

KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: 13 June 2019

TITLE OF PAPER: Kirklees Primary Care network registration and development update

1. Purpose of paper

The purpose of this paper is to provide an update on the development and registration process of Primary Care Networks in Kirklees. This is of strategic importance to all Partners and the debate at the Board will be a significant influence on the future direction of the issue discussed.

2. Background

Primary Care Networks (PCNs) 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.

An exceptional meeting of the Primary Care Commissioning Committee (PCCC) had been scheduled on the 22nd May 2019 to ensure that registration information submitted by the nine Kirklees Primary Care Networks is considered and approved by the 31 May 2019.

By 15 May, each Network had to provide:

- a) The names and ODS codes of the member practices
- b) The network list size as at 1 January 2019
- c) A map clearly marking the agreed Network Area
- d) The initial Network Agreement signed by all member practices
- e) The single practice of provider that will receive funding on behalf of the PCN
- f) The named accountable Clinical Director

This paper summarises the process of development of Primary Care Networks in Kirklees and the approval process for the registration of nine Primary Care Networks in Kirklees:

- The Valleys Health and Social Care Network
- The Mast Primary Care Network
- Viaducts Care Network
- Greenwood Network
- Tolson Care Partnership
- Spen Health and Wellbeing (Primary Care) Network (SHAWN)
- Batley and Birstall Primary Care Network
- Three Centres Primary Care Network
- Dewsbury and Thornhill Primary Care Network

This paper will refer to, and can be read in conjunction with, publically discussed PCCC papers which can be found at:

<https://www.northkirkleescgg.nhs.uk/wp-content/uploads/2019/05/Agenda-Item-3-Additional-Papers.pdf>

<https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2019/05/Agenda-Item-3-Additional-Papers.pdf>

3. Financial Implications

Not applicable – Financial implications are being picked up through existing CCG Primary Care Commissioning Committees

4. Sign off

Dr Steve Ollerton, Clinical Chair, Greater Huddersfield CCG

Dr David Kelly, Clinical Chair, North Kirklees CCG

5. Next Steps

A programme plan with key milestones and deliverables is in place to support the implementation of the five year framework for GP contract reform and the goals set out in the NHS Long Term Plan. This will form the basis of the next steps and is further detailed in Appendix 1

6. 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

7. Contact Officer

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Appendix 1

1. Introduction

- 1.1 Primary Care Networks (PCNs) 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.
- 1.2 The development of Primary Care Networks will help to deliver the aims of both Kirklees Clinical Commissioning Group's existing Primary Care Strategies, and it is a key focus of the Integrated Commissioning Strategy and the Integrated Provider Board.
- 1.3 The 2018/19 NHS Planning Guidance set 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.
- 1.4 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.
- 1.5 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 primary care. 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.
- 1.6 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.
- 1.7 Additional guidance to support the development of Primary Care Networks was released in March 2019 and key deadlines, expectations and milestones were set out to register Primary Care Networks covering the whole population by 31 May 2019. Although 2019/20 is described as a preparatory year, some elements of the contract and associated funding commence from 1 July 2019 therefore it is important that the CCGs adhere to the national timescales set out to approve the primary care network registration requirements.
- 1.8 An exceptional meeting of the Primary Care Commissioning Committee has been scheduled to ensure that registration information submitted by the nine Kirklees Primary Care Networks is considered and approved by the 31 May 2019.

By 15 May 2019, each Network had to provide:

- a) The names and ODS codes of the member practices
- b) The network list size as at 1 January 2019
- c) A map clearly marking the agreed Network Area
- d) The initial Network Agreement signed by all member practices
- e) The single practice of provider that will receive funding on behalf of the PCN and
- f) The named accountable Clinical Director

1.9 This paper summarises the process of development of Primary Care Networks in Kirklees and was used to secure approval for the registration of nine Primary Care Networks in North Kirklees and Greater Huddersfield CCGs:

- The Valleys Health and Social Care Network
- The Mast Primary Care Network
- Viaducts Care Network
- Greenwood Network
- Tolson Care Partnership
- Spenneth Health and Wellbeing (Primary Care) Network (SHAWN)
- Batley and Birstall Primary Care Network
- Three Centres Primary Care Network
- Dewsbury and Thornhill Primary Care Network

2. Detail

2.1 Local Context

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 the 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 focussed on the commissioning priorities of the CCG for example, review of referrals.

