



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

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Title:	Primary Care Networks
Report of:	Central London Clinical Commissioning Group
Wards Involved:	All Westminster wards, except for those in the Queen's Park / Paddington area
Financial Summary:	None
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1. Executive Summary

- 1.1 This report provides the Health and Wellbeing Board with an update on:
- Progress with establishing Primary Care Networks (PCNs) to date within the Central London area
 - The make-up and geography of Central London Clinical Commissioning Group (CCG) PCNs
 - The key next steps for PCNs in 2019-20; and
 - The longer term vision for PCNs as set out in the Long Term Plan and the "Investment and Evolution: A five year framework for GP contract reform".

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board are asked to note this report.

3. Background

- 3.1 On 7th January 2019, NHS England published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be used. This plan included a significant number of deliverables to be achieved by local health systems as well as five major, practical changes to the NHS service model:
- Boost “out of hospital” care, and dissolve the primary and community health services divide.
 - Redesign and reduce pressure on emergency hospital services
 - People will get more control over their own health and more personalised care
 - Digitally-enabled primary and outpatient care will go mainstream across the NHS
 - Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere
- 3.2 Following this, on the 31st January 2019, NHS England published “Investment and Evolution: a five-year framework for GP contract reform to implement the Long Term Plan” which sets out an agreement between NHS England, the British Medical Association (BMA) General Practitioners Committee in England to translate the requirements of the NHS Longer Term Plan into a five-year framework for the GP core contract.
- 3.3 This five-year framework looks to:
- Seek to address workload issues resulting from workforce shortfall
 - Bring a permanent solution to indemnity costs and coverage
 - Improve the Quality and Outcomes Framework (QOF)
 - Introduce automatic entitlement To a new Primary Care Contract
 - Help join-up urgent care services
 - Enable practices and patients to benefit from digital technologies
 - Deliver new services to achieve NHS Long Term Plan commitments
 - Give five-year funding clarity and certainty for practices
 - Test future contract changes prior to introduction, via a test-bed programme with clusters of Primary Care Networks.
- 3.4 Central to both the Long Term Plan and the five year framework for GP Contract reform are the development and maturity of Primary Care Networks (PCNs), increasingly formal partnerships of GP practices and other providers around populations of around 30-50k patients. These build directly from the National Association of Primary Care model – Primary Care Homes – which Central London CCG implemented across primary care in 2018. PCNs are intended to become “an essential building block of every Integrated Care System” supported by the new

Network Contract Directed Enhanced Service (DES) which will build the role of the PCNs over the next 5 years.

- 3.5 The Network Contract DES must be offered to all practices and requires primary care to work together across groups of practices configured into “authorised primary care networks” to deliver a range of services.
- 3.6 The focus of the Network Contract DES in its first year (2019/20) is to:
- support the establishment of PCNs;
 - support the delivery of extended hours services at a network-level, rather than within individual select practices; and
 - introduce additional workforce at network-level to support improvements to care and to support integration. The new roles are a Clinical Director, Clinical Pharmacy support and Social Prescribers/link works.
- 3.7 Additional service requirements and financial resources will be added to the DES each year. The diagram attached at [Appendix A](#) provides a summary of the service requirements expected to be introduced via the DES and when those are anticipated to be made available.
- 3.8 PCNs were required to be set-up and authorised by commissioners by 1st July 2019, with the extended hour’s service beginning on this date.
- 3.9 To participate in the Network Contract DES, PCNs were required to confirm:
- the names of the proposed member GP practices;
 - the PCN list size - sum of its proposed member GP practices’ registered list as at 1 January 2019;
 - a map clearly marking the proposed geographical area covered by the PCN (Network Area);
 - That a network Agreement had been completed by the PCN setting out how they would manage the delivery of the DES as a network, and how they would govern their affairs
 - Identify the single practice or provider (who must hold a primary medical care contract) that would receive funding on behalf of the PCN; and
 - Identify a named accountable Clinical Director.
- 3.10 Commissioners were required to confirm and approve all Network Areas ensuring that:
- all patients in every GP practice are covered by a PCN; and
 - there is 100 per cent geographical coverage.

4. Options / Considerations

- 4.1 The introduction of the DES is a significant step forward nationally in supporting the Primary Care at Scale agenda. However, the pace of change required by practices to develop and formalise their network arrangements has been significant.
- 4.2 Central London CCG has been commissioning our local, non-delegated, primary care services through an at-scale primary care contract since April 2018 – called the Partnership in Practice contract. Our commissioning of primary care at-scale has been instrumental in driving forward the implementation of PCNs locally and in supporting improvement in the quality and equality of our service offer in primary care. This has meant that our networks have been able to respond at pace to the requirements of the national Network Contract DES
- 4.3 Our PCNs were authorised under the DES on the 15th May 2019 and all of the PCNs began delivering the full extended hours specification from 1st July 2019 in-line with the national timetable.
- 4.4 All four PCNs used a voting process to appoint their Clinical Directors and have set up either a Board or Committee to manage the PCNs affairs. The Boards or Committees include representation from each practice and have responsibility for developing the strategy for the PCN, the PCN's development plan and how the PCN will use the financial resources available to it to deliver those plans. The Boards and Committees will also agree how best to mobilise services commissioned from PCNs via the DES.

CLCCG Primary Care Networks

- 4.5 On the 15th May, Central London Clinical Commissioning Group authorised four Primary Care Networks, all of whom had completed the national requirements for authorisation. These networks are:
- St Johns Wood and Maida Vale PCN
 - Regent Health PCN
 - South Westminster PCN
 - West End and Marylebone PCN
- 4.6 A map setting out the Primary Care Networks and constituent practices is attached at Appendix B.

