

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 28 August 2019

Subject: Primary Care Networks – Implications for Manchester

Report of: Medical Director, Manchester Health and Care Commissioning
Chief Medical Officer, Manchester Local Care Organisation

Summary

This Report advises the Board of the introduction of Primary Care Networks (PCNs), and outlines progress on their establishment in Manchester, as well as wider implications for the City. In particular, the report focuses on how PCNs will fit into the development of integrated place-based care in neighbourhoods, and the Manchester Local Care Organisation (MLCO).

Recommendations

The Board is asked to comment on and note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Primary Care Networks are designed to enable integrated place based care, and support growth in Primary Care capacity and effectiveness. As such, their development should contribute to delivery of all the priorities of the Health and Wellbeing Strategy
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

Name: Tony Ullman
Position: Deputy Director, Primary Care Integration, MHCC
Telephone: 07773 961656
E-mail: tonyullman@nhs.net

Name: Helen Ibbott
Position: Service Strategy Lead, Manchester Local Care Organisation
Telephone: 07825 440005
Email: Helen.ibbott@nhs.net

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. NHS England Long Term Plan - available at <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
2. NHS England/British Medical Association (BMA) 5 year contract reform guidance - *Investment and Evolution: A five-year framework for GP Contract reform to implement the NHS Long Term Plan* – available at <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>
3. Manchester's Strategy for Primary Medical Care – available at www.mhcc.nhs.uk/publications
4. Further more detailed NHSE/BMA guidance available at <https://www.england.nhs.uk/gp/gp/v/investment/gp-contract/>

1. Introduction and purpose

The purpose of this Report is to advise the Board of the introduction of Primary Care Networks (PCNs), and outline progress on their establishment in Manchester, as well as wider implications for the City. In particular, the report focuses on how PCNs will fit into the development of integrated place-based care in neighbourhoods, and the Manchester Local Care Organisation (MLCO).

2. Background – The context for Primary Care Networks

The introduction of Primary Care Networks (PCNs) was initially identified within the NHS Long Term Plan¹; and then followed up earlier this year by the NHS England (NHSE)/British Medical Association (BMA) GP 5 year contract reform document *Investment and Evolution: A five-year framework for GP Contract reform to implement the NHS Long Term Plan*².

The 5 year contract reform framework set out in *Investment and Evolution* includes the following elements:

- Seeking to address **workload issues** in Primary Care resulting from the workforce shortfall, with funding for new roles to be based within Primary Care Networks (PCNs):
- Funding for 70% of **new** roles including
 - Clinical pharmacists, applying from this year, 2019/20
 - Physicians associates, from 2020/21
 - First contact physiotherapists, from 2020/21, and
 - First contact community paramedics, from 2021/22
- 100% funding for social prescribing link workers, from this year 2019/20
- Networks being able to decide which provider organisation employs the additional staff; which could be a lead practice, GP Federation, or NHS provider
- Growth of nearly £1b in core contract services
- Recruitment and retention programmes including Fellowship schemes and training hubs
- Proposals for changes to pension arrangements.
- Resolving **indemnity costs** and coverage through a centrally funded Clinical Negligence Scheme for General Practice.
- Reforming the **Quality and Outcomes Framework (QoF)**, implementing the findings of a recent review; introducing Quality Improvement Modules for prescribing safety and end of life care, and replacing exception reporting with a more precise 'Personalised Care Adjustment'. Parts of the existing scheme have been retired, with other domains being reviewed during this financial year including heart failure, asthma and COPD, with mental health in 2021/11.
- Practices being entitled to a **Primary Care Network (PCN) Contract**, to support establishment of PCNs to cover footprints of 30,000-50,000; under a new Directed Enhanced Service (DES); which includes

¹ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

² <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

- Practice payments for participation in PCNs; equivalent to £14,000 for an average size Practice; as well as £1.50 per head of population (nearly £1m for Manchester) to support the PCNs' running costs
- Significant further investment in Network staff (as per workforce priorities identified above)
- Expectation of full national coverage by July 2019
- Every Network having an accountable Clinical Director (with attached funding at £0.25p per patient), and a Network Agreement between the constituent Practices
- Networks playing key roles in Integrated Care Systems (ICSs)³, in order to dissolve the historic divide between primary and community services.

