



GOVERNING BODY

Agenda Item No.	13
Reference No.	IESCCG 19-19
Date.	26 March 2019

Title	New GP Contract including Primary Care Networks
Lead Chief Officer	Maddie Baker-Woods, Chief Operating Officer
Author(s)	David Brown, Deputy Chief Operating Officer
Purpose	To provide the Governing Body with an overview of the recently published document titled, Investment and evolution; a five year framework for GP contract reform to implement the NHS Long Term Plan. This paper will highlight the key elements of the document and in particular the introduction of Primary Care Networks (PCNs).

Applicable CCG Clinical Priorities:

1.	To promote self care	
2.	To ensure high quality local services where possible	Yes
3.	To improve the health of those most in need	Yes
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	Yes
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	Yes
8.	To allow patients to die with dignity & compassion & to choose their place of death	Yes
9.	To ensure that the CCG operates within agreed budgets	

Action required by Governing Body:

To note the information in respect of changes to the GP contract and in particular the associated implications relating to the introduction of Primary Care Networks (PCNs)

1. **Background**

1.1 The document, *Investment and evolution; a five year framework for GP contract reform to implement the NHS Long Term Plan*, introduces a number of significant changes to the GP contract. These changes are probably the most significant for over 20 years. A copy of the full document can be found at <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

1.2 The key elements include;

Workforce:

- New role reimbursement for five years (70% of the costs of employing additional pharmacists, physicians' associates, first contact physiotherapists, and community paramedics). This is in addition to 100% funding for social prescribing workers
- NHS fellowship scheme for newly qualified GPs and nurses
- Continuation of training hubs
- Potential introduction of a partial pension option (to improve retention)
- Centrally funded clinical negligence scheme

Quality:

- Significant revisions to the Quality Outcome Framework (QOF), including new domains relating to quality improvement, prescribing safety and end of life care, plus an increased focus on diabetes, hypertension management and cervical screening.
- Funding and responsibility for the enhanced access (GP+) will transfer from the CCG into the network contract in April 2021.
- Limited direct booking into GP surgeries appointments by 111 service
- GP activity and waiting times to be published monthly (2021)

Digital:

- Patients to have access to digital first primary care by April 2021 (web and video consultations)
- Patients to have digital access to their full records by 2020

Investment:

- Investment and Impact Fund – starting in 2020 this is intended to encourage hospitals and GPs to work together to reduce avoidable attendances at A&E, and emergency admissions, improve the discharge process, re-design out-patient services etc.

Primary Care Networks (PCNs)

- All practices are expected to join a Primary Care Network (see next section)

2 Primary Care Networks

- 2.1 All practices are anticipated to be a member of a Primary Care Network (PCN) by the end of May 2019.
- 2.2 The key elements of the PCNs are;
- Population between 30,000 – 50,000
 - Have a named accountable clinical director (funded)
 - Sign a network collaboration agreement
 - Funding (70%) to employ additional pharmacists, physicians' associates, first contact physiotherapists, and community paramedics. This is in addition to 100% funding for social prescribing workers
 - The additional funds for the new posts will be channelled through the network (approx. £726k for an average 50,000 population network by year 5)
 - CCG to provide £1.50 per head of population to support the running of the PCN
 - Receive and manage the funding for enhanced access (GP+ service)
 - PCNs will deliver 7 network specifications (introduced over the next few years) that include;
 - Medicines reviews and optimisation
 - Advanced health in care homes
 - Anticipatory care for high need patients
 - Personalised care (Personal Health Budgets)
 - Supporting early cancer diagnosis
 - CVD prevention and diagnosis
 - Tackling neighbourhood inequalities
 - Each PCN will need to decide which organisation will employ these additional staff and hold monies on behalf of the network. Locally the Suffolk GP Federation have written to practices to offer their support with this function.
 - Practices must register by 15th May 2019

3 Next Steps

- 3.1 Practices need to decide which PCN they wish to be a member of. There are well developed foundations in Ipswich and East Suffolk in respect of practices working together, at scale in organisational collaborations. However these groups are not all geographically coherent and are larger than the 50,000 upper figure for PCNs. It is desirable to retain the organisational maturity that has developed whilst meeting the size and geography requirements.
- 3.2 There are two main options to address this dichotomy; that the existing organisational collaborations disaggregate along geographical lines and continue to provide the infrastructure to support the development of PCNs. The other option is to retain the existing groupings, as large PCNs that have a sub-locality structure to support local working with partner organisations. Either of these two variants will also support close working with the local Integrated Neighbourhood Teams.
- 3.3 This overall approach has been endorsed by the Clinical Executive and then communicated to local practices who considered the approach at a recent Training and Education event. Overall there was support for the approach, although it does present issues for a small number of practices, which need to be addressed.
- 3.4 Once the overall configurations are agreed, each PCN will be required to submit an application by the 15th of May. These will be considered by officers before being taken to the Primary Care Commissioning Committee and then the Governing Body for their agreement. Any proposals also need to be supported by the Local Medical

Committee and the STP. It has been suggested that the STP support (or not) could be delegated to the local Alliance. It is intended to take the final position to the Alliance for their comment and support prior to consideration by the PCCC and Governing Body in May.

4 Recommendation

- 4.1 That the Governing Body note the publication of *Investment and evolution; a five year framework for GP contract reform to implement the NHS Long Term Plan*, and the approach being taken by the CCG to implement this policy.