

Health and Adult Care Scrutiny Committee

12 March 2020

Primary Care Networks update and General Practice strategy

Report from the Director for Commissioning, Deputy Director for Primary Care of NHS Devon Clinical Commissioning Group and the Clinical Director (Woodbury, Exmouth, Budleigh (WEB) Primary Care Network).

1. Recommendations

- 1.1 That the Members of the Health and Adult Care Scrutiny Committee receive this report containing updates and general information responding to the specific action that development of the Primary Care Networks (PCNs) and the Strategy for General Practice in geographic Devon (attached as Appendix 1) would be reported to a future meeting of the Health and Adult Scrutiny Committee.
- 1.2 That the Members of the Health and Adult Care Scrutiny Committee comment on the progress of the establishment of the PCNs and the Strategy for General Practice in geographic Devon.
- 1.3 That the Members of the Health and Adult Care Scrutiny Committee consider any additional information they require to assure themselves as to the aspirations of the PCNs, and the content and intentions of the Strategy for General Practice in geographic Devon.

2. Purpose

- 2.1 The purpose of this paper is to update Members on the development of PCNs and the Strategy for General Practice in geographic Devon, including progression of the digital agenda.
- 2.2 Devon Clinical Commissioning Group (CCG) is keen to seek the views of the Members of the Health and Adult Care Scrutiny Committee on how it can best engage with patients in relation to furthering the digital agenda in partnership with communities. We would ask that Committee Members consider promotion of the strategy, and in particular encouraging people to make use of the digital offer and additional roles within PCNs.

3. Background to Primary Care Networks

- 3.1 Fundamental to the delivery of the NHS Long Term Plan, PCNs came into being on 1 July 2019 following variations to, and supported by additional funding from the national GP Contract. The introduction of PCNs is certainly the biggest change since 2004 to the way in which family doctors and their teams work, and arguably the biggest change for a considerably longer period than that.
- 3.2 In geographic Devon all 124 General Practices (from 1 April 2020 there will be 123 practices owing to a planned merger) have signed up to active participation within a PCN, of which there are 31 across geographic Devon, meaning there is full coverage of the population of geographic Devon.
- 3.3 PCNs typically serve communities of 30,000 to 50,000 people, a full breakdown of PCNs is included as Appendix 2. The current PCN coverage across geographic Devon is shown in the map in Appendix 3.
- 3.4 The aspiration of PCNs is go far beyond the established core offer of current primary care (GP) services, becoming the bedrock of proactive, personalised, coordinated and

more integrated health and social care. The PCN will ultimately become the focal point for the neighbourhood delivery of the integrated care service, around which all other community health and care services will gravitate.

3.5 PCNs are a pillar of the future of general practice and there continues to be considerable appetite in the geographic Devon system for increased collaboration between practices and associated health and social care providers, the voluntary and third sectors, and patients.

3.6 PCNs will enable:

- an extended range of services with access to specialist advice;
- a focus on population health management for both physical and mental health;
- the development of tailored care for people with multi-morbidity and frailty
- peer review and clinical governance;
- investment in IT and other technologies;
- increased resilience, being better able to respond to fluctuations in demand and capacity;
- better representation of general practice as a provider in system-level design and implement conversations;
- career development and support for professional and other staff, including portfolio careers;
- stronger engagement with local communities.

4. PCN Development

4.1 Devon CCG is committed to supporting all Devon PCNs in maturing and thriving, optimally utilising available funding to support Clinical Director leadership development as well as broader PCN development.

4.2 The funds made available within geographic Devon total £920k and will allow PCNs to make progress against their development objectives, which are linked to a nationally developed framework.

