

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 March 2019
TITLE OF PAPER:	The Development of Primary Care Networks in Kirklees and the New Five Year Framework for GP Contract Reform.
1. Purpose of paper	The purpose of this paper is to provide an update on the development of Primary Care Networks in Kirklees.
2. Background	<p>Primary Care Networks are a critical component of the vision for health and social care set out in the Kirklees Health and Wellbeing Plan. Primary Care Networks are much more than groups of general practices. They represent a fundamental shift in the way health and care is provided to our population. GP practices, community services, social care and others will be expected to work together in a way they have never done before.</p> <p>The development of Primary Care Networks will help to deliver the aims of both Clinical Commissioning Group's existing Primary Care Strategies, and it is a key focus of the Integrated Commissioning Strategy and the Integrated Provider Board.</p> <p>The 2018/19 NHS Planning Guidance sets out the ambition for Clinical Commissioning Groups to actively encourage every GP practice to be part of a local primary care network ensuring there is complete geographical contiguous population coverage by the end of 2018/19.</p> <p>In Kirklees, this work is well underway and the current position, an update on the implications of the new GP contract 5 year deal together with some of the challenges and next steps are set out in the Appendix.</p>
4. Financial Implications	Not applicable – Financial implications are being picked up through existing CCG Primary Care Commissioning Committees
5. Sign off	Dr Steve Ollerton, Clinical Chair, Greater Huddersfield CCG
6. Next Steps	<p>Next steps and key milestones to note. By 15th May date, each network has to confirm:</p> <ul style="list-style-type: none"> • Names of member practices • Network list size as at 01 01 19 • A map clearly marking the agreed Network area • The initial network agreement signed by all member practices • The single practice or provider that will receive funding on behalf of the PCN • The named accountable Clinical Director <p>By the end of May 2019 – each CCG will need to approve the arrangements for Primary Care Networks.</p>

7. Recommendations

The Health and Wellbeing Board is asked to:

- a) Receive the update on the development of Primary Care Networks in Kirklees
- b) Note the importance of the GP contract reform
- c) Consider and discuss implications, next steps and challenges for Primary Care Networks

8. Contact Officer

Catherine Wormstone

Head of Primary Care Strategy and Commissioning – Greater Huddersfield Clinical Commissioning Group and North Kirklees Clinical Commissioning Group.

Appendix

1. Introduction

Next Steps on the NHS Five Year Forward View (March 2017) and NHS 2018/19 Planning Guidance set out the ambition for Clinical Commissioning Groups (CCGs) to actively encourage every practice to be part of a local Primary Care Network (30,000 – 50,000 population) ensuring there is complete geographical contiguous population coverage, as far as possible, by the end of 2018/19.

In Kirklees, work commenced in the summer of 2018 to set the foundations for the development of nine Primary Care Networks – five in the Greater Huddersfield CCG area and four within North Kirklees.

The publication of the [NHS Long Term Plan](#) on the 6 January 2019 committed £4.5 billion more for primary medical and community health services by 2023/24. Shortly afterwards on 31 January 2019, NHS England and the British Medical Association's General Practitioners Committee published a [five-year GP \(General Medical Services\) contract framework from 2019/20](#).

The new contract framework marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services. The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure general practice plays a leading role in every [Primary Care Network](#) (PCN) which will include bigger teams of health professionals working together in local communities.

The principles of integration and closer working between health and social care in these key NHS policy documents very much reinforce the way in which Kirklees had commenced the journey locally and are in alignment with the Kirklees Health and Wellbeing Plan 2018-2023 as well as the Primary Care Strategy documents for both CCGs.

It is very helpful to have the clarity, funding and confidence to continue this journey towards more integrated primary and community care services at pace and there are high levels of engagement from all key stakeholders.

2. Background

2.1 What are Primary Care Networks?

The first key document to describe the intention that “most GP Surgeries will increasingly work together in primary care networks or hubs” came in the [Next Steps on the NHS Five Year Forward View](#) in 2017. Since then, it has become a clear direction of travel and is now set firmly in the new GP contract announcements. It is important to remember that Primary Care Networks are not new organisations or legal entities but are a collective and integrated way of working to make the best use of health and social care resource.

