

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	22 May 2019	<b>Action</b>	Approve
<b>Item No.</b>	5	<b>Confidential</b>	No
<b>Title</b>	Primary Care Networks		
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### Executive Summary

This paper aims to provide the Primary Care Commissioning Committee (PCCC) with sufficient information in order to consider and approve the Primary Care Network (PCN) applications received from its member practices.

### Recommendations

**Primary Care Commissioning Committee is asked to:**

1. Receive and consider the applications submitted against the considerations outlined in Section 3.2.
2. Approve the applications submitted by all four networks
3. Note a variation will need to be progressed to enable the GP Federation to be account holder for the Bury Networks.
4. Note the next steps between now and the 30th June 2019.

### Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input checked="" type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input checked="" type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input checked="" type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input type="checkbox"/>

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:

GBAF [Insert Risk Number and Detail Here]

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
< If you have ticked yes, Insert details of the people you have worked with or consulted during the process :						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. &lt;Include details of any conflicts of interest declared&gt;</i> <Where declarations are to be made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these will be managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>  <i>Delete this text if you have ticked No or N/A</i>						
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - <a href="mailto:lynnebyers@nhs.net">lynnebyers@nhs.net</a> about the risk register.</i>						

Governance and Reporting		
Meeting	Date	Outcome

## Primary Care Networks

### 1. Introduction

- 1.1. This paper aims to provide the Primary Care Commissioning Committee (PCCC) with sufficient information in order to consider and approve the Primary Care Network (PCN) applications received from its member practices.

### 2. Background

#### 2.1. National Context

- 2.1.1. As part of [Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan](#) general practice takes the leading role in every PCN under the [Network Contract Directed Enhanced Service \(DES\)](#).
- 2.1.2. The Network Contract DES Directions will begin on the 1 April 2019, and following sign-up to the Network Contract DES, the requirements on GP practices will apply from 1 July 2019.
- 2.1.3. The Network Contract DES is intended to remain in place until at least 31 March 2024, with the Network Contract DES specification evolving over time, subject to annual review and development.
- 2.1.4. The Network Contract DES specification applies to the first year of the Network Contract DES, covering the period 1 April 2019 to 31 March 2020 and has been agreed between NHS England and the British Medical Association's (BMA) General Practitioners Committee England (GPC).
- 2.1.5. The focus of the Network Contract DES in 2019/20 is to support the establishment of PCNs and the recruitment of new workforce, with the bulk of service requirements coming in from April 2020 onwards.
- 2.1.6. The success of a PCN will depend on the strengths of its relationships, and in particular the bonds of affiliations between its members and the wider health and social care community who care for the population.

#### 2.2. What is a Primary Care Network?

- 2.2.1. A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.

## **2.3. Local Engagement with Member Practices**

- 2.3.1. Over the last few months the Local Medical Committee (LMC), Bury Clinical Commissioning Group (CCG) and the Bury GP Federation (GP Fed) have been working closely in order to support and facilitate discussions between practices so that they can consider and develop their thinking around their PCNs.
- 2.3.2. Discussions early on highlighted that the emerging PCNs were unlikely to all mirror the existing neighbourhoods. Naturally this led to concerns that they could destabilise the good progress that the Local Care Organisation (LCO) has made around neighbourhood teams.
- 2.3.3. A joint LCO/CCG briefing of the benefits of neighbourhood working was therefore produced and shared with member practices (Appendix 1).
- 2.3.4. Practices have considered these benefits as well as views of the CCG/LMC and Federation in considering their applications as can be evidenced within the additional non mandatory addenda submitted. This is explored further in section 3.2.