4.3 PCN development plans are tailored to the needs of their locality, and headline themes that have emerged from the PCN development planning processes include:

- PCN organisational development and effective sharing of resources working together at pace and scale as newly emerging organisations;
- leadership development support for Clinical Directors and key others;
- supporting collaborative working with community partners via multidisciplinary teams;
- social prescribing and asset-based community development;
- utilising population health management data to identify and address local population needs including those of both physical and mental health nature;
- assistance to establish system training, learning and educational opportunities for PCNs;
- business intelligence and data modelling support;
- utilising funding to release clinical capacity and provide backfill to attend development opportunities;
- where appropriate working at scale as 'networks of networks' to efficiently tackle issues where there is commonality of issue.

4.4 Table 1 over the page shows some specific examples of how development funding is supporting the delivery of innovative and integrated PCN led projects:

PCN	Framework Theme	Project
WEB Eastern locality	Working with people and communities	Working in partnership with Exmouth Community College and Adolescent Mental Health Services to better meet the physical and mental health needs of young people in the town.
Barnstaple Alliance Northern locality	Leadership, planning and partnership	As part of multiagency “One Barnstaple” approach working with health, Local Authority and voluntary sector colleagues to deliver outreach service to the local homeless population.
The Coastal Network Southern locality	Working with people and communities	Coastal Blue Region quality improvement project working across the PCN with multiple stakeholders to tackle increasing levels of obesity, type 2 diabetes, hypertension, myocardial infarctions, strokes and cancers by promoting the ‘blue zone’ methodology from areas of the world where people live the longest and healthiest lives.
Waterside Western locality	Use of data and population health management	Practices in PCN are sharing medical records, analysing variation and using data to review their population needs allowing for better patient care and to improve services in “Deep End” practices collaboratively with local mental health teams.

Table 1

5. GP contract and additional roles

- 5.1 The five-year GP contract [Investment and Evolution](#) was published on 31 January 2019 and introduced, with effect from July 2019, the Additional Roles Reimbursement Scheme (ARRS).
- 5.2 As part of the original contract, expanding the workforce is the top priority for primary care necessary to alleviate pressures on existing staff, improve patients experience of access, cut waiting times and improve the quality and integration of care.
- 5.3 Initially five roles were included in the ARRS:
- clinical pharmacist and social prescribing link worker (funded in 2019/20);
 - physician associates and first contact physiotherapists (from 2020/21);
 - community paramedics (from 2021/22).
- 5.4 In geographic Devon PCNs have claimed for staff they have recruited or subcontracted:
- 14 social prescribing link workers;
 - 13.75 clinical pharmacists.

One contributory factor to recruitment not being complete is a desire to make better use of existing staff resource rather than compete for the same resource to little or no net benefit. Hence system partners, including those within the voluntary sector, are engaged as to how to work together to make best use of existing capacities and capabilities, whilst working collaboratively to further increase combined workforce resource.

- 5.5 The scope of the ARRS has been considerably expanded under the new contract published jointly by NHS England and the British Medical Association (BMA) [GP contract agreement 2020/21 – 2023/24](#).
- 5.6 New national workforce targets are included in the contract, including 26,000 extra staff to be provided under the ARRS.
- 5.7 PCNs are now able to be much more flexible and can choose to recruit from six additional roles being mindful of both local need and staff type availability:
- pharmacy technicians;
 - health and wellbeing coaches;
 - care co-ordinators;
 - occupational therapists;
 - dietitians;
 - podiatrists;
 - from April 2021 mental health practitioner roles including Improving Access to Psychological Therapies (IAPT) practitioners.
- 5.8 From April 2020/21 all roles will be reimbursed at 100% of the actual salary plus defined on-cost up to the maximum reimbursable amount. Each PCN will be allocated a single combined maximum sum to draw from, based upon its weighted population share.
- 5.9 A CCG-wide plan to use the ARRS budget will be developed and reviewed annually (at least), jointly with Clinical Directors, Devon Local Medical Committee (LMC) as the professional representatives of General Practice, and other community partners.