St John's Wood and Maida Vale PCN

- 4.7 The St John's Wood and Maida Vale PCN consists of 7 practices in the St John's Wood and Maida Vale area of Central London. This includes the Randolph Practice which is currently being managed by a caretaker provider, AT Medics, while a full procurement process is undertaken to secure a longer-term provider for the practice.
- 4.8 The PCN provides care to a patient population of 52,500 patients. The Clinical Director of this PCN is Dr Saul Kaufman, who is a GP at the St John's Wood Medical Practice. The Chair of this PCN is Dr Nick Collinson, a GP at the Wellington Medical Centre.

Regent Health PCN

- 4.9 The Regent Health PCN consists of 8 practices in the Regents Canal and Paddington area of Central London. The PCN cares for a patient population of 64,000. Due to the size of this network and the potential for population growth, there may come a time when the network would need to consider delivering services through two smaller operational units. The PCN is open to considering this as it develops its Clinical Strategy.
- 4.10 Regent Health PCN provide services to our most deprived patients and also have a relatively high number of patients with multiple long term conditions, or patients who could be considered frail. Due to the population the network cares for, Regent Health PCN have been leading on the development of our Integrated Community Team model and are currently piloting and testing a new approach to case management and care coordination for patients who are frail and have complex needs.
- 4.11 The Clinical Director of this PCN is Dr Rishi Chopra, a GP at the Paddington Health Centre. The Chair of this PCN is Siobhan Brown who is the Practice Manager of the Westbourne Green Surgery.

South Westminster PCN

- 4.12 South Westminster PCN consists of 9 practices in the Pimlico and South Westminster area of Central London. The PCN cares for a patient population of 75,000 patients and includes a generalist population as well as the specialist populations of a university practice, a homeless practices and a school practice. This PCN is also expected to provide care for the patients of the Royal Mews practice – which looks after the staff within Buckingham Palace – which has chosen not to be a member of a PCN. This is due to the fact that it is not financially viable for the practice to take part in the Network DES. While nationally, a practice participation payment is made to practices to support their inclusion in primary care networks this is set on a per patient level, with £1.76 per weighted patient per year paid to take part. This practice has a very small list size and would receive around £500 per year to take part in the DES. Royal Mews and South Westminster PCN are committed to working together to ensure equity of access for the patients of Royal Mews to the Network DES services.
- 4.13 South Westminster PCN is our largest network as well as our longest established network. The PCN is considering how it might split its delivery of services into two operational units. This would most likely include delivering services to its general population through one model and delivering services to its specialist populations through a different model. This is a mature approach to managing its size whilst still ensuring services are tailored to the unique needs of the specialist populations.
- 4.14 The Clinical Director of this PCN is Dr Jan Maneira, a GP at the Millbank Medical Centre. The Chair of this PCN is Dr Sheila Neogi, a GP at the Pimlico at the Marven Medical Centre.

West End and Marylebone PCN

- 4.15 The West End and Marylebone PCN consists of 9 practices in the West End and Marylebone area of Central London. This includes the Soho Square General Practice, which is currently being managed by Living Care, and is subject to a procurement to identify a new longer term provider.
- 4.16 The PCN cares for a patient population of 44,000 patients. The PCN includes one specialist homeless practice.
- 4.17 The Clinical Director of this PCN is Dr Andy Goodstone, a GP at the Marylebone Health Centre. The Chair of this PCN is Miles Davis, the Practice Manager at the Great Chapel Street Surgery.

Next steps

- 4.18 PCNs are focussing on assessing their current maturity as networks and then putting together their development plans. These plans will set out how they will use both the national and local funding available to the PCNs to improve their ways of working and to develop improved services for the patients they serve.
- 4.19 Attached at Appendix C is a short set of slides on PCN maturity.
- 4.20 The PCNs are also in the process of defining their workforce models for both clinical pharmacy and social prescribing which are the two new roles due to introduced to, or expanding within, primary care in 2019-20
- 4.21 From October 2019 onwards, the PCNs will begin to develop their plans for mobilising the services due to be commissioning via the national DES contract form 2020-21 onwards. See Appendix A for detail
- 4.22 As set out clearly in the NHS Long Term Plan, Primary Care Networks are the fundamental building block of Integrated Care Partnerships. The expectation is that Out of Hospital community services will increasingly organise their teams around the patient population of each PCN, to make it easier for services to integrate the care they provide across these discrete geographies. At the same time, PCNs will become more mature at analysing the needs of their population, using population health analytical techniques, and designing new approaches to delivering care.
- 4.23 Over the longer term, as the Integrated Care Partnerships develop, we expect to see services remodelled to meet the needs of the discrete population they serve and that the boundary between “primary” care and “community” care begins to dissolve – for example through the integration of practice nursing and district nursing – reducing fragmentation for patients, and hand-offs between professionals responsible for delivering care.

5. Legal Implications

- 5.1 None at this stage

6. Financial Implications

- 6.1 None at this stage

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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APPENDICES:

A: Diagram showing services to be delivered under the Network Contract Directed
Enhanced Service (DES)

B: Map showing Central London Clinical Commissioning Group Primary Care Networks
membership and geography

C: Slides on Primary Care Network Maturity

BACKGROUND PAPERS:

Long Term Plan - <https://www.longtermplan.nhs.uk/>

Investment and Evolution: a five year framework for GP Contract Reform -
<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>