Developing our Primary Care Networks in Oxfordshire

This report provides an update on the early implementation of Primary Care Networks and is intended to prompt discussion on the future opportunities to enhance the delivery of the Health and Wellbeing Board's strategy, in order to improve the health and care of people in Oxfordshire.

Background to Primary Care Networks

NHS England's *Long Term Plan* (LTP) and the subsequent *Investment and evolution – a five year framework for GP contract reform to implement The Long Term Plan*, published earlier this year, set out an ambitious programme of change for primary care and community health services.

The aims behind this change are to address some of the key shifts in the health needs of our ageing population. Since the NHS was established in 1948, the population has grown in size and complexity. More people are living longer with multiple long-term conditions, such as diabetes and heart disease, and experiencing mental health issues. As a result of this, and wider societal changes, people are accessing their local health services more often and, rightly, with greater expectations than in the past. At the same time, significant workforce and funding challenges, and an additional regulatory burden, have all added considerably to the pressures placed on NHS primary care.

In order to meet these challenges, practices have begun working more collaboratively with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas – these collaborative networks are being formalised through the recent NHS GP contract changes into groupings known as **Primary Care Networks (PCNs)**. Each PCN will hold responsibility for providing certain aspects of care for its local population (and in particular the people registered with its constituent general practices). This collaborative working between practices will build on the process started in Oxfordshire by the GP federations, through the development of Neighbourhoods and services provided collectively 'at scale.'

How PCNs can contribute to the Oxfordshire Health and Wellbeing Board's strategy

On a more strategic note, the Long-term Plan sets out a role for the Primary Care Networks (PCNs) as important building blocks within Oxfordshire's Integrated Care System. A key intention of this is to bridge the current divide between primary and community health service provision and ensure integrated care becomes a routine part of everyday patient experience. Boundaries are not expected to be experienced by patients between primary and secondary care, health and social care or physical and mental health care. PCNs will also play a key part in identifying and addressing local health inequalities and enabling an increased focus on health improvement and disease prevention.

The new Network Contract requires general practices to take a lead role by funding the appointment of a Clinical Director for each PCN (who will usually be a GP but could be any suitable clinician) and the delivery of a number of contractual requirements to provide local services collaboratively.

PCNs will be based on GP registered lists, with each typically serving natural communities of around 30K to 50K people, determined by geography. The thinking behind this is that each PCN should be small enough to provide the personal care valued by both patients and GPs, but large enough to deliver impact and economies of scale through better collaboration between practices and others in the local health and social care system.

It is expected, however, that the bulk of primary care services will continue to be provided at the patient's local practice, as currently. Some services will be best provided by PCNs and some will be provided more effectively at larger scale (e.g. covering 50K-250K populations). An appropriate degree of flexibility in approach will therefore be required to ensure locally-tailored care is delivered to a consistent standard of quality within a county-wide framework.

As the PCNs form, work will be required to enable them to deliver the desired health outcomes effectively, using their limited staff and financial resources to best effect. In addition to developing their clinical delivery systems, infrastructure and staffing arrangements, PCNs will need to put in place effective ways to enable all their stakeholders to work effectively together – this includes engaging with people from their communities and their third sector partners. Currently, many practices have active Patient Participation Groups, but new approaches will be needed to ensure effective patient participation and community-led co-design becomes a core part of every PCN's activity, embedded into their decision-making.

Enabling Primary Care Networks to thrive

It has been recognised, both nationally and locally, that the constituent practices and other partner organisations that form the PCN will require a range of support to enable them to meet the challenges associated with forming their network organisation. These challenges include:

- setting up their core infrastructure
- implementing governance, engagement and decision-making structures and processes
- leadership development, professional and training support, and coaching and mentoring for clinical directors, practice managers and other lead roles
- cultural change – moving from a practice-based to a network-based delivery of care
- workforce development and, where appropriate, centralisation across a network
- utilising a multidisciplinary workforce effectively and supporting new healthcare roles
- IT and information governance to enable effective and secure information sharing
- additional services deployment and usage, e.g. streamlining appointment management, referral and signposting across multiple provider organisations
- developing know-how on technical issues that have additional complexity within a multi-professional network, such as financial management and oversight, VAT and pensions, clinical governance, medico-legal issues, GDPR and employment law
- supporting under-performing practices and services within a network
- using healthcare resources effectively, increasing quality and improving overall efficiency while holding each other to account on delivery.

How the Oxfordshire system will support PCNs to meet these challenges

The challenges listed above will be common to the vast majority, if not all, the PCNs in Oxfordshire, so it is important for sustainability reasons to develop cost-effective approaches to problems that can be shared, rather than requiring each PCN to independently duplicate their work, risking inconsistent and ineffective approaches. This will inevitably require a degree of system leadership and the ability to coordinate at scale, a challenge which federations and localities are familiar with and are working with their PCNs to address in this new context.