6. Digital

- 6.1 More than half a million people in geographic Devon can now access online consultations with their GP practice. In an increasingly digital world, many people prefer to access services online as they can do so from anywhere and when it is convenient to them. Online consultation has already been shown to enable efficiencies within GP practices allowing GPs and other clinicians to see those patients who need face to face appointments and providing alternative ways of helping people who do not. It is, however, recognised that not all patients will be able to or want to access services in this way. Whilst we are working to help patients who want to access services online but are not yet able or confident to, we are clear that traditional methods of accessing GP services such as by phone or by attending in person will remain.

Devon is one of a very small number of national 'Digital Accelerators' working to help practices and their patients make the most of online consultations. The Devon Digital Accelerator initially covered around half of the practices in Plymouth but has recently been awarded additional funding to expand to all Plymouth practices. Subsequent rollout to the rest of geographic Devon is anticipated and will commence during 2020/1. A primary focus is to first help PCNs drive up their use of online consultation. The second is to create a selection of hubs within PCNs that have the capacity to process and respond to online consultations at a PCN and possibly larger scale. The ultimate goal is to leverage the possibilities of a pool of clinicians who could be based anywhere in the UK to support the GP practices most at need.

The Devon Digital Accelerator is taking a significantly different approach to most Digital/IT projects. The core project ethos is based on learning from the practices within scope to understand what stops or hinders change within a practice or PCN and help remove those blockers. The project team includes a number of clinical psychologists that help create a team and culture within the practice that enables

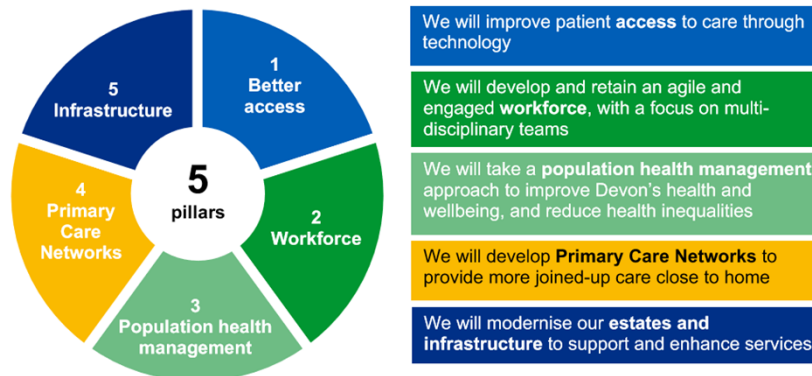
them to innovate and adoption new technologies, ways of working and processes.

- 6.2 Geographic Devon has the second highest number of registrations of the NHS App nationally, and we expect to exceed 10,000 registrations this week. When expressed as a proportion of the population we have the 13th (of 191 CCGs) highest level of registrations. The NHS App allows patients to book appointments, request repeat prescriptions and view a portion of their (GP) medical record, as well as setting organ donation preferences.
- 6.3 To support PCNs we have recently procured an online intranet platform for all Devon GP practices and PCNs. This allows the sharing of information, documents, policies etc as well as providing discussion and messaging features, tasking, workflow etc. These can be shared within a practice, across a PCN or at a wider level and will help reduce duplication as well as helping foster collaboration and sharing within and between PCNs. The platform (GP TeamNet) also has many features specifically to aid practices with Care Quality Commission (CQC, see note below) inspections, GP appraisals, training management, annual leave planning and recording, significant event reporting and others. The platform will also allow the CCG to have a single route to communicate to all practices and PCNs with messages, documents, alerts etc and allow us to reduce the amount of information currently sent via email. Over 50% of geographic Devon GP practices have now completed their initial setup of the platform and all practices are being supported with online and face to face training.
- (note: the Care Quality Commission is the independent regulator of all health and social care services in England)
- 6.4 We have supported over 140 care homes in geographic Devon to obtain 'NHSMail' email accounts to allow them to easily and securely share information with the NHS, local authorities and other partners.
- 6.5 We are in 2020 starting to enable direct booking into GP appointment systems, meaning other system partners such as 111 can, where clinically appropriate, book for patients to see an appropriate member of the General Practice team. This avoids duplication of effort and reduces patient hand-offs. We anticipate this being in place in all parts of geographic Devon by December 2020.
- 6.6 For a number of these areas of activity we have put in place, or are arranging for, academic review to ensure that we understand and measure not only the process markers but also the outcomes. This will include understanding the impact of patients and system providers, including assessing any transference of effort from one setting to another.

