

Primary care networks

Pharmacy BEST event 22 May 2019



New National Policy

- In January 2019 the NHS Long Term Plan was published
- The long term plan was followed by *Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan*
- A new GP contract for 2019/2020 and primary care network (PCN) agreement were published in April.



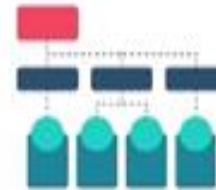
A five-year GP contract framework



By 2023/24, a new **Primary Care Network** is expected to invest £1.799 billion, or £1.47 million per typical network including funding for around 20,000 new health professionals.



Support to train and retain staff through a new **Primary Care Fellowship Scheme** aimed at newly qualifying nurses and GPs, as well as through multidisciplinary Training Hubs



See **improvements to the Quality and Outcomes Framework (QOF)** through a clinical review of indicators, a focus on quality improvement and more targeted exception reporting



Increase core GP contract funding by **£978 million every year** by 2023/24



State-backed **indemnity scheme** for general practice



A contract to invest in and support the development of Primary Care Networks



Help join-up GP and urgent care services including direct appointment booking through NHS 111

What are PCNs?

Groups of general practices working together with a **range of local providers** to offer more personalised, coordinated health and social care to their local populations of 30-50,000 people.

The boundaries must make sense to constituent practices and other community-based providers, who configure their teams accordingly from July 19.

In the future PCNs will be expected to have a wide-reaching membership which should include providers from the local system such as **community pharmacy, optometry, dental providers, social care providers, local Government** and the **community and voluntary sector**.

All networks must have a named clinical director to provide the leadership required to establish and develop a successful network.



Why PCNs?

PCNs will “turbo-charge” the development of integrated out of hospital care

In many areas GPs have been working together and with local community organisations to deliver better care for populations of 30-50,000 people. The new DES will put these networks on a firmer footing and ensure general practice plays a leading role in every primary care network.

It will mean much closer working between networks and their Integrated Care System.



Offers and asks

- £ for new people working in the network



Social Prescribing



Clinical Pharmacists



Physiotherapists



Physicians Associates



Community paramedics

- £ for network support
- Leadership development programme

- Clinical director
- Network dashboard
- Investment and impact fund (linked to performance)
- New national service specifications



Structured Medicines reviews



Supporting cancer diagnosis



Enhanced health in care homes



Cardiovascular disease case finding



Anticipatory care with community services



Local action on tackling inequalities




Personalised care


PCN Clinical Director

1. Strategic and clinical leadership to the PCN (including professional leadership of the Quality and Outcomes Framework Quality Improvement activity across the network).
2. Strategic leadership for workforce development, through assessment of clinical skill-mix and development of a PCN workforce strategy.
3. Support PCN implementation of agreed service changes and pathways.
4. Develop local initiatives that enable delivery of the PCN's agenda.
5. Develop relationships and work closely with other Clinical Directors, clinical leaders of other primary care, health and social care providers, local commissioners and LMCs.
6. Facilitate participation of practices within the PCN in research studies.
7. Represent the PCN at CCG-level clinical meetings and the SYB ICS
8. Lead role in developing a PCNs conflict of interest arrangements
 - Accountable to the members of the PCN.

Primary care in Barnsley

- Extended hours GP services operating across Barnsley
 - Six localities of GP practices working together – beginning with peer review of referrals
 - Local authority area councils in each of the six neighbourhoods
 - Community health, mental health and social care services aligned to six neighbourhoods including nursing, IMC, BREATHE etc.
 - Social prescribing service “My Best Life”
 - Investment in pharmacists working in GP practices
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Neighbourhood development

- Started in 2018 as 'proof of concept' in the Dearne
 - Aim: collaborative and responsive approach to local population health challenges
 - Partnership group determining own direction based on data, local intelligence, professional insight
 - Tripartite Leadership: GP, Health system, Community
 - Improved relationships and understanding between partners
 - Moving services into locally focussed delivery
 - Roll out to other 5 areas in 2019/20 alongside Primary Care Networks
 - System leaders aligned to provide oversight and 'guiding hand'
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PCNs for Barnsley

Barnsley Healthcare Federation (BHF) holding the primary care network DES on behalf of all practices in Barnsley.

