

Development of Primary Care Networks – LGA

Briefing

18/07/19

1. Introduction and background

This briefing is to update you on the development of Primary care networks (PCNs) which were established on 1 July and to provide advice on the contribution of local government to this important change to the health and care landscape. Councils and health and wellbeing boards will want to be involved and informed of the development of PCNs, which will deliver primary and, increasingly, community care. It is important to the success of these networks that local government and wider local partners are involved. At a national level the Local Government Association (LGA) is working with NHS England/Improvement (NHSE/I) to underline our shared commitment to partnership working when implementing these important changes. NHSE/I have emphasised that they want to take forward the development of PCNs in a collaborative way, we are keen to help make this a reality which we recognise requires real effort and sustained engagement at every level and on an ongoing basis. Therefore, colleagues' feedback on what is working well and what is not would be very helpful at this stage so that we can feed this back into national discussions. Some councils may already be involved in, or at least aware of how PCNs are developing in their area, but this will not be the case everywhere. This briefing summarises the process for implementing PCNs, sets out implications for councils and joint working, and highlights the importance of doing this in a way that works for all partners locally.

2. Primary care networks and the Long Term Plan

The NHS Long Term Plan¹ focussed heavily on the creation of PCNs as the key delivery vehicle for integrated neighbourhood working, bringing together primary and community care. General practices are required to come together as a network to work with populations of between 30,000 and 50,000, making sure every person is covered.

The NHS Long Term Plan describes them as the building blocks for integrated care systems. Over the next five years, they will take on additional activity in line with funding rising to £1.8bn by 2023/24. This will be channelled through the regions from 2020 to 2023, with responsibility passing to integrated care systems (ICSs). PCNs will be funded through a nationally set contract, for Direct Enhanced Services, which specifies a range of nationally set service standards, as well as was is required to access additional funding for new healthcare roles, which will be part of an expanding multi-disciplinary team. This funding is to be used to employ over 20,000 additional staff by 2024/24, such as 1,000 trained social prescribing link workers by the end of 2020/21, as well as clinical pharmacists, physiotherapists, physician associates and paramedics. The funding must be used for newly created roles and not to support existing staff.

The contract also sets out nationally set service specifications, which have to be achieved progressively over the next few years, for example:

- from 2020/21 be able to assess their local population by risk of unwarranted variation in health outcomes

¹ <https://www.longtermplan.nhs.uk/>

- by April 2020, provide anticipatory care with community services and personalised care and help improve early diagnosis of patients in their own neighbourhoods by 2023/24, starting with cancer diagnosis by April 2020
- implement the Enhanced Healthcare in Care Homes framework and structured medication reviews by April 2020, and provide NHS support to all care home residents who would benefit by 2023/24
- join up the delivery of urgent care in the community, including where advice or support is needed out of hours
- align with reorganised community mental health services

From this month, the contract also requires the provision of extended hours access. NHS England and Improvement will undertake a review of access with the outputs to be implemented by 2021/22, starting this year.

The LGA has strongly welcomed the focus on and investment in integrated community working to look after people better in their own homes in the Long Term Plan². It has the potential to make a significant impact to people's lives both in terms of their access to person-centred care and support and in improving health and wellbeing outcomes. It is critical, however, that successful neighbourhood working is built on effective joint working with partners, including social care, district councils and public health.

3. Six principles for integration

Recently the LGA, Association of Directors of Adult social Services, NHS Clinical Commissions, NHS Providers, NHS Confederation and Association of Directors of Public Health jointly published *Six principles to achieve integrated care*³ which outlines our joint approach to integration at system, place and neighbourhood and reflects best practice.

These six principles are:

1. collaborative leadership
2. subsidiarity - decision-making as close to communities as possible
3. building on existing, successful local arrangements
4. a person-centred and co-productive approach
5. a preventative, assets-based and population-health management approach
6. achieving best value

It is important that the design and development of PCNs takes these principles into account and that neighbourhood working continues to be an integrated effort with all relevant local partners in spite of the significant amount of changes to primary care.

4. Network contract specification and implementation

The contractual requirements on PCNs are set out in the recently published *Five-year Framework for GP Contract Reform*⁴ and *19/20 Network Contract Directed Enhanced Service (DES) Specification*.⁵

The DES went live on 1 July 2019. Ahead of this date, GP practices were required to submit proposed PCNs to their commissioner, alongside information on:

- names of proposed practice members
- size of combined patient list
- a map marking the geographical area of the PCN

² <https://www.local.gov.uk/parliament/briefings-and-responses/nhs-long-term-plan>

³ <https://www.local.gov.uk/six-principles-achieve-integrated-care>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

⁵ <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-des-specification-2019-20/>

- the named clinical director
- the nominated payee.

Commissioners were required to review the proposed arrangements and approve all the PCNs by 30 June 2019.

5. Implications for councils and health and wellbeing boards

PCNs are a significant change to how NHS services will be arranged and delivered in every neighbourhood and will impact other local services. Issues to consider include:

- The guidance states that consideration must be given to the future footprint which would best support delivery of services in the context of the broader ICS or sustainability and transformation partnership (STP) strategy. Although not mentioned in guidance it is important to consider the joint strategic needs assessment and the joint health and wellbeing strategy agreed by the relevant health and wellbeing board.
- There is no reference to health and wellbeing boards, nor to supporting the integration and wellbeing duties on councils, CCGs or health and wellbeing boards. You may wish, through agenda items, strategy development or partnership discussion to encourage alignment.
- Network footprints need to be sustainable, not destabilise existing neighbourhood working, and take account of how services are delivered beyond GP practices such as community health (including community pharmacy, dentistry and optometry), secondary care providers, social care and voluntary and community organisations. Conversely, community care is expected to reconfigure on PCN footprints. Even though there is no requirement to collaborate or align with partners, it would be short-sighted of them not to do so.
- While it mentions social care, local government is not explicitly mentioned in the guidance, however, local government is an important partner and fundamental to successful neighbourhood working and should be part of discussions about network development.

A national support offer for PCNs is currently being developed by NHS England/Improvement and the LGA has offered to help support this work.

The LGA continues to work to influence developments and create advice and guidance as issues emerge. We are keen to hear about your experiences of PCN formation and development and can offer some advice and limited support to local systems experiencing any challenges in addition to the LGA's normal support offer to our member councils.

6. Hearing from you

The LGA hope that this briefing is helpful in summarising how Primary Care Networks should be developing locally and the importance of local government being involved in this process.

To ensure that PCNs are being developed effectively and in partnership we are keen to capture feedback on what is working well and what could be improved. So if you have any examples of good practice of councils being involved in the development of PCNs, any concerns you would like to raise or any risks you have identified please contact us at chip@local.gov.uk.