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| KIRKLEES HEALTH & WELLBEING BOARD | |
| MEETING DATE: | 26 September 2019 |
| TITLE OF PAPER: | Update on the Development of Primary Care Networks |
| 1. Purpose of paper | <p>The Health and Wellbeing Board has requested regular updates on the system wide development of Primary Care Networks (PCNs) in Kirklees.</p> <p>This paper summarises the recent process of establishing PCNs in Kirklees and describes the registration process followed for the approval of the nine PCNs.</p> <p>The paper also describes progress made against national requirements, summarises the support provided to PCNs and provides assurance of the delivery of the work programme.</p> |
| 2. Background | <p>2.1 National Policy and Guidance</p> <p>The NHS Long Term Plan published in January 2019, is a plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years.</p> <p>The Long Term Plan continues to promote the prominence and importance that Primary Care Networks (PCNs) have in the NHS strategic direction; discussing their intention for the ‘£4.5 billion of new investment to fund expanded community multidisciplinary teams aligned with new primary care networks’ and going even further by describing their part in a ‘set of multi-year contract changes individual practices in a local area will enter into a network contract, as an extension of their current contract, and have a designated single fund through which all network resources will flow.’</p> <p>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 PCNs. The contract increases investment, provides more certainty of funding and seeks to reduce the pressures on general practice to stabilise it for the future. It will ensure that every General Practice plays a leading role in a PCN which will include bigger teams of primary health care professionals working together in local communities.</p> <p>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.</p> <p>Additional guidance to support the development of PCNs was released in March 2019 and key deadlines, expectations and milestones were set out to register PCNs 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 commenced from 1 July 2019.</p> |

This paper sets out the achievement of key milestones in Kirklees and describes the deployment of resources to support and accelerate the establishment of PCNs.

3. Primary Care Networks in Kirklees

3.1 PCNs are a critical component of the vision for health and social care set out in the Kirklees Health and Wellbeing Plan. PCNs 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.

3.2 Following two practice engagement events in North Kirklees and Greater Huddersfield in October 2018, where the concept of PCNs were introduced; baseline assessments against the original NHS England Maturity Model that were completed in September 2018 suggested that each CCG was at the start of this journey and would be '*establishing the foundations for transformation*' and developing geographically contiguous groupings. It was acknowledged that both North Kirklees and Greater Huddersfield had arrangements in place for some time which allowed practices to meet together in small groups or clusters, but these were not necessarily geographically focussed, nor set up with the purpose of facilitating partnership development.

3.3 Work continued at pace across both CCGs to support GP practices to form 9 PCNs, four in North Kirklees and five in Greater Huddersfield.

3.4 Greater Huddersfield received support from My Health Huddersfield (MHH) GP Federation to align practices according to the NHS England definition PCNs. At the same time, practices across North Kirklees built on their original 'cluster' formation and slight tweaks were made to improve geographical alignment. These discussions were supported by the CCG and Curo GP Federation.

3.5 Since September 2018, substantial development work has been undertaken across the Kirklees system with significant focus on PCNs and their interface with relevant partner organisations.

3.6 All nine Networks met on a monthly basis from October 2018, with some Networks progressing at a quicker pace than others and some meeting more frequently. In January 2019, the West Yorkshire and Harrogate Health and Care Partnership (ICS) requested CCGs to undertake a further assessment against the Primary Care Network Maturity Matrix. This suggested that although the majority of Networks were at the early stages of development, approximately three networks were beginning to move through the maturity matrix at pace; in turn developing their own visions, wider 'non-practice' memberships and network priorities.

The Plan for Accelerating Primary Care Networks in Kirklees

3.7 The initial vision in Kirklees of integrating primary care, social care, and community services remains strong and aligns with the national Primary Care Network Directed Enhanced Service

(DES) contract. This will provide the core of a community-based support and delivery model that can be used as the focus to integrate other existing place-based approaches. These include Community Plus, Local Area Co-ordinators, and Schools as Community Hubs.

3.8 PCN structures will provide a way to enable wider services such as the voluntary sector, Community Pharmacy, housing, police, and fire can begin to interact and support the delivery of support and services to local communities.

3.9 As with key partner organisations such as the Local Authority, Locala and Social Care; the role of GP Federations in the development of PCNs is being explored and developed. It is anticipated that these roles will continue to develop to ensure a robust and partnership-based model across Kirklees throughout 2019 and beyond.