Fig 1. The summary below describes a working definition of Primary Care Networks

A working definition

Primary care networks enable the provision of **proactive, accessible, coordinated and more integrated primary and community care** improving outcomes for patients. They are likely to be formed around natural communities based on GP registered lists, often serving **populations of around 30,000 to 50,000**. Networks will be small enough to still provide the personal care valued by both patients and GPs, but large enough to have impact through deeper **collaboration between practices and others in the local health (community and primary care) and social care system**. They will provide a platform for providers of care being sustainable into the longer term.

The core characteristics of a primary care network are:

- **Practices working together and with other local health and care providers**, around natural local communities that geographically make sense, to provide coordinated care through integrated teams
- **A defined patient population in the region of 30,000-50,000**
- **Providing care in different ways to match different people's needs**, including flexible access to advice and support for 'healthier' sections of the population, and joined up care for those with complex conditions
- **Focus on prevention and personalised care**, supporting patients to make **informed decisions** about their care and look after their own health, by connecting them with the full range of statutory and voluntary services
- **Use of data and technology** to assess population health needs and health inequalities, to inform, design and deliver practice and population scale care models; support clinical decision making, and monitor performance and variation to inform continuous service improvement
- **Making best use of collective resources across practices** and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups

2.2 The Kirklees Journey

Greater Huddersfield CCG and North Kirklees CCGs had both started their journey towards integration and had different arrangements in place as a starting point. Both CCGs had recognised this ambition to work at scale within their individual Primary Care Strategies. GP practices in both CCG areas were coming together in groupings but these were not necessarily geographically arranged and were inwardly focussed on review of referrals.

Within Greater Huddersfield CCG some groups of practices had already proactively reached out to start closer working with partners whilst some were less able or aware of the need to work in a different way due to the immense pressure on GP practice services.

The development of Primary Care Networks across Kirklees will need to reflect some of the differences in pace and understanding whilst at the same time, working towards the same goals. NHS England describes this as a journey and has developed an outline 'maturity matrix' to help Networks and to acknowledge that networks will not be reach full maturity overnight.

As part of being an Integrated Care System, the West Yorkshire and Harrogate Health and Care Partnership is allocated some non-recurrent resource in 2018/19 to accelerate and embed the development of Primary Care Networks in Kirklees. This has been primarily directed towards freeing up the time to make change for GP practices, holding a number of engagement events, developing intelligence packs for networks and establishing a programme management approach for the work

The baseline assessment against the NHS England Maturity Model which was completed in September 2018 recognised that each CCG was at the start of a development journey and would be '*establishing the foundations for transformation*'.

2.3 Primary Care Networks in Kirklees

Within Kirklees, the foundations have now been set for the establishment of nine geographically arranged Primary Care Networks (PCNs). The groupings and the populations are set out below.

North Kirklees		
Cluster	No. of Practices	Network Patient Population
Cleckheaton and Heckmondwike	7	52,510
Batley and Birstall	8	59,552
Ravensthorpe, Dewsbury, Mirfield	5	42,407
Dewsbury and Thornhill	7	39,913
Greater Huddersfield		
Network	No. of Practices	Network Patient Population
The Valleys Health and Social Care Network	6	53994
The Mast	5	35113
The Viaducts	8	52310
Greenwood Network	10	57960
Tolson Care Partnership	8	50501

2.4 Progress to date

There is an extensive amount of work underway to prepare the development of nine Primary Care Networks but set out below are some of the key highlights from the work programme so far.

