

Primary Care Network Development in Havering

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Why Primary Care Networks?

- PCNs are the key building block of the NHS Long Term Plan.
- 'At scale' general practice has been a policy priority for a number of years, alongside the aspiration to create more integrated health and care systems where services are aligned around the needs of local people.

General Practice is currently experiencing pressure in relation to:

- Workforce; recruitment and retention
- Workload; significant workload pressure
- Quality and variation
- Increasing demand in relation to leading change / transformation

- There are a number of benefits to primary care at scale, both to GPs (improved ability to recruit and retain staff, management of financial and estates pressures), and to the wider system / range of services (ability to more easily integrated primary care at scale with the wider health and care system).

- Whilst GP practices have been finding different ways of working together – eg in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new GP contract (April 2019), puts a more formal structure around this way of working, without creating new statutory bodies

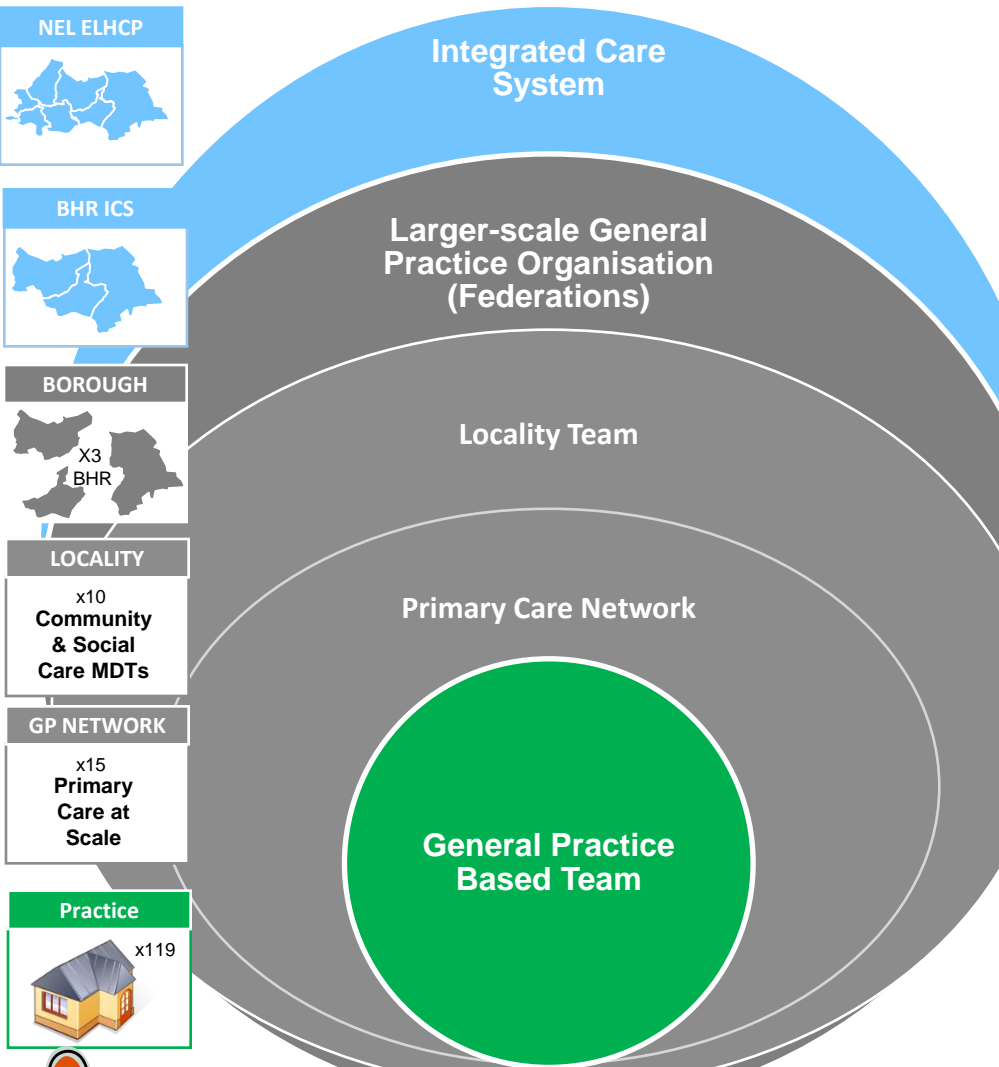
Primary Care Networks in Havering

- To serve populations of **30,000-50,000+**; formed around '**natural communities**' or '**defined populations**' based on GP registered lists
- **Small enough to provide personal care** - valued by both patients and GPs - but **large enough to enable deeper collaboration** between practices and others in the local health & social care system
- Will provide a **platform for providers** of care **being sustainable** into the longer term and are the **building blocks for an integrated care system (ICS)**
- Requires **100% geographical coverage**
- Every **ICS** will have a critical role in ensuring that **PCNs work in an integrated way** with other health & care community staff