## **3. Bury PCN Network Applications**

### **3.1. Application Requirements**

- 3.1.1. All PCN applications should be received by the 15<sup>th</sup> May 2019 and include the following:
  - a. the names and ODS codes of the proposed member GP practices;
  - b. the PCN list size - sum of its proposed member GP practices' registered list as at 1 January 2019;
  - c. a map clearly marking the proposed geographical area covered by the PCN (Network Area);
  - d. Proposed member practice signatures as per the Network Agreement
  - e. Schedule 1 of the Network Agreement detailing the Network Area, the Clinical Director and nominated payee e.g. the single practice or provider (who must hold a primary medical care contract) account that will receive funding on behalf of the PCN;
- 3.1.2. PCNs may also provide in their Network Agreement additional schedule information relating to PCN meetings and decision-making but it is recognised that this may not have been fully agreed by 15 May submission date);

### **3.2. Considerations**

- 3.2.1. When approving these applications the PCCC should consider the following:
  1. Patient care must be the number one priority (BMA. The Primary Care Handbook. 2019)
  2. When setting the Network Area, consideration must be given to the future footprint which would best support delivery of services to patients in the

context of the broader Integrated Care System (ICS) or Sustainability and Transformation Partnership (STP) strategy i.e. the CCG will liaise with the LCO to make sure network footprints meet the strategic direction of service delivery (NHS England Network Contract Directed Enhanced Service Specification 2019/20)

3. The Network Area must cover a boundary that makes sense to its:
  - (a) constituent members
  - (b) other community-based providers who configure their teams accordingly and
  - (c) the local community, and would normally cover a geographically contiguous area (NHS England. Network Contract Directed Enhanced Service- Contract specification 2019/20. 2019)
4. Commissioners and practices should agree Network Areas which are sustainable for the future, taking account of how services are delivered by wider members (BMA NS England. Network Contract Directed Enhanced Service - Guidance for 2019/20)
5. Networks need to provide evidence of how they will link and work with current service delivery models

3.2.2. Lastly but importantly a patient mapping of each networks contractual boundaries versus their patients registered dwelling has been included as part of this paper (Appendix 2). This demonstrates patients traverse throughout the borough regardless of where they are registered and this should be taken into account when considering these applications.

### 3.3. Applications Received

3.3.1. The CCG is in receipt of four PCN applications covering all 26 practices within the borough a summary of this is detailed in the table below:

Practices in Network	P Codes	List Sizes (as at 1st Jan'19)	Registration Form (including schedule 1)	Practice Provider Bank Account Holder	Accountable Clinical Director	Mandatory Network Agreement (signatures)	Neighbourhood
<b>Whitefield and District Community Network' (WDCN)</b>							
Blackford House	P83009	7953	Received 02/05/19	GP Federation (Plan B would be Unsworth MC)	Dr Ben Shafar	Received 14/05/2019	Whitfield & Unsworth
Elms	P83608	5821					
Unsworth	P83011	7105					
Uplands	P83004	8895					
<b>Population</b>	<b>29774</b>						
<b>Prestwich Primary Care Network</b>							
Fairfax	P83001	11543	Received 13/05/19	GP Federation (Plan B would be Whittaker Lane)	Dr Rahul Prabhakar, Dr Barinder Kathuria	Received 13/05/19	Prestwich
Longfield	P83623	5213					
St Gabriels	P83025	8471					
Greylands	P83027	2136					
Whittaker Lane	P83605	6874					
Birches	P83609	4171					
<b>Population</b>	<b>38408</b>						

Practices in Network	P Codes	List Sizes (as at 1st Jan'19)	Registration Form (including schedule 1)	Practice Provider Bank Account Holder	Accountable Clinical Director	Mandatory Network Agreement (signatures)	Neighbourhood
<b>Horizons</b>							
Mile Lane	P83612	4277	Received 10/05/19	GP Federation (Plan B would a pass through from one of the practices within the Network)	Dr Victoria Moyle	Received 10/05/19	West
Red Bank	P83603	10342					West
Tower	P83012	30551					North with branches in West & East
Minden	P83020	19084					East
Woodbank	P83017	4634					North
<b>Population</b>		<b>68888</b>					
<b>Bury Primary Care Network</b>							
Townside	P83005	4879	Received 14/05/19	GP Federation	Dr Rak Thaker	Received 14/05/19 *All separate sheets	East
Ramsbottom	P83006	8443					North
Radcliffe	P83007	8982					West
Monarch	P83010	3563					West
Ribblesdale	P83015	7366					East
Peel	P83021	10484					East
Knowsley Street	P83024	4383					East
Walmersley Road	P83611	3625					East
Garden City	P83620	4665					North
Huntley Mount	P83621	3033					East
Rock	Y02755	9171					East with a branch in the West
<b>Population</b>		<b>68594</b>					
<b>Total Population</b>		<b>205442</b>					