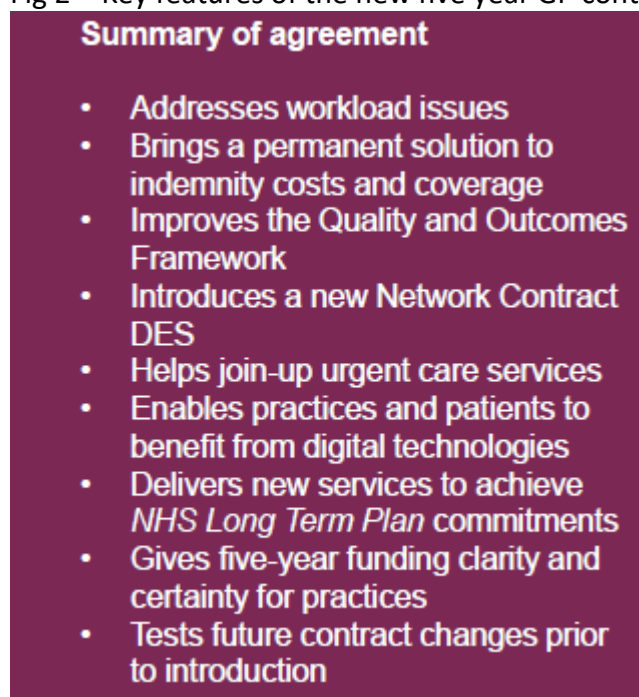
- a) All nine Primary Care Networks are now meeting regularly with representation from each practice and some with wider stakeholders represented (Locala, Kirklees Council, SWYPFT etc).
- b) Each Network has identified an interim leader or a leadership team
- c) A Programme Manager is in place for the development of Primary Care Networks and the existing programme plan is being adjusted to take account of the new GP Contract
- d) Each network has been tasked with producing a 'plan on a page' by the end of March 2019 which will include:
 - Network membership
 - Network leadership
 - Level of maturity against the NHS England Maturity Matrix
 - Key priorities identified by the network and the health needs of the population
 - An outline Development Plan
- e) Established Primary Care Network links with key wider system partners – Community Nursing, Adult Social Care, Community Plus, SWYPFT and the two GP Federations.
- f) Initial engagement events were held in October in each CCG area which covered:
 - What are Primary Care Networks?
 - What is Primary Care Home? (and what is the difference!)
 - What is in it for me, my practice and my patients?
 - What are the benefits and challenges of working together?
 - What have other areas learned from working collaboratively?
- g) Two large well attended events in March held in both North Kirklees and Greater Huddersfield which brought together a much wider group of stakeholders and had support from the National Association of Primary Care
- h) There is oversight and ownership of the development of Primary Care Networks through the Integrated Provider Board.

- i) A newly formed 'Primary Care Network Leadership Forum' met for the first time in February 2019 consisting of leadership representation from each network and partner organisations across Kirklees
- j) Work streams, including 'Communications and Engagement' and 'Data and Intelligence' have been formed to support the development of the Primary Care Networks. These work streams include partners from across the system aiming to ensure appropriate partnership engagement, in turn ensuring that networks are not only data driven but shaped and informed by all stakeholders inclusive of the populations they serve.
- k) Links established from the CCG Primary Care Teams for each Primary Care Network

2.5 Investment and Evolution: A five year framework for GP Contract Reform to Implement the Long Term Plan

The publication of this key document on 31 January 2019 has signalled a significant change in the direction of primary care and seeks to address the core challenges facing general practice.

Fig 2 – Key features of the new five year GP contract agreement



The strategy document firmly sets Primary Care Networks at the heart of a redesigned integrated primary and community care system.

2.6 The Network Contract Directed Enhanced Service (DES)

GP Practices will be offered a new Network Contract from July 2019 – this is a Directed Enhanced Service. The DES will provide funding for practices to form and develop networks, as well as for additional workforce and services to be delivered by the network. Networks can be structured in a number of ways depending on how the network members wish to employ staff and work together. All networks will have a Network Agreement which will outline how the practices will work together, how funding will be allocated and how services and workforce will be shared. NHS England is expected to provide a template document for this before the end of March 2019.

CCGs and Integrated Care Systems will play a role in approving the formation of networks and commissioning the services they will provide, as well as providing ongoing support. CCGs are also expected to provide £1.50/head in cash to support Primary Care Network development and this has been identified within both CCG allocations for 2019/20. 2019/20 is described as a “set up” year.

2.7 Network Service Specifications

Seven new services will be introduced in line with the NHS Long Term Plan primary care goals and phased into the Network DES over the coming years. The specifications for these will be developed with stakeholders during 2019/20. This is a significant difference for services to be commissioned at network level.

