NHS
Somerset
Clinical Commissioning Group

Report to the Somerset Primary Care Commissioning Committee Meeting on 10th March 2022

Title: Primary Care Network Development	**Enclosure D**

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Executive Lead	Alison Henly, Director of Finance, Performance, Contracting and Digital – Somerset Clinical Commissioning Group
Clinical Lead:	Jeremy Imms, Interim Associate Director Primary Care – Somerset Clinical Commissioning Group
Author:	Jess Harris, Primary Care Development Manager – Somerset Clinical Commissioning Group

Summary and Purpose of Paper –

Primary Care Networks (PCNs) and their development are key enablers in achieving ambitions in the NHS Long Term Plan as well as forming the footprint through which Neighbourhoods organise themselves around. They are a key part of the future Integrated Care System.

13 Primary Care Networks (PCNs) have been established in Somerset since 1 July 2019 and this paper provides an overview of the development of PCNs in Somerset to date.

This papers sets out progress to date and provides an outline plan for undertaking PCN-specific detailed self-assessments of their development progress using a national tool. This will include their key achievements, strengths and weaknesses as well as capturing PCN plans for 2022/2023.

Recommendations and next steps

The Committee is asked to note PCN Development to date, factoring in the impact of the pandemic, and the approach planned to enable further PCN specific information to be obtained and PCN Development support deployed in 2022/23.

Impact Assessments – key issues identified	
Equality	N/A
Quality	N/A
Privacy	N/A

Engagement	This paper outlines next steps to be taken to enable PCNs to self assess their development progress, strengths and weaknesses and plans for the coming financial year.			
Financial / Resource	There is dedicated NHSE funding to support PCN development, however this paper and outcomes related to the PCN Development outline plan for 2022/23 may prompt thinking around further investment in PCNs to support achieving future Integrated Care System aspirations.			
Governance or Legal	N/A			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

1 PCN Development - Nationally

1.1 Since 1 July 2019, PCNs were established without creating new statutory bodies. They were aimed at bringing practices together to work at scale voluntarily with 5 key aspirations by 2023/24:

1. Stabilise general practice, including the GP partnership model.
2. Help solve the capacity gap and improved skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as serving to help increase GP and nurse numbers.
3. To be a proven platform for further local NHS investment.
4. To have dissolved the divide between primary and community care, with PCNs looking out to community partners not just into fellow practices.
5. To have systematically delivered new services to implement the Long-Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

(Reference - PCN Development Support – Guidance and Prospectus 09/08/2019 (Final Version) NHS England and NHS Improvement)

1.2 Support required to develop PCNs was recognised nationally with funding being committed over a period of 5 years specifically to enable investment into PCN development and a Clinical Director Development Programme.

2 Somerset PCN Development

2.1 13 PCNs have been in place across Somerset that provide the footprint for which 12 Neighbourhoods (health, social care, and voluntary sector services) organise themselves around. There is one practice within Somerset that is not currently signed up to a PCN however, there is still a duty to ensure that PCN Direct Enhanced Services (DES) are provided to the nonparticipating practice's population.

2.2 PCNs have had differing starting points in terms of practice collaboration and relations based on the history of Federations and pre-existing informal practice networks, as well as their relationship with the wider system/Neighbourhoods. Therefore, the need to access tailored developmental support is key.

2.3 The 'Maturity Matrix' was introduced to PCNs which is a national tool that enables PCNs to self-assess where they are on a progressive journey to becoming mature and successful PCNs covering 5 domains: Leadership, planning and partnerships, Use of Data, Integrating Care, Managing Resources and Working in Partnership with People and Communities. Use of the Maturity Matrix therefore enables PCNs to identify areas of development.

2.4 Each PCN was provided with a prospectus setting out organisations and support options that PCNs could choose to access based on the development needs they had identified. Clinical Director Leadership was also supported with Clinical Director Development days supported by the Wellbeing Collective.