As part of this evolution, the four Oxfordshire Federations and Oxford Health NHS Foundation Trust (working together as the 'Oxfordshire Care Alliance') have proposed to work with the PCNs, OCCG and other partners to form three integrated Network Areas (covering North Oxfordshire, Oxford City and South Oxfordshire). Each Network Area will provide essential coordination, common infrastructure and support to the PCNs within that zone of the county, should they wish to use this. It is intended that the Network Areas should align with their corresponding District/City councils and OCCG localities, enabling streamlined integration of health and social care at all levels of the system.

In addition, the Network Areas will work with their PCNs to coordinate the integrated provision of at-scale primary care and community care services (that are provided predominantly by the Federations and Oxford Health), where these are best delivered at a greater level of scale. Examples will include services that require population coverage of 50K-250K people to be cost-effective and services that need to provide a more specialised or urgent, round-the-clock response).

As new service models are co-developed with PCN leads, patients and system colleagues, the role of Network Areas might extend to some services currently provided by OUH in hospital settings (e.g. elements of non-inpatient diabetes or respiratory care, child health and community gynaecology) where patients would benefit from more access to these services in their local communities.

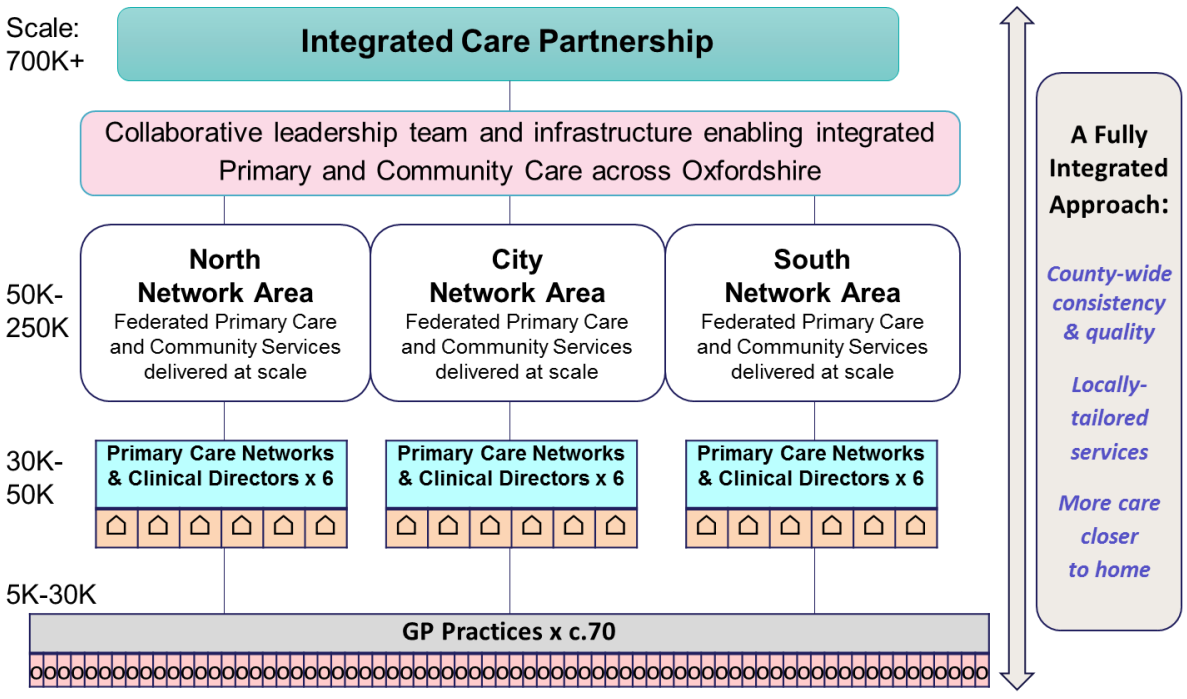
There will continue to be a clear need to base the majority of everyday health services around the patient's local GP practice, utilising their registered patient lists and the invaluable generalist medical skills and local knowledge of the GP and their team to target health inequalities and improve outcomes. GPs and their other primary care professional colleagues will be providing healthcare at many points in this new system and developing closer relationships between the community service teams and third sector partners, with the shared goals of benefiting both individual patients and the Oxfordshire population as a whole.

GPs coordinating the medical care of patients with long-term needs will work in partnership with patients and carers to achieve agreed goals. This will require offering longer or different types of consultation in local practices and, for some patients (e.g. the very frail, housebound or those at risk of admission), delegating intensive episodes of care to an extended neighbourhood team built around the patient, while retaining an appropriate overview of the patient's care.

New members of the primary care team – such as clinical pharmacists and social prescribers – will play an increasing role in co-ordination and delivery of care. Better use of skill mix will be key to releasing capacity to enable GPs to provide longer consultations for patients with complex or multiple long-term conditions.

