



Delivering the New Contract and Primary Care Networks in Derbyshire

AGENDA

Wednesday, 13th March 2019 (registration from 1:00pm for a 1:30pm prompt start)
Royal British Legion, 30 Poppyfields Drive, Mickleover, Derby, DE3 9GB

Thursday, 14th March 2019 (registration from 1:00pm for a 1:30pm prompt start)
Chesterfield Rugby Club, 2012 Dunston Road, Chesterfield, S41 9BF

1.30-1.45	Welcome – key outcomes for the event	Clive Newman
1.45-2.15	The vision for General Practice in Derbyshire	Dr Duncan Gooch
2.15-3.00	The national plan: the GMS contract and Primary Care Networks	David Gibbs LMC
3.00-3.15	Break	
3.15-3.45	The local plan for PCNs: where are we now; where do we want to be; what do we need to do	Clive Newman CCG
3.45-4.15	Q&A panel: LMC; GP Alliance; CCG	
4.15-4.30	Close and next steps	Clive Newman

Vibrant General
Practice for Derbyshire
2019-2029

GP Alliance and GP Task Force

Presented By Dr Duncan Gooch

Drivers

- International evidence in support of General Practice
- Increasing pressures in General Practice
- STP
- NHS Long Term Plan
- GMS contract (Incl PCNs)

Authors and Contributors

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Derbyshire GP Alliance

Derbyshire GP Alliance is a strategic alliance that will provide collective leadership for General Practice providers in Derbyshire to the broader system of health and social care and support local delivery. It receives its authority and mandate from those leading General Practice providers. It will influence and transform care in line with our vision. It will do this by supporting the building blocks of high performing primary care in line with its core ideology. It will provide support and development opportunity to GP provider leaders both emergent and current. It will work with the LMC to provide strategic direction to the GP Task Force whilst delivering the specific aims of the Derbyshire GP Alliance.



Core Ideology

To provide high quality, patient-centred, general practice-led care which has freedom to innovate to meet its patients' needs, with organisations and professionals behaving in a mutually supportive manner.



Right Clinician, Right Place, Right Time

All patients will have access to a general practice-led multidisciplinary team of community care professionals by 2024. As a consequence, no patient will be seen outside their community for their health and social care needs (with defined exceptions), embracing the concept of 'right clinician, right place, right time'.



Investment in Patients

In Derbyshire, the share of NHS resources spent on primary care should almost double (from 9% to 15%) within 10 years. This will be part of a broader increase in NHS spending on community-based care to 50% (from approx. 30%) within the same time period.



General Practice Wellbeing

By 2024, no member of the general practice team will leave the profession as a consequence of unsustainable workload and unreasonable working demands.



Building Blocks for High Performing Primary Care





Derbyshire GP Alliance

Inclusive membership for aspiring and current leaders who believe in our vision

If you are interested in becoming more involved then please get in contact with me

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GP contract reform 2019

BMA



Presented By David Mills (LMC)

Contents

1. Indemnity
2. IT and digital
3. QOF
4. Practice funding and pay
5. Primary Care Networks

Indemnity scope and funding

April 2019 the new state-backed indemnity scheme will be in place, run by NHS Resolution

- Covers all GPs and all other staff working in general practice
- All NHS work is covered (including OOH, local authority, public health etc.)
- “Top up” MDO cover for GMC representation, private work, ethical guidance, complaints support
- Those with claims based cover before April 2019 may need to buy run-off cover from MDO
- One off permanent funding adjustment to the contract in 2019
- As per last 2 years, payments to fund increase in MDO fees for previous year

- Standard Specification for all GP IT systems to allow:
 - Digitisation of paper medical records (will reduce impact of GDPR SARs)
 - Full online access to data from their patient record by April 2020
 - All records transfer between practices to be done using GP2GP
 - All electronic dispensing and repeat prescription ordering by April 2020
- Online consultations to be offered by 2020
- Allow access to NHS 111 to book appointments (1 per 3000 patients per day)
- Cease use of fax for NHS work/patient correspondence by April 2020

- Retire 175 points from 28 indicators
- Recycle 101 points into 15 new indicators
- 74 points into Quality Improvement Domain including 2 new modules
 - end of life care
 - prescribing safely
- Personalised Care Adjustment to replace exception reporting