There are now 15 Primary Care Networks across BHR, and three GP Federations:

- Barking & Dagenham – 6 PCNs
- Havering – 4 PCNs
- Redbridge – 5 PCNs

Primary Care Networks in context; where do the Federations and GP Networks sit



General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

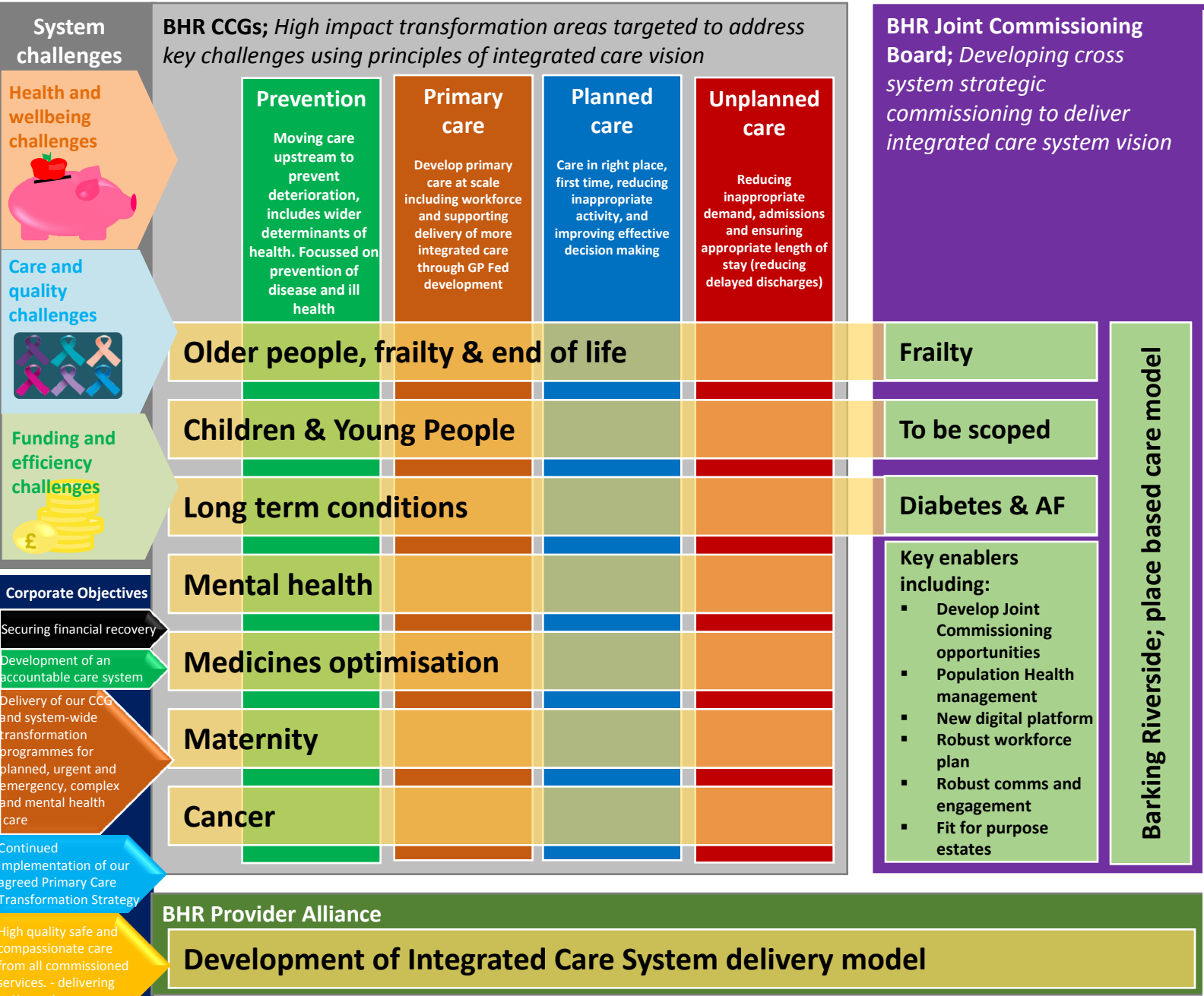
Usually at a borough level and often a single formal organisation e.g. Federation, this is the platform to provide the scale to develop and train a broad workforce, create shared operational systems and quality improvement approaches including use of locally owned data, support the delivery of collective back office functions to reduce waste and enhance efficiency, develop integrated unscheduled and elective care services for the whole population, and provide professional leadership and the 'voice for general practice in the local health economy

