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Our Primary Care Network

It's important your PCN has a name. At a later stage you may wish to use this more widely so give it some thought

April 2019

History – Creating relationships and trust

- You will have been meeting with increasing regularity as you formed a 'care community'? Who else is involved?
- 2019/20 GP contract now formalises the creation of 'primary care networks'. Yours will be aligned to a defined care community
- What have you achieved to date?

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Creating your PCN

Firstly you may wish to focus on:

- The fact all patients will be covered by a PCN means this isn't optional in reality, and any practice not participating will lose income -therefore first question possibly needs to be around:
- Does the proposed configuration of the PCN make sense to its constituent practices? At this point consider if there is any dissent from the practices - and if so - what are the other options for them. What are the risks/benefits of the options?
- Does the proposed configuration fit with other community based providers (especially community nursing or other teams that can align)? Does it make sense to the practices' communities/patients? What are the other options you might need to consider (if any)? What possible configuration are other local /neighbouring practices considering if we know - could there be any pressure from the CCG/others to consider a different configuration?
- Work on a narrative to justify the area you want - to go with the map in the application (taking into account the above). Ideally they should almost give each practice the responses for the application

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Care Communities

Care communities are the wider social and health network working together

- Who are you already working with?

- How have you been involved in community work?

  - What support have you received?

Primary care networks are your practice(s) working together (expanding to other providers later?)

Reading the contract indicates that eventually the lines could become more blurred

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If you agree to form a PCN today you need to consider who receives funding and your decision making

You are at the point where a decision needs to be formally made that you continue your excellent work that has already been ongoing for the last few years

Decisions for today:

- Which provider/practice will receive funding on behalf of the PCN - needs to hold a primary medical care contract (so a GP federation, for example (unless they hold an APMS, GMS or PMS contract), possibly can't be considered). You may wish to consider legal structures or 'forms' but consideration of other forms (see BMA Handbook) and their development will take time

- The PCN needs to be in place by 1 July so an existing provider would be best option (so that any new form is not rushed) - is there a practice (or other primary medical contract holder) willing to take on the role? Is more than one practice willing? Make a decision all are comfortable with and document how this has been considered and will work.

- The governance around receiving funds and over the use of resources does need discussion - but could potentially wait until a subsequent meeting - alternatively some principles could be agreed if needed to get all practices to agree.

- Start to develop a plan i.e. first 100 days/ 6-12 months
  - Long term view structure of PCN – the great debate!
  - Employing new roles in the PCN– who holds the risk?

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Estimate Funding Streams for Your PCN 2019/20

- Network engagement = £1.76 per patient (weighted list size)
  - example of funding to individual practices. PCN Total £70,400

(PRACTICE 1)	8,000	£14,080
(PRACTICE 2)	4,000	£7,040
(PRACTICE 3)	7,000	£12,320
(PRACTICE 4)	9,000	£15,840
(PRACTICE 5)	12,000	£21,120

- Network Payment = £1.50 per patient from CCG allocations to the network. PCN Total £60,000
- Extended Hours = £1.45 per patient. Total £43,500 (Qtrs 2/3/4 only)
  - PCN will need to provide both sets of extended access (may be in part subcontracted to GP Fed) and extended hours services

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PCN funding estimates

based on PCN population of 40k

- Social prescriber - £34,113
- Clinical pharmacists £37,810 (70% funding, band 7-8A, 100% = £54,014, therefore difference = £16,204)
- Clinical director - £27,503
- What are the 30% costs to the PCN?

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Clinical Director

- Confirm your proposal & costs – Dr X to take on the role, paid for x sessions a week as backfill
- Commitment for initial 12 months and reassess performance (need to agree process)
- BMA talk about appointment via an election or formal appointment process. This could initially be a fixed appointment as this could give flexibility whilst you decide the detail

Coming in 2020:Investment and Impact Funding – national figures

This is an important future income stream (contract details awaited):

- Starts in 2020 = £75million
- Up to £300million available in 2024

Future finances

	cumulative increase	annual increase %
2019/20	£109m	1.4
2020/21	£296m	2.3
2021/22	£525m	2.8
2022/23	£741m	2.5
2023/24	£978	2.7

What Is The Additional Funding For?

