

# Primary Care Networks

10<sup>th</sup> April 2019

# AGENDA

- Review of recently published GP contract Guidance
- Barnsley Healthcare Federation Primary Care Networks Support Offer
- Barnsley LMC
- Primary Care Networks Working Groups (Localities)
- Plenary session

# The New Network Contract

What does it mean for us?

# Since the BEST event in February

CCG has written out to practices to provide more information about the new Network DES and held discussions with the LMC and Membership Council.

NHS England and the BMA have published –

- Service Specification 2019/20, guidance and the registration form
- An Information Note on VAT
- Mandatory Network Agreement
- Network Agreement Schedules
- Primary Care Networks: Frequently Asked Questions (NHS E)
- The Primary Care Network Handbook (BMA)

Further publications are expected imminently

- PCN Data Sharing Arrangements

**What's new?**

# Alignment of community services to PCNs

PCNs should have a boundary that makes sense to constituent practices and other community-based providers, who configure their teams accordingly to its local community.

From July 19 community service providers will be expected to configure services around PCN geographies.

Practices will work together in geographically coterminous areas, rather than because of historic performance.

# The Network Agreement

The Network Agreement has now been published.

The Network Agreement sets out the collective rights and obligations of GP providers within the core of the PCN and is required to claim its collective financial entitlements under the Network Contract DES. It also sets out how the practices will collaborate with non-GP providers which make up the wider PCN.

# Broader than GPs working together

PCNs will be expected to have a wide-reaching membership which should include providers from the local system such as –

- Community pharmacy
- Optometrists
- Dental providers
- Social care providers
- Voluntary sector organisations
- Community services providers
- Local government

There is no requirement for the initial Network Agreement to include collaboration between practices and other providers, but this will need to be developed over 2019/20 and to be well developed by the beginning of 2020/21.



# Role description for Clinical Directors

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.

# Requisites for a Clinical Director

- A practicing clinician from within the PCN member practices able to undertake the responsibilities of the role and represent the PCN's collective interests.
- Most likely this role will be fulfilled by a GP but this is not an absolute requirement.
- The post should be held by an individual (or individuals if they are job-sharing the role), not be a shared role between PCNs.
- The Clinical Director should not be employed by a commissioner and provided to the PCN.
- It will be the responsibility of the PCN to agree who their Clinical Director will be.
- Governance structure within a PCN will be determined locally
- Appointment via Election, Mutual Agreement, Selection or Rotation.

# Schedule for implementing new service specifications



Structured Medicines reviews  
(April 2020)



Supporting cancer diagnosis  
(April 2020)



Enhanced health in care homes  
(April 2020)



Cardiovascular disease case finding  
(April 2021)



Anticipatory care with community services  
(April 2020)



Local action on tackling inequalities  
(April 2021)



Personalised care  
(April 2020)

- The new specifications will be written in 2019/20
- There will be a Network Performance Dashboard for each PCN from April 2020

# More detail on workforce

## **“Additionality”**

PCNs will be required to demonstrate that claims being made are for new additional staff roles beyond the baseline taken on 31 March 2019 (including in future years)\*. CCGs will continue to fund existing schemes.

## **Early recruitment**

Although reimbursement for physiotherapists and physicians associates will begin in April 2020, PCNs will want to consider the timing of their recruitment plans to ensure that they take full advantage of the funding available to them.

## **Role descriptions and terms and conditions**

Employers will decide the actual job descriptions of their own staff, bearing in mind the role requirements outlined in the specification. Reimbursement will apply up to the Additional Roles Reimbursement Scheme cap and applies to salary only.

\* Exceptions for clinical pharmacists employed via the national Clinical Pharmacist in General Practice Scheme or those pharmacists employed via the Medicines Optimisation in Care Homes Scheme

# More detail on workforce

## **Clinical pharmacists**

A minimum of 0.5 WTE should apply to the clinical pharmacists employed via the Network Contract DES to ensure they are able to access national training and can deliver continuity of care.

All clinical pharmacists will be part of a professional clinical network and will always be clinically supervised by a senior clinical pharmacist and GP clinical supervisor.

The ratio of senior to junior clinical pharmacists should be one to five, and in all cases appropriate peer support and supervision must be in place.

# Different possible operating models

**Flat-pack network** - the network provides a nominated payee, but responsibilities, contractual commitments and funding spread across its members.

**Lead provider** - A lead practice is the focal point for engaging additional workforce and entering additional contractual arrangements (if any) on behalf of the PCN and then service delivery flows to the network as a whole.

**GP federation/provider entity** - Member practices continue to employ their normal staff and provide their core GMS services, but the provider entity is subcontracted to deliver services required by the DES, and employ the range of staff necessary to do so. If the provider entity itself was party to a primary medical services contract, it could receive funding directly under a lead provider model.