Practice Funding and Pay Figures for 2019/20

- 1.4% uplift to practice contract funding, which includes:
 - Pay uplift, Expenses uplift, including £20m for subject access requests
 - 1% linked to 2018/19 pay uplift and contract agreement in 2019
 - £30m into GS for NHS 111 direct booking
 - £5 per patient MMR catch-up
- Global sum will increase by 1%: £0.92 per patient (from £88.96 to **£89.88**)
- Weighted SFE payment for network participation of **£1.76** per patient
- Total increase in practice funding will be **£2.68 per patient** plus **new funding through networks.**
- Other income to note:
 - Indemnity back-payment for 2018/19: amount to be agreed |
 - V&I: S7a programmes increased to £10.06 (Child flu, pertussis and seasonal flu)

Primary Care Networks

BMA



The Network DES and PCNs

- **GP Led**
- Funding for practices to form and develop networks (PCNs)
- Funding for additional workforce
- Will outline services to be delivered in return for the funding
- PCNs built through the GMS contract ensures no need for procurement
- Specification will be developed by GPC England and NHS England over the next few months
- CCGs may continue to commission local services direct from practices or via the PCN

PCN Structure and Coverage

- Approx. 30-50,000 patients (flexibility if required)
- Should be geographically contiguous
- Existing Large practices/organisations could form one PCN with smaller neighbourhoods within it
- Could overlap e.g. two networks both cover one town, but all areas must be covered
- Can be structured in a number of ways
- Practices need to engage in a collaborative and pragmatic manner LMCs and CCGs involved
- Provides the basis for future collaboration with other providers
- “Non-player” = No funding + extra services provided by nearby PCN for your patients
- **GP Led** and GPs have control

- Membership organisations, with members being the practices
- Appoint Clinical Director
- Clinical Director funding from NHS England 0.2FTE for 40,000 patients (max?)
- Will need Network Agreement (Annual update?) to outline:
 - how they will work together
 - Who will deliver what
 - how funding will be allocated between practices
 - how the new workforce will be employed and shared (including who will employ them)
 - any other agreements made between the practices (eg pooling of practice funding etc)
- A template agreement and guidance to be published in March alongside the DES specification.
- CCGs approve PCNs and commission services via the DES
- Other organisations may be invited to join the PCN in time

- New PCN workforce at network level:
 - 2019/20 Clinical Pharmacist and Social Prescriber
 - 2020/21 Physician Associates and first contact Physiotherapists
 - 2021/22 first contact Community Paramedics.
- New workforce will be 70% funded
- Social prescribers will be 100% funded
- Guidance on employment and deployment will be provided shortly

PCN funding

- 70% of workforce costs recurrently, including annual pay uplifts
- 100% of social prescribing costs recurrently will be funded, including annual pay uplifts
- These workforce costs will be provided to PCNs on appointment of individuals
- Clinical Director at 0.2 WTE per 40,000 pts on sliding scale based on network size
- Recurrent £1.50 per patient for network development, as an entitlement
- Recurrent £1.45 per patient for extended hours, as an entitlement
- From 2021 Guaranteed £6 per head Extended Access
- From 2020 Network 'Investment and Impact Fund' (£75m to £300m by 2024)
- From 2020: potential additional funding for new services per Long Term Plan
- CCGs may decide to transfer LES funding to PCNs

Timetable for PCN establishment

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract
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 Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none">• year 1 of the workforce funding• ongoing support funding for the Clinical Director• ongoing £1.50/head from CCG allocations
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract

What do you need to focus on?

- **By 15 May 2019** PCNs will need outline to CCG:
 - the names and the ODS codes of the member practices
 - the network list size, (as of 1 January 2019)
 - a map of the agreed network area
 - initial Network Agreement signed by all member practices (template to follow)
 - the single practice or provider that will receive funding on behalf of the PCN
 - a named Clinical Director from within the GPs of the network
- For 2019/20, arrangements for delivery of Extended Hours DES for the whole PCN population
- Prepare for delivery of further services

The package

What general practice gains

- Indemnity state backed scheme
- Pay & expenses uplift each year
- Additional workforce & linked funding
- QOF amendments
- Resources for IT and digital

What it means

- Workforce expansion
- Workload reduction
- Funding increase, pay uplift
- Autonomy retained
- Leadership role for rebuilt community team

What general practice delivers

- PCN creation (2019)
- LTP ambitions (2020 onward) through additional funding and additional workforce
- Greater digital access (built up)

Stability

- Five year deal, built upon each year
- 2019: build foundations, expand workforce
- 2020 onward: expand workforce further, reconfigure services

