

Matthew Cole
Director of Public
Health

New Primary Care Networks in Barking and Dagenham

Key Points

From 1 July 2019, all patients in England will be covered by a primary care network (PCN) – the most significant reform to general practice in England in a generation.

PCNs should help to integrate primary care with secondary and community services, and bridge a gap between general practice and emerging Integrated Care Systems.

Since January 2019, B&D practices have been organising themselves into 6 local networks to provide care at greater scale by sharing staff and some of their funding.

While PCNs offer huge potential to integrate care and improve services, there is a risk that the speed of implementation will undermine the best intentions of the policy.

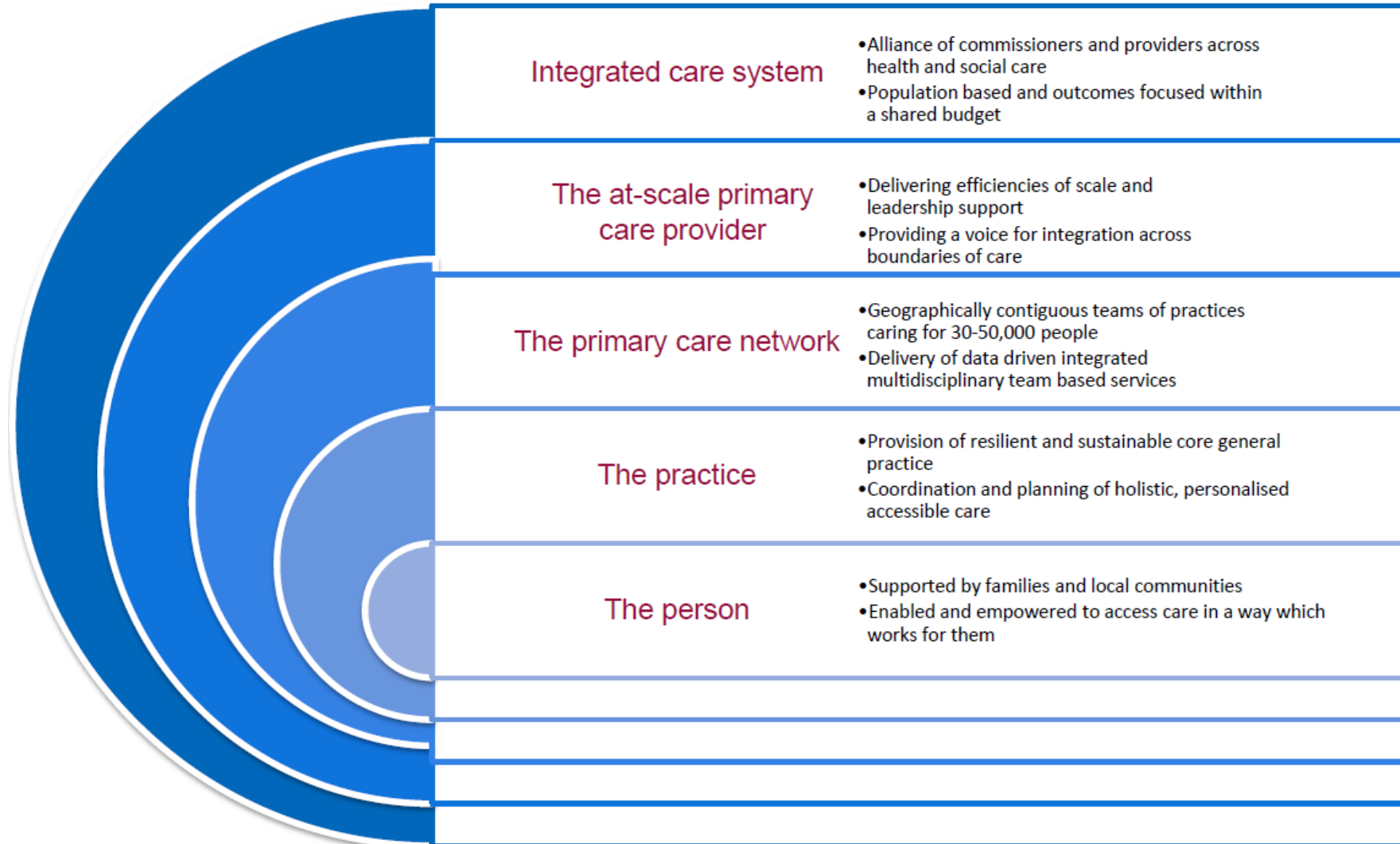
Nature of the Change

Integrated care and system reform offers new opportunities to work as part of a whole systems approach, focused on improving resident's health & wellbeing outcomes