2.2 Across Kirklees 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.

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

2.4 In North Kirklees, Curo the GP Federation supported the CCG with a valuable piece of engagement during the autumn of 2018 to realign the historic 'Cluster' groupings into geographically arranged networks of practices. This work had the support of the Local Medical Committee (LMC) and formed the basis of the four current Primary Care Networks. One practice changed groupings as a result.

2.5 In Greater Huddersfield, the GP Federation – My Health Huddersfield (MHH) had undertaken a valuable piece of engagement during the summer of 2018 to realign the historic 'Commissioning for Value' groupings into geographically arranged networks of practices. This work had the support of the Local Medical

Committee (LMC) and formed the basis of the five current Primary Care Networks.

2.6 During 2018/19, great efforts were taken to support the local GP practices and the wider system with understanding the benefits of Primary Care Networks and to engage with as many stakeholders as possible to ensure the Kirklees place would see the benefits of strong, resilient and integrated primary and community care services.

2.7 Programme Management

2.8 As part of being an Integrated Care System (ICS), the West Yorkshire and Harrogate Health and Care Partnership allocated some non-recurrent resource in 2018/19 to accelerate and embed the development of Primary Care Networks in Kirklees. This was 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.

2.9 A temporary Programme Manager is in place for the development of Kirklees-wide Primary Care Networks (secured on a temporary basis from Attain) and a comprehensive programme plan with a number of work streams was set up with links into the Integrated Provider Board. Regular briefings have also been provided to the Health and Wellbeing Board.

2.10 Key work streams/Task and Finish Groups within this programme include:

- Data and Intelligence
- Communications and Engagement
- Data Sharing and IG
- Finance /Commercial

To be developed / linked into existing work streams:

- Workforce/Additional Roles (including Organisational Development and Leadership)
- Digital First

There are separate links to a number of pilots. These primarily relate to data sharing and the establishment of sound Primary Care Network Governance arrangements which is being supported by the National Association of Primary Care in two PCNs (one in Greater Huddersfield and one in North Kirklees).

2.11 The five-year framework for GP contract reform to implement The NHS Long Term Plan (31 Jan 2019)

Key milestones for the establishment of Primary Care Networks and the introduction of a Network Contract Directed Enhanced Service have been set nationally and can be seen in Figure 1 below.

Figure 1 – Timetable for Network Contract 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

2.12 Primary Care Network – Core Criteria

It is emphasised in national guidance that the success of a Primary Care Network will depend on the **strength of its relationships** and in particular the bonds of affiliation between its members and the wider health and social care community who care for the population.

NHS England is committed to **100% geographical coverage** of the Network Contract DES by Monday 1 July 2019 ‘go-live’ date. Close working is needed by CCGs and Local Medical Committees to ensure this goal is met.

Primary Care Networks will:

- a) **Typically serve populations between 30,000 and 50,000 –**
- b) **Consist of more than one GP practice.**
- c) **Cover a boundary (Network Area)** that makes sense to its:
 - Constituent members
 - Other community based providers who configure their teams accordingly
 - the local community, and would normally cover a geographically contiguous area
- d) **Have the network area agreed** through the registration process.
- e) Have a single practice or provider (who must hold a primary medical care contract) to receive payments on behalf of the PCN – the **‘nominated payee’**
- f) Have in place an underlying **Network Agreement** signed by all PCN members using the mandatory national template.
- g) Ensure that an accountable **Clinical Director** is in place at all times during the term of the Network Contract DES. This will be a practicing clinician from within the PCN member practices – most likely a GP but not an absolute requirement.

- h) Have in place appropriate arrangements for **patient record sharing** before service delivery commences in July 2019.