Serving populations of 30,000 – 50,000, bringing together groups of practices and other community providers around a natural geography. Support multi disciplinary working to deliver joined up, local and holistic care for patients. Key scale to integrated community based services around patients' needs who require collaboration between service providers and long-term care coordination

General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

The **Primary Care Network** model is at the core of both the development of General Practice in its own right, and as the foundation of place-based, integrated care. The **GP Federations** are a key platform to expand on the benefits of PCNs and enable further commissioning and to achieve economies of scale at both a borough (single GP Federation) and multi borough (e.g. three BHR Federations working together) level

The BHR Integrated Care System – What are we trying to achieve



Vision

ICP VISION

To accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services

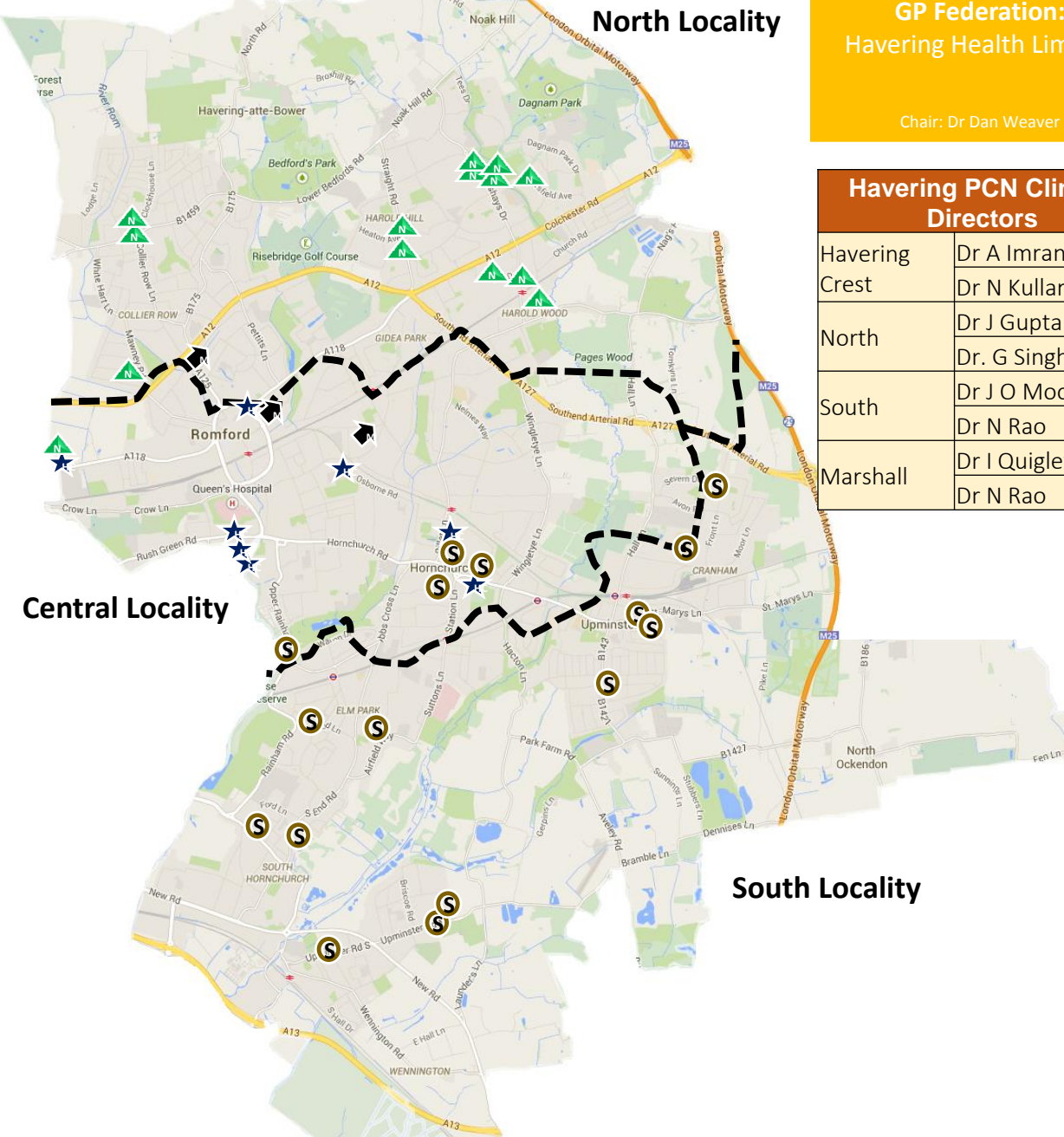


Barking and Dagenham, Havering and Redbridge Integrated Care Partnership
Statement of purpose

New delivery model achieving improved health and wellbeing outcomes for local people



HAVERING



North Locality

GP Federation:
Havering Health Limited

Chair: Dr Dan Weaver

Havering PCN Clinical Directors

Havering	Dr A Imran
Crest	Dr N Kullar
North	Dr J Gupta Dr. G Singh
South	Dr J O Moore Dr N Rao
Marshall	Dr I Quigley Dr N Rao

Central Locality

South Locality

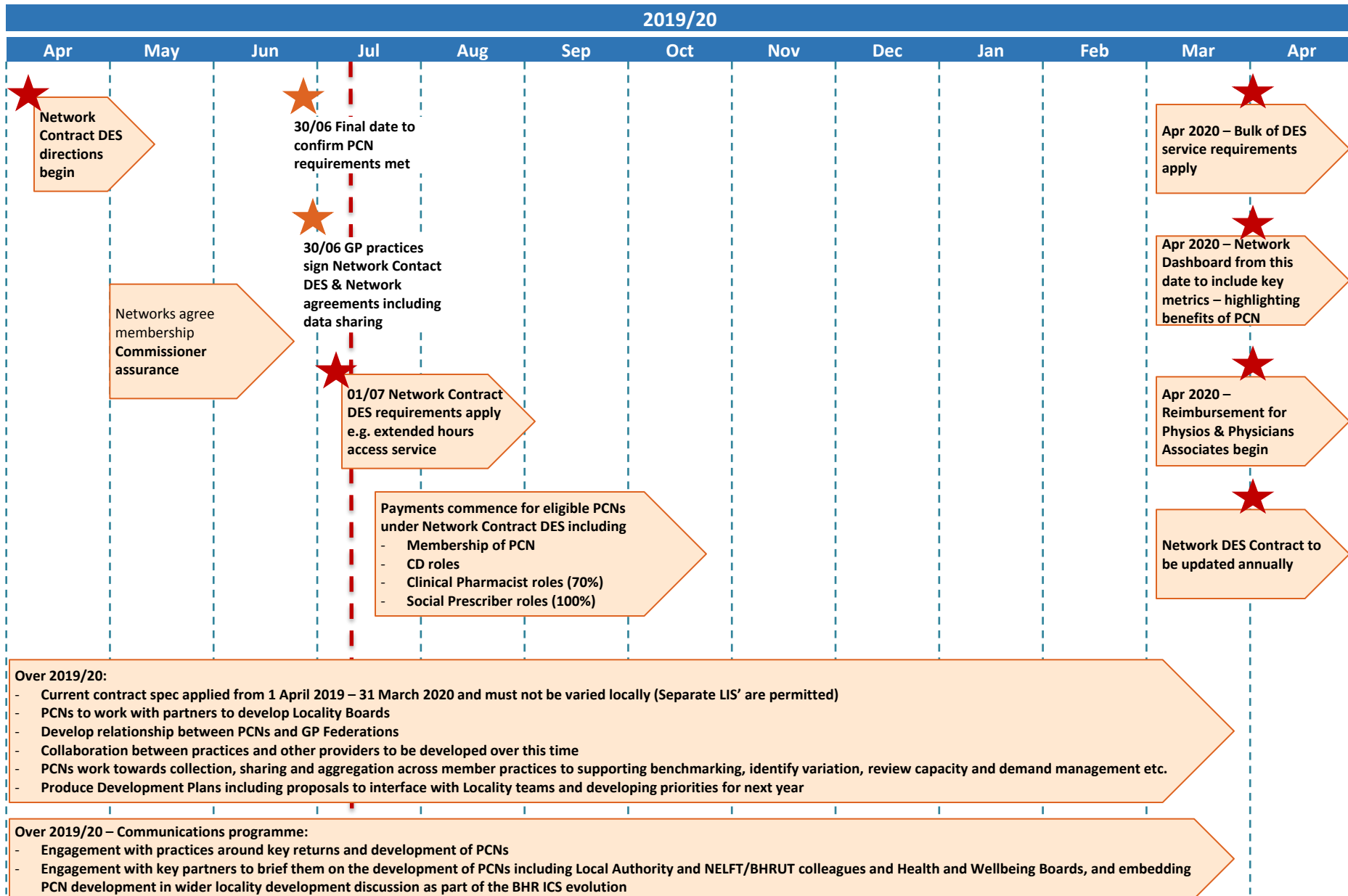
Havering Crest Primary Care Network: 8 practices List size 42,663		
F82031	Rush Green Medical centre , Dr Samoni	4838
F82675	Billet Lane Surgery	3831
F82039	Dr Poolo	3502
F82638	Modern Medical Surgery	5830
F82011	St. Edwards Surgery (formally mawney medical)	10856
F82019	The Upstairs Surgery (Dr Imran)	6902
F82023	Dr Pervez High Street Surgery	3333
F82663	Dr Marks	3571
		42,663