3.10 The Integrated Provider Board (IPB) has been identified as the mechanism to ensure that a system and partnership led approach can be achieved in Kirklees. More recently the IPB have commenced communications with the PCN Clinical Directors aiming to develop a strong relationship between ‘Kirklees’ and network level partnership delivery; further enabling PCNs to inform and be informed by system level strategies.

3.11 Network Registration

Additional guidance to support the development of PCNs was released in May 2019 and key deadlines, expectations and milestones were set out to register PCNs covering the whole population by 31 June 2019 (see Figure 1). Although 2019/20 is described as a preparatory year, some elements of the contract and associated funding commence from 1 July 2019 therefore it was important that the CCGs adhered to the national timescales set out to approve the primary care network registration requirements.

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 |

- 3.12 By 15 May 2019, each Network had to provide the following registration information:
- The names and ODS codes of the member practices
 - The network list size as at 1 January 2019
 - A map clearly marking the agreed Network Area
 - The initial Network Agreement signed by all member practices
 - The single practice of provider that will receive funding on behalf of the PCN and
 - The named accountable Clinical Director
- 3.13 Exceptional meetings of the North Kirklees and Greater Huddersfield Primary Care Commissioning Committees (PCCCs) were held on the 22 May 2019. The Committees approved the successful registration of the networks noted in Figure 2 below.

Figure 2 – PCNs in Kirklees

| Greater Huddersfield CCG Area | North Kirklees CCG Area |
|---|---|
| 1. The Valleys Health and Social Care Network | 1. Spen Health and Wellbeing (Primary Care) Network (SHAWN) |
| 2. The Mast Primary Care Network | 2. Batley and Birstall Primary Care Network |
| 3. Viaducts Care Network | 3. Three Centres Primary Care Network |
| 4. Greenwood Network | 4. Dewsbury and Thornhill Primary Care Network |
| 5. Tolson Care Partnership | |

3.14 Exceptional Issues

A number of exceptional issues were noted at this stage of registration (May), the majority of which have subsequently been resolved.

Figure 3 – Exceptional Issues in PCN registration in Kirklees

| Exceptional Issue | Comments | Status |
|---|---|--|
| 100% Geographical coverage of CCG area (maps) | Small pre-existing gaps were identified through a check on contractual practice boundaries v CCG boundary | Resolved – all maps and areas checked and have GP registration available |
| Greenhead Family Doctors | Greenhead Family Doctors (GH) was not included on the registration paperwork for a PCN in May. | Resolved - Included on signed Network Agreement for Tolson PCN. |
| PCN Size | Some PCNs above the nominal 30-50k registered population | Resolved – NHSE satisfied |

range suggested by NHS England

with PCN populations

Outstanding Exceptional Issue

| Exceptional Issue | Comments | Status |
|--|--|---|
| Special Allocation Scheme (Violent Patients) | NHS England expectation that this scheme is aligned to a Primary Care Network to ensure 100% population coverage. This is approximately 40 patients and the service is commissioned through Local Care Direct (LCD). | Unresolved - Negotiations still ongoing with NHSE, LMC, LCD and associated network/s. |

3.15 Following completion of the initial PCN registration stage on the **22 May 2019**, the CCGs and PCN were required to comply with a series of further national requirements by the 30 June 2019 in order to achieve full registration status. This would allow the Kirklees PCNs to commence PCN responsibilities from 1 July 2019.

3.16 Key contractual requirements for each network to fulfil before **30 June 2019** included:

- Completion of Full Network DES Agreements
- Completion and signature of a workforce base line survey at PCN and CCG level for the 5 additional roles set out in the contract.
- Confirmation of Network coverage of required Extended Hours appointments
- Ensure relevant Data Sharing Agreements (DSA) are in place.

All additional registration information submitted by the nine Kirklees PCNs was considered and approved by the **30 June 2019** through relevant CCG governance structures and was reported back to the next Primary Care Commissioning Committee meetings. NHS England, in turn, confirmed full registration of all nine Kirklees networks.