2.13 Registration Requirements

In line with the national timetable and co-ordinated through the Primary Care Team, all Primary Care Networks were required to submit the registration information set out below to the CCG by 5pm on 15 May 2019.

- a) The names and ODS codes of the member practices
- b) The network list size as at 1 January 2019
- c) A map clearly marking the agreed Network Area
- d) The initial Network Agreement signed by all member practices
- e) The single practice of provider that will receive funding on behalf of the PCN
- f) The named accountable Clinical Director and the process the PCN had followed to appoint them

2.14 Commissioner Requirements

In taking the role of the Commissioner, it had been agreed and confirmed by NHS England that Primary Care Commissioning Committee was the appropriate route to manage the process of Primary Care Network registration (part of negotiated changes to primary care contracts and therefore delegated responsibilities under Co-Commissioning). Therefore, Committee members needed to note the following responsibilities:

No.	Commissioner / CCG Requirements and PCN Approval Process
1.	Commissioners must confirm to PCNs how completed registration forms must be submitted.
2.	<p>During the period 16 May 2019 to 31 May 2019, commissioners will seek to confirm and approve all Network Areas in a single process that ensures that all patients in every GP practice are covered by a PCN and that there is 100 per cent geographical coverage.</p> <p>The CCG, 22 May 2019, approved the relevant documentation, set against the national guidelines, through the relevant governance between 16th May 2019 and the 31st May 2019.</p>
3.	<p>By 31 May 2019, Commissioners should have reached agreement with practices on any issues relating to the proposals in registration forms, such as PCN list size and the Network Area.</p> <p>Commissioners should also have agreed the workforce baseline with the PCN. The CCG are continuing to work with NHS England on this elements and will share with networks at the earliest opportunity</p>
4.	By 31 May 2019, it is expected that commissioners will confirm that registration requirements have been met, including discussing and agreeing the Network 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.

5.	Commissioners will work closely with Local Medical Committees (LMCs) during the registration period to resolve any issues in order to secure 100 per cent geographical coverage of PCNs. This will include ensuring any patients with a GP practice not participating in the Network Contract DES are covered by a PCN (for example through commissioning a local incentive scheme).
6.	Where 100 per cent coverage is not achieved, commissioners and LMCs should, after all local options have been explored, seek discussion and agreement to Network Areas with NHS England Regional Teams and GPC England.

2.15 Appointment of Clinical Directors

A fundamental role within the Primary Care Networks will be the named accountable Clinical Director.

It is the responsibility of the Primary Care Network to agree who their Clinical Director will be. The selection process will be for the Primary Care Network to determine but may include:

- Election – nomination and voting
- Mutual agreement between the members;
- Selection – via application and interview; or
- Rotation within a fixed term

As part of the authorisation of the network registration, Primary Care Networks have been asked to identify the selection process they have opted for.

Nominated Clinical Directors have been submitted as follows:

Primary Care Network	Nominated Clinical Director	Method of Selection
Dewsbury & Thornhill Network	Dr Indira Kasibhatla*	Mutual agreement between the members
Three Centres Network	Dr M Hussain	Election - nomination and voting
Batley & Birstall Network	Dr C Ratcliffe	Mutual agreement between the members
SHAWN Network	Dr Imad Riaz	Election - nomination and voting
The Valleys Health and Social Care Network	Dr Dilshad Ashraf*	Election - nomination and voting
The Mast Primary Care Network	Dr Louise James	Mutual agreement between the members
Viaducts Care Network	Dr Hannah Ruth Hayward	Election - nomination and voting
Greenwood Network	Dr Jane Ford*	Mutual agreement between the members
Tolson Care Partnership	Dr Sarah Milligan	Election - nomination and voting

* it should be noted that these are existing CCG Governing Body members and that the two roles are unlikely to be compatible in the longer term but in the shorter term, this can be managed

2.16 Submissions for Primary Care Networks

Registration information has been received within the specified deadline to establish nine Primary Care Networks in the North Kirklees and Greater Huddersfield CCG areas.(4 and 5 networks respectively)

A summary of the information received can be found at:

- Appendix 1 **North Kirklees CCG Network registration Summaries**
- Appendix 2- **Greater Huddersfield CCG Network registration Summaries**

Following receipt of the registration information and **in addition to the checks on the core criteria** listed in 2.11 above, a number of validation and assurance checks were undertaken. These checks have required excellent teamwork, a very quick turnaround and support from the Finance, Contracting and Primary Care teams. The responsiveness of the PCNs to address outstanding queries has also been commendable.

