What do Primary Care Networks mean for general practice?

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Key issues for general practice?

**Challenges**
- Ageing population
- Population growth
- More people with long term conditions
- Over dependency on hospital based care
- Lack of investment in general practice and community services

**Impact on general practice**
- Workload becoming unmanageable
- Workforce struggles to meet demand
- Working day becoming unmanageable
- Recruitment of younger GPs
- Retention of older GPs
- Stress, burnout, mental health
- Organisational barriers
Primary care and the future

• All of these documents were published in January 2019

• The most significant commitments to general practice for many years

• Common theme in all 3 documents is Primary Care Networks
What are Primary Care Networks?

- Geographically based
- GP led
- Local delivery unit
- Population size: 30-50,000
- Built on member practices
- An extension of the GP practice

Sources: Wessex LMCs
Core Primary Care Networks

Core Network Practices

Funding 2019/20

Via Directed Enhanced Service – to PCNs
- **Clinical Director**: 2 sessions per week
- **Additional staff**: Social Prescribing Link Worker and Pharmacist 2019/20
- **Administration**: £1.50 per patient

Via Statement of Financial Entitlement (SFE) – to Practices
- **For participation in PCN**: £1.76 per weighted patient

Workload is a key issue for general practice and to help address this there needs to be a significant expansion of the workforce. The PCN DES will ensure that over the next 5 years there will be a significant expansion of the workforce supporting general practice. This is essential for the sustainability of general practice.

In addition there will be a financial incentive for practices to work collaboratively in their communities to develop and support a more community based model of care and reduce the growing dependency on hospital based care.
Primary Care Networks

Core Network Practices

Providers of care services in the PCN footprint:
- Community teams
- Mental health teams
- Local Authority
- Hospitals
- Voluntary sector

The wider PCN may have a partnership Board which will include other providers who to a greater or lesser extent will have resources that they will wish to deploy in the community served by the PCN. This Board will not decide on the funding or deployment of staff received by the PCN via the DES.

**Community Nursing team** – will be required to configure to reflect the PCN footprint and to work as a single MDT with the member practices.

**Community Mental Health team** – will be required to configure on the PCN Footprint – some services such as dementia will need to be integrated with primary care

**Local authorities** – can make a significant contribution in a number of areas

**Hospitals** – some services better delivered at community level could be moved from hospitals to PCNs where appropriate eg care of the elderly, Diabetes, respiratory care, MSK etc
Primary Care Networks

Providers of care services in the PCN:
- Community teams
- Mental health teams
- Local authority
- Hospitals
- Voluntary sector

Services that could be provided at PCN level:
- Leg ulcer care
- Dermatology
- Diabetes
- Respiratory care
- Frailty
- Low risk skin cancer care
- Cardiovascular care
- MSK
- Dementia care

The PCN is based in a community and should be considered as a delivery unit of care and will become the investment vehicle of choice in the future.

To achieve this structures will need to mature and evolve.
Primary Care Networks 2024 (first five years of PCNs)

- 2024 funding for an additional 20,000 WTE staff
  - Community staff – District Nurses and Community Mental Health
  - New Services

- Historic divide between Primary and Community Care removed
  - Partnerships with other providers
  - Partnering with local community

- Investment vehicle of choice
  - Many services could be organised around populations of 30-50,000
  - Expand specialist capacity and provide opportunities for portfolio careers
  - Estates

- Improve quality of clinical care
  - Reduce polypharmacy
  - Improve quality of services to care homes
  - Develop personalised care
What do Primary Care Networks mean for general practice?

Make general practice a better place to work

• Helped with workload

• Expanded the workforce

• Created new opportunities for GPs and others

• General practice has a leadership role within primary care

• General practice has a voice in the system