ICS enable the planning healthcare treatment, social care and prevention activity to address residents needs and improve outcomes

PCNs do represent a potential revolution in the delivery of neighbourhood-level health and care across the country. The promised speed of change is rapid, with PCNs aiming to impact the way that the whole population experiences local health and care over the next five years.

THE MODEL OF CARE



Central to the work of Integrated Care Systems

Delivery of population health

Improving the health of the borough population. Includes action to reduce the occurrence of ill-health, including addressing the wider determinants of health and requires working with communities and partners.

Delivery of population health management

Improving residents health by data-driven planning and deliver of care to achieve maximum impact. Includes segmentation, stratification and impartibility modelling to identify local 'at risk' cohorts.

What are primary care networks?

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

Provide a wider range of services to patients and to more easily integrate with the wider health and care system.

The NHS long-term plan and the [new five-year framework](#) for the GP contract, published in January 2019, put a more formal structure around this way of working, but without creating new statutory bodies.

While practices are not mandated to join a network, they will be losing out on significant extra funding if they do not.

Since 1 July 2019, all GP practices in B&D have come together in 6 geographical networks covering populations of approximately 30–50,000 patients.

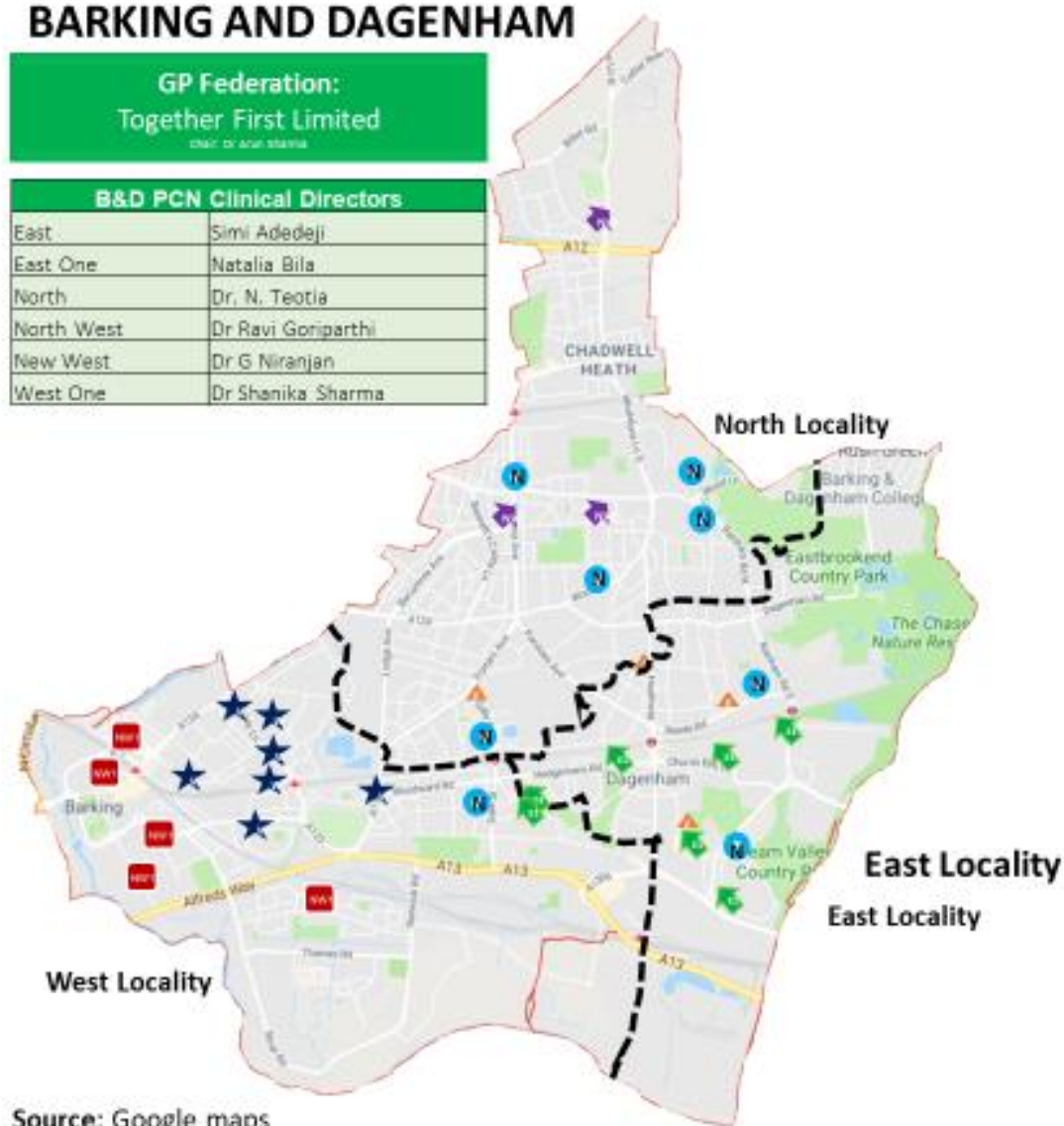
BARKING AND DAGENHAM

GP Federation:
Together First Limited

Chair: Dr Anil Sharma

B&D PCN Clinical Directors

East	Simi Adedeji
East One	Natalia Bila
North	Dr. N. Teotia
North West	Dr Ravi Goriparthi
New West	Dr G Niranjan
West One	Dr Shanika Sharma



Source: Google maps

North Primary Care Network; 8 practices List size 43,239	
Green Lane surgery	5740
Dr S Helder & Partners	5704
Dr A K Sharma	4673