2.17 Primary Care Network Areas

Each Primary Care Network was required to submit a map outlining the Network area. In order to be consistent with scale and methodology, the CCG has worked closely with colleagues in the Local Authority Intelligence & Performance Service to produce a suite of maps. Given the timescales and the complexity of the task, the support from this service has been greatly appreciated.

PCN Network Area Maps have been created using:

- **Existing GP contractual boundaries (inner) – downloaded from Primary Care Web tool (prior to 31 March 2019) and cross checked with the CCG contracting team**
- **Contractual boundaries were overlaid to form a PCN area and boundary**
- **Collation of PCN boundaries at CCG level and comparison to CCG boundary**
- **Collation of PCN area coverage across Kirklees**

Each PCN map was shared with the PCN lead for checking and approval and subsequent inclusion in the network registration documents by 15 May 2019.

It should be emphasised that no patient registrations with GP practices are affected in the creation of Primary Care Network areas and there will usually be a number of patients who are registered with a GP practice and live outside of the existing practice boundary. Similarly, practice boundaries may cross CCG boundaries, will overlap with each other and patients living within one area, may be registered with a GP practice in a neighbouring CCG. This scenario is more complex in areas with higher population density. In the establishment of the Primary Care Network area, these arrangements will remain as they are.

Primary Care Commissioning Committee is specifically required to approve all Primary Care Network registration applications at one time to ensure that:

- a) Every constituent practice of a CCG is covered and

b) 100% of its geographical area are included within Primary Care Networks

Appendix 1 and 2 show set of two maps. These set out the proposed Primary Care Network boundaries, but also show the coverage of the whole CCG areas. For the avoidance of doubt, nothing has been changed in the creation of these maps. Practices will only join one Network.

2.18 Exceptional Issues

The PCCC papers discuss and detail four exceptional issues required to highlight to the committee:

- **100% Geographical Coverage**
- **Special Allocation Scheme (SAS)**
- **Network Population**
- **Greenhead Family Doctors**

Advice from NHS England has suggested that these issues needed to not prevent the registration of the Primary Care Networks and therefore recommended the approval of the existing applications, subject the CCG, the LMC and NHSE undertaking the appropriate remedial actions.

Work with the Local Authority has commenced to identify any patients not covered within the mapped areas to provide assurance that 100% of the population is covered by the nine networks.

Work is continuing with NHS England and relevant stakeholders to ensure that the SAS associated patients are included appropriately within the networks populations

Mediation between the Greenhead Family Doctors and the Tolson network members has commenced with meetings held; supported by the CCG and LMC. It is expected that this process will be concluded by the 11th June 2019.

Should this not be possible, delegated authority will be sought from Primary Care Commissioning Committee and the national timescale adhered to which allows for “NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues” in June 2019. The guidance also acknowledges that in some CCGs, marginal adjustment of PCN membership and boundaries may prove necessary.

2.19 Engagement of partners and in discussions

Key stakeholders have been included in the configuration of Kirklees Primary Care Networks from the outset. These include:

- The Local Medical Committee
- GP Federations (Curo and My Health Huddersfield)
- Member practices
- Healthwatch
- The Local Authority – including Adult Social Care and Community Plus (Social Prescribing)
- Locala CIC as the provider of community nursing services
- The two acute providers – Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield NHS Foundation Trust

- Integrated Provider Board – including both acute trusts, mental health providers, Kirklees Hospice and third sector representation
- Kirklees Health and Wellbeing Board

All stakeholders are aware of the proposed configuration of Primary Care Networks and are supportive of the establishment of nine Primary Care Networks in Kirklees. A number of successful and well attended engagement events have been organised since the autumn of 2018 and all partners have been given an opportunity to comment and engage.

