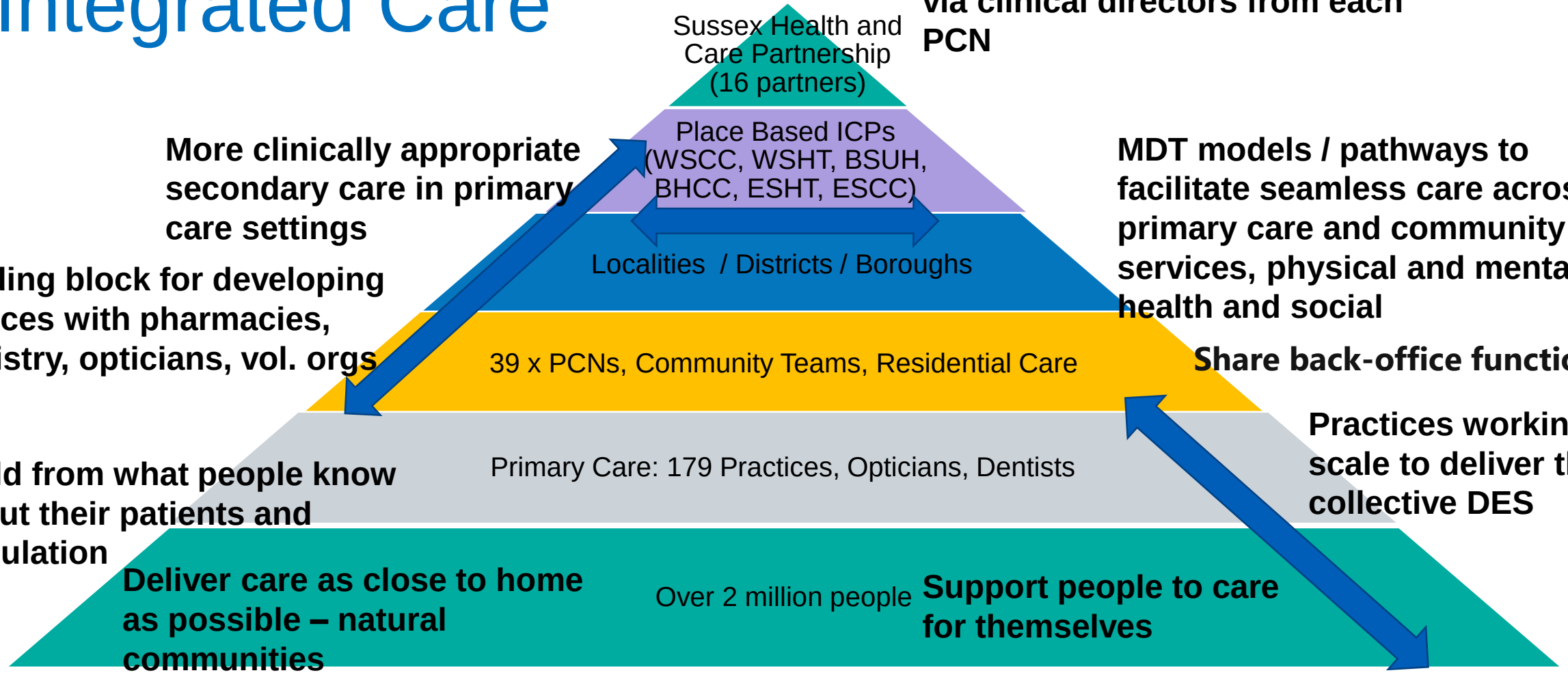
Primary Care Networks

PCNs – Building Block of Integrated Care

Primary care representation is via clinical directors from each PCN



More clinically appropriate secondary care in primary care settings

Building block for developing services with pharmacies, dentistry, opticians, vol. orgs

MDT models / pathways to facilitate seamless care across primary care and community services, physical and mental, health and social

Share back-office functions

Practices working at scale to deliver the collective DES

Build from what people know about their patients and population

Deliver care as close to home as possible – natural communities

Support people to care for themselves

Working Together

Assess population health – focusing on prevention and anticipatory health, and addressing inequalities

The Basics – part 1

- PCNs bring General Practices' together to work at scale to improve the ability of practices to:
  - recruit and retain staff
  - manage financial and estates pressures,
  - provide a wider range of services to patients more easily integrate with the wider health care system
- Size is between 30-50,000+ patients
- There are 39 PCNs across Sussex
- Geographically based
- Must cover all patients in the CCG boundary but can cross CCG boundaries
- Not mandated but practices lose extra funding if choose not to join a network and neighbouring PCN would provide network services to those patients