Dr A Gill	4553
Five Kings Medical Practice	4057
Gebres Surgery	4076
Dr M Khan	3000
Dr B S. Akmal	5415
Total	43,239

North West PCN; 3 practices List size 52,657	
Marks Gate Health Centre	2600
Tulse Medical Centre	31062
Becontree Medical Centre	9555
Total	52,657

West One Primary Care Network; 7 practices List size 42,919	
Dr P. Prasad	2430
Dr. Chibber & Gupta	4466
Dr. Sharma & Rai	5482
Highgrove Surgery	7961
Dr Anwar & Anwar	8270
The Barking Medical Group Practice	11348
The John Smith Medical Centre	2263
Total	42,919

New West PCN; 5 practices List size 30,973	
Abbey Medical Centre	6546
Dr O. Khatat	3536
Dr N. Niranjan	4888
Dr. John & John	3415
Shifa Medical Practice	2200
Total	30,973

East Primary Care Network; 4 Practices List size 39,458	
Wood Street Medical Centre	6553
Porters Avenue Surgery (20,000 with East & North)	8888
Church Hill	6004
Hallam Street Surgery	6779
Child and Family Health	11,234
Total	39,458

East ONE Primary Care Network; 7 Practices List size 37,134	
Dr Akshay Surgery	4652
Port Avenue Surgery	5401
Healthway Medical Centre	4895
Hedgerston Rd	5717
Parview	3988
St Albans Surgery	5676
The Surgery (Dr Osh)	5785
Total	37,134

Primary care networks – key to the future

- Primary care networks are small enough to give a sense of **local ownership**, but big enough to have **impact** across a 30-50K population.
- They will comprise groupings of clinicians and wider staff **sharing a vision** for how to improve the care of their population and will serve as **service delivery units** and a **unifying platform** across the country.



What will primary care networks do?

- PCNs will eventually be required to deliver a set of seven national service specifications.

From	Service Specification
April 2020	Structured Medication Reviews and Optimisation Enhanced Health in Care Homes Anticipatory Care Supporting Early Cancer Diagnosis Personalised Care
April 2021	CVD Prevention and Diagnosis Tackling Neighbourhood inequalities

PCNS will provide a wider range of primary care services to patients, involving a wider set of staff roles.

