

**Item: 7.3**

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	22 February 2019
<b>Title of Report:</b>	NHS Long Term Plan - Primary Care Networks
<b>Presented by:</b>	Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
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**STATUS OF THE REPORT:**

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

**PURPOSE OF REPORT:**

The purpose of this report is to present the Primary Care Commissioning Committee with information relating to the development of Primary Care Networks as set out in the NHS Long Term Plan and to approve a proposed allocation of resources for Primary Care Network development.

**RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee:

- a) Note the requirements in relation to Primary Care Network development as set out in the NHS Long Term Plan;
- b) Approve utilisation of the 2018/19 Primary Care Networks funding allocation to support the Hull practice groupings to:
  - undertake a self-assessment against the Primary Care Networks Planning & Support Tool;
  - develop for agreement with the CCG a Network Development Plan in response to the Planning & Support Tool.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**      No       Yes

If yes, detail grounds for exemption

**CCG STRATEGIC OBJECTIVE** (See guidance notes on page 4)

Integrated Delivery

The updates contained within this report support the CCG objective of Integrated Delivery through the development of primary care medical services at scale, the implementation of incentive schemes in primary care to manage need and the development of pathways across primary, community and acute care.

**IMPLICATIONS:** (summary of key implications, including risks, associated with the paper),

Finance	Financial implications where relevant are covered within the report.
HR	There are no HR implications.
Quality	There are no quality implications.
Safety	There are no safety implications.

**ENGAGEMENT:** (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

The Primary Care Networks Planning & Support Tool was presented at the Primary Care STP Leads meeting held in January 2019 where CCGs were encouraged to utilise within their groupings/federations.

**LEGAL ISSUES:** (Summarise key legal issues / legislation relevant to the report)

None

**EQUALITY AND DIVERSITY ISSUES:** (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

**THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

## NHS LONG TERM PLAN - PRIMARY CARE NETWORKS

### 1. INTRODUCTION

The purpose of this report is to present the Primary Care Commissioning Committee with information relating to the development of Primary Care Networks as set out in the NHS Long Term Plan and to approve a proposed allocation of resources for Primary Care Network development.

### 2. BACKGROUND

Following the approval by the CCG Council of Members of the *Strategic Commissioning Plan for Primary Care (Primary Care “Blueprint”)* in October 2015 a significant amount of work has been undertaken to support and develop practices to work collaboratively. This work has resulted in all CCG member practices being part of one of the five practice groupings that have been established. The current groupings are as follows:

Name of grouping	Number of practices	Total patients (December 2019)
City Health Federation	5	39,796
Hull GP Collaborative	12	69,595
Hull Health Forward Confederation	13	76,684
Medicas	2	40,971
Modality	7	74,037

The *NHS Long Term Plan* published in January 2019 identified “£4.5 billion of new investment to fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices that work together typically covering 30-50,000 people. As part of 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. Most CCGs have local contracts for enhanced services and these will normally be added to the network contract. Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector.

The Plan also stated “ We will also offer primary care networks a new ‘shared savings’ scheme so that they can benefit from actions to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication through pharmacist review.”

### 3. INVESTMENT AND EVOLUTION: A FIVE-YEAR FRAMEWORK FOR GP CONTRACT REFORM TO IMPLEMENT THE NHS LONG TERM PLAN.

Further detail on the GP contract reform was published at the end of January in a joint NHS England and British Medical Association publication: *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan*.

The document confirmed that the Network contract goes live in July 2019. The Network contract will be a very large Direct Enhanced Service (DES) and as such is an extension of the core GP contract rather than a separate contract and CCGs, through delegated functions from NHS England, will be required to offer the Network Contract DES to all practices.

The Network contract DES will have three main parts:

- a. first, the national **Network Service Specifications**. These sections set out what all networks have to deliver. National investment and services grow in tandem;
- b. second, the national schedule of **Network Financial Entitlements**, akin to the existing Statement of Financial Entitlements for the practice contract. National entitlement increases financial certainty for everyone. Alongside these entitlements come clear transparency requirements, including for subcontracting arrangements;
- c. third, the **Supplementary Network Services**. CCGs and Primary Care Networks may develop local schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

To be eligible for the Network Contract DES, a Primary Care Network needs to submit a completed registration form to its CCG by no later than 15 May 2019. CCGs will then be responsible for confirming that the registration requirements have been met by no later than 31 May 2019.

A Primary Care Network is expected to cover at least 30,000 people but tend not to exceed 50,000 people although this is not a strict upper limit. Primary Care Networks with more than 50,000 people may organise themselves into neighbourhood teams.

Each Primary Care Network will be required to have a boundary that makes sense to its constituent practices, other community based providers and the local community. The CCG will agree "Network Areas" for the Primary Care Networks within its area at the same time.

It is recognised that in some CCGs marginal adjustment to Primary Care Network membership and boundaries may be necessary but that no practices should be excluded from joining a network.

All Primary Care Networks will have a Network Agreement which sets out its collective rights and obligations as well as how it will partner with non-GP stakeholders and work with other community-based organisations.

Each Primary Care Network must appoint a Clinical Director as its named accountable leader responsible for delivery.

## 6.1 Primary Care Network support

There are five categories of external support available to Primary Care Networks:

1. Clinical Director support funding;
2. A recurrent payment of £1.50 per registered patient from July 2019; (1 & 2 combined equate to £2.01 per registered patient in 2019/20 and £2.19 thereafter);
3. Other support from CCGs eg. through seconding and paying for staff to help with particular functions;
4. A national development programme for Primary Care Networks;
5. NHS national work on leadership development will support and develop future generations of Primary Care Clinical Directors.

## 6.2 Timetable for Network Contract DES

The following table summarises the timetable for the 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"> <li>• year 1 of the additional workforce reimbursement scheme</li> <li>• ongoing support funding for the Clinical Director</li> <li>• ongoing £1.50/head from CCG allocations</li> </ul>
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

### 6.3 Resources available in 2018/19 to support Primary Care Networks

An allocation of £294,000, broadly equivalent to £1 per registered patient, has been received by the CCG in month 9 for Primary Care Network development. A Primary Care Networks Planning & Support Tool has also been provided by NHS England. The tool covers six areas follows:

Area	Summary
<i>Leadership and Corporate Governance</i>	Ensuring that the Primary Care Network has robust leadership and governance arrangements.
<i>Population Health Management and Care Models</i>	Understanding the health needs of the population and how best to arrange care to meet those needs.
<i>Empowering People and Communities</i>	Empowering residents to be in control of their community as equal partners to improve health and wellbeing.
<i>Care Teams and Clinical Governance</i>	Teams coming together to provide integrated care for patients.
<i>Resource Management</i>	Primary Care Networks making the most effective use of their resources.
<i>Provider Collaboration</i>	How Primary Care Network providers best arrange themselves to deliver integrated care to their population.

Full details are in Appendix 1.

It is proposed that the 2018/19 allocation of £294,000 is allocated to support Primary Care Networks complete the Planning & Support Tool and develop for agreement with the CCG a Network Development Plan in response to the Planning & Support Tool.

## 4. RECOMMENDATION

It is recommended that the Primary Care Commissioning Committee:

- a) Note the requirements in relation to Primary Care Network development as set out in the NHS Long Term Plan;
- b) Approve utilisation of the 2018/19 Primary Care Networks funding allocation to support the Hull practice groupings to:
  - undertake a self-assessment against the Primary Care Networks Planning & Support Tool;
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