2.5 PCNs did engage in obtaining developmental support, however this formal plan on delivery of PCN Development support was subsequently impacted by Covid-19 from April 2021. PCNs were asked to prioritise primary care resources to respond to the pandemic and mass vaccination programme and progressed PCN development activities outside of this where possible.

2.6 There are common development areas across all PCNs in Somerset outlined below which provide a snapshot of PCN development to date and outline areas of strength as well as challenges in the backdrop of primary care focusing on the response to Covid-19 and mass vaccinations.

3 PCN Leadership

3.1 All 13 PCNs have had a Clinical Director in post and there is a PCN Clinical Directors Board in place through which they convene regularly. The Clinical Director post is funded through the Network DES and equates to approximately 0.25 whole time equivalent (WTE) per average PCN as funding is based on the number of registered patients within the PCN practices. PCNs received an increase in their Clinical Director funding from 0.25 to 1 whole time equivalent for Quarter 1 of 2021/22. Only PCNs signed up to deliver the mass vaccination programme from Quarter 2 onwards receive the whole-time equivalent uplift for the remainder of 2021/22.

Clinical Directors provide the link between the wider system and the practices that make up the PCNs as well as providing strategic and clinical leadership to the PCN. This is a significant role and will become increasingly challenging to undertake on a part time basis successfully, especially as the PCN clinical workforce continues to grow along with the delivery of 7 Network DES specifications along with initiatives PCNs progress outside of these specifications.

3.2 PCN managers have not historically been funded through the Network DES until October 2021 when funding relating to PCN Leadership has been made available. All PCNs have either a full or part time PCN manager in post and funding of £20,000 per PCN (non-recurrent) was provided from PCN Development funding in 2020/21 towards PCN managers recognising the administrative aspect of planning and running a PCN was considerable. PCN Managers meet monthly as a group supported by Somerset Primary Healthcare.

4 Covid-19

4.1 From March 2020 all focus on Covid-19 (and later, mass vaccinations) provided significant impetus to expedite practices working together as PCNs as well as with wider system colleagues and teams. This led to the rapid transformation of how primary care was provided to meet the challenge of managing patients within PCNs with Covid-19/suspected Covid-19 as safely as possible whilst also maintaining services for those with other urgent health conditions within primary care.

PCNs rapidly developed ‘hot hubs’ to separate face to face consultations with patients who had symptoms of Covid-19 or who had tested positive for Covid-19.

For example, Yeovil PCN rearranged how they provided care across all practices within the PCN. All PCN practices adopted total telephone/digital triage and dependant on whether a patient was triaged as needing to be seen face to face either due to covid symptoms or for other primary care reasons, this dictated which GP practice site within the PCN they would be seen at.

5 PCN DES Delivery

5.1 The original timeline for the introduction of 7 Direct Enhanced Services (DES) that had been planned for PCNs to deliver was impacted by the pandemic. Elements of the Enhanced Health in Care Homes DES commenced early to support care homes across Somerset in 2020/21 with Clinical Leads for each PCN identified and all care homes aligned to PCNs in Somerset successfully. PCNs have also begun delivery in 4 other DES; Early Cancer Diagnosis, Cardiovascular Disease Prevention and Diagnosis, Tackling Neighbourhood Health Inequalities and Structured Medication Review and Medicines Optimisation. The expectation is that the Additional Reimbursable Roles Scheme (ARRS), as well as working with system partners, will provide the capacity to support delivery of Network DES.

5.2 Boundaries relating to PCN DES delivery, ARRS, lack of infrastructure and aspects of PCN funding do limit the ability to mobilise projects and transformational initiatives outside of the 7 specifications. This also impacts on the wider health and care system and aspirations for PCNs in the future Integrated Care System.

6 PCN Workforce

6.1 ARRS provides funding to PCNs to employ additional roles across 12 defined disciplines to grow the PCN workforce in support general practice and delivery of the PCN DES specifications. Each PCN receives a budget to spend on ARRS based on their population within the PCN. In 2021/22 the total annual budget for ARRS across all 13 PCNs is £7,123,000.