Networks will receive specific funding for clinical pharmacists and [social prescribing](#) link workers in 2019/20, with funding for physiotherapists, physician associates and paramedics in subsequent years.

They will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around primary care network boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.

What will primary care networks do?

- **Going beyond care**
- **Provider or Commissioner?**

Going beyond care

PCNs will also be expected to think about the [wider health of their population](#), taking a proactive approach to managing population health and, from 2020/21, assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

Provider or Commissioner?

PCNs will be focused on service delivery, rather than on the planning and funding of services, responsibility for which will remain with commissioners, and are expected to be the building blocks around which integrated care systems are built.

PCNs will be the mechanism by which primary care representation is made stronger in [integrated care systems](#), with the accountable clinical directors from each network being the link between general practice and the wider system.

We have examples of how integrating services improves services for patients...



East London

Utilising the power of voluntary and community services

- In **Tower Hamlets**, care co-ordinators in primary care can refer patients to 1500 local voluntary sector organisations that support residents to manage their health and wellbeing
- Patients have been supported to engage in arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

Yorkshire

Integrating care teams across organisational boundaries

- In **Wakefield**, multi-disciplinary teams have been formed between care homes and primary care to manage the needs of residents in 27 care homes and 6 supported living facilities
- Local analysis showed that ambulance call outs have been reduced by 9% and bed days have reduced by 26% from the 2015/16 baseline.

Lancashire

Providing flexible access to specialist support

- University Hospitals of **Morecambe Bay** NHS Foundation Trust has been working with local out-of-hospital providers, to implement electronic advice and guidance across 16 specialities
- The service has enabled patients to seek specialist support without being referred to secondary care, saving around 1700 referrals.

Who are primary care networks accountable to?

Practices are accountable to their commissioner for the delivery of network services.

Practices will sign a network agreement, a legally binding agreement between the practices setting out how they will discharge the responsibilities of the network.

PCNs can also use this agreement to set out the network's wider objectives and record the involvement of other partners, for example [community health providers](#) and pharmacies, though these partners will not be part of the core network, as that can only be entities who hold a GP contract.

Each network has an identified accountable clinical director. The main purpose of this role seems to be to provide a voice upwards to the wider integrated care system, and to be a single point of contact for the wider system, rather than to be accountable for the performance of the network or its constituent practices.

Clinical directors are appointed by the members of the network.

What does the evidence show makes for successful collaboration in general practice?

Most successful when it had been generated organically by general practices over a number of years, underpinned by trust, relationships and support, and where there was a clear focus and agreement on the role of the collaboration.

Least successful where there was a lack of clarity of purpose or engagement or over-optimistic expectations.

PCNs will need support to build the trust and relationships needed for successful collaboration, resisting attempts to be over-optimistic in what can be achieved in the short term. The scale and complexity of the implementation and leadership challenge should not be underestimated, and those leading PCNs will need significant support if they are to deliver the ambitions set out for them.

What difference will primary care networks make for patients?



PCNs have the potential to benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.



[Previous research](#) on the impact of larger scale general practice on patient experience found mixed views.



While some patients prioritise access above all else and are interested in the potential of larger collaborations to improve that access, others are more concerned about continuity and trusting relationships and are concerned these may be lost.



Practices will need to work with their patient participation groups and the wider local community if they are going to address the needs of their local population.

Challenges of PCN Establishment

Relationships require development between PCNs and Federations to enable delivery. – in part mitigated by the CCG who will commission via the Federations.

Need to strengthen governance – in part mitigated by a new assurance process. PCN Boards to be set up.

Infancy regarding data sharing, finances and HR policies, disputes, Liabilities, VAT - Mitigation - CCG support re GDPR training, Federation support re finance and HR training.

Ability to recruit to new workforce roles to support PCNs where there has been no pipeline development for these to date – also has the potential to impact on other areas e.g. physios moving into PCNs.

Development of PCN leaders to support them to take on the challenges of their new roles.

Significant amount of work across the system with a number of requirements on PCNs including requirement to deliver transformation and deliver business as usual.

What are PCNs doing this year?

Priorities for 2019/20 – 2020/21:

- Establishment of PCNs
- Work with the BHR Integrated Care Partnership and 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
- 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