North Primary Care Network: 15 Practices List size 82,231		
F82671	Dr J Gupta & Dr Prasad Straight Rd Surgery	2762
F82007	Greenwood Surgery	11732
F82010	Petersfield Surgery	7428
F82045	Dr Choudhury	3335
F82610	Dr N Gupta	2969
F82014	Harold Hill H/C Dr Kucchai	7178
Y02973	Kings Park Surgery	7812
F82670	Harold Hill H/C Dr Jabbar	2660
Y00312	Robins Surgery	4729
F82016	Central Park	7457
F82030	Lynwood Medical Centre	12141
F82630	Chase Cross Surgery	5933
F82648	Ingrebourne Surgery	3007
F82686	Dr A Patel	3088
		82,231

South Primary Care Network: 17 Practices List size: 106,280		
F82008	Maylands Health Care	14549
F82624	Upminster Medical Centre (Dr O'Moore)	3798
F82614	South Hornchurch Clinic	3190
F82619	Harlow road Surgery	2001
F82002	Haiderian Medical Centre	6288
F82028	Wood Lane Surgery	8448
F82006	Dr Dhas and Humberston	11824
F82033	Dr V M Patel	3776
F82609	Dr P Patel	4522
F82055	Hornchurch Healthcare	6909
F82607	Spring Farm	5058
F82627	Dr Abdullah	5191
F82666	Dr Rahman and Tsoi	4264
F82674	Avon Rd Cranham H/C	5155
F82649	Berwick Surgery	4653
F82053	Upminster Medical Surgery Dr Baig	4230
F82022	Rosewood Surgery	12424
		106,280

Marshall Primary Care Networks: 3 Practices List size 47,990		
F82013	Western Road Surgery	17129
F82009	North Street Medical Centre	18457
F82021	The New Medical (Dr M Edison)	9747
F82639	Dr Joseph Surgery list has been taken on by North Street practice Romford	2657
		47,990

