

Practice Manager Primary Care Network Event

Thursday 28th February 2019

11.30 a.m. – 2.10 p.m.



Dr Chandra Kanneganti

The role of Practice Managers in developing
Primary Care Networks (PCNs)



The Network DES

- Practices will be offered a new Networks DES (aka 'Primary Care Network Contract')
- The DES will provide funding for practices to form and develop networks, as well as for additional workforce
- The DES will outline services to be delivered by the network in return for the funding
- Doing this via a DES allows PCNs to be built through the GMS contract, and therefore from the ground up, ensuring that there is no need for procurements, and that they are **GP-led**
- The DES specification will be developed by GPC England and NHS England over the next few months
- Supplementary network services may be developed, supported by additional local financial assistance
- CCGs may continue to commission local services direct from practices or where appropriate via the network DES (and should be discussed with LMCs and practices)

Structure and Coverage

- Networks should typically cover approx. 30-50,000 patients (but with flexibility, if required) e.g.:
 - A rural area with 25,000 patients within its geography
 - Seven practices in a defined geography combining to form a network of 58,000
- Large practices/organisations of over 30,000 patients already (e.g. a super-partnership), could form one network but develop smaller localities within it to engage with other local services (community, voluntary etc.)
- Should be geographically contiguous, therefore practices will need to engage in a collaborative and pragmatic manner to ensure appropriate and logical geographic coverage; LMCs and CCGs should be involved in these discussions
- Could overlap, e.g. two networks both cover one town, but all areas must be covered
- Can be structured in a number of ways depending on how the network members wish to employ staff and work together (guidance will be provided in due course)
- Provides the basis for future collaboration with other providers (e.g. Community Trusts) where appropriate
- Where a practice does not wish to become part of any network, they will be required to engage with the network covering their area to ensure their patients receive the extra services provided by the network. The practice will not receive the funding associated with network activity.

Network Governance

- The network is a membership organisation, with members being the practices
- Each network will decide who will be the Clinical Director (CD), chosen from the GPs within the network; how this is done is up to the members of the network (election, appointment etc.) – networks may benefit from independent assistance with this, from the LMC
- The CD will receive funding from NHS England on a sliding scale based on the network size, equivalent to one day a week for a network of 40,000 patients, and be the main point of contact with the CCG, ICS and other NHS structures
- Networks decide how funding and workforce are arranged/deployed between practices, in line with decisions about how services are organised

Network Governance (2)

- CCGs approve the creation of the network using approval criteria (see next slide)
- CCGs commission the network to provide services, via the DES; how the services are delivered across the network is up to the network (as per the network agreement, see next slide)
- How decisions are made is determined by the network (e.g. majority vote, CD discretion, unanimity) – the number of votes or weighting for each practice may be determined by the network (e.g. it could be based on respective practice list size, or by staff numbers, or one vote per practice)
- Other organisations (community trusts, voluntary organisations etc.) may be invited to join the network, but the network will decide how governance structures account for this (e.g. should they get an equal vote, what do those organisations bring etc.)

Initial Requirements

- By **15th May 2019** networks will need to make a brief submission outlining:
 - The names and the ODS codes of the member practices
 - The network list size, i.e. the sum of its members practices' lists as of 1st January 2019 (justification required if not 30,000 - 50,000)
 - A map clearly marking the agreed network area (justification required)
 - The initial Network Agreement signed by all member practices (see below)
 - 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, the network must agree how they will deliver the requirements of the Extended Hours DES for the whole of the network population (may be devolved back to individual practices, or other arrangements agreed)
- From 2020 onward, the network will be required to deliver further services (see later slide), and therefore it is advisable to make preparations for this within 2019/20

Network Agreement

The Network Agreement is to be discussed and agreed by the practices within the network

- It will outline what decisions the network has made about:
 - How they will work together
 - Which practice will deliver what (for specific packages of care)
 - How funding will be allocated between practices (if appropriate)
 - How the new workforce will be shared (including who will employ them)
 - Any other agreements made between the practices (e.g. pooling of practice funding etc.)
- The agreement may be updated year on year as new services, workforce and funding comes online
- A template agreement, and guidance, is currently under development and will be published in March, alongside the DES specification

Network Workforce

- New workforce at network level will increase across the five years
- New workforce will be part funded recurrently at 70% including on-costs, with 30% to be provided by the network (apart from social prescribers which will be 100% funded by NHSE)
- Funding will be set nationally based on Agenda for Changes scales, but no requirement locally to employ on the AfC contract
- Network to agree how the workforce is deployed, in line with agreeing how services are configured
- CCGs should ensure that the community workforce is aligned along the PCN geography
- Guidance on employment and deployment of network workforce will be provided shortly