The Basics – Part 2

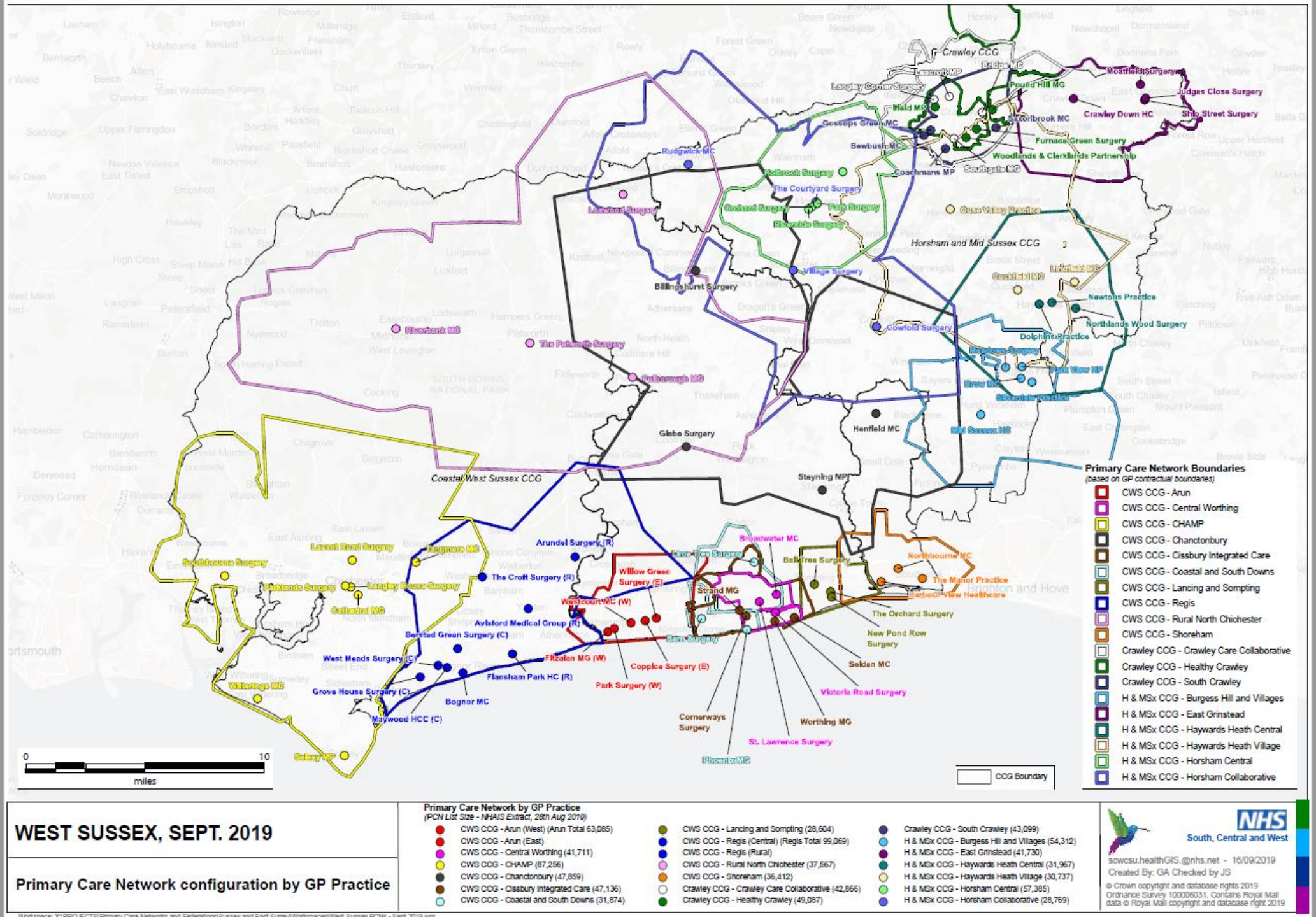
- Key vehicle for delivering Long Term Plan and a wider range of services, including national service specifications, which are currently:
    1. Extended Hours Access
    2. Structured Medication Review and Medicines Optimisation
    3. Enhanced Health in Care Homes
    4. Early Cancer Diagnosis
    5. Social Prescribing Service
- Appoint additional staff to work at scale (social prescribers, clinical pharmacists, first contact physios, physicians associates and paramedics)
- Developing integrated community based teams to provide for patients with more complex needs providing proactive and anticipatory care
- Will be focused on service delivery, commissioners will continue to commission
- Link to the Integrated Care System to represent primary care strategically

The Geography

Across Sussex there are 39 Primary Care Networks:

