

## HEALTH & WELLBEING BOARD

**Subject Heading:**

Primary Care Transformation update

**Board Lead:**

Sarah See, Director of Primary Care Transformation, BHR CCGs

**Report Author and contact details:**

Emily Plane, Head of Primary Care, BHR CCGs

**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

- Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- Theme 3: Provide the right health and social care/advice in the right place at the right time
- Theme 4: Quality of services and user experience

### SUMMARY

1. The NHS Long Term Plan (2019) and recent GP Contract reforms set the direction of travel for primary care over the next five years. Essentially the ambition of the NHS is to dissolve artificial divides between primary care and community health services delivering more integrated, seamless care in the context of an Integrated Care System. Through this approach, local people will receive more tailored, comprehensive care and support, when they need it. The plan also recognises the need to redistribute funding flows and reform contracts to enable more robust care organisation structures that also deliver economies of scale and adhere to the principles of subsidiarity.
2. With the coming together of the seven North East London CCGs to form the North East London Commissioning Alliance (NELCA) the system has now moved to a single Primary Care Strategy, which was approved by the BHR CCGs Joint Committee and the BHR Health & Care Cabinet in June 2019 (see appendix one for a summary of the key elements of this strategy). This Strategy ‘Strengthening Primary Care across North East London’ has been developed in



# Havering

LONDON BOROUGH

accordance with National Strategies, namely the Long Term Plan, GP Contract Reform and the regional strategy – the ‘Next Steps: Strategic Commissioning Framework for London.’

3. A workshop was held in March 2019 to review and refresh the Barking and Dagenham, Havering and Redbridge (BHR) Primary Care Transformation Programme Plan for 2019/20 which will be responsible for delivering the key elements of the North East London (NEL) strategy. Appendix one sets out the key elements of this plan, which reframes the BHR Transformation Programme in the context of the North East London approach.
4. Another key primary care development summarised in appendix one is the establishment of Primary Care Networks (PCNs). This is one of the most fundamental developments from National Strategy, with PCNs identified as the key building blocks of Integrated Care Systems with general practice at their core. Practices have come together in local networks to serve populations that are geographically aligned, based around natural local communities, typically serving populations of 30,000+. In principle PCNs should be small enough to maintain the traditional strength of general practice, but large enough to provide resilience and support the development of integrated community teams to deliver more seamless care to local people.
5. All Practices across Havering are now aligned to a Primary Care Network; a map of the current PCN configuration in Havering can be found within the supporting papers at appendix one illustrating the following PCN establishment:
  - **Havering Crest:** List size 42,663 (8 practices)
  - **North:** List size 82,231 (15 Practices)
  - **South:** List size: 106,280 (17 Practices)
  - **Marshall’s:** List size 47,990 (3 practices)

South Network is the largest PCN in Barking and Dagenham, Havering and Redbridge, with a registered population of just over 100,000.

6. This report provides an update on the development of the North East London Primary Care Strategy, BHR Primary Care Transformation Plan, Establishment of Primary Care Networks, including funding to support their development and key priorities for 2019/20 and 2020/21, and some key primary care performance updates.

## RECOMMENDATIONS



7. Health and Wellbeing Board members are asked to review, and note the content of this report, providing comments on the proposed Barking and Dagenham, Havering and Redbridge Primary Care Transformation Plan.

## REPORT DETAIL

8. Whilst GP practices have been exploring different ways of working together, for example, super-partnerships, federations, clusters and networks, the NHS long-term plan and the new GP contract (April 2019), creates a formal structure around this way of working, without creating new statutory bodies. Newly established Primary Care Networks will focus on delivery of an Extended Hours Directed Enhanced Service in 2019/20, and will begin to prepare for additional DES' from April 2020 including:
  - Structured medication reviews
  - Enhanced health in care homes
  - Anticipatory care with community services
  - Personalised care
  - Supporting early cancer diagnosis
9. As set out in 'Investment and evolution: a five-year framework for GP contract reform to implement The NHS Long Term Plan', all participating practices were required to sign a mandatory network agreement and submit a registration form to ensure that they meet the minimum national requirements and be eligible to claim financial entitlements under the PCN arrangements (such as workforce reimbursement and core funding) and any Directed Enhanced Services.
10. In 2019/20 there is one key Directed Enhanced Service (DES) for Primary Care Networks to deliver – Extended Hours. To meet the baseline requirements for this DES, all member practices of the PCN must be open during 'core hours', five days a week. Historically there have been a number of practices across Havering that close for half a day per week; Commissioners have worked with these practices over the past two months to agree plans to ensure that all practices within each PCN will be open during core hours; each practice which previously practiced half day closure now has a plan in place to ensure that they are open during core hours by October 2019.
11. Funding is also coming to PCNs to support recruitment to new roles, in 2019/20, Social Prescribers (100% funded) and Clinical Pharmacists (70% funded) will be recruited. Further roles including Physicians Associates and First Contact Physios will be recruited in the following years.