Further detail on PCNs, and analysis of their implications, is contained in below sections.

- PCNs supporting the development of a more integrated approach to **Primary Urgent Care Services**, including
 - The Extended Hours DES (previously delivered by individual Practices) coming under PCN arrangements as from 1st July, with the longer term intention of integrating the models for extended hours and enhanced (7 Day) access. This includes a whole population and digital offer for all patients by April 2021
 - NHS 111 direct booking into general practice nationally this year
 - GP activity and waiting time data, including patient experience, to be published, from 2021.
- Practices and patients benefiting from the move to '**digital first**' -
 - Additional national funding for PCNs through *GP IT Futures* programme
 - All patients having the right to digital-first primary care, including web and video consultations, by April 2021⁴
 - All patients having access to their full records by 2020, and being able to order repeat prescriptions electronically (for patients for whom it is clinically appropriate), from April this year
 - Practices to ensure at least 25% of appointments are available for online booking by this July
 - All practices offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate, as a default from this April
 - All practices having an online presence, giving patients online access to correspondence; and no longer using facsimile machines
 - Practices expected to share data for digital services such as the NHS App, contributing to local Health and Care Record initiatives; and creating and updating care plans for all appropriate patients

³ The term 'Integrated Care Systems' (ICSs) from the guidance refers to STP areas; hence locally the Greater Manchester Health and Social Care Partnership STP

⁴ With a further expectation in planning guidance that CCGs work with practices to ensure that by April 2020 75% of practices are offering online consultations to their patients.

- GP providers no longer being able advertise or host private GP services that would fall under the scope of NHS funded primary medical services
- A review of out of area (OOA) registration and patient choice of digital first taking place in 2019, to take account of the growth of digital registration.
- Delivering **new services** to deliver NHS Long Term Plan commitments
- Ensuring national service specifications by April 2020 for
 - Structured medications review and optimisation
 - Enhanced health in care homes
 - Anticipatory care – as part of the ambition to ‘*dissolve the historic divide between primary and community medical services*’.
 - Personalised Care and
 - Supporting early cancer diagnosis
- Further national specifications in 2021 for
 - Cardiovascular disease (CVD) case-finding, and
 - Locally agreed action to tackle inequalities
- Reviews into Vaccination and Immunisation & Screening programmes.
- By 2020, Network dashboards being in place to show progress on metrics
- National *Network Investment and Impact Fund* to start in 2020 - an incentive scheme to focus on utilisation of NHS services such as A&E attendances, emergency admissions, referrals and prescribing; part of which is to be based on the principle of shared savings linked to performance.
- **Five year funding clarity:**
 - Resources for primary medical & community services to increase by over £4.5b nationally by 2023/24, & rise as a share of the NHS budget
 - Core contract growth by £978m over the same period; with the assumption that practice staff receive at least 2% increase in 2019/20
 - Pay transparency – publication of GP earnings above £150k pa.
- **Testing future contract changes** prior to introduction, with a testbed programme, evaluation and research.

3. The national vision for PCNs

PCNs have been established to enable provision of proactive, accessible, coordinated and more integrated primary and community care, and to improve outcomes for patients. They should be formed around natural communities based on GP registered practice lists, generally serving populations of around 30,000 to 50,000 registered patients.

PCNs should be small enough to still provide personal care valued by both patients and GPs, but large enough to have impact through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They provide a platform for providers of care being sustainable longer term; and the foundation for Integrated Care Systems (ICSs).

4. The Manchester context

The guidance and proposed contract framework are, in general, very welcome, and in tune with Manchester's Strategy for Primary Medical Care⁵, specifically with regard to the following:

- Recognising the historic under-funding of Primary Care, and the need to invest in the sector for the future, both in real terms, and also relative to the rest of investment in healthcare
- The need in particular to invest in Primary Care workforce; through new funding, development of skill mix and new roles, and recruitment and retention initiatives
- Support for the concept of Primary Care at scale, as developed in Manchester and across Greater Manchester; exemplified through the notion that Primary Care growth will be enabled through the PCNs – which in Manchester are seen as natural development of existing Neighbourhood arrangements
- Based on the principle that the framework should dissolve historic barriers between primary and community services, and improve integration
- Support for a range of digital initiatives, including online access & data sharing
- Developing an integrated system offer for urgent primary care, bringing together extended hours with enhanced access through PCNs in the neighbourhood model
- Proposals to introduce national specifications for a range of services which up to now are dependent on local initiatives & funding, such as enhanced care to residents in care homes, CVD case finding, & local action to tackle health inequalities.