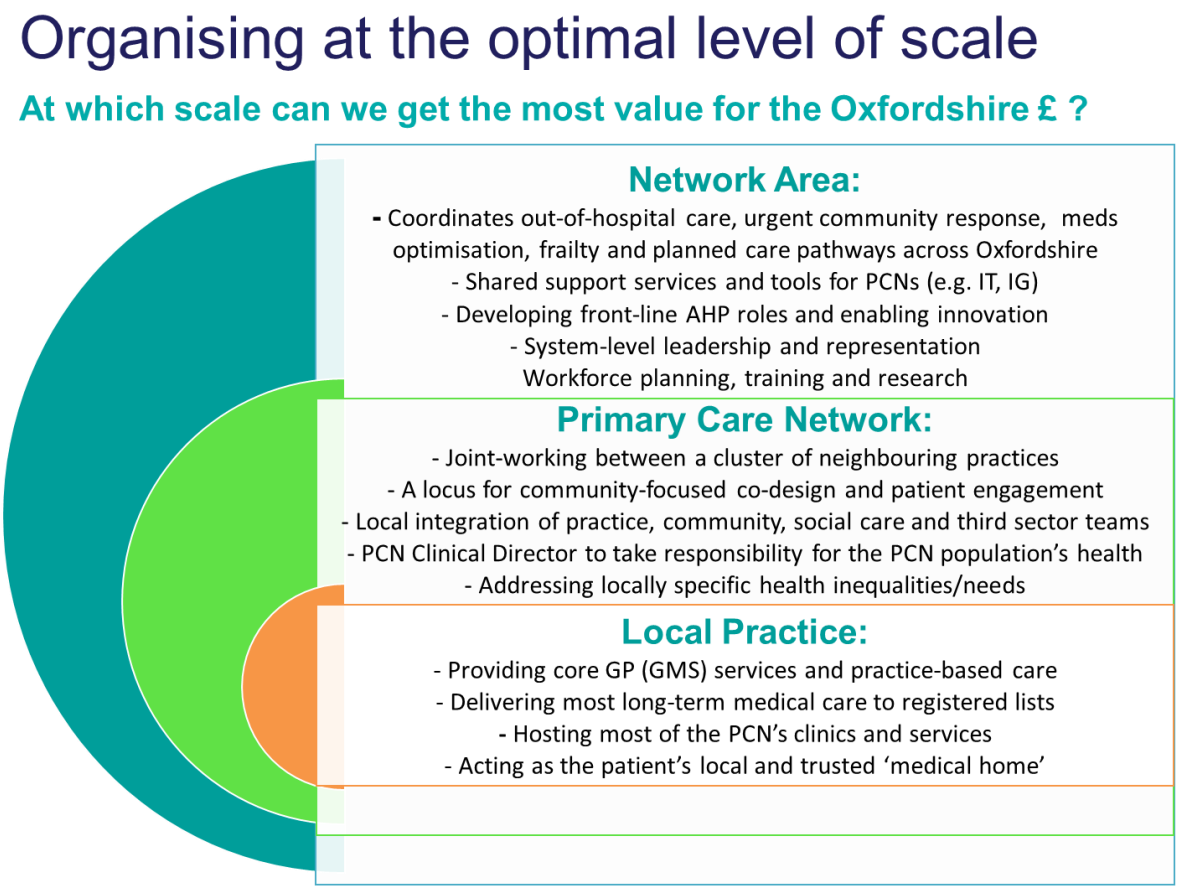
The evolving structure for primary and community care is illustrated in the following diagram.

Oxfordshire Integrated Care System: Map of Primary & Community Care



Each Area Network will align with its corresponding District/City Council and OCCG Localities

The following illustration shows how this new way of structuring care will support integration and ensure best value is realised for each £ spent in the Oxfordshire health system.



Timetable for implementation

The national requirements set out for PCNs in their first year of existence mainly focus on dealing with the practical challenges of setting up the network. From year 2 (2020/21), PCNs will start to deliver a number of nationally-determined service contract specifications. Details of these specifications have not yet been released by NHS England, although it has been announced that they will focus on the following areas:

- Structured Medications Review and Optimisation
- Enhanced care for people in Care Homes
- Anticipatory Community Care for people typically experiencing several long-term conditions
- Personalised Care
- Early Cancer Diagnosis
- CVD Prevention & Diagnosis
- Tackling Health Inequalities

We can expect that these areas will help to inform consideration of local Population Health Management priorities and actions.

A schedule for the initial implementation of PCNs is provided in the following table.

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: • 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

Next Steps and Actions for the Board

It is intended that the approaches and principles set out in broad terms in this paper will be communicated, discussed and refined through discussions with emerging PCN Clinical Directors and partner provider leads (potentially at a workshop event on 13 June), patient and community representatives, and other key stakeholders. This will enable more detailed plans to be developed within the Oxfordshire context that can be taken forward once system-wide support has been confirmed.

Members of Health and Wellbeing Board are asked to kindly receive this report for their information and consideration. Comments and input from members to steer the direction of travel of PCN development at this very early stage will be greatly valued.

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