The service specifications are introduced as follows:

2020

- Structured medication review
- Enhanced health in care homes
- Anticipatory care (with community services)
- Personalised care
- Supporting early cancer diagnosis

2021

- Cardiovascular disease prevention & diagnosis
- Action to tackle inequalities

2.8 Changes to Workforce – Additional Roles Reimbursement Scheme

Recognising the pressure on front line services and the difficulties with recruiting and retaining health and social care staff, Primary Care Networks will be guaranteed funding for up to an estimated 20,000+ additional staff nationally by 2023/24.

- Clinical Pharmacists (from July 2019)
- Social Prescribing Link Workers (from 2019/20)
- Physiotherapists (from 2020/21)
- Physician Associates (from 2020/21)
- Community Paramedics (from 2021/22)

The scheme will meet a recurrent 70% of the costs of additional Clinical Pharmacists, Physicians Associates, Physiotherapists and Community Paramedics; and 100% of the costs of additional Social Prescribing link workers.

Each network will appoint a Clinical Director, chosen from within the network. This would normally be a GP but does not have to be. Funding will be provided for this role based on the network size (0.25 WTE funding per 50,000 population size).

Significantly, the network can agree how the new workforce is employed and deployed across practices. For example, networks may choose to identify a lead GP practice as employer or could look to a local trust or GP Federation to undertake this function on their behalf.

2.9 Changes to Access

The new contract document signals a change to the way extended access (outside of GP core hours of 8am to 6:30pm) will be commissioned and delivered. The current Extended Hours Access Directed Enhanced Service which is delivered at individual practice level will form part of the Network Des from July 2019.

The Extended Access Service which the CCGs commission across a CCG footprint (through Local Care Direct and My Health Huddersfield and Curo) will also be expected to move onto a network footprint from April 2021.

2.10 'Digital First'

Digital-first primary care will become a new option for every patient improving fast access to convenient primary care and as part of this commitment:

- All patients will have the right to online and video consultations by April 2021
- All patients will have access online to their full record from April 2020
- 25% of GP appointments will be available for online booking by July 2019
- Fax machines will no longer be in use by April 2020
- Online access to repeat prescriptions and repeat

3. Challenges and Next Steps

The development of Primary Care Networks requires large scale system and cultural change and brings with it many challenges. The extent of the changes set out in the NHS Long Term Plan have implications for many existing work programmes across a number of organisations. Organisations and Heads of Service are encouraged to read the document and consider the implications for their areas of work and the teams they work with.

There is additional guidance expected from NHS England in the next few weeks which will set out more detail.

More consideration will also need to be given to

- Governance of Primary Care Networks and linked across the existing Health and Social Care infrastructure
- Leadership development and support for the Clinical Directors and those taking on leadership roles in Networks
- Organisational Development – recognising that Networks are not legal entities (but may choose to become so) they will still require support to work cohesively
- Information & Data sharing, access to IT systems

NHS England has set out the following timeline for the development of Primary Care Networks. This is set out below:

Fig 3 – Timeline for the establishment of Primary Care Networks

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract
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
30/6	Sign up by practice through CQRS
1 Jul 2019	Network Contract goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: year 1 of the additional workforce reimbursement scheme; ongoing support funding for the Clinical Director; Ongoing £1.50/head from CCG allocations

A key milestone is the 15 May 2019. By this date, each network has to confirm:

- Names of member practices
- Network list size as at 01 01 19
- A map clearly marking the agreed Network area
- The initial network agreement signed by all member practices
- The single practice or provider that will receive funding on behalf of the PCN
- The named accountable Clinical Director

4. Conclusion

Good progress has been made with the development of Primary Care Networks in Kirklees in a relatively short period of time. There is a high level of energy and commitment from all key stakeholders and for some practices, we recognise they need the space to build the relationships and trust which will be fundamental to the success of integrated working and sustainable Primary Care Networks.

The direction of travel now clearly set out in NHS policy, together with a significant amount of funding, will ensure we have the continued momentum to work collectively across the Health and Social Care system.