PCNs were established with challenging timescales, in that national guidance came out in January (with further versions, detail & updates published over subsequent months), but have been assisted locally by the fact that we have a number of the building blocks in place to ensure relatively smooth and effective implementation, including:

- Manchester's Primary Care Strategy agreed and shared by key stakeholders, including MHCC, the Manchester Local Care Organisation (MLCO), Manchester's 3 Primary Care Federations (to which all the City's 88 Practices are signed up), and their umbrella body Manchester Primary Care Partnership (MPCP), with support also from Manchester Local Medical Committee (LMC)
- Strong Neighbourhood arrangements across the City, to which Practices have shown loyalty and support; creating a solid basis for the introduction of PCNs.
- Recent enhancement of the GP neighbourhood clinical leadership role, which provides a solid foundation for transition of some neighbourhood leads to take on roles as PCN Clinical Directors
- Agreement from organisations and system leaders across Manchester that
 - The 12 Neighbourhoods should act where possible as the basis of Manchester's PCNs;
 - The PCNs should link in to Manchester's integrated care arrangements through the MLCO; with Primary Care having a strong voice within the

⁵ Available at www.mhcc.nhs.uk/publications

MLCO, through the Federations and the Neighbourhood leadership arrangements

- MHCC, MLCO and the Federations articulating a clear and joined up Manchester system view which has been communicated to the Practices. In addition, recent neighbourhood and all Practice meetings reinforced the system wide approach to implementing the guidance and putting in place effective PCNs across Manchester.

5. PCN establishment in Manchester

Whilst there is general agreement in Manchester that the 12 Neighbourhoods should act where possible as the basis of Manchester's PCNs, it should be noted that the guidance reinforces the view that PCNs should develop 'bottom up' from the Practices themselves.

As a consequence as from 1st July 14 PCNs have been established across the city, covering all 88 Practices, with assurance in place in relation to their Network Agreements. In most parts of the City the PCNs reflect existing neighbourhood boundaries, other than in relation to:

- A new City Centre and Ancoats PCN
- Robert Darbshire Practice in Rusholme forming a PCN, alongside its constituent Practices of New Bank (in Longsight) and The Whitswood, Alexandra Park.

For information, Appendix 1 contains a list of the PCNs, their constituent Practices, and Clinical Directors; with Appendix 2 a map of the city showing how networks align to neighbourhood arrangements.

6. Priorities for 2019/20

The priorities for PCNs for the rest of this financial year include

- 1) Establishment, including governance and assurance through their Network agreements.
- 2) Extended Hours - As part of their Network Agreements, PCNs are required to deliver Extended Hours; ensuring, unlike previous arrangements, full population coverage⁶. The exact model of Extended Hours delivery in each PCN may vary and can include:
 - All practices in a PCN offering extended hours to their own registered patients
 - A practice undertaking the majority of the extended hours provision for the PCN's population, with other practices participating less frequently
 - A practice offering extended hours to its own patients, with other practices sub-contracting delivery for their respective patients

⁶ Note that 'extended hours' has traditionally been provided as a matter for choice by individual Practices, and is not to be confused with the hub based enhanced 7 day access service. Before 1st July around 2/3 of Manchester Practices delivered extended hours.

- A provider providing the extended hours provision on behalf of all the practices.

Irrespective of the delivery model, the PCN needs to ensure that all network patients have access to a comparable extended hours service offer. As at time of writing, most PCNs are now delivering full population coverage, others are developing phased arrangements to the end of September, with a view that their full hours will be made up by the end of January 2020.

It is also planned that half day closing will be phased out across the city by the end of September 2019.

- 3) Workforce - PCNs are now focusing on their extended workforce growth, which in 2019/20 covers Clinical Pharmacists and Social Prescribing link workers. The majority of PCNs have indicated a preference to deliver the MHCC proposed offer for both Clinical Pharmacists, whilst for Social Prescribing Link Workers there is an intention to build on positive recent service developments in social prescribing across the city through the Be Well programme.