Network Funding

- 70% of workforce costs (including on costs) will be funded recurrently, including annual pay uplifts in line with AfC scales
- 100% of social prescribing costs (including on costs) will be funded, including annual pay uplifts in line with AfC scales
- These workforce costs will be provided to networks on the appointment of individuals (i.e. not a reimbursement, but not provided without people in post)
- Funding for 0.2 WTE per 40,000 pts, for clinical lead, at national average GP salary (including on costs) – 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
- Network ‘Investment and Impact Fund’, starting in 2020 at £75m building up to £300m by 2024
- From 2020: potential additional funding for new services per Long Term Plan
- From 2021: Guaranteed £6.00 per head for Improving Access to go to networks – some may receive this earlier
- CCGs may decide to transfer LES funding to the Network (but this is not a requirement and should be discussed with LMCs and practices)

Example Network Funding and Workforce 2019

In 2019, a network of 40,000 patients (made up of 5 practices each with 8,000 patients) may expect the following:

- £1.50 per patient entitlement: **£60,000**
- £1.45 per patient (extended hours funding): **£43,500** (for quarters 2, 3, 4 only)
- 0.2 FTE for CD (including on-costs) – pass through cost: **£27,503**
- 1 Social Prescriber, fully funded to a maximum of **£34,113** (including on costs) – pass through cost
- 1 Clinical Pharmacist, funded to a maximum of **£37,810** for 70% (including on costs) – pass through cost
- **Total for 2019: £203,000, of which £103,500 is for network decision**

Expenditure for 2019 will include:

- 30% (including on-costs) for the Clinical Pharmacist (approx. £16,000 per network)
- Additional resource to cover 100% of the population for extended hours (which will vary network to network)

Network Services

A number of network services will be developed in line with NHS England's Long Term Plan, and phased into the DES over the coming years.

2019

- Extended Hours access integrated into networks – same requirements as the DES, for 100% of network population

2020

- Structured medication review
- Enhanced health in care homes
- Anticipatory care (with community services)
- Personalised care
- Supporting early cancer diagnosis

2021

- Cardiovascular disease prevention and diagnosis, through case finding
- Action to tackle inequalities

The content, and associated service specifications for these, will be subject to annual negotiation with GPC England

Timetable for PCN Establishment

Date	Action
January – April 2019	PCNs prepare to meet the Network Contract registration requirements
By 29 th March 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract
By 15 th May 2019	All Primary Care Networks submit registration information to their CCG
By 31 st May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early June 2019	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 st July 2019	Network Contract goes live across 100% of the country
July 2019 – March 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
April 2020 onwards	National Network Services start under the 2020/21 Network Contract

Practice Manager Primary Care Network Event

Questions for practices to consider

1. What are practices next steps regarding setting up Primary Care Network (PCNs) and the role of the Practice Manager in it?
2. What challenges will practices face in setting up PCNs?
3. What support do practices require from the Federation/LMC in setting up PCNs?

Lunch

12.30 – 1.00 p.m.



Anne Sherratt

Practice Development Officer

Practice Manager Peer Appraisal



The job of a Practice Manager is isolated and difficult with usually very little support. This is an opportunity to focus on you and your role with someone who can empathize and understand what you do.

A Peer Appraisal:

- Is not a performance review
- Is done by an experienced Practice Manager who understands what the job entails
- Includes multi source feedback (360°)



- Enables a PM to focus on their skills
- Focuses on personal development
- Allows them to discuss issues or problems in a safe confidential environment
- Allows an exchange of good practice
- Provides a proactive plan for the future

The process is motivating for both appraiser and appraisee

GP Contract Roadshow/ Developing Primary Care Networks

Thursday 28th February 2.30 – 7.00 p.m



LMC

PCN Development

Drs Paul Scott and Harald Van der Linden



Network Contract DES

1. Names and ODS of member practices
2. Network list size as of 1st January 2019
3. Map of network area
4. Network agreement
5. Financial host practice
6. Name accountable clinical director



Key Issues

- Networks in totality have to be inclusive
- Make geographical sense
- Normally 30-50,000
- Some rurality and super practice exceptions
- Old extended access commitment as a PCN re opening hours



Reality

- Multiple overlaps
- Local authority boundaries
- Some practices have genuine choice, others have none re no other boundaries
- Some larger practices and linked practices
- Shared ideals, philosophy, 70/30 financial approach and priorities
- Leadership requirement for Clinical Director and lead practice
- Stepwise huge opportunity linking into further long term condition investment

No Imposition

- Constructive dialogue
- No binding commitment
- Options to change with change
- Deadline for applications – 15th May 2019
- CCGs confirm – 31st May 2019
- June CCGs and LMC work to resolve anything outstanding
- Start – **1st July 2019**