The Committee is asked to:
Review the release of funding for the GP at Scale plans submitted by the Primary Care Networks

Strategic Objectives and Board Assurance Framework

NHS Ealing CCG aims to support the development and mobilisation of integrated PCNs across the borough in order to increase the proportions of people with long term conditions who are fully supported in the community and place of work.

Vibrant PCNs are expected to mobilise providers beyond core membership in their own patch for an integrated, accessible and responsive care system to support people access care closer to home.

NHS Ealing is therefore working with Clinical Directors of the PCNs to ensure key milestones in the development of PCNs are achieved

Summary of purpose and scope of report

Background

NHS England has provided NWL with second year of GP at Scale funds to prime GP practices to work together at Scale. In 18/19 these funds were funnelled through to the GP Federation as the At scale provider on the agreement of Ealing GP practices. However, with the new GP framework and the creation of Primary Care Networks (PCNs), it was agreed that in 19/20 this funding would go directly to PCNs to decide how best to utilise the funds to
achieve the aims that are intended.

The principles on the use of the funds have been agreed for London and are:

- **Funding to be spent on acceleration of at scale transformation work**: through Federations, which will build on and be an addition to existing STP/CCG or national funding streams.
- **Funding goes to the front line**: the Transformation fund is used for Primary Care transformation, and to directly support the development of general practice working at scale.
- **Spend plans are collaboratively defined and monitored**: STPs engage with both CCGs and providers to define Transformation fund spend plans, and to monitor spend and impact. CCGs engage all leaders of their at scale providers during spend planning.
- **Success is measurable**: STPs define and measure the success of each proposed Transformation intervention.
- **Spend plans are based on Next Steps guidance**: interventions are based on characteristics of what good general practice working at scale looks like, as outlined in the ‘Next Steps’ document.
- **Work should build upon 18/19 at scale transformation work** with no duplication and should be built on the principles of continued acceleration.

In order for the PCNs to develop their plans the following guide was co-created with the Clinical Directors which outline the outcomes and potential activities linked to delivery of those outcomes.

<table>
<thead>
<tr>
<th>Name of Network</th>
<th># of Practices by PCN</th>
<th>Standardised weighted pop as @ 1/4/19</th>
<th>At Scale funding 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acton</td>
<td>15</td>
<td>68540</td>
<td>£ 58,873.88</td>
</tr>
<tr>
<td>Greenwell</td>
<td>7</td>
<td>34263</td>
<td>£ 29,430.45</td>
</tr>
<tr>
<td>NGP</td>
<td>11</td>
<td>59597</td>
<td>£ 51,191.35</td>
</tr>
<tr>
<td>North Southall</td>
<td>10</td>
<td>56451</td>
<td>£ 48,489.84</td>
</tr>
<tr>
<td>Northolt</td>
<td>8</td>
<td>36456</td>
<td>£ 31,314.52</td>
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<tr>
<td>South Central Ealing</td>
<td>5</td>
<td>43484</td>
<td>£ 37,351.51</td>
</tr>
<tr>
<td>South Southall</td>
<td>9</td>
<td>49397</td>
<td>£ 42,429.96</td>
</tr>
<tr>
<td>The Ealing Network</td>
<td>10</td>
<td>52525</td>
<td>£ 45,116.97</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>75</strong></td>
<td><strong>400713</strong></td>
<td><strong>£ 344,198.50</strong></td>
</tr>
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</table>

- **NHSE allocation of £344,198.55 for 2019/20 to support the acceleration of GP At-Scale alongside the development of Primary Care Networks. Funding is calculated based on CCG normalised weighted list size April 2019.**
- **Funding is to be shared across the PCNs as follow**
Spending and delivery plan with clear outcomes to be submitted by each of the PCNs for approval by PCCC

<table>
<thead>
<tr>
<th>No.</th>
<th>Outcome</th>
<th>Description</th>
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</table>
| 1    | Organisational Development       | - Develop a PCN business plan  
- PCNs fully mobilised to deliver on the 2019/20 DES specifications and prepared for the delivery of the 2020/21 specs |
| 2    | Workforce                        | - PCN additional workforce operationalized to provide multidisciplinary and integrated care which meets the health and social care needs of the population in the network |
| 3    | Leadership Development            | - CDs fully operational in their new roles as leaders of the patch with a proper leadership training and development programme in place |
| 4    | Population Health Management     | - PCNs developed, or are using existing, systems and tools to understand the needs of their population and support care planning |
| 5    | Quality Improvement              | - PCNs taking the lead in the quality improvement of health and social care provided to the registered population of the network including access  
- Engaging actively and effectively with other providers working in the area or involved in the care of their patients |
| 6    | Integrated Care                  | - PCN as the key enabler of integrated care at a local level bringing together relevant health and social care services  
- Effective primary care representation at the Integrated Care Partnership Board |
<table>
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<tr>
<th>Proposed Activities as approved by CDs</th>
<th>Under this funding, PCNs could undertake the following type of activities in order to deliver on the outcomes:</th>
</tr>
</thead>
</table>
| **Outcome1 – Organisational Development** | - Develop a PCN business plan  
- Mobilisation of PCNs to meet 2019/20 DES’ requirements and prepare for 2020/21  
- Establishment of back office teams to support CDs and mobilisation for immediate accounting, legal preparedness and future proofing for challenges in the foreseeable future eg making tax digital requirements, cloud based accounting systems  
- Collectively risk