

NHS Rotherham Clinical Commissioning Group

Primary Care Sub-Group – 23rd February 2022

Primary Care Committee – 9th March 2022

Title: Primary Care Network Development Assurance Paper

Lead Executive:	Ian Atkinson, Executive Place Director
Lead Officer:	Joanne Martin, Senior Improvement Manager
Lead GP:	Dr Geoff Avery, Clinical Director for Maltby/Wickersley PCN

Purpose:

To provide assurance on the Primary Care Network (PCN) development and progress against PCN Directed Enhanced Service (DES) milestones.

Background:

On the 31st January 2019, a document entitled “Investment and Evolution: A five-year framework for GP contract reform to implement the NHS long term plan” was published. This document placed PCNs at the heart of the new GP contract, requiring practices to sign up to a network DES and form networks of 30-50k populations and work towards achieving level 3 of the PCN maturity matrix at.

The Network DES has several components which are to be delivered over a period of time. Over the last 2 years, some of the requirements have been relaxed to reflect the Covid-19 Pandemic, however NHS England has expected delivery on a number of DES indicators.

In addition to the core requirements PCNs have also been asked to develop in line with the Maturity Matrix, which outlines the components that underpin the successful development of networks. The matrix is designed to support network leaders, working in collaboration with systems, places and local leaders within neighbourhoods, to work together to understand the development journey both for individual networks, and how groups of networks can collaborate together across a place in the planning and delivery of care and should support networks to:

- Come together around a shared sense of purpose, identify where PCNs are in their journey of development and consider how they can build on existing improvements such as those that may have been enabled by the GP Forward View and other local integration initiatives.
- Make plans for further development that help networks to continue to expand integrated care and approaches to population health, and that can best meet the health and care needs of the population served by the network. Testing out new models of care and how they will utilise their funding to deliver these plans.
- Identify workforce requirements (clinical and administrative) and training required to support delivery of both the PCN plans to meet local population needs and deliver the core DES requirements.

Over the last 3 years, PCNs have received funding through several revenue streams to aid delivery of the key milestones of the Network DES and work towards level 3 of the maturity matrix. In November 2020, the PCNs updated PCC to say that they have all achieved the foundation level of the matrix and were placing themselves as completing the foundation stage and functioning at level 1.

This paper provides an update of delivery on the core DES requirements, where each PCN places themselves in maturity and outlines how funding has been utilised to support both DES delivery and PCN development to date.

Primary Care Delegation Responsibility:

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	
Delegated	
Both Rotherham CCG and delegated	x

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	x
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	x
Managing practices with CQC / quality concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	x
Manage the delegated allocation for commissioning of PMCS	x
Assurance to the governing body on the quality and safety of PMCS	x

Please indicate which of the Delegated Duties Decisions this paper requires:-

Delegated Duties – iii – Decisions in relation to the establishment of new GP practices (including branch surgeries) and closures of GP practices.	
Delegated Duties – iv – Decisions about ‘discretionary payments’.	
Delegated Duties – v – Decisions about commissioning urgent care (including home visits as required) for out of area registered patients.	
Delegated Duties – b – The approval of practice mergers.	

Analysis of key issues and of risks:

Each PCN has been asked to provide a high-level update on:

- Funding utilisation
- Delivery against the Network DES core requirements/milestones
- Assess where they are the PCN maturity matrix

Each return is attached to this paper and summarised below:

How funding has been spent across PCNS

Over the 3 years, PCNs have received funding to support their development. Table 1, outlines the combined funding Rotherham PCNs have received and an overarching synopsis of usage. Each PCN has

provided a summary of spend over the last 3 years and, if there is any slippage, how this is expected to be utilised. They have also cross-referenced funding on their individual matrix, to demonstrate how it has been utilised to support them to mature.

Please refer to Tab 1 on each PCN return for individual PCN usage.

Funding Title	Combined PCN Amount	Summary of usage
Clinical Director Funds	£521,629	Used to establish the foundations of the PCN.
Core PCN Funding	£1,190,766	PCN capacity support – at scale working across the PCN Administration Federation support for at scale working across all PCNs
ARRS	£5,857,430	Additional roles
IIF / PCN Support	£844,318	The use of the funds ranged from improvements to the practice environment to additional practice capacity across all disciplines.
PCN Leadership and Management Support	£193,830	PCN capacity support – at scale working across the PCN Administration Federation support for at scale working across all PCNs
PCN development Funding	£458,000	Additional capacity to work at scale Supporting the development of PCNs in the areas of ARRS, bid writing, responses to partners for information and an agile response to changing demands for services and delivery models
PCN and practice websites and update telephony	£147,000	Telephone and Website development

Table 1

How PCNs are delivering against the core DES requirements

Each PCN has been asked to outline progress made against core elements of the Network DES and RAG rate delivery. In summary, progress is being made against the requirements however, PCNs are reporting that the pandemic has hampered pace of progression.

The following areas are reported to be progressing:

- Structured Medications Reviews
- Extended Access
- Enhanced Health Care in care homes
- Supporting Early Cancer Diagnosis
- CVD Prevention and Diagnosis

Areas which PCNs have struggled to develop are tackling neighbourhood inequalities and patient engagement. Where progress has been halted, PCNs are reporting that they do have plans in place to address the core requirements, such as website development to support patient engagement.

Please refer to tab 2 of individual PCN returns for further detail on delivery against the network DES.

Understanding how PCNs have matured over the last 3 years.

The PCN matrix looks for practices to work at scale, sharing workforce, business functions and working far more closely with community teams across health and social care. A fully functioning PCN would be at level 3 of the matrix – although it is reasonable for a PCN to be at different levels of the matrix depending on the function they are reporting against.

In Nov 2020 all the PCNs reported to have completed the foundation stage and working towards or at level 1 of the matrix. Table 2 below provides a high-level summary of the present position.

For further detail on each PCN, please refer to tab 3 of the PCNs individual return, where each PCN has evidenced how they have progressed over the last year, outlining which element of funding has been used to aid growth.

PCN	Overall Level of Maturity
Central	Level 1 and working towards level 2 with some elements of level 3
Health Village & Dearne Valley	Level 2
Maltby/Wickersley	Level 2 and working towards level 3
Raven	Level 2 and working towards level 3
Rother Valley South	Level 2 working towards level 3
Wentworth 1	Level 2 and working towards level 3

Table 2

Reference to NHSE Primary Medical Care Policy and Guidance Manual (PGM):

Not applicable

Patient, Public and Stakeholder Involvement:

Not applicable

Equality Impact:

Not applicable.

Financial Implications:

Not applicable

Human Resource Implications:

Not applicable.

Procurement Advice:

Not applicable.

Data Protection Impact Assessment:

Not applicable.

Approval history:

Not applicable.

Recommendations:

The PCC is asked to note the updates on PCN delivery to date. It is suggested that PCC consider a regular update (as per the attached returns) on a quarterly basis, to understand progression against core DES requirements alongside PCN development.

Paper is for noting