3.17 Clinical Directors

A fundamental role within the PCNs will be the named accountable Clinical Director. The selection process was for the individual PCNs to determine and included (as per the national guidance):

- 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, PCNs were also asked to identify the selection process they opted for. Through the initial registration process, Clinical Directors in Kirklees have been confirmed as follows in Figure 4:

Figure 4 – Clinical Directors in Kirklees PCNs

| Primary Care Network | Clinical Director |
|--|------------------------|
| Dewsbury & Thornhill Network | Dr Indira Kasibhatla |
| Three Centres Network | Dr M Hussain |
| Batley & Birstall Network | Dr C Ratcliffe |
| SHAWN Network | Dr Imad Riaz |
| The Valleys Health and Social Care Network | Dr Dilshad Ashraf |
| The Mast Primary Care Network | Dr Louise James |
| Viaducts Care Network | Dr Hannah Ruth Hayward |
| Greenwood Network | Dr Jane Ford |
| Tolson Care Partnership | Dr Sarah Milligan |

Support and induction for the Clinical Directors as leaders of a new PCN is being offered locally and nationally to ensure that they are equipped with the necessary skills to lead transformation and change. The level and type of support required will vary and the intention is to support all Clinical Directors in their new role.

3.18 Workforce baseline Survey

On 10 June 2019, a workforce baseline data collection template for PCNs was disseminated to CCGs by NHS England with a deadline for fully returned and signed templates to be submitted back to NHS England by 28 June 2019. The workforce baseline was originally planned for April 2019 so was two months later than anticipated.

The return collected data on all five reimbursable groups which were employed or paid for by practices or by the CCG as at 31 March 2019. Those included in the return would not then be eligible for reimbursement under the new contract at any point in the future therefore it was important to ensure accuracy at this stage.

The five reimbursable groups are:

1. Clinical Pharmacists
2. Community Paramedics
3. Physiotherapists
4. Physician Associates
5. Social Prescribing Link Workers (SPLW)
6. *Pharmacy Technicians (not currently reimbursable but being considered for inclusion in future)*

A baseline was required for

- the PCN baselines in their area for staff in the five groups employed by general practice;
- the CCG baseline for staff funded by CCGs and not employed by general practice

The baselines for all nine PCNs and CCG employed staff were completed, agreed by the LMC,

signed by the Chief Officer and submitted on time for Kirklees.

3.19 Additional Roles

From July 2019, the PCNs are able to secure extra capacity through the employment of Social Prescribing Link Workers and Clinical Pharmacists.

3.20 Social Prescribing Link Workers (SPLW)

The CCG and the Local Authority worked in partnership to develop an interim core offer for a centralised and integrated approach to the implementation of the SPLW role across Kirklees. This includes commitment to work with the Network Leadership Teams and the Clinical Directors over the next 12 months to co-produce a plan which meets the needs of each PCN and understand any gaps in community capacity to ensure we have the right services in place to refer into. The learning from the initial 12 months will determine any future delivery models for the Link Worker Role.

The offer was presented to the Joint Clinical Strategy Group (CSG) Meeting in March 2019 for discussion and all nine PCNs have indicated support for this approach. The Local Authority is now in the process of recruiting and mobilising this resource.

Creating a shared resource is intended to have a number of benefits to the PCNs and the SPLW themselves:

- HR management and infrastructure is in place through existing Council processes.
- Resilience to cover sickness and holidays
- Access to a support team
- Ability to share information, learning and best practice
- Approach in line with NHS England guidance.

Further guidance has recently been published (20 August 2019) on the Additional Role Reimbursement Scheme which sets out the scope of the scheme and the process for claiming for staff funded by the Network Contract DES.

3.21 Clinical Pharmacists

Following on from completion of the workforce baseline, work is underway to determine the current aspiration from the PCNs to see if there is an appetite for developing a similar shared resource or approach. As there was already some existing capacity from Clinical Pharmacists in GP practices, provided via a number of routes, this is more likely to vary between Networks. Some have indicated that they feel they have enough capacity whilst others will be keen to secure more.

3.22 Network Extended Hours - Confirmation of required Network coverage

As part of the key changes included in plans for GP contract reform in 2019/20, extended hours appointments which were previously provided on an optional basis at individual practice level,

would now need to include 100% of the population and covered by the collective practices within a PCN. In Greater Huddersfield, this was more of a challenge as not all GP practices were historically signed up to the Extended Hours DES. Four Networks (three in North Kirklees and one in Greater Huddersfield) have subcontracted this work to the local GP Federations. Networks have provided assurance that they are delivering the required level of extended hours.