Overall funding in excess of £2.8bn over 5 years, through practices and networks

Developing Primary Care Networks in Derbyshire

March 2019

Presented by Clive Newman



The NHS Long Term Plan



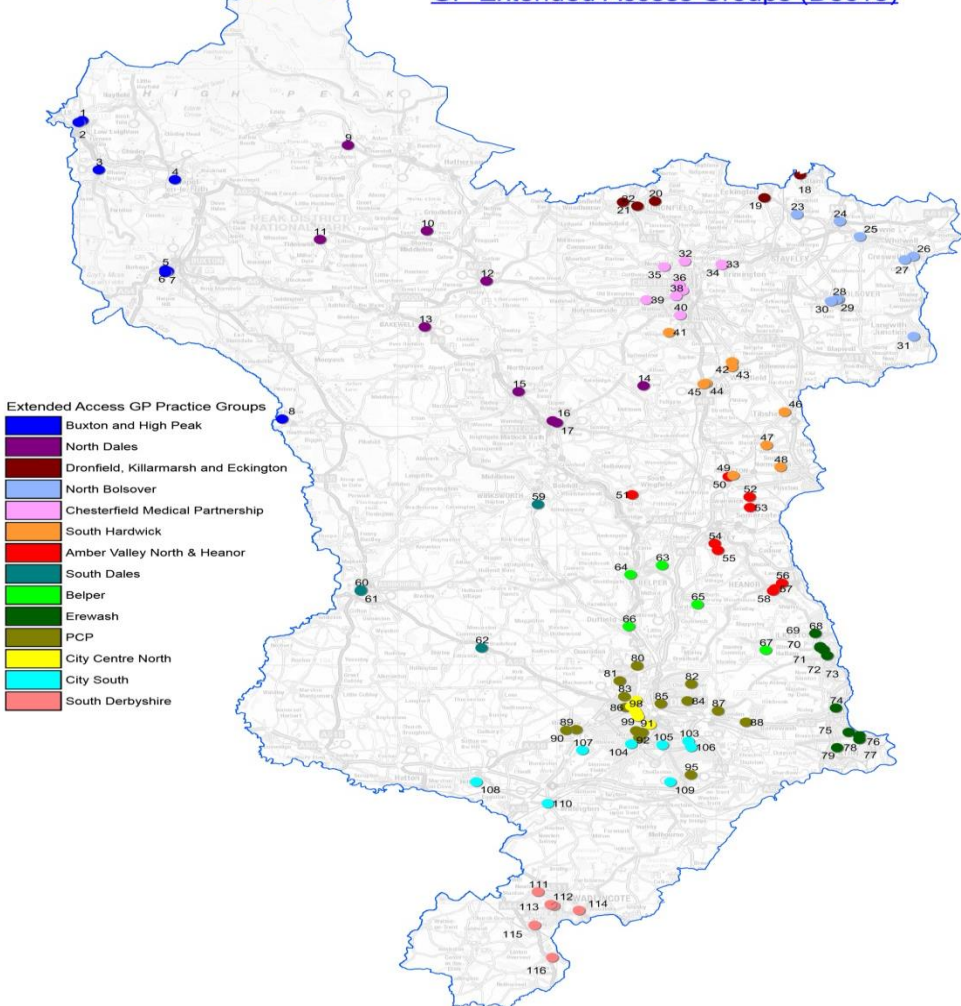
Investment and evolution:

A five-year framework for GP contract reform to implement The NHS Long Term Plan

31 January 2019



GP Extended Access Groups (Dec18)