6.2 For Somerset, by April 2021, 100 whole time equivalent additional roles were in post across the 13 PCNs in Somerset. As of December 2021,140.8 whole time equivalent additional roles are in post with a breakdown provided below as to which roles have been recruited to across all 13 PCNs. A rise to 175 whole time equivalent additional roles is forecast by end of this financial year with current PCN recruitment plans in place. This represents significant progress.

ARRS	Whole time equivalent
Clinical Pharmacist Advanced Practitioner	1
Pharmacy Technician	9.4
Occupational Therapist	1
Health and Wellbeing Coach	53.5
Care Coordinator	33.6
Clinical Pharmacist	20.8
Physiotherapist	18.1
Physician Associate	1.8

Home/RR Paramedic	1.6
TOTAL	**140.8**

6.3 There are certain workforce disciplines where recruitment remains challenged e.g., Mental Health as there is risk of destabilising existing services if the 13 PCNs all chose to recruit and therefore there are limitations on recruitment in these areas are in place for PCNs.

6.4 Cross organisational working with the Acute Trusts has been established to support the employment, clinical supervision, and provision of certain additional roles to PCNs. For example, MSK physiotherapists. South West Ambulance Service is also finalising a similar model to enable PCNs that have chosen to recruit a Paramedic from the ARRS to do so.

7 Infrastructure

7.1 As the number of ARRS has grown to such large numbers per PCN, this is starting to create challenges regarding the infrastructure required to support the increasing workforce. Key challenges relate to physical clinical space and support functions to manage a large compliment of staff, such as finance support. The infrastructure for harnessing data as well as resource for analysis and acting upon intelligence at PCN level e.g., risk stratification, is also a significant gap.

7.2 PCNs are increasingly looked to as a vehicle to mobilise initiatives at scale within the health and care system outside of an acute setting. However, lack of infrastructure of PCNs will limit the ability to engage with this and will impact on the achievability of aspirations of PCNs in the new Integrated Care System if this is not addressed.

8 Locality Boards

8.1 Locality boards bring together representatives from across the health and care system at scale. There are 4 covering Somerset at varying stages of development and membership, but they present a significant opportunity to enhance integrated working as well as utilising data at locality level to inform and support operational delivery. As explained above, Clinical Directors are funded on a part time basis (unless their PCN is signed up to deliver mass vaccinations), so ability to engage and support the development of these Boards is a challenge as well as available resource to take forward actions from this forum.

9 Next Steps for PCN Development

9.1 To obtain a detailed assessment of each PCNs own development journey and to provide a high-level profile for each PCN, an outline plan is set out below. This will also provide a framework for each PCN to recognise their current development needs specific to them, enable planning on how to address them and PCN Development support funding in 2022/23 to be deployed.

9.2 This outline plan for PCN development will evolve with timelines and will also be

further built on following on the outcome of a national exercise being undertaken by Dr Claire Fuller, Senior Responsible Office of the Surrey Heartlands Integrated Care System. Dr Fuller has been tasked to set out how PCNs will work with partners across Integrated Care Systems. This work will take a view on how services should develop and how PCNs can support Integrated Care Systems at a local level to address health inequalities and improve the health of the local population. The outcome of Dr Fuller's work is likely to identify further areas of PCN development in Somerset as we transition to an Integrated Care System that will further inform this local plan to support PCN Development.

9.3 Work is ongoing to link with other CCGs within the South West region to understand their approach to PCN Development and use this to further inform the outline plan.

10 Outline Plan

10.1 Request PCNs to complete and share with CCG:

- Maturity Matrix to self-assess current development progress
- Key PCN Achievements to date
- PCN ARRS Workforce Profile and future recruitment plans
- PCN Strengths, Weaknesses, Opportunities and Threat analysis
- PCN plan on a page for 2022/23 that assumes delivery on the PCN DES specifications and enables an overview on specific PCN projects ongoing/planned along with proposals to address PCN development needs utilising PCN development funds.