7. Strategy for General Practice in (Geographic) Devon

- a. The vision of primary care in geographic Devon is that it will offer each local community a wide and flexible range of information, support and services to enable people to live happy healthy lives.
- b. Patients in geographic Devon will have the best outcomes if primary care works in a truly integrated way. This means each service being able to quickly and easily respond to requests from colleagues for advice or input to an individual patient and, for individuals with more complex needs, working in partnership with a multi-disciplinary team of neighbourhood professionals.
- c. Patients will be supported to take a more active role in improving and managing their own health and will be better informed about which professional is best able to help them.

- d. GPs are at the centre of patients' care, coordinating and overseeing other clinicians and healthcare providers, as well as providing care directly to patients. There will be a wide range of easily accessed and readily available alternatives to GP provided care.
- e. Back office services will be delivered at scale across the practices with digital systems that enable improved efficiency and information sharing across practices and other health and care partners.
- f. The five pillars for general practice in geographic Devon:



We will

improve patient **access** to care through innovative technology:

- people can access care from an appropriate service when they need it;
- improve patient experience and outcomes, empowering people to take control of their own health;
- improve extended and consistent access to primary care services;
- digital first approach to delivery of services.

We will develop and retain an agile and engaged **workforce** with a focus on multidisciplinary teams to reduce pressures on services and improve outcomes for patients:

- GPs and primary care teams are resilient and have manageable and appropriate workloads;
- primary care can attract and retain the staff it needs;
- integrated community and primary care multidisciplinary teams delivering care.

We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities:

- people receive care targeted to their specific needs, including improved prevention and self-care;
- reducing the health inequality gap;
- reduce unwarranted variation and accurate disease prevalence where Devon is an outlier.

We will develop **Primary Care Networks** to provide more joined-up care close to home:

- working with all practices as part of Primary Care Networks;
- implementing leadership development programmes.

We will modernise our **estates and infrastructure** to support and enhance services:

- co-located premises with community and voluntary sector services;
- primary care deploys its resources effectively to achieve the best possible outcomes for patients.

8. Summary and conclusion

- 8.1 It is hoped that this report and accompanying items provides Committee Members with adequate assurance as regards the development of PCNs and General Practice Strategy.
- 8.2 As mentioned, Committee Members' steer as to how to achieve effective engagement of populations as regards new and future technologies would be welcomed.

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER DATE FILE REFERENCE

Nil

Appendix 1

Attached separately

**Appendix 2
Breakdown of PCNs**

Locality	Local Care Partnership	Network	Practice name
Northern	North	Torrige	Bideford Medical Centre
			Castle Gardens Surgery
			Hartland Surgery
			Northam Surgery
			Wooda Surgery
			Torrington Health Centre
Northern	North	Barnstaple Alliance	Brannams Medical Centre
			Fremington Medical Centre
			Litchdon Medical Centre
			Queens Medical Centre
Northern	North	Holsworthy, Bude and Surrounding Villages	Ruby Country Medical Group
			Stratton Medial Centre
			Neetside Surgery
			Blake House Surgery Black Torrington
			Bradworthy Surgery
Northern	North	North Devon Coastal	Caen Medical Centre
			South Molton Medical Centre
			Lyn Health
			Combe Coastal
Eastern Mid	East	Culm Valley	Bramblehaies Surgery
			Blackdown Practice
			College Surgery
			Sampford Peverell Surgery
			Wyndham House Surgery
Eastern Mid	East	Tiverton	Amicus Health
			Castle Place
Eastern Mid	East	Mid Devon Healthcare	Bow Medical Practice
			Cheriton Bishop and Teign Valley Practice
			Chiddenbrook Surgery
			Mid Devon Medical Practice
			New Valley Practice
			Wallingbrook Health Group
Eastern Mid	East	North Dartmoor	Chagford Health Centre
			Moretonhampstead Health Centre
			Okehampton Medical Centre
Eastern	East	Nexus	Mount Pleasant
			Heavitree
			South Lawn
			ISCA
			Hill Barton
Eastern	East	TASC	Axminster Medical Practice
			Seaton and Colyton Medical Practice
			Townsend House Medical Centre
Eastern	East	Outer Exeter	Cranbrook Medical Centre