- Brighton and Hove 7
- East Sussex
  - Eastbourne, Hailsham and Seaford 5
  - High Weald, Lewes Haven 4
  - Hastings and Rother 3
- West Sussex
  - Coastal West Sussex 11
  - Crawley 3
  - Horsham and Mid Sussex 6

Configuration West Sussex



WEST SUSSEX, SEPT. 2019

Primary Care Network configuration by GP Practice

Primary Care Network by GP Practice
(PCN List Size - NHAIS Extract, 28th Aug 2019)

- CWS CCG - Arun (West) (Arun Total 63,085)
- CWS CCG - Arun (East)
- CWS CCG - Central Worthing (41,711)
- CWS CCG - CHAMP (87,256)
- CWS CCG - Chanctonbury (47,859)
- CWS CCG - Cissbury Integrated Care (47,136)
- CWS CCG - Coastal and South Downs (31,874)
- CWS CCG - Lancing and Sompting (28,604)
- CWS CCG - Regis (Central) (Regis Total 99,069)
- CWS CCG - Regis (Rural)
- CWS CCG - Rural North Chichester (37,567)
- CWS CCG - Shoreham (36,412)
- Crawley CCG - Crawley Care Collaborative (42,866)
- Crawley CCG - Healthy Crawley (49,087)
- Crawley CCG - South Crawley (43,099)
- H & MSx CCG - Burgess Hill and Villages (54,312)
- H & MSx CCG - East Grinstead (41,730)
- H & MSx CCG - Haywards Heath Central (31,967)
- H & MSx CCG - Haywards Heath Village (30,737)
- H & MSx CCG - Horsham Central (57,385)
- H & MSx CCG - Horsham Collaborative (28,769)

NHS South, Central and West

scwcsu.healthGIS.@nhs.net - 16/09/2019
Created By: GA Checked by JS

Working Together

PCN Development deliverables 20/21	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	21/22
DES opt-out (sign up to DES)		**29**											
Care Home Premium payments starts					**1**								
Maturity Matrix update			**To be confirmed**										
PCN / Community services arrangements agreed						**30**							
PCN / Community Mental Health and Community Pharmacy arrangements agreed												**31**	
Claim ARRS reimbursements	**Ongoing**												
Workforce planning template 20/21 submitted to CCG					**31**								
Estimate of unclaimed ARRS funding available for PCN bids						**30**							
Recruitment plans 20/21 confirmed with Clinical Directors						**30**							
Workforce indicative planning template 21/22-23/24 submitted to CCG							**31**						
Recruitment plans 22/22-23/24 confirmed with Clinical Directors								**30**					
All PCNs and practices offering a core digital first service													**1 April**

Existing PCN DES Service Specifications

Social Prescribing

- A PCN must provide a social prescribing service to their collective patients.
- GP Contract Update (Feb 20) says this service is in place to the Personalised Care spec for 20/21
- Can directly employ Social Prescribing Link Workers or sub-contract
- Personalised care and support plans
- Support people to take control of health and well-being
- Connect to community and statutory services
- Develop relationships and focus on what matters to the people and their carers / families

Extended Access

- A PCN must provide extended hours access to all registered patients
- Emergency, same day or pre-booked
- With healthcare professional or person assisting healthcare professional
- Outside practice contracted hours
- Additional to CCG Extended Access Services
- Minimum of 30 minutes per 1,000 reg. patients per week
- Face to face / phone / video
- Patients aware of service

New National Service Specifications 2020/21

Enhanced Health in Care Homes

- The aim of this service will be to enable all care homes to be supported by a consistent multi-disciplinary team of healthcare professionals, delivering proactive and reactive care. This team will be led by named GP and nurse practitioners, organised by PCNs