3.23 Data and Intelligence Tool kit

Public Health alongside the CCG integration team, public health intelligence and temporary analytical resource (sourced through Attain) as part of their wider Population Health Management programme, have begun to develop data and intelligence packs to be shared with the Networks to support their priority development processes.

Key leads, inclusive of the Clinical Directors, LMC and wider partners have worked together to develop the initial data and intelligence packs / tools which will be further developed into nine 'network specific' packs. The intention is for these packs to be presented to each Network during September 2019 and for them to continue to evolve, meeting the needs and informing the development of network priorities. These tools will continue to be developed to ensure they help shape priority areas that are not only data led but also intelligence led.

3.24 NHS England Maturity Framework and Development Planning – September 2019

NHS England has recently produced a revised Maturity Model for assessing PCN progress and this is suggested as the most appropriate framework for defining current starting points and a method of informing their PCN development plans; agreeing actions to progress through to maturity with network members alongside their future and potential partners.

This is intended as a guide to support mapping and understanding the position in each area to ensure some degree of consistency across West Yorkshire and Harrogate. Self-diagnostic tools are to be completed by each network and shared with the CCG and ICS no later than 20 September 2019. It is anticipated that this will further inform the PCN and system development programme, ensuring all nine PCNs across Kirklees are preparing for required implementation beyond April 2020.

A Prospectus of PCN Development and Support has been created by NHS England (funded nationally through the ICS) and together with the assessment of maturity, will release resources to support the Clinical Directors along with Organisational Development, Leadership Development, Population Health Management, Collaborative Working and Social Prescribing/Asset Based Community Development. PCNs in Kirklees are being offered support to complete these tasks

3.25 Stakeholder Engagement and Partnership Approach

Key stakeholders have been included in the configuration of Kirklees PCNs 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
- 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
- Community Pharmacy

3.26 All stakeholders are aware of the configuration and development of PCNs and are supportive of the establishment of nine PCNs in Kirklees.

3.27 National Association of Primary Care (NAPC) 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. There are a number of networks that are in discussions with NAPC to understand this further prior to making any formal commitment.

3.28 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 PCNs and will be fundamental in developing their maturity.

3.29 GP member practices within the PCN will have requirements relating to patient engagement under their primary medical services contracts. The PCNs 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 will be a priority. This includes engaging with a range of communities, including 'seldom heard' groups. A number of the PCNs are now proactively planning community engagement events with the intention to raise awareness but also understand better the needs of the network populations.

3.30 Our approach to the public voice in the development of PCNs 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. A Kirklees wide patient engagement event was held on 4 July 2019 which had a focus on PCNs and was helpful in hearing views about their development.

4. Financial Implications

In September 2018, West Yorkshire and Harrogate Health and Care Partnership made transformation resource available to each 'place' on a registered population basis to support the acceleration of PCN models. The early outline plan for the utilisation of the initial non-recurrent

resource for 2018/19 in Kirklees included the following areas:

Figure 5 – Area of Investment in 2018/19 in Kirklees

| Area of Investment in 2018/19 in Kirklees |
|--|
| Freeing up time to make change (Practice Time) |
| Four Engagement Events (2 initial, 2 f/up per CCG) |
| Analysis of variation at PCN level |
| Primary Care Network Leadership and Capacity |
| Accelerated Pilots (minimum of 1 per CCG) |
| Programme Management/co-ordination |
| Governance/Operating Models |
| Access Regional/National support |

Primarily these funds were modelled and targeted towards, programme management, data analysis support and network establishment. The network establishment included modelling the finances predominantly against backfill for GPs and practice staff members to participate within network meetings, leadership meetings and any relevant task and finish groups. It was anticipated that the Leadership meetings, supported by task and finish group would act as the driving mechanisms to accelerate the maturity and development of the PCNs.

4.1 Development and Accelerator Project Fund

In 2018/19, Networks began to shape their local priorities based on population need and with a view to supporting the development of the Primary Care Networks. Many Networks wanted to 'pilot' new ways of working and sought additional resource to accelerate the work.

It was proposed and agreed that a small project fund was set up for each Network with an agreed set of criteria and an application process. Each network developed a 'Proposal on a Page' that was then submitted to an independent decision-making panel to enable the funds to be appropriately allocated.