Group	GP Name	Label	Group	GP Name	Label		
Buxton and High Peak	Sett Valley Medical Centre	1	South Dales	Hannage Brook Medical Centre	59		
	Arden House Medical Practice	2		The Surgery Clifton Road	60		
	Goyt Valley Medical Practice	3		Ashbourne Medical Practice	61		
	Thornbrook Surgery	4		Brailsford & Hulland Medical Practice	62		
	Elmwood Medical Centre	5	Belper	Whitemoor Medical Centre	63		
	Stewart Medical Centre	6		Riversdale Surgery	64		
	Buxton Medical Practice	7		Arthur Medical Centre	65		
	Hartington Surgery	8		Appletree Medical Practice	66		
North Dales	Evelyn Medical Centre	9	Erewash	West Hallam Medical Centre	67		
	Eyam Surgery	10		Old Station Surgery	68		
	Tideswell Surgery	11		Gladstone House Surgery	69		
	Baslow Health Centre	12		Purnell & Partners	70		
	Bakewell Medical Centre	13		Webb & Partners	71		
	Ashover Medical Centre	14		Littlewick medical Centre	72		
	Darley Dale Medical Centre	15		Eden Surgery	73		
	Imperial Road Surgery	16		Adam House Medical Centre	74		
Dronfield, Killamarsh & Eckington	Lime Grove Medical Centre	17	College St Medical Centre	75			
	Killamarsh Medical Practice	18	Golden Brook Medical Practice	76			
	Moss Valley Medical Practice	19	Aitune Medical Practice	77			
	Oakhill Medical Practice	20	Moir Medical Practice	78			
	Stubley Medical Centre	21	Park View Medical Centre	79			
	Dronfield Medical Practice	22	PCP	Park Lane Surgery	80		
	Emmett Carr Surgery	23		Park Farm Medical Centre	81		
	Barlborough Medical Practice	24		Oakwood Surgery	82		
The Springs Health Centre	25	Brook Medical Centre		83			
Cresswell & Langwith Surgeries	26	The Park Medical Practice		84			
Crags Health Care	27	Derwent Valley Medical Practice		85			
Welbeck Road Health Centre	28	Vernon Street		86			
Friendly Family Surgery	29	Chapel Street Medical Centre		87			
North Bolsover	Castle Street Medical Centre	30	POP	Overdale Medical Practice	88		
	Shires Healthcare	31		Mickleover Surgery	89		
	Whittington Moor Surgery	32		Mickleover Medical Centre	90		
	Calow and Brimington Practice	33		Derby Family Medical Centre	91		
	Brimington Surgery	34		Peartree Medical Centre	92		
	Newbold Surgery	35		Lister House Surgery	93		
	Chesterfield Medical Partnership	36		St Thomas Road Surgery	94		
	Inspire Health	37		Lister House Chellaston	95		
Chesterfield Medical Partnership	The Surgery at Wheatbridge	38	City Centre North	Derwent Medical Centre	96		
	Chatsworth Road Medical Centre	39		Friar Gate Surgery	97		
	Royal Primary Care	40		Macklin Street Surgery	98		
	Wingerworth Medical Centre	41		Wilson Street Surgery	99		
	North Wingfield Medical Centre	42		Charnwood Surgery	100		
	St Lawrence Rd Surgery	43		Wellside Medical Centre	101		
	Clay Cross Medical Centre	44		Osmaston Surgery	102		
	Blue Dykes Surgery	45		Parkfields Surgery	103		
South Hardwick	Staffa Health	46	City South	Village Surgery	104		
	Blackwell Medical Centre	47		Haven Medical Centre	105		
	The Village Surgery	48		Alvaston Medical Centre	106		
	Limes Medical Centre	49		Hollybrook Medical Centre	107		
	Parkside Surgery	50		Wellbrook Medical Centre	108		
	Amber Valley North & Heanor	Crich Medical Practice		51	South Derbyshire	Melbourne & Chellaston Medical Practice	109
		Somercotes Medical Centre		52		Willington Surgery	110
		Jessop Medical Practice		53		Newhall Surgery	111
Ripley Medical Centre		54	Swadlincote Surgery	112			
Ivy Grove Surgery		55	Heartwood Medical Practice	113			
Brooklyn Medical Practice		56	Woodville Surgery	114			
Kelvingrove Medical Centre		57	Gresleydale Healthcare Centre	115			
Park Surgery		58	Overseal Surgery	116			

PCNs: a working definition

- Enable the provision of proactive, accessible, coordinated and more integrated primary and community care improving outcomes for patients.
- Formed around natural communities based on GP registered lists
- Small enough to give a sense of local ownership, but big enough to have impact across a 30-50K population.
- Comprise groupings of clinicians and wider staff sharing a vision for how to improve the care of their population
- Provide a platform for wider integration 'dissolving the historic divide between primary and community medical services' (Investment and Evolution: GP Contract Framework, p4)

How do PCNs fit into the system

Individual

- Each person can access **joined up, proactive and personalised care**, based on 'what matters' to them and their individual strengths, needs and preferences

Neighbourhood c.30k~50k (Primary Care Networks)

- Practices continue to provide core services
- Network Contract DES provides practices opportunity to work collaboratively with other practices health, social care and voluntary partners to deliver services Practices and other health, social care and voluntary partners collaborate as **primary care networks**, providing additional services that can't be delivered on a smaller scale