			Ide Lane Surgery
			Pinhoe and Broadclyst Medical Practice
			Topsham Surgery and Glasshouse Medical Centre
			Westbank Practice
Eastern	East	Honiton/ Ottery/ Sid Valley (HOSMS)	Honiton Surgery
			Coleridge Medical Centre
			Sid Valley Practice
Eastern	East	Exeter West	Foxhayes Practice
			St Thomas Medical Group
Eastern	East	Exeter City	Barnfield Hill Surgery
			Clocktower Surgery
			Southernhay House Surgery
			St Leonards Practice
			Whipton Surgery
			Wonford Green Surgery
Eastern	East	WEB	Claremont Medical Practice
			Rolle Medical Partnership
			Imperial Surgery
			Haldon House Surgery
			Woodbury Surgery
			Budleigh Salterton Medical Practice
			Raleigh Surgery
Western	West	Beacon Medical Group	Beacon Medical Group
Western	Plymouth	Drake Medical Alliance Limited	North Road West Medical Centre
			Roborough Surgery
			Knowle House Surgery
			Wycliffe Surgery
			Lisson Grove and Woolwell Medical Centre
Western	Plymouth	Mayflower	Mayflower Medical Group
Western	Plymouth	Waterside Health Network	Devonport Health Centre
			St Levan Surgery
			Adelaide Surgery
			West Hoe Surgery
			Stoke Surgery
			Peverell Park Surgery and University Medical Centre
			St Neots Surgery
Western	West	West Devon	Abbey Surgery
			Tavyside Health Centre
			Yelverton Surgery
Western	West	Mewstone	Wembury Surgery
			Dean Cross Surgery
			Church View Surgery
			Yealm Medical Centre
Western	Plymouth	Sound	Budshead Medical Practice
			Elm Surgery
			Estover Surgery

			Friary House Surgery
			Oakside Surgery
			Southway Surgery
Western	Plymouth	Pathfields Medical Group	Pathfields
			Beaumont Villa Surgery
Southern	South	Baywide	Compass House Medical Centres
			Pembroke House Surgery
			Chilcote Surgery
Southern	South	Torquay	Southover Medical Practice
			Brunel Medical Practice
			Chelston Hall Surgery
			Croft Hall Medical Practice
Southern	South	Newton West	Albany Surgery
			Bovey Tracey and Chudleigh Medical Practice
			Kingskerswell and Ipplepen Medical Practice
Southern	South	South Dartmoor and Totnes	Ashburton Surgery
			Buckfastleigh Medical Centre
			Catherine House Surgery
			Leatside Surgery
			South Brent Health Centre
Southern	South	Paignton and Brixham	Mayfield Medical Centre
			Corner Place Surgery
			Old Farm Surgery
Southern	South	The Coastal Network	Teignmouth Medical Group
			Teign Estuary Medical Group
			Channel View Medical Practice
			Dawlish Medical Group
Southern	South	Templer Care Network	Buckland Surgery
			Cricketfield Surgery
			Devon Square Surgery
			Kingsteignton Medical Practice
Southern	South	South Hams	Dartmouth Medical Practice
			Modbury Health Centre
			Chillington Health Centre
			Redfern Health Centre
			Norton Brook Medical Centre

Appendix 3 PCN coverage

