Bedfordshire & Hertfordshire
Local Medical Committee Ltd

Working in partnership for excellence in General Practice

4th July 2019

Primary Care Networks
for the Herts LPC meeting

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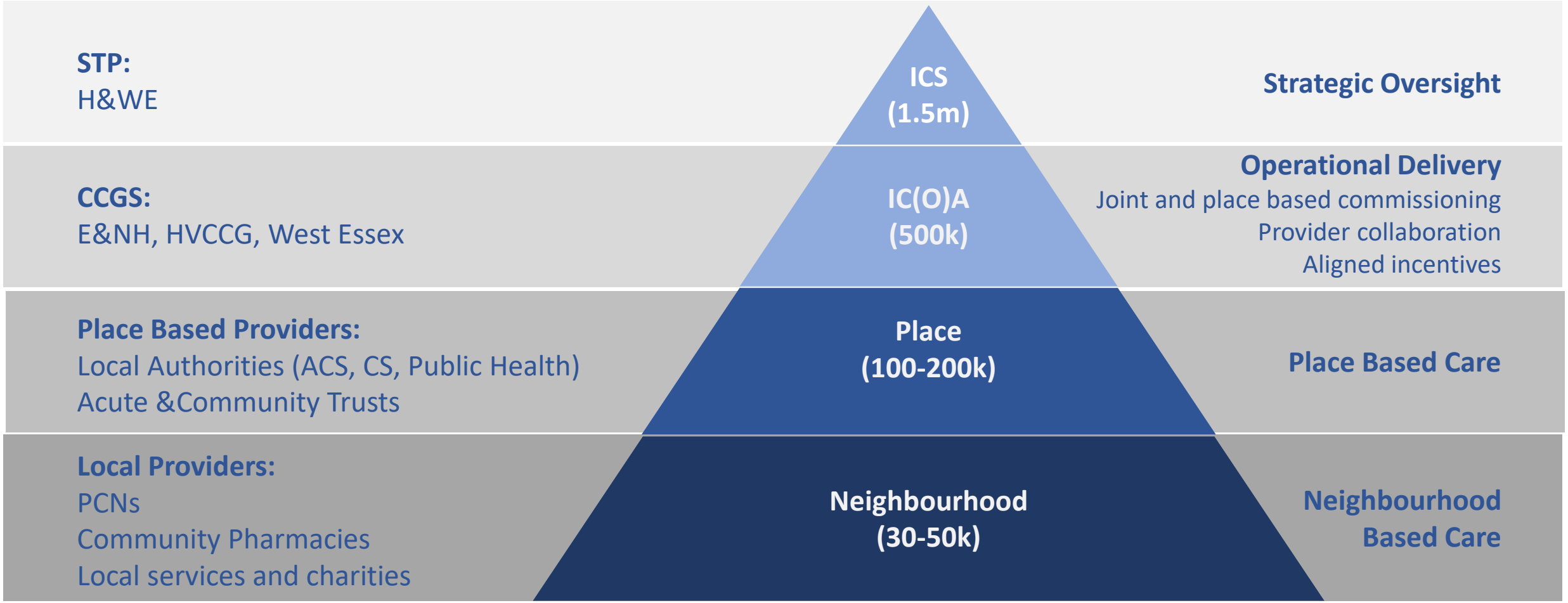
Exec Director

PRIMARY CARE NETWORKS
THE THEORY

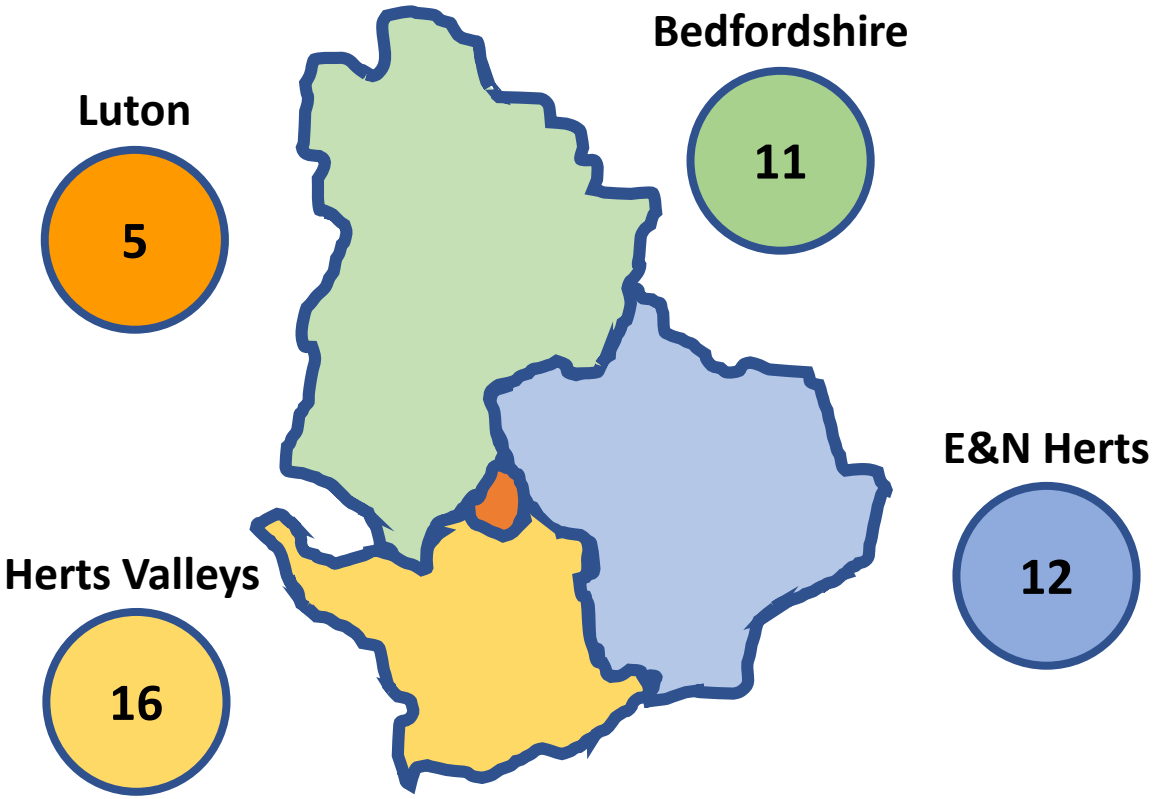
- A PCN comprises one or more GP practices in an area whose combined registered list is 30-50,000
- PCNs should be based on geographies that make sense to
  i. the practices
  ii. other providers
  iii. the local community
- A PCN may also include other organisations as members, such as community trust, GP federation, community pharmacy
- All member organisations of the PCN commit to working together to pool and share certain resources to provide more integrated services for patients