The Investment and Impact Fund will be dedicated to NHS utilisation and sustainable change, which could cover:

- A&E attendances
- emergency admissions
- hospital discharge
- outpatients; and
- prescribing

What will the Network Services within the DES contain?

The service requirements within the DES will be phased in gradually over the next 5 years, covering the 7 areas as below:

- Medication review and optimisation
- Enhanced health in care home service
- Anticipatory care (with community services)
- Personalised care
- Supporting early cancer diagnosis
- Cardiovascular disease prevention and diagnosis
- Action to tackle inequalities

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Keeping an eye on the future

The scope of the extra workforce extends each year

- 2019 Clinical Pharmacists and Social Prescribing Link Workers
- 2020 Physician Associates and First Contact Physiotherapists
- 2021 First Contact Community Paramedics

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Discussion Time!

Some ideas:

- How will you manage extended hours access (sub contracting allowed with agreement of commissioner)?

- Do they want to engage additional workforce?

- If so, whom, social prescriber at 100% possibly easiest clinical pharmacist - need for practices to put in income - is there agreement? Will all put in a share of the 30% - employment options needs considering, risk, how will the additional workforce work between practices, decision making (and testing re VAT, pensions, employment liability etc.)

- You need to meet, or have a group to meet, to focus on making sure you are ready for extended hour’s access and a data sharing agreement is in place as these are must dos for 1 July

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Example Question 1: Should we sign up to DES?

- Is there a consensus and resolution agreed by all the GPs in the practices that we should sign up to the PCN DES?

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Example Question 2: Structures

- What structures should our PCN look at in more detail going forwards? Flat vs super partnership, MOU etc., (see BMA handbook and Primary Care Direct option appraisal funded by NHSE) and why this option?

Example Question 3: Finances

- Presuming we agree to form a PCN, who and how should the initial finances being paid to the PCN be held?
- What do you feel are the advantages of your idea, but equally the risks?
- If a practice holds the money what level of ‘top slicing’ for this service is appropriate?
- What ‘light touch’ but robust financial controls do we need?

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Example Question 4: Governance

- Decision making process: What voting rights within the PCN do individual practices or doctors (or others) have?
- Are votes per practice, weighted per practice population (or number of GPs per practice)?
- Majority rules on decisions or unanimous only? (And if we can't agree get help / mediation / legal advice)
- When/ how often do we review the above?

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Example Question 5: Meetings

- Meetings of the PCN: How often should we meet as a large group? Do we continue as we meet now or use some other format?
- How often?
- Costs associated with this, how is this covered, through which pot in the DES? (CCG payment £1.50 per head)
- What sort of decisions can representatives make on behalf of their practices? (how big and or small, financial cut off etc.)

Example Question 6: Exit Strategies

What do we do if one practice decides to leave the PCN? Thoughts/ do we need (legal) advice?

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Example Question 7: Workforce

- What should our employment strategy be for the PCN? How do we see this working in practice? (roles, responsibilities, employment, costs, bases, proportional to list size (raw or weighted) or amount we each invest?)
- What risks are associated with our strategy?
- Is a local GP Federation an option? If not why?

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Example Question 8: Extended Hours

- How do you see extended access and extended hours being delivered over the coming years within our PCN? (Note we understand the plan is the two schemes are to be merged from 2021)

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Example Question 9: BMA Checklist

- Any other points or issues discussed or have come out of our current conversations? (see BMA checklist - setting up a PCN)

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Question 10:Information Needs

- What further information do we feel is needed?
- Who might have the details required?

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Example Question 11:Communication

We need to tell others what we are doing and why

- Partners, salaried GPs, nurses and practice admin staff
- Patients
- External ‘partner’ organisations in local Care Community i.e. Local Authority and third sector
- Who will lead communications/ How/ When?

Example Question 12: Future Meetings

- Schedule for next 12 months in place?
- Who will draft/ agree agendas?
- Will our agendas have a defined structure with important standing items (see BMA PCN Handbook)
- Do we need another session on any key specifics asap?