Key milestones



We are here

Network Contract DES intended to remain in place until at least March 2024

Funding to support Primary Care

Payment details and allocation	Amount	Allocations	Payment timings
1. Core PCN funding	£1.50 per registered patient per year (equating to £0.125 per patient per month)	CCG core programme allocations	<ul style="list-style-type: none"> Monthly in arrears from July 2019 The first payment (to be made on or by end July 2019) will cover the period 1 April to 31 July. Subsequent payments will be made monthly in arrears.
2. Clinical Director contribution	£0.514 per registered patient to cover July 2019 to March 2020 (equating to £0.057 per patient per month)	PMC allocations	<ul style="list-style-type: none"> Monthly in arrears from July 2019. First payment to be paid on or by end July 2019 and thereafter on or by the last day of each month.
3. Staff reimbursements <ul style="list-style-type: none"> Clinical pharmacists Social prescribing link workers 	Actual costs to the maximum amounts per the Five-Year Framework Agreement	PMC allocations	<ul style="list-style-type: none"> Reimbursement payable on or by the last day of the following month (for example, July 2019 payment to be made on or by end August 2019) Payable once staff are in post
4. Extended hours access	<p>£1.099 per registered patient to cover period July 2019 to March 2020 (i.e. equating to £0.122 per patient per month)</p> <p>NB: This amount is pro-rata from £1.45 over 12 months</p>	PMC allocations	<ul style="list-style-type: none"> Monthly in arrears First payment made for July to be made by end of July 2019. Subsequent payments made on or by the end of the relevant months.
5. Network Participation payment	£1.761 per registered patient per year (i.e. equating to £0.147 per patient per month)	PMC allocations	<ul style="list-style-type: none"> Monthly variation to Exeter as 12 equal payments

Funding to support Primary Care by PCN

PCN Network	Extended Hours	Clinical Director	Social Prescriber	Clinical Pharmacist	PCN Support (£1.50)	Practice Participation Payment
Cranbrook	54,375.22	25,431.18	34,113.00	48,231	74,215.50	74,847.08
Fairlop	68,207.24	31,900.38	34,113.00	48,231	93,094.50	100,575.09
Loxford	68,013.81	31,809.92	34,113.00	48,231	92,830.50	94,411.03
Seven Kings	80,534.72	37,665.92	34,113.00	48,231	109,920.00	111,302.90
Wanstead & Woodford	88,501.37	41,391.91	34,113.00	48,231	120,793.50	127,316.39
Redbridge Total	£359,632.36	£168,199.30	£170,565.00	£241,153.50	£490,854.00	£508,452.49
East	43,885.27	20,525.05	34,113.00	48,231	59,898.00	63,515.47
East One	40,953.14	19,153.70	34,113.00	48,231	55,896.00	63,165.74
New West	34,427.27	16,101.56	34,113.00	48,231	46,989.00	49,684.49
North	47,491.09	22,211.48	34,113.00	48,231	64,819.50	73,685.22
North West	36,052.70	16,861.77	34,113.00	48,231	49,207.50	54,315.00
West	47,585.60	22,255.69	34,113.00	48,231	64,948.50	69,479.92
B&D Total	£250,395.06	£117,109.25	£204,678.00	£289,384.20	£341,758.50	£373,845.84
Havering Crest	46,849.27	21,911.31	34,113.00	48,231	63,943.50	73,487.11
Marshall	50,129.79	23,445.60	34,113.00	48,231	72,363.00	81,337.88
North	91,430.21	42,761.72	34,113.00	48,231	124,791.00	143,958.31
South	117,267.70	54,845.86	68,226.00	96,461	160,056.00	181,727.94
Havering Total	£305,676.96	£142,964.47	£170,565.00	£241,153.50	£421,153.50	£480,511.24

£1,938,856.65

£1,577,170.85


£1,762,024.67

* Social Prescriber Based on Band 5 19/20 Salary (Note South Network has over 100k)

* Clinical Pharmacist based on 70% reimbursement (Note South Network has over 100k)

PCNs will begin to receive their 'staff reimbursements' once the new staff are in post – the figure noted is the maximum available based on the staff being in post from July 2019 – March 2020

Role of the PCN Clinical Director

- PCN required to appoint a named accountable Clinical Director; via a selection process, needs to be a practising clinician from within PCN member practices. Can be a job share
 - Accountable to the PCN members – provide leadership for PCN strategic plans, work to improve quality & effectiveness of services
 - Represents respective PCN's collective interests, and works collaboratively with other PCNs within the ICS/STP
 - A role in shaping & supporting ICS/STP, ensuring full engagement of primary care in implementing local system plans
 - Leading & supporting quality improvement and performance, and the professional lead for QOF Quality Improvement activity
 - Strategic lead for workforce development, delivering on assessment of clinical skill mix & development of a PCN workforce strategy
 - Support implementation of agreed service changes & pathways) to develop, support & delivery national local improvement programmes aligned to national priorities
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What will PCNs doing this year?