3.3.2. All PCNs have submitted the required documents as part of their applications.

3.3.3. As can be seen from the above table, two of these applications mirror their existing neighbourhood model and therefore offer a simple coterminous solution. These are Prestwich PCN (Appendix 3) and Whitefield District Community Network (WDCN) (Appendix 4).

3.3.4. The remaining two applications consist of practices that spread across three neighbourhoods and whilst not traditionally coterminous in their makeup they are formed by like-minded practices coming together that do have experience of working across footprints already e.g. Tower Family Practice and Rock Healthcare.

3.3.5. Both of these networks have also given assurance both verbally and in writing that they recognise and support the need to continue with neighbourhood working for the benefit of both patients and professionals within Bury. Both of these applications are attached as Horizons PCN (Appendix 5) and Bury PCN (Appendix 6).

3.3.6. It is noted that all proposed Networks have identified Clinical Directors who are not the same as the Neighbourhood Clinical leads.

3.3.7. The Committee's attention is drawn to the size of the four networks, as only one is within the 30,000 to 50,000 recommended population size (1 below, 2 above). The PCCC has the discretion to confirm Network sizes outside of this range.

### **3.4. Proposed Provider Bank Holder**

3.4.1. All the networks have indicated that their preferred Provider to hold the account for their PCN is the Bury GP Federation. It is worth noting that this arrangement is possible locally and will require either a variation to their existing Extending Working Hours/Bealey Contract (as there has been an omission within Schedule 2L) or for this to be switched to an Alternative Provider Medical Services Contract.

3.4.2. The Committee is asked to note that the federation can only remain a payee whilst in receipt of either an APMS contract or an NHS standard contract with Schedule 2L completed.

### **3.5. Ongoing Collaboration**

3.5.1. The Clinical Directors (CDs) from each of the networks have already held their first joint session in order come together to discuss and agree ways in which they can collaborate effectively with the support of the Bury GP Federation, and includes:

1. Setting up a regular communication process
2. Development of the remaining schedules of the DES agreement
3. What representation from the CDs might look like for GM or Bury wide requests
4. A locally enhanced Job Description for the CDs

## **4. Next Steps**

4.1. If the PCCC approves the 4 applications, the next steps would include:

1. Networks ensuring all workforce baselines (as at 31<sup>st</sup> March 2019) have been submitted by the 31<sup>st</sup> May 2019.
2. After CCG confirmation has been received and prior to 30 June 2019, each GP practice in a PCN will sign-up to the Network Contract DES through the Calculating Quality Reporting Service (CQRS), when available.
3. The GP practices within a PCN that are signed up to the Network Contract DES must ensure the full Network Agreement is completed and signed prior to 30 June 2019.
4. GP practices must ensure they have in place appropriate data sharing arrangements and, if required, data processor arrangements (using the template to be provided), that are compliant with data protection legislation to support the delivery of extended hours access services prior to 30 June 2019.
5. By 30 June 2019, PCNs must confirm to the CCG that the fully completed Network Agreement has been signed by all PCN member GP practices and that the GP practices have entered into the appropriate data sharing (and, if relevant data processor arrangements) to support delivery of extended hours access services from 1 July 2019. A PCN will be considered to be established on the date this confirmation is provided to the CCG.

## 5. Recommendations

### Primary Care Commissioning Committee is asked to:

1. Receive and consider the applications submitted against the considerations outlined in Section 3.2.
2. Approve the applications submitted by all four networks.
3. Note a variation will need to be progressed to enable the GP Federation to be account holder for the Bury Networks.
4. Note the next steps between now and the 30<sup>th</sup> June 2019.

### **Zoe Alderson**

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