12. Primary Care Networks will also work collaboratively with wider stakeholders at a local PCN level, including community providers, local authority and the Community and Voluntary sector.
  
13. There are five key streams of funding to support the development of Primary Care Networks in 2019/20, appendix one sets the funding associated with these streams in more detail:
  - **Extended Hours Directed Enhanced Service;** this aims to provide additional access to primary care appointments outside of 'core' hours.
  - **Clinical Directors;** to fund a Clinical Director (CD) role for each Primary Care Network – all PCNs have a Clinical Director in post. Appendix one details the CD for each PCN.
  - **Network Participation;** paid to each practice to support their membership of and involvement in the Primary Care Network
  - **Core PCN funding;** This is the only network payment from core CCG funds
  - **Staff payment;** funding for new roles – in 2019/20 each PCN will receive 100% funding for a social prescriber, and 70% funding for a Clinical Pharmacist. South Havering PCN will receive funding for two Social Prescribers and two Clinical Pharmacists  
Reimbursement is made by invoice submitted on a monthly basis by the PCN and will only be paid once staff are in place.
  
14. In addition a programme of support for the development of newly established Primary Care Networks (PCNs) has been announced – the PCN Development Fund. This support package recognises that PCNs are developing within the context of wider Integrated Care Systems (ICS) and that there is a need for PCNs to engage with ICS partners at all levels, facilitating the formation of strong partnerships as opposed to fostering competing groups of providers, and enabling providers to deliver the aspirations of the ICS (and Long Term Plan) together in a more integrated way.
  
15. In practice this means that c£1.5 million in funding will come into **North East London STP** to support the development of PCNs in year one; it is anticipated that a further four years of recurrent funding will follow. This funding is over and above that set out in the GP contract agreement.
  
16. Appendix one also provides some key Primary Care performance updates including an update on CQC inspections of practices, and a scheme to improve primary care access.

## IMPLICATIONS AND RISKS

Risk description - there is a risk that...	Mitigating actions
--	--------------------



<p><b>Workload: ability to deliver business as usual, and the asks of the Transformation Programmes</b></p>	<ul style="list-style-type: none"><li>▪ Additional resource into primary care as well as other additional streams of income (PCN Development Fund) to support establishment of primary care networks.</li><li>▪ Year one of PCNs is focused on establishment of PCNs with the requirement to deliver one Directed Enhanced Service (DES)</li><li>▪ Review of CCG resource to support delivery of care at locality level.</li><li>▪ Clarity with systems partners regarding the scale of transformation that primary care is required to deliver and mitigate expectation.</li><li>▪ Support primary care leaders to develop both professionally and to support the establishment of strong networks of clinical leaders across CCGs, PCNs and GP Federations including.</li><li>▪ Recruitment to new roles within primary care to support the work of the PCNs to enable general practice time to be freed up to support delivery.</li></ul>
<p><b>Workforce; requirement to recruit to new roles to support delivery, as well as supporting General Practice recruitment and retention</b></p>	<ul style="list-style-type: none"><li>▪ Monitor role recruitment via the Provider at Scale Board, escalating risk as necessary</li><li>▪ Collaborate via HEE-CEPN across the NELCA footprint to ensure maximum effort is applied for new role development and sharing of best practice.</li><li>▪ Phased recruitment to new roles e.g. Social Prescribers and Clinical Pharmacists will be recruited in year one - 2019/20</li></ul>
<p><b>Reducing variation in quality and performance in General Practice to ensure that they are able to support delivery of improved health outcomes to local people</b></p>	<ul style="list-style-type: none"><li>▪ Work with General Practice to deliver quality improvements</li><li>▪ Utilise resilience monies appropriately on practices who are deemed in need of support</li><li>▪ Work with practices to improve quality and performance</li><li>▪ Work with PCNs to develop an open and 'safe' peer support environment that facilitates improvement through peer to peer learning</li></ul>





# Havering

LONDON BOROUGH

## BACKGROUND PAPERS

**Appendix one:** Primary Care Transformation update