Each network presented their proposals and had a variety of projects and programmes of work approved by the funding panel. The projects included:

- Advanced Care Planning –End of Life
- Network Organisation Development
- Educational and Training Event on Child and Adolescent Mental Health Services (CAMHS)
- Engagement Events with wider partners
- Training
- Healthy Hearts
- Online Access Promotion
- Respiratory
- Maternity Service
- MJOG

- Phlebotomy
- Diabetic Group Clinic

Where projects identified were potentially overlapping existing programmes of work each respective network were encouraged to make links with existing leads and service providers further developing a partnership approach, but at the same time enabling Networks to begin to work to provide proofs of concept at a network level.

Projects continue to be monitored and evaluated in 2019/20.

4.2 Local Kirklees Start Up PCN Support Offer

In January 2019, NHS England provided an *additional* support to CCGs. Following significant engagement with Clinical Directors and the LMC, a PCN 'Start Up package of support' has been developed resulting in the funds being fully committed.

The priority areas identified at this stage include:

- ICT infrastructure start up
- Clinical Director Additional Session
- PCN Additional Management Support
- PCN other health Care professionals engagement
- Governance, Legal and Financial Assurance Support
- Leadership Development

Further development work is currently being undertaken to agree the potential roles each GP Federation (Curo and MHH) can play in the support of Network development at scale. This will not duplicate the national offer or the offer through the Prospectus of Support but will enhance and accelerate the work.

4.3 National Primary Care Network DES Entitlements

The main headings of Primary Care Network funding to which participating networks and practices are entitled can be summarised as:

- Core PCN funding (£1.50 per head)
- Workforce (Staff Reimbursements)
- Clinical Director
- Extended Hours Access
- Network Participation

4.4 Primary Care Programme Management and Next Steps

A Programme Management approach is in place for the development of Kirklees-wide PCNs. A Programme Manager, secured on a temporary basis from Attain, is in place together with a comprehensive programme plan. A number of work streams are established with strong links to

the Integrated Provider Board. Regular briefings have also been provided to the Health and Wellbeing Board, CCG Clinical Strategy Groups, CCG Senior Management Team, LMC, and GP Federations.

5. Sign off

Carol Mckenna – Chief Officer, Greater Huddersfield and North Kirklees CCGs

Steve Ollerton – Clinical Chair, Greater Huddersfield CCG

David Kelly – Clinical Chair, North Kirklees CCG

6. Next Steps

6.1 System and Primary Care Network Readiness for Specification Delivery in 2020/21

As PCNs 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 effectively from July 2019.

Development work is underway to support the readiness of both the networks and the wider system for the implementation of the seven national service specifications which commence delivery in 2020/21. The seven national service specifications are:

- Structured Medications Review and Optimisation
- Enhanced Health in Care Homes
- Anticipatory Care Requirements
- Personalised Care
- Supporting Early Cancer Diagnosis
- CVD Prevention and Diagnosis
- Tackling Neighbourhood Inequalities

Delivery of these service specifications will require priority focus from the whole system and with support from the new additional roles to enable a truly integrated way of working. Programme management will also be important to ensure that resource, strategy and operational structures are developed at pace once the content of the national service specifications is known.

NHS England expects to share the draft specifications with stakeholders in the autumn, including representatives from CCGs and ICSs, before each specification is discussed during the annual GP contract negotiations from October to December 2019. Following negotiations, NHS England expects to publish the final specifications by the end of February 2020 prior to implementation from 1 April 2020

6.2 Impact and Investment Fund

In addition to the service requirements, changes in 2020/21 will include the introduction of the Network Dashboard and the Impact and Investment Fund which will complement service requirements. The service specifications will set minimum requirements within the DES. The dashboard will include measures of success to allow PCNs to benchmark their performance and

monitor their delivery of the five service specifications.

The Impact and Investment Fund (IIF) is expected to provide additional funding to PCNs which go further and faster to deliver the national service specifications and provide an incentive for PCNs to reduce unwarranted demand on NHS services, including overprescribing and inappropriate A&E attendances. The IIF is expected to commence in April 2020

7. Recommendations

It is recommended that Health and Wellbeing Board:

1. Notes the achievement of key national milestones to register and establish nine Primary Care Networks in Kirklees.
2. Notes the support offered to Primary Care Networks to encourage and facilitate their development.

8. Contact Officer

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