7. Networks and MLCO Neighbourhoods

Manchester's focus in terms of the integration of health and social care at a local place-based level has been through the neighbourhood arrangements. In the context of Bringing Services Together, MLCO is working with a range of partners in neighbourhoods to enhance the approach to integrating health and social care and addressing the wider determinants of health.

In this context, it is recognised that PCNs and neighbourhoods are not identical, but have very similar aims and in most cases similar geographies. Broadly neighbourhoods are focusing on the integration of health and social care, whilst PCNs are focusing on Primary Care service delivery, and how they deliver their requirements under the PCN DES.

There are and will be growing links between PCNs and neighbourhoods, and the ambition is to align where we can. It is also recognised that not all PCNs will move forward at the same pace, and may wish to approach delivery of their PCN DES requirements in different ways. In a number of neighbourhoods, PCN clinical leadership is the same as in the neighbourhood, demonstrating that the journey to convergence is well underway.

Some principles to which partners are working to ensure the PCN/neighbourhood alignment include the following:

- PCNs are seen as an integral part of the coordinated Neighbourhood approach in Manchester to improve population health
- There is a growing recognition across the City of the need to explore the development of a City Centre neighbourhood to meet the specific needs of patients and residents in the City Centre, and respond to the significant forecast population growth

- PCNs are working with GP Federations, MLCO and MHCC to align PCN and Neighbourhood governance and operating arrangements during 2019/20
- Whilst PCNs in year one are focused on establishment and the contractual requirements of the PCN DES, many are considering what needs to be put in place to meet the requirements in years 2-5. As PCNs are aligned to and working with partners in the neighbourhood, this provides a strong foundation from which to build and work together to deliver local priorities and the DES requirements. PCN Clinical Directors and GP neighbourhood clinical leads are being supported and enabled to work together as cohesive new clinical leadership group across the city
- Both PCNs and neighbourhoods are being supported to see themselves as part of the broader Manchester Bringing Services Together programme.

8. Primary Care Networks and MLCO Governance

The MLCO Prospectus outlines the intention behind the establishment of an LCO to 'bring together a range of community based health, care and prevention services organised around general practice with 12 locality neighbourhoods across the city, so they can focus on the local population and individuals needs more effectively.'

Since its establishment, the LCO has been working to ensure that primary care was at the heart of its operation and has built relationships with practices through existing infrastructure, such as the GP Federations and MHCC neighbourhood arrangements.

As such, MLCO has been working with colleagues in MHCC and the GP Federations to ensure a joined up approach when working with practices and developing the MLCO model of integrated health and social care in the place.

The approach has been to work with and build from the strong foundations in Manchester and this included the arrangements practices had established to work together at a neighbourhood level.

Practices have been engaged in the development of MLCO's neighbourhood approach from the beginning, through the Federations and then through the development of the GP neighbourhood lead roles (a critical role in our Integrated Neighbourhood Leadership teams); the development and optimisation of neighbourhood partnerships (chaired by the GP neighbourhood leads); and the development of the 2019/20 Health and social care neighbourhood plans. They will also be critical to the successful development and delivery of the coordinated care pathway through the delivery of Multi-Disciplinary Teams (MDTs) and Multi Agency Meetings (MAMs) in each neighbourhood.

Following the publication of the NHS Long Term Plan and the clear intention to 'dissolve the historic divide between primary and community health services', the MLCO in partnership with the Federations and MHCC has continued to implement the planned integration at a neighbourhood level through the Integrated Neighbourhood Team (INT) programme and the neighbourhood arrangements and governance.

The MLCO Executive team, alongside MHCC, met with those PCNs that did not directly align to existing neighbourhood geographies to ensure that interfaces with the community health and social care services would be managed appropriately. In the case of the Robert Darbishire PCN, this crosses 2 neighbourhood geographies and the PCN has identified a lead to be part of both arrangements. MLCO has agreed with all PCNs that it will work through any issues on a pragmatic basis and to date, there have been no issues.

Discussions have started with the City Centre PCN to identify how MLCO and other partners can support the development of neighbourhood level working for our residents in the City Centre. From an LCO and wider system perspective, this will be supporting the resilience, sustainability and development of the primary care offer in the City Centre.