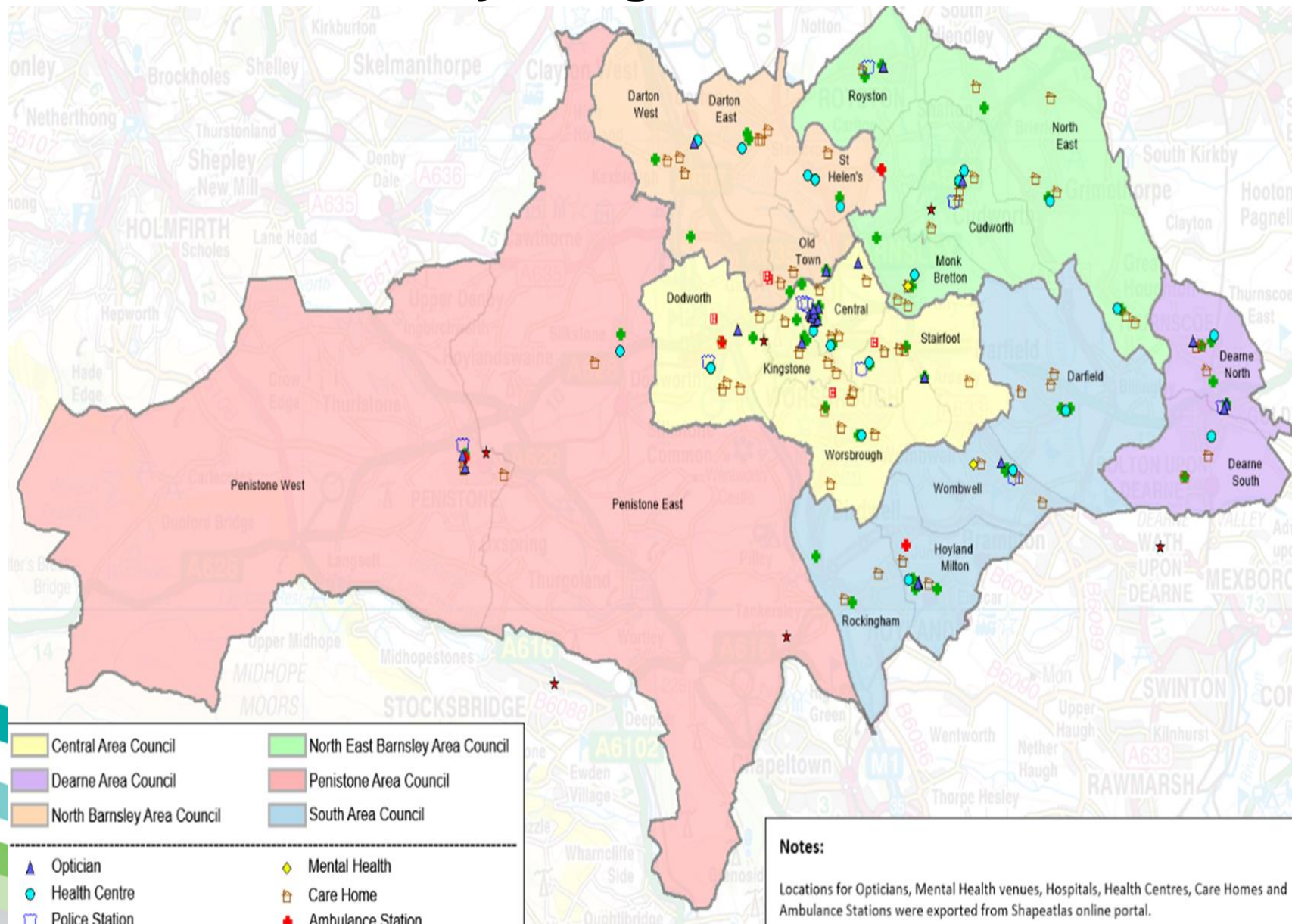
Six neighbourhoods aligned to the Area Council geographies, historic GP localities and community health services and social care teams.

