications for the CCG arising from the recommendations in this report.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System has received transformation funding for PCN development as described in this report.

**Action Required:**

OPCCC is asked to note the progress and next steps.

**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 100% of our population have access to network services.

The use of population health management approaches will actively support PCNs to identify and respond to population needs and deprivation.

**Link to Risk:**

799 – Workforce in Primary Care

789 – Primary Care estate

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**Date of Paper:** 25 October 2019

## **Primary Care Networks – an update**

### **1. Introduction**

- 1.1 Further to the report on Primary Care Networks (PCNs) provided to the Primary Care Commissioning Committee on 10 August 2019 detailing the creation of 19 Oxfordshire PCNs, this paper provides an update on the progress of PCNs in line with the requirements of the Long term Plan with effect from 1st July 2019.
- 1.2 OPCCC is asked to note the progress and next steps.

### **2. Background**

- 2.1 The Long Term Plan (LTP)<sup>1</sup> and ‘Investment and Evolution – a five year framework for GP contract reform to implement The Long Term Plan’<sup>2</sup> 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.
- 2.2 The new Network Contract Direct Enhanced Service will see general practice take a leading role in every PCN. The timescale for the introduction of PCNs was challenging; much work has been completed in a short space of time to form and confirm the PCNs.
- 2.3 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.

### **3. Additional Role reimbursement scheme**

- 3.1 A key focus of the new Network Contract DES is the funding available for additional roles. This is phased over 5 years, PCNs are able to claim 70% reimbursement for all roles with the exception of the social prescribing link worker where 100% reimbursement funding is available (maximum amount for reimbursement also stated).
- 3.2 The following additional roles are reimbursable
  - From 19/20 – Clinical pharmacist and social prescribing link worker
  - From 20/21 – First contact physiotherapist and Physician Assistant
  - From 21/22 – First contact community paramedics
- 3.3 These additional roles are financed by a specific allocation in the delegated budget. The CCG has set up a process for PCNs to claim their reimbursement funds.

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<sup>1</sup> <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

<sup>2</sup> <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

- 3.4 To ensure that only additional roles are provided for from this funding all CCGs and PCNs were required to submit a baseline position of existing roles (listed in 3.2) as at 31 March 2019. National guidance sets out parameters for the continuation of any such posts that CCGs were funding as at 31 March 2019.
- 3.5 The CCG declared baseline position included 4 WTE paramedics and 11.2WTE social prescribing link workers. In line with the national guidance the ongoing costs of these roles will be met for a 5 year period (where 2019/20 is year 1) by the CCG from the CCG's core allocation.
- 3.6 Many PCNs are in the process of recruiting pharmacists and social prescribing link workers; the first claims have already been made by 4 PCNs for 5 clinical pharmacists and 2 social prescribing link workers.

#### **4. National PCN Development Support**

- 4.1 The PCN Development Support – Guidance and Prospectus was issued in August 2019. Support funding was allocated through the Integrated Care System (ICS). Funding of £1.293m has been allocated for Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS.
- 4.2 This funding is a fantastic opportunity to provide support to PCNs; primary care and community services as practices and wider partners establish ways of working that will enable delivery of the ambitions in the Long Term Plan. NHS England Improvement has published a PCN maturity matrix that describes how PCNs are likely to develop in a number of key areas. The Development Support has been designed to promote progression through that maturity matrix.
- 4.3 At least 10% of the funding is to be used specifically for Clinical Director development. The CCG has been working with the PCNs to identify learning and development needs and views of how the funding can be used to support progressions of the maturity and effectiveness of the PCNs.
- 4.4 The areas identified supported the following three domains of the prospectus
  - Organisational development and change
  - Supporting Collaborative working
  - Leadership development support
- 4.5 A proposal has been developed informed by these discussions and is with the PCN Clinical Directors for discussion. This proposal includes specific focus for Clinical Directors, for Practice Management, other leadership development and some facilitated workshops to develop integrated working. The programme includes support to provide backfill to practices where required to enable participation.
- 4.6 BOB ICS has been accepted onto NHS England Wave 2 Population Health Management (PHM) programme. This will see a supported roll out of PHM across the ICS footprint. Understanding the specific health requirements of PCN populations is a key tool in supporting the development of integrated care delivery. BOB ICS agreed to allocate £400k of the total PCN development fund to provide analyst time to PCNs, as well as clinical backfill and clinical programme support.

- 4.7 A number Oxfordshire PCNs can expect to benefit from this in the 2019/20 year subject to confirmation of required information governance arrangements. BOB ICS expects to be able to provide further financial support next year so that all PCNs can be supported in this approach.
- 4.8 The Oxfordshire allocation of the remaining budget (£359k) will be used to fund the PCN development offer.

## **5. Local PCN Development Support**

- 5.1 The CCG continues to work with PCNs and the LMC to support PCNs and their Clinical Directors to advance their development. There is a regular weekly bulletin and we are using the NHS Futures Collaboration Platform - *Kahootz* to provide a space to share approaches both within a PCN and across Oxfordshire.
- 5.2 PCNs are being invited to join key meetings within Oxfordshire in recognition of the key role that PCNs have to play within the health and care system. PCNs are working together to determine the most effective way for representation to be achieved.
- 5.3 CCG locality meetings have recently considered their future agendas and will be taking a greater focus on PCNs and their continued development for the remainder of the financial year.
- 5.4 The CCG has met with the Clinical Directors on a regular basis to discuss key issues both face to face and using video conferencing. This approach will continue as the ways of working become more established and further detail about the emerging DES specifications is confirmed.

## **6. PCN workshops**

- 6.1 The CCG held its third joint with the Local Medical Committee (LMC) PCN workshop on 10 September 2019. This focused on drawing insights from data. It was attended by 76 participants from general practice, Oxford Health Foundation Trust, GP Federations and the CCG. The event provided national and local examples of how data can be used to improve the health of the local population. Time was also allowed for PCNs to explore local data.
- 6.2 Recognising the importance of practice managers in the leadership of PCNs, the next workshop planned for early December will be aimed towards the role that Practice Managers can take. It is hoped that we can involve one or two of the Practice Managers to shape the agenda.

## **7. Next steps**

- 7.1 The PCN Prospectus sets out expectations of PCNs by March 2020. This includes
  - Understand their own journey: know where they are aiming to get to over the next five years,
  - Be functioning increasingly well as a single team
  - Be part of a ‘network of PCNs’ that helps shape the STP/ICS plan to implement the Long Term Plan
  - Formed clear and agreed multi-disciplinary teams with community provider partners

- Form links with local people and communities to understand how to work most effectively for their benefit
  - Have made 100% use of their funding entitlement for additional roles in line with national guidance
  - Have started work on at least one service improvement project of some kind, linked to Long Term Plan goals
  - Have started thinking about their future estate needs, jointly with community partners
  - Be ready to deliver new national service specifications from April 2020
- The CCG will continue to support Clinical Directors to achieve these aims.

- 7.2 There is a national PCN maturity index which was published in August 2019. PCNs and the System (both Oxfordshire and Buckinghamshire, Oxfordshire and Berkshire West (BOB) level) will be asked to complete the self-assessment to identify a baseline. The maturity matrix is then likely to be used to demonstrate progress.
- 7.3 The Networks of Networks as described to OPCCC in August 2019 will continue to be developed so as to support integration at scale.

**8. OPCCC is asked to note the progress and next steps.**

## Appendix One

### Oxfordshire Primary Care Network Boundaries July 2019