Place c.250-500k

- Primary care **interacts with hospitals, mental health trusts, local authorities and community providers** to plan and deliver integrated care

System c.1+m

In some systems, **federations** support efficiencies of scale and provide a voice for primary care

- Primary care participates as an **equal partner in decision making** on strategy and resource allocation
- Action is taken to ensure **collaboration** across hospitals, community
- services, social care and other partners, helping to join up and improve care
- **Data is used to deploy resources** where they can have the maximum impact

Derbyshire CCGs' approach #1

Bottom up

- As much local determination as possible: minimise top down input with PCNs locally owned

Form follows functions

- PCNs are a means to an end not an end in themselves
- The end is delivering the GP 5 Year Contract, the NHS Long Term Plan and the 'triple aim' (improved population health; better patient experience of care; reduced per capita cost)
- Current arrangements and relationships are important but population base and geographical coherence will be key factor in determining boundaries
- More important than super partnerships / other non-geographic practice forms . Not 'how do we make this work for our organisation but how does this work for the local population'.
- Complex boundary arrangements are possible but key question is 'do the benefits of the arrangement merit its complexity?'

Derbyshire CCGs' approach #2

Co-produced, flexible, iterative approach to development

- CCG/practices 'co-produce' how PCNs work and develop
- Work out the details as we go along in an iterative way.
- Use maturity matrix as a developmental tool
- 19/20 focus is on establishing capable PCNs and tangibly improving care

PCNs should be:

- Really clear about population need based on data; - supported by high quality population health and practice information
- A platform to build wider integration – the base unit to which other organisations 'dock in'
- Sufficiently well organised and with enough governance to deliver (but no more);
- Monitoring performance and continuously improving

PCNs are different from federations, and other at scale models

- CCG supports federations and existing at scale models but clear that PCNs will do a different thing
- Advice is to sort out PCNs and then for PCNs to decide whether what the federation or other at scale model offers is right for your PCN
- Relationships between PCNs and federations will need to be worked out locally

The Derbyshire process

- Developed and agreed 'bottom up' as far as possible (facilitated by the LMC / supported by the CCG)
- Individual practices will need to consider their own position and if a practice wants to switch networks – speak first to local groups and then to the CCG (LMC/CCG can facilitate this discussion)
- Assumption is that PCNs will be within existing STP 'Place' boundaries but prepared to consider some flexibility on this if it meets all other criteria
- Ultimately the CCG will be responsible to NHSE for agreeing Network boundaries
- Local arbitration if:
 - Practices can't reach an agreement,
 - The CCG feels that the PCN falls outside the criteria outlined above arbitration process
- Arbitration process will be developed jointly by the CCG and LMC and work in April and May to resolve issues locally. Linking to STP if it affects current Place boundaries. Will need to be independent and transparent
- If can't be agreed within Derbyshire the regional NHSE team will work with us to resolve outstanding issues in early June.

Timetable

Date	Action / Event
26 th March	NHS England Workshop (see link below) Burton Albion Football Club Pirelli Stadium, Princess Way Burton-Upon-Trent, DE13 0AR https://www.events.england.nhs.uk/events/primary-care-networks-regional-engagement-event-midlands-and-east-49232
By 29 th March	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
5 th April	PCNs submit a stocktake position to the CCG on their proposed PCN boundary
26 th April	PCNs submit exception report to the CCG: highlighting any areas where there may be issues to resolve.
April - May	CCG work with LMC and PCNs to finalise PCN boundaries, support PCNs with the registration process (including appointing Clinical Director) and to provide local arbitration on any outstanding issues
By 15 th May	All Primary Care Networks submit registration information to their CCG
By 31 st May	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 and issues
1 st July 2019	Network Contract DES goes live across 100% of the country

Support and help

- The full guidance is available via <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>
- The NHS Long Term Plan is available via <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan>
- The LMC is offering its support to facilitate local conversations through the General Practice Task Force (ddlmc.gptf@nhs.net, telephone 01332 210008)
- The CCG will also support local conversations (clive.newman3@nhs.net telephone 07920 283518)
- All CCG and LMC information will be posted on the GPTF website <https://gptaskforce.com/primary-care-networks/pcn-resources>
- Nationally there are webinars, FAQs and drop in teleconferences – england.PCN@nhs.net and www.england.nhs.uk/pcn