The approach has acknowledged the time that PCNs have needed to establish themselves legally, and supporting practices being able to remain engaged in neighbourhood level working through the GP neighbourhood leads and the neighbourhood partnerships.

MLCO and MHCC have met with the PCN CDs to clarify roles in the system, and how PCNs can be supported through the neighbourhood infrastructure in the delivery of their DES requirements; which from year 2 of the DES require PCNs to develop approaches in collaboration with partners from across the system.

The CDs have requested that MLCO and MHCC work together to clarify the vision and strategy for the future working of neighbourhoods and PCNs; therefore, in partnership with the Federations an approach will be proposed that the PCNs and Neighbourhoods can refine and agree; building on the principles outlined in section 7 of this paper.

The MLCO neighbourhood governance and infrastructure can facilitate this approach and in some cases is already working to address some of the requirements that service specifications will outline, such as the development of enhanced health in care homes and anticipatory care.

In terms of accountabilities, Primary Care Networks are accountable to NHS England via delegation to MHCC, whilst the PCN Clinical Directors are responsible to the PCN practices themselves. GP Neighbourhood Leads are responsible to both MHCC and MLCO. As stated, across the city some PCN CDs are also the GP Neighbourhood Leads who are part of the Integrated Neighbourhood Leadership Team. In the cases where both roles are not being undertaken by the same GP there is a close working relationship in place to ensure PCN and neighbourhood priorities are aligned.

This Neighbourhood Leadership Team, which consists of an Integrated Neighbourhood Team Lead, GP Neighbourhood lead, Nursing lead, Social care lead, Mental Health lead and Health Development Coordinator is also responsible for Neighbourhood Provider Partnership Groups and neighbourhood plans.

Each Neighbourhood has a health and social care plan for 2019/20 aligned to the MLCO strategic framework, these have been developed into Plans on a Page. The

Neighbourhood Partnerships are accountable to the Locality Provider Partnerships which in turn are accountable to MLCO Executive.

It is also proposed to establish a citywide Primary Care leadership group, to enable PCN CDs and Neighbourhood Leads to work collectively with MLCO, MHCC and other partners at a city wide level; the first meeting of this forum is due to take place in the early Autumn and will initially focus on how the PCNs and neighbourhoods can converge to be a fully aligned approach.

9. Scope of MLCO contracts: Primary care

As the MLCO goes live, contracts for a number of enhanced primary care services are due to transfer into MLCO from MHCC; specifically:

- 7 day services
- Out of hours services
- Enhanced care to care homes

A multi-agency design group including primary care leads has been established to develop a scope and vision for how these services (currently managed and operated independently) can be brought together into an integrated primary and urgent care service model. PCN CDs have been included in this design approach to support the proposed contract transfer, given that longer term responsibility for delivering an integrated urgent and primary care offer will fall to the PCNs. Whilst Walk-In Centre services are not included in the contract transfer, they are in the scope of the design work.

From April 2020 it is also proposed that Primary Care Locally Commissioned Services/Primary Care Standards move into MLCO. MHCC will lead on the development of this approach in partnership with MLCO, PCNs and federations; and the opportunity to deliver through PCNs or neighbourhoods will be considered.

10. Moving forward to 2020 and beyond

2019/20 has been considered as a transition year for PCNs. Now that they are established and in place, they can start to consider their requirements and priorities for 2020 and beyond; including

- Further extended primary care staffing offers:
 - Physicians associates, from 2020/21
 - First contact physiotherapists, from 2020/21, and
 - First contact community paramedics, from 2021/22
- Delivery of services under proposed national service specifications, in areas including:
 - Structured medications review and optimisation;
 - Enhanced health in care homes;
 - Anticipatory care;
 - Personalised care; and

- Supporting early cancer diagnosis.
- In addition, considering further national specifications from 2021 for CVD case finding, and locally agreed action to tackle health inequalities.
- Their approach to integrated Primary Urgent Care Services; and how, working with MHCC and MLCO, they can best align extended hours with enhanced (7 Day) access; ensuring the whole population and digital offer by April 2021.

11. For decision

The Board is asked to comment on and note the Report.