PRIMARY CARE NETWORKS
THE STRUCTURE



PRIMARY CARE NETWORKS
THE CURRENT SITUATION

- In Hertfordshire, over the last few years GP practices have been working in localities which are larger than 30-50,000
- PCNs are being introduced via a DES i.e. an enhanced service that is an extension of the GP contract.
- The details of this were not available until March.



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PRIMARY CARE NETWORKS
TIMESCALE

PCNs had to submit their PCN DES registration

15th May

PCNs must have completed and signed their Network Agreement

30th June

PCNs become established and have to start delivering extended hours service

1st July

?

31st May

CCGs are expected to confirm registration requirements have been met

30th June

CCG to sign off all PCNs ensuring 100% coverage

1st July

Individual practices can sign up to the DES once their PCN has been confirmed

30th July

PCNs will receive first payment

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PRIMARY CARE NETWORKS
IMMEDIATE ISSUES TO OVERCOME

- Historical differences and/or lack of trust between practices
- CCG requirement to ensure 100% coverage vs practices' freedom to choose which network they are in
- Financial and legal implications of being a lead practice (i.e. receiving all the funding on behalf of the others)
- Disagreements about how decisions should be made, particularly where there are practices of different sizes in one PCN
- Agreeing who will be the Clinical Director
- Provision of extended hours to 100% of the population

PRIMARY CARE NETWORKS
REQUIREMENTS OF PCNS IN 2019-2020

1. To agree and sign their Network Agreement
2. To provide Extended Hours to 100% of the population
3. To provide Additional Roles (optional)
   - Clinical Pharmacist
   - Social Prescriber

PRIMARY CARE NETWORKS
REQUIREMENTS FROM APRIL 2020 ONWARDS

1. National Network Services starting from April 2020
   - Structured medication review*
   - Enhanced health in care homes*
   - Anticipatory care (with community services)
   - Personalised care
   - Supporting early cancer diagnosis
2. National Network Services starting from April 2021
   - Cardiovascular disease prevention and diagnosis, through case finding
   - Action to tackle inequalities
3. Local Services
   - CCGs would like PCNs to deliver some of the local services such as anticoagulation, frailty, etc.

* Starting 1st April 2020

PRIMARY CARE NETWORKS
FUNDING

1. Funding going directly to the practices
   - £1.76 per weighted patient for signing up to the network DES
2. Funding going directly to the PCNs
   - £1.50 per registered patient for network development
   - £0.514 per registered patient clinical director funding (July to March)
3. Funding that goes to PCNs for specific activities
   - £1.099 per registered patient for delivery of extended hours (for 100% of patients)
   - Reimbursement of actual costs for employment of a clinical pharmacist (70%) and a social prescriber (100%)

- In the future additional funding **MAY** be passed to the PCNs by
  - Investment and Impact Fund
  - Direct CCG commissioned services
  - CCG projects

PRIMARY CARE NETWORKS
PCN LEGAL STRUCTURES

- As part of the registration process each PCN will have a network agreement (written nationally) which will include a number of schedules which can be adapted by each PCN
- These provide a legal framework for how the PCNs will function
- The network agreement refers to the GP practices as “core members”
- Other non-core members will be able to join PCNs in the future

PRIMARY CARE NETWORKS
KEY MESSAGES

1. Give PCNs time to form and develop (remember, this is a 5 year programme)
2. Consider how groups of pharmacies within a PCN can structure themselves to have one voice
3. Be realistic about money