Priorities for 2019/20 – 2020/21:

- Ongoing establishment of PCNs
- Work with the BHR Integrated Care Partnership and Haverin Federation to adopt a single system vision, set of values and goals
- Understand the needs of local neighbourhoods/localities to begin to inform current and future service planning further develop PCN Development Plans
- Development of relationship with Federations to support delivery of System Financial Recovery Plan through the Transformation Board Programmes with a focus on Long Term Conditions, Older People and Frailty and Outpatients
- Initiate recruitment of PCN workforce e.g. Social Prescribers and Clinical Pharmacists in 2019/20
- Establish Extended Hours DES across respective
- Begin to prepare for DES' from April 2020:
 - Structured medication reviews
 - Enhanced health in care homes
 - Anticipatory care with community services
 - Personalised care
 - Supporting early cancer diagnosis
- Consider how GP practices and individual GPs within the PCNs will receive key message and engage with PCN priority setting and development going forward

PCN focus from April 2020 / April 2021

DES: A 'DES', or Direct Enhanced Service is a primary medical service other than essential services, additional services or out-of-hours services.

DES	What is it?	Go Live date	New workforce roles in PCNs to support	Linked to Transformation Programme/s
Structured Medication Reviews	<ul style="list-style-type: none"> aims to optimise use of medicines for some people (such as those who have LTCs or who take multiple medicines) can identify medicines that could be stopped or need a dosage change, or new medicines that are needed. can lead to a reduction in adverse events. 	April 2020	<ul style="list-style-type: none"> Clinical Pharmacist 	<ul style="list-style-type: none"> Medicines Optimisation LTCs Older People and Frailty Unplanned Care Planned Care
Enhanced health in care homes	<ul style="list-style-type: none"> Access to consistent, named GP and wider primary care services Medicines review Hydration and nutrition support Access to our of hours / urgent care when needed 	April 2020	<ul style="list-style-type: none"> Clinical Pharmacist Community Paramedic 	<ul style="list-style-type: none"> Older People and Frailty Unplanned Care Medicines Optimisation
Anticipatory care with community services	<ul style="list-style-type: none"> thinking ahead and understanding their health needs of individual people knowing how to use services better helps people make choices about their future care. Those with LTCs or chronic health problems can benefit from having an Anticipatory Care Plan. 	April 2020	<ul style="list-style-type: none"> Social Prescriber Clinical Pharmacist Physician Associate Community Paramedic PCN Physios 	<ul style="list-style-type: none"> LTCs Older People and Frailty Unplanned Care Planned Care Children & Young people Mental Health Cancer
Personalised care	<ul style="list-style-type: none"> Care tailored to the needs of people and what matters to them Prevention embedded Personal Health budgets Shared decision making is key 	April 2020	<ul style="list-style-type: none"> Social Prescriber Clinical Pharmacist Physician Associate Community Paramedic PCN Physios 	<ul style="list-style-type: none"> LTCs Older People and Frailty Unplanned Care Planned Care Children & Young people Mental Health Cancer Maternity
Supporting early cancer diagnosis	<ul style="list-style-type: none"> Supporting early identification and diagnosis of cancers in primary care to increase life expectancy 	April 2020	<ul style="list-style-type: none"> Physician Associate 	<ul style="list-style-type: none"> Cancer Unplanned Care Planned Care
CVD Prevention and diagnosis	<ul style="list-style-type: none"> Identification of those at risk of developing CVD and embedding programmes of prevention to prevent onset of the disease Closing the prevalence gap 	April 2021	<ul style="list-style-type: none"> Social Prescriber Clinical Pharmacist Physician Associate 	<ul style="list-style-type: none"> Unplanned Care Planned Care LTCs
Inequalities	<ul style="list-style-type: none"> Reducing inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities 	April 2021	<ul style="list-style-type: none"> Social Prescriber Clinical Pharmacist Physician Associate 	<ul style="list-style-type: none"> All Transformation Programmes

Key messages:

- Likely to be a marathon not a sprint
- Owned and led by primary care
- Needs to be meaningful to local communities and partners
- Should be the platform to build wider integration
- Must dock into wider ICS to get system benefits
- Must ensure remain focused on the end and the spirit of intent

Questions?