National Association of Primary Care has supported two engagement events though none of the Primary Care Networks are formally entering into the process to become a 'Primary Care Home' (NAPC brand of PCN) at this point however there are a number of networks that are in discussions with NAPC to understand this further prior to making any commitment.

Locala and the Local Authority have been proactively considering the impact on the provision and configuration of their own services since the Kirklees Health and Wellbeing plan set out populations of 30,000-50,000 patients as a key enabler for integrating and delivering community based services. Senior leadership support and direction from these organisations has been an enabler for discussions and relationship development with the emerging Primary Care Networks and will be fundamental in developing their maturity.

GP member practices within the Primary Care Network will have requirements relating to patient engagement under their primary medical services contracts.

The Primary Care Networks will therefore be expected to reflect those requirements by engaging, liaising and communicating with their collective registered population in the most appropriate way, informing and/or involving them in developing services and changes related to service delivery. This includes engaging with a range of communities, including 'seldom heard' groups.

Our approach to public voice in the development of Primary Care Networks is still evolving but will encompass existing/ongoing work as well as new initiatives, and take into account learning from the experience gained from engagement activities in other areas. This will include information on CCG websites and conveyed through our public engagement events, other public-facing meetings, briefings and news channels.

Both CCGs have engaged extensively with the public/patients around primary care services and community services. It is essential to ensure that the views and concerns of patients and service users are gathered are taken into account by Primary Care Networks as they develop.

Existing Patient Reference Groups (which all GP practices should have) will have a significant role to play in supporting Primary Care Network development. Wider partners including; Locality based 'Community Hubs', Local Authority Community Plus team and Social Care are aligning (or working to align themselves) with Primary Care Networks. Community and voluntary organisations will all have a role to play in providing or harnessing the public voice.

2.19.1 The programme work stream (Communications and Engagement) will continue to work with wider partners and the Primary Care Networks to develop an appropriate model of engagement, but also explore how to involve patients and the general population in decision making activities.

3. Next Steps

3.1 A programme plan with key milestones and deliverables is in place to support the implementation of the five year framework for GP contract reform and the goals set out in the NHS Long Term Plan. This will form the basis of the next steps. However, there are a number of milestones and issues which should be noted here in relation to the registration of Primary Care Networks.

3.2 National Guidance

Additional national guidance is still awaited in a number of key areas for example, template data sharing agreement, workforce baselining activity (relevant to the additional roles scheme) and supplementary guidance to support the role of Social Prescribing Link workers. As before, none of this prevents the registration of the Primary Care Networks at this point but may influence the ability to support the readiness of the networks before the 1 July 2019 'go-live' date.

3.3 Network Readiness

As Primary Care Networks are not legal entities or organisations at the present time, there will be a significant programme of development and support needed for both the Clinical Directors and the Networks themselves. Whilst some of this development is promised nationally and regionally, the key to the success will be the timeliness of the support to enable the networks to function from July.

Crucially this centres on

- Network governance
- Data sharing
- Leadership Development
- Legal support (particularly relating to employment and HR issues)
- Financial advice (shared accounts and shared liabilities)
- Organisational Development

Key changes from 1 July 2019 impact on:

- The employment of shared Social Prescribing Link workers and Clinical Pharmacists
- Shared network delivery models for the Extended Hours DES (in place of individual practice provision and separate to the Extended Access Service)
- Preparation for the seven national service specifications from 2020/21

Further work on data sharing and the impact of working within a Primary Care Network is being undertaken by the separate Programme work stream but the key requirement to have in place appropriate data sharing and data processing arrangements between members of the Primary Care Network should be noted.

4. Appendices

- Appendix 1 **North Kirklees CCG Network registration Summaries**
- Appendix 2- **Greater Huddersfield CCG Network registration Summaries**