**Super-practice as a network** - a single super-practice to sign up and develop a network itself. The details and viability of this may depend on the contractual and geographical status of the super-practice.

# Timescales

To be eligible for the Network Contract DES, a PCN needs to submit a completed registration form to its CCG by no later than 15 May 2019, and have all member practices signed-up to the DES. LMC has a role to support this. If no agreement, NHS England will arbitrate.

It asks for six factual pieces of information:

1. The names and the ODS codes of the member practices;
2. The Network list size, i.e. the sum of its member practices' registered lists as of 1 January 2019
3. A map clearly marking the agreed Network area
4. The initial Network Agreement signed by all member practices
5. The single practice or provider that will receive funding on behalf of the PCN
6. The named accountable Clinical Director

- Principle of 'no patient left behind'
- Operational by 1 July 2019; national funding commences.



# Barnsley Healthcare Federation

*Better Health, Better Care, for a Better Barnsley*

**Primary Care Networks**

**Barnsley Healthcare Federation**





**NHS**

Barnsley  
Healthcare  
Federation

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# OUR HISTORY AND STRUCTURE

# BHF – Background



Barnsley  
Healthcare  
Federation

*Better Health, Better Care, for a Better Barnsley*

- Not-for-profit NHS Primary Care provider, registered with CQC
- Shares based company, liability of Members limited to £1.
- We can hold PMS, APMS and standard NHS contracts
- Any surplus generated re-invested back into local services
- Formed in 2015, following the success of the Prime Minister's Challenge Fund, £2.2 million
- Largest and most established Federation in South Yorkshire
- Contract Value of £7.5M
- Financially Stable
- Key partner in Integrated Care in Barnsley and South Yorkshire
- Membership is open to all GP Practices in Barnsley

# What do we deliver



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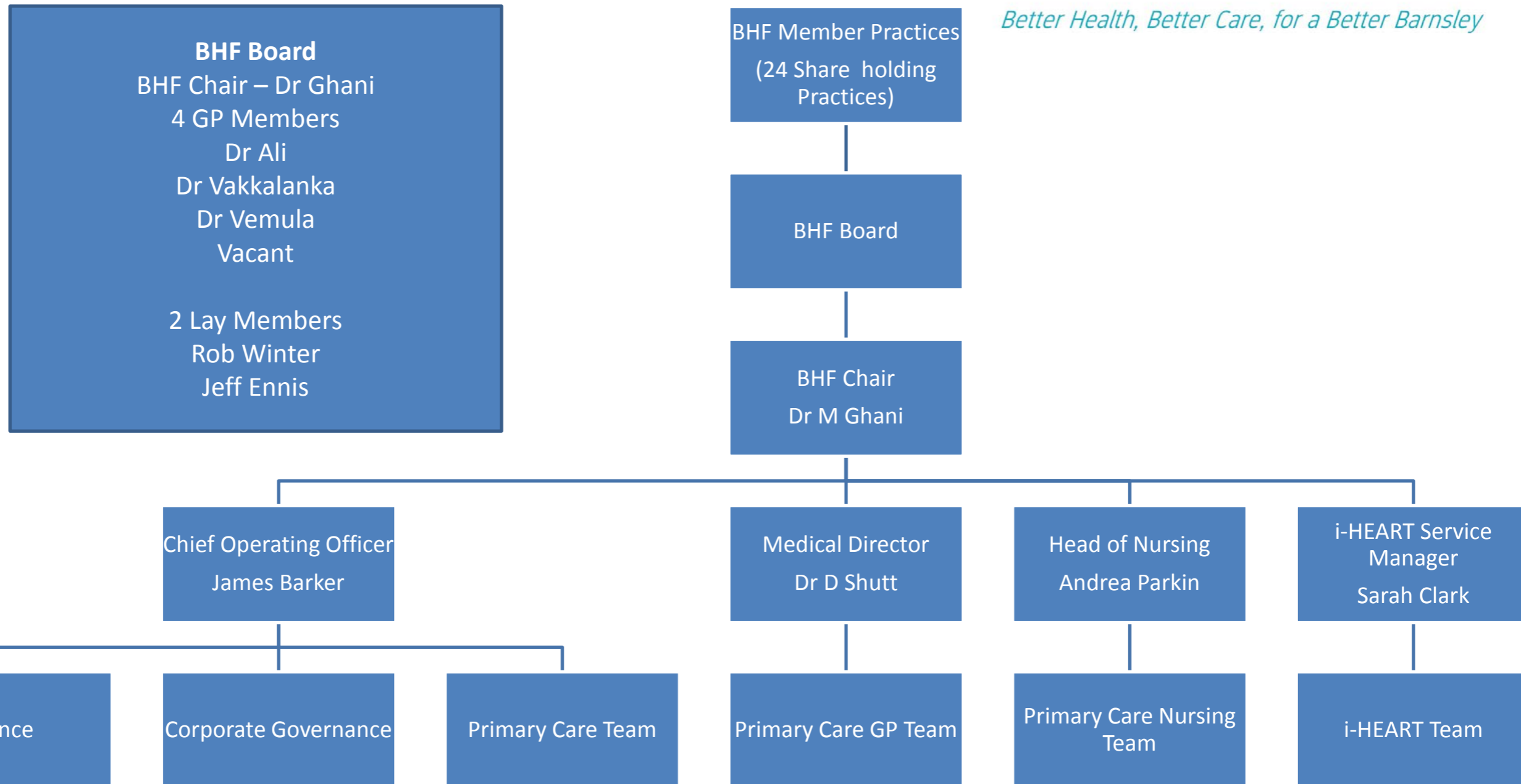
- i-HEART Barnsley
  - Enhanced Hours
  - Out of Hours
  - GP Streaming
  - Home Visiting
- Intermediate Care Medical Oversight (Acorn and 3 Care Homes)
- Special Allocation Scheme
- Made in Barnsley – Work Experience programme for local children
- Medical Oversight for Linwood House
- BEST
- First Port of Call + training
- Clinical Correspondence Management Training
- BHF Lundwood Surgery
- BHF Highgate Surgery
- BHF Brierley Medical Centre
- Goldthorpe Medical Centre
- Apollo Court Medical Centre

# Our Structure



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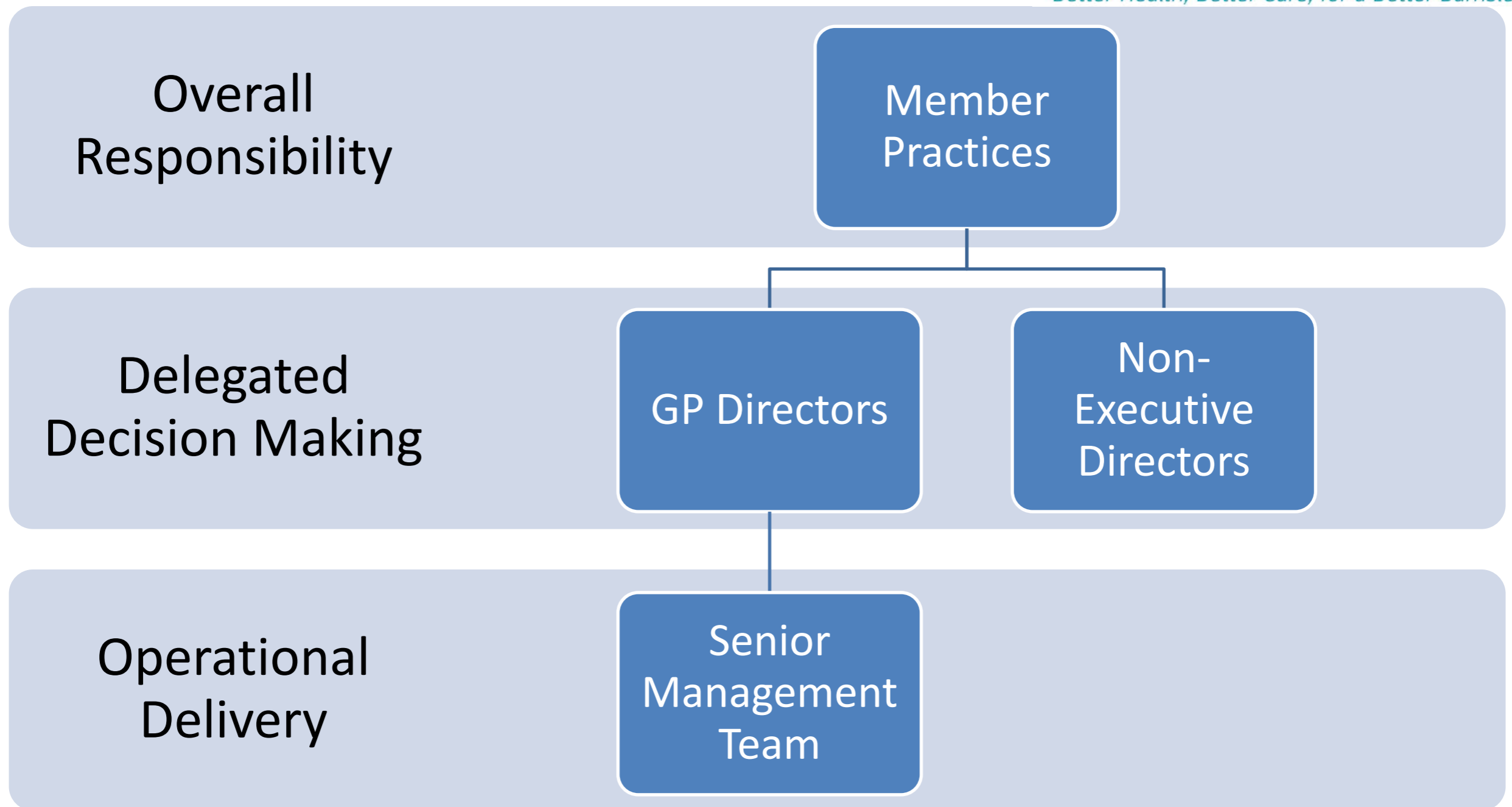