Supporting Early Cancer Diagnosis

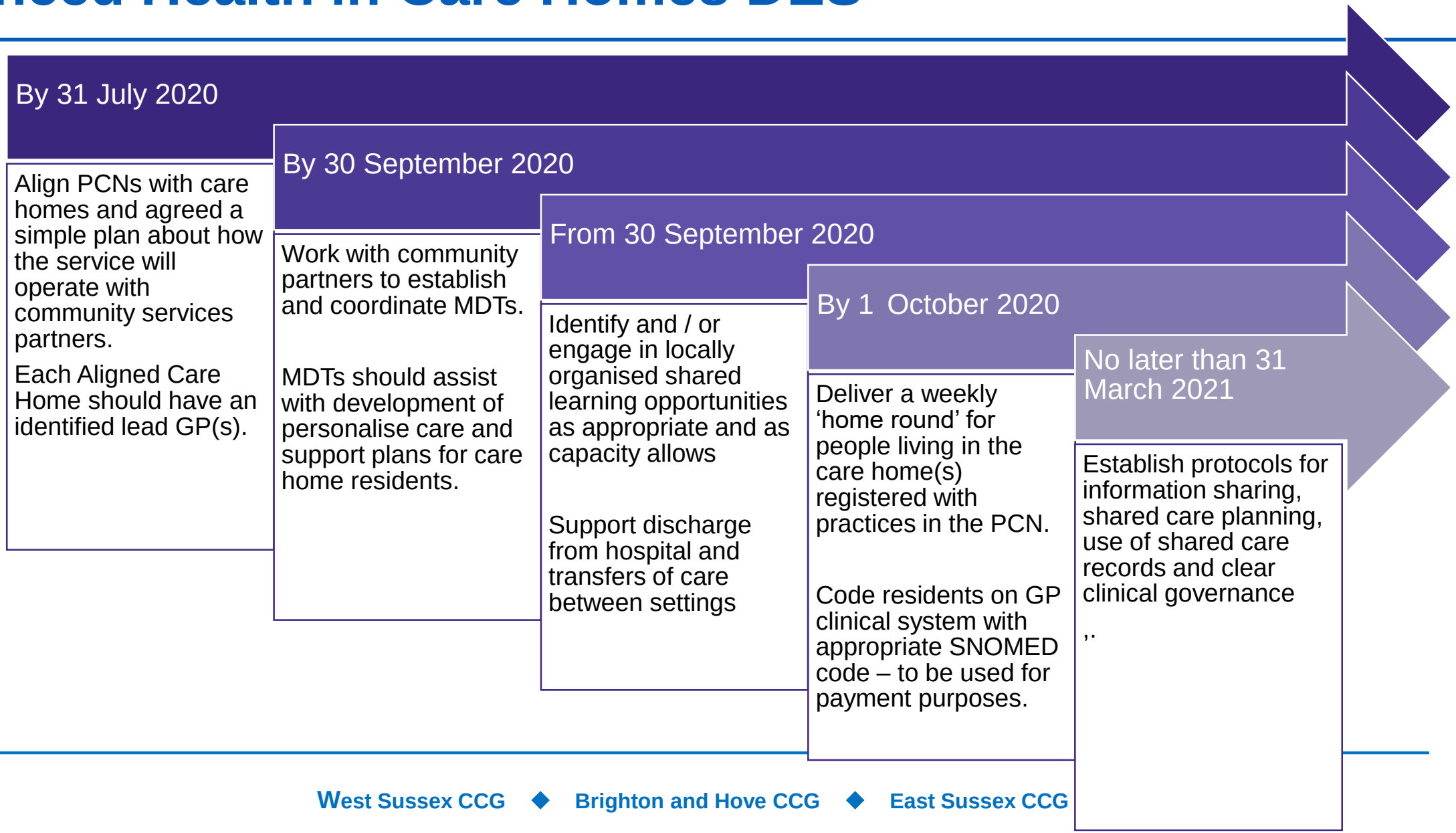
- Improving referral practice
- Increasing uptake of National Cancer Screening programmes
- Improving outcomes through reflective learning and local system partnerships

Structured Medications Reviews and Optimisation

- PCN members will support direct tackling of the over-medication of patients, including inappropriate use of antibiotics, withdrawing medicines no longer needed and support medicines optimisation more widely

Enhanced Health in Care Homes DES

Community Service Trusts are receiving additional investment under the LTP for EHCH service development



Early Cancer Diagnosis DES

From 1 October 2020 PCNs are required to:

Review referral practice for suspected cancers:

- Use clinical decision support tools
- Use practice-level data to explore local patterns
- Use the Rapid Diagnostic Centre pathway
- ensure a consistent approach to monitoring patients
- ensure that all patients are signposted to information on their referral

Contribute to improving local uptake of National Cancer Screening

- Work with local system partners to agree the PCN to improve uptake including engagement with low participation group

Establish a community of practice between practice-level clinical staff to support delivery of the requirements

- conduct peer to peer learning that look at data and trends in diagnosis across the
- engage with local system partners, including PPGs, secondarycare, Cancer, Alliance and Public Health

Work is being led by the ICS and Primary Care Cancer Leads in conjunction with the Cancer Alliance, Macmillan GPs and Cancer Research UK Facilitators

Future National Service Specifications 2021/22-22/23

- The following service specifications are to be reworked and negotiated with GPC England in a similar way to the 3 finalised for 20/21.
- In place of the Personalised Care specification, each PCN must provide access to a Social Prescribing service in 20/21

Personalised Care

Anticipatory Care

CVD Prevention and Diagnosis

Tackling Neighbourhood Inequalities