Each neighbourhood has a named clinical director that is a GP from a member practice.

Practices must sign up to a work together – a nationally mandated network agreement. In future this will include other providers as associate members.



Barnsley neighbourhoods



Notes:
Locations for Opticians, Mental Health venues, Hospitals, Health Centres, Care Homes and Ambulance Stations were exported from ShapeAtlas online portal.

Jan – April 2019	PCNs prepare to meet the Network Contract DES registration requirements
By 29 March 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early June	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
01 July 2019	Network Contract DES goes live across 100% of the country

Pharmacy Programme

Our vision for South Yorkshire & Bassetlaw is to provide affordable care built and given locally around communities of 30-70,000 people.

By doing this, services will be tailored to local need and, supported by less complicated locality and county wide arrangements, will allow us to give joined up care to people close to or in their own homes, with less need to go to hospital.

Overview

- The Pharmacy Programme covers a population of over 1,300,000 people accessing services via community pharmacies and registered with GPs across the area. This population is served by a comprehensive range of providers which include a Teaching Hospital, a Children's Hospital, and Mental Health and Social Care Trusts,
- Our system is experiencing increasing pressure, our modelling of financial challenge clearly shows that we need to reduce our cost base, improve our sustainability and enhance our offer to the public.
- We have identified priorities for change, underpinned by transformational enablers, which together will help us to address our financial gap by 2020/21. In years one and two we will progress key initiatives to lay the foundations of our STP over the next five years.
- All of our plans are and will be built on collaborative relationships and consensus amongst our system leaders which we will continue to develop to ensure the success of our STP, and which provide the foundations for an integrated health and social care system in the future.

Six initiatives on which we will focus in 2016/17-17/18

Six priorities on which we will focus in 2016/17-17/18

1 Implement digital solutions which allow electronic transfer of medication information between hospital and community pharmacy to help minimise medication errors

2 Increase the number of pharmacists working in all care settings to undertake clinical medication reviews in addition to maximising utilisation of MURs and patient support under the new medicine service (NMS)

3 Develop systems which allow pharmacists working in partnership with GPs to provide LTC support following diagnosis, monitoring and adjustment of treatments in accordance to patient care plans

4 Fully integrate "pharmacy first" for non-emergency episodic care in all local urgent care pathways, including implementation of the national programme for NHS 111 referrals to community pharmacy

5 Develop and implement health economy wide systems to reduce pharmaceutical waste related to inappropriate repeat medicine ordering.

6 Develop community pharmacies into Healthy Living Pharmacies, becoming the "go-to" destination for support, advice and resources on staying well and living independently.

P1 Reduce medication errors across the primary and secondary care interface

P2 Improve patient clinical outcomes by ensuring medicines are optimised at every opportunity

P3 Greater utilisation of the pharmacy expertise around medicines in the management of Long Term Conditions

P4 Promote community pharmacy as the first port of call for advice and treatment of common ailments

P5 Reduce waste around prescribed unused medicines

P6 Maximise pharmacy contribution to the health and well being agenda

An underpinning programme of transformational enablers includes:

- Becoming a system with a collective focus on the whole person.
- Developing communities so that people have the skills and confidence to take responsibility for their own health and care.
- Developing the workforce across our system so that it is able to deliver new models of care.
- Using technology to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.
- Redevelop our services and estate to ensure patients have services closer to home.
- Ensuring full integration of pharmacy with GPs and other primary care providers

To enable delivery of the following:

- An integrated pharmacy service configured to deliver medicines optimisation
- Full utilisation of the clinical resource of the pharmacy professions
- The NHS obtain maximum value from the services it commissions from pharmacy and the medicines it invests in to treat patients; and there is;
- A hugely enhanced contribution to patient care by the pharmacy professions