# Our Governance Structure



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# Governance



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- Members meetings
  - Overview of BHF
  - Financial performance
  - Strategic direction
- Directors meetings
  - responsible for all corporate decisions made by the Federation and for the management of the Company's business
- Audit and Governance Committee
  - internal controls and practical arrangements for considering and managing risk
- Remuneration Committee
  - effective systems to monitor fair remuneration
- Members liability limited to £1
- Fortnightly Senior Management Meetings
  - Operational Delivery and contractual performance

# Our size and scale



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- We deliver services to the whole population of Barnsley without exception
- i-HEART
  - Four areas of service
  - Supporting over 4,000 patients a month
  - Contributing to the A&E target of 95%
- Combined Practice population of C.21,000
- Part of the Integrated Care System
  - Members of the IC Development Group, IC Partnership Group, ICS Primary Care Steering Group and HWB
  - Member of the Primary Care Development Workgroup

# Open to all



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- Our Membership is open to all Practices
- We have a vacancy on our Board
- Appointment process
  - Nominations
  - Votes cast by Member Practices
  - Appointment confirmed





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# OUR OFFER

# Why BHF



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- A Primary Care organisation that is GP led, accountable to our Members
- Robust governance, policies and procedures tested and approved via CQC
- Successful track record of winning competitive tenders and securing external funding
- Excellent relationships with local Integrated Care System partners
- Turned around from special measures CQC rating to 'Good' in less than 12 months
- Offer economies of scale
- VAT registered

# Options



**NHS**

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1. 1 'Super' Network working with 6 localities. BHF having overall accountability and providing a 'host' function. Maintaining local autonomy, through Clinical Directors
2. 6 PCNs with BHF providing a 'host' function supporting each PCN
3. 6 PCNs (current Localities) locally managed and hosted, with 6 Clinical Directors. Responsibility rests solely with the PCN

# Super Network



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- Provide an over-arching structure that will be capable of building on Barnsley's track record of working as 'one'
- Operate the equivalent of a borough wide network, with funding flowing to each locality
- Create and operate as an overarching network bringing together the 6 Localities across Barnsley, each with a Clinical Director, locally chosen
- Oversee the alignment of community services, teams and resource
- Consensus of the CCG's Membership Council

# 6 PCNs



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- Provide a 'host' function for all 6 PCNs in Barnsley
- 'Nominated payee' to manage the finances on behalf of each PCNs
- Help develop required infrastructure and governance
- Support patient engagement, financial arrangements and information sharing
- Support the creation and servicing PCN meetings
- Support development of Accountable Clinical Directors

# Our Offer



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- Organise the recruitment, employment and distribution of all specified additional roles
- Manage, in collaboration with Practices, all of the Network DES requirements
- Manage and compile reporting against the network performance dashboard and contractual requirements
- Support PCNs to deliver the seven new service specifications
- Support PCNs to focus on population health and addressing health inequalities
- Support the wider integration of PCNs with all local providers

# Alignment of Barnsley CCG Staff



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- Working with Barnsley CCG to begin to align CCG capacity in medicines management, clinical pharmacists, transformation and Primary Care development and support
- Development of Primary Care at scale and networks in Barnsley
- allow the CCG to delegate additional services and budgets to manage, enabling the CCG to become a more strategic, leaner commissioner
- Platform to build an Integrated Care Trust for Barnsley which has Primary Care at its heart

# Working with PCNs



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- Committed to working with all Practices in each PCN
- Manage finance on behalf of PCNs
- Minimise risk for individual Practices by employing and distributing additional staff
- Identifying how Practices can support each other
- Providing 'at scale' services across Barnsley



# Timescales

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