

Title of Meeting:	Primary Care Commissioning Committee	Agenda Item: 6.2										
Date of Meeting:	23 July 2020	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </tbody> </table>			Session (Tick)		Public	X	Private		Development Session	
Session (Tick)												
Public	X											
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Development Session												
Paper Title:	Primary Care Network Development - Report											
Responsible PCCC Member Lead Wendy Balmain Director of Strategy and Integration		Report Author and Job Title Jenny Loggie, Senior Service Development Manager										
Purpose (this paper if for)	<table border="1"> <thead> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>				Decision	Discussion	Assurance	Information			X	
	Decision	Discussion	Assurance	Information								
		X										
Has the report (or variation of it) been presented to another Committee / Meeting? No												
Executive Summary This report outlines progress on the progress of Primary Care Networks (PCNs) and provides key updates on the development of our North Yorkshire CCG PCNs, and assurance on the delivery of the Network Contract Directed Enhanced Service (DES).												
Recommendations The Primary Care Commissioning Committee is being asking to: Note the attached paper.												
Monitoring All monitoring of Primary Care Networks is managed both operationally and strategically through the Strategy and Integration Directorate.												
Any statutory / regulatory / legal / NHS Constitution implications		No										
Management of Conflicts of Interest		No conflicts of interest have been identified prior to the meeting.										
Communication / Public & Patient Engagement		N/A										
Financial / resource implications		All PCNs are funded under the PCN Network Contract DES. The Strategy and Integration Directorate monitor the funds alongside the Finance Directorate.										
Significant Risks to Consider		No										
Outcome of Impact Assessments completed		N/A										

Introduction

This report on Primary Care Networks (PCNs) aims to provide an overview and key updates on the development of our North Yorkshire CCG PCNs, and assurance on the delivery of the Network Contract Directed Enhanced Service (DES).

The Network Contract DES was first introduced in 2019. This placed obligations on practices and commissioners with effect from 1st July 2019. The DES forms part of the larger general practice contract reform as set out in the 'Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan'. There will be a DES each financial year until at least 31 March 2024.

On 31st March NHS England issued a revision to the DES, for the financial year 1st April 2020 – 31st March 2021. This revision was in response to the global coronavirus pandemic. Primary Care has a pivotal role in managing and supporting the system response to COVID; therefore key changes have been agreed as follows:

Headline changes to the agreed DES

- The start date of the structured medication review service, has been postponed until 1st October 2020
- The contractual start date of the early cancer diagnosis specification has been postponed until 1st October 2020; however every possible effort to commence planned work should begin, unless COVID response deems this impossible
- The enhanced health in care homes specification has been confirmed to remain in place, and CQC registered homes must be aligned to PCNs by 31st July. This is in recognition that organising and delivering services to care home patients remains vitally important throughout COVID.
- The introduction of the Investment and Impact Fund (IIF) has been postponed, and will commence 1st October. The first six months of IIF monies have been reused as a PCN support payment.
- The additional roles reimbursement scheme (ARRS) will continue as planned; 100% reimbursement up to the maximum reimbursable amounts for 10 primary care roles. The requirement to submit 2020/21 workforce returns has been delayed to 31st August and indicative workforce plans for the period up to 2023/24 has been adjusted to 31st October. This is to ensure that recruitment activity to build capacity is the priority.

North Yorkshire Primary Care Networks

As in 2019, of the 51 practices within North Yorkshire CCG, 50 have participated in the DES, and therefore established a PCN in accordance with the requirements of the DES. The 1 practice that has decided to not participate has an alignment to the nearest PCN, under a local incentive scheme, and therefore the patient population is offered the same services and benefits. For North Yorkshire CCG, there continues to be 11 PCNs in place.

Locality of NY CCG	Name of PCN	Practice Name	PCN List Size
Hambleton, Richmondshire and Whitby	Richmondshire	Aldbrough St John Catterick Village Medical Centre Central Dales Surgery Harewood Medical Practice Leyburn Medical Practice Quakers Lane Surgery Scorton Medical Centre Friary Surgery	43,535
	Hambleton North	Great Ayton Health Centre Stokesley Health Centre Mayford House Surgery Mowbray House Surgery	44,356
	Hambleton South	Glebe House Surgery Lambert Medical Centre Thirsk Health Centre Topcliffe Surgery	28,423
	Whitby Coast and Moors	Whitby Group Practice Sleights & Sandsend Medical Practice Egton Surgery Danby Surgery Staithes Surgery	26,902
Harrogate and Rural	Knaresborough & Rural	Church Lane Surgery Springbank Surgery Nidderdale Group Practice Eastgate Medical Group Beech House Surgery Stockwell Road Surgery	54,084
	Heart of Harrogate	Dr. Moss & Partners The Leeds Rd Practice Church Ave. Med Grp Kingswood Surgery	51,359
	Mowbray Square	The Spa Surgery East Parade Surgery Park Parade Surgery	30,076
	Ripon & Masham	North House Surgery Dr Ingram & Partners Ripon Spa Surgery Dr Akester & Partners	29,000
Scarborough and Ryedale	North Riding Community Network	Sherburn Surgery Ampleforth & Hovingham Ayton & Snainton Medical Practice Derwent Practice	38,510
	Scarborough Core	Central Healthcare Eastfield Medical Centre Brook Square Surgery Castle Health Centre	51,813

	Filey and Scarborough Healthier Communities Network	Hackness Road Surgery Filey Surgery Scarborough Medical Group Hunmanby Surgery	30,724
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PCN Organisational Requirements

All PCNs must ensure they remain compliant with the criteria of a PCN, as set out in the Network Contract DES. Where a PCN intends to change any of their criteria or existing arrangements, they must act in accordance with the contract, and inform the commissioner. In April 2020, the CCG has worked with Scarborough Core PCN to support the change of their nominated Clinical Director.

Organisational Development

All PCNs continue to work towards their organisational development plans, by using the maturity matrix as a framework for their planned progress.

PCNs have used their allocated organisational development funding to support some or all of the 5 domains of the matrix, and the CCG continues to work closely with practices and PCNs to ensure the monies are used effectively.

Additional Roles Reimbursement Scheme (ARRS)

The PCNs continue to prioritise workforce development and workforce planning, to ensure primary care support and resilience. This is especially important during the COVID efforts and the future months as PCNs live and work with COVID. At the end of August, the PCNs are required to make a submission to the CCG on their intentions for the additional roles workforce until 31st March 2021, as part of the ARRS scheme.

All PCNs across North Yorkshire CCG have successfully developed a social prescribing service, which has seen the introduction of social prescribing link workers deployed across general practices. Each locality within North Yorkshire has taken a slightly different approach, but one that suits the needs of the populations they serve. Each PCN has sub-contracted the service provision through local voluntary sector or via North Yorkshire County Council services.

In addition, Clinical Pharmacists and Pharmacy technicians are employed or in the process of being employed across the PCNs. All PCNs have successfully managed to secure pharmacy provision under the ARRS scheme.

The recruitment of First Contact Physiotherapists (FCPs) continues across all PCNs. Collaborative working between system partners is in progress, to ensure a strong and resilient service is developed for the communities across North Yorkshire. These services are being developed following previous pilots and other schemes already in place.

Table 1 – Overview of Current Additional Roles in PCNs

Eligible Role	Total across NY, split by each place
Clinical Pharmacist	Total for NY: 12.1 WTE Total by Place: <ul style="list-style-type: none"> • HaRD – 3.9 WTE • SR – 5.2 WTE • HRW – 3.0 WTE
Social Prescriber	Total for NY: 10.8 WTE Total by Place: <ul style="list-style-type: none"> • HaRD - 3.2 WTE • SR – 3.6 WTE • HRW – 4.0 WTE
First Contact Physio	Total for NY: 5 WTE Total by Place: <ul style="list-style-type: none"> • HaRD – 3.8 WTE • SR – 1.2 WTE
Physician Associate	Total for NY: 1 WTE Total by Place: <ul style="list-style-type: none"> • SR – 1 WTE
Pharmacy Technician	Total for NY: 1 WTE Total by Place: <ul style="list-style-type: none"> • SR – 1 WTE

The purpose of the scheme is to develop additional capacity through new roles, and by doing so, help to address the workforce shortage in general practice. These recruited roles will contribute to the provision of health services across the PCN, and are embedded within the PCNs member practices. They are an important addition to the practices multi-disciplinary team, bringing in other aspects of expertise to deliver healthcare services to the patient populations of the PCNs.

Service Requirements

The Network Contract DES incorporates additional services that PCNs must deliver. The latest revision of the DES saw the postponement of key services until October 2020. However, two key services remain; Extended Hours service and Enhanced Health in Care Homes.

Extended Hours is additional clinical appointments offered to the registered populations of the PCNs. These can be emergency, same day or pre-booked appointments and must be additional clinical capacity beyond ‘core hours’. This additional capacity must equate to a minimum of 30 minutes per 1,000 registered patients per week. All NY CCG PCNs offer this additional provision to their registered populations.

Enhanced Health in Care Homes is focused on providing additional support to local care home residents, as well as care home staff. The service has key deliverables due from 31st July 2020. However in light of the response to COVID, there was a call to action to support the care homes as a direct result of the COVID outbreak. Therefore the CCG has commissioned a local enhanced service (LES) in recognition of the call to action of general practice, which will fund practices to:

- begin a process of work to align care homes to Primary Care Networks, and with that identify a named clinical lead

- deliver a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care
- expedite the delivery of personalised care and support plans for care home residents
- provide medication support to care home residents and staff

The intention of this LES is an interim arrangement, prior to the commencement of funding from the DES. The funding arrangements will be matched to that of the Network Contract DES, which will be £120 per bed per annum, and pro-rated accordingly. The CCG has committed to fund the LES from 1st May until the DES starts. All PCNs have agreed to deliver the interim Care Home LES

Next Steps

The future focus for PCNs will be to assist with the primary care recovery plan and re-start of services. Responsibility for Extended Access services moves to PCNs from April 2021. The CCG is working with the PCNs and current providers of Extended Access to develop new models and ways of working and learning from current service models to ensure a smooth handover and that the services meet the needs of our population.

The Impact and Investment Fund IIF will commence in October 2020. This will be used to reward PCNs in relation to the IIF indicators as previously set out in the GP contract, with detail subject to further discussions with the General Medical Council (GPC).

A more comprehensive report on PCN plans and the objectives of the national PCN contract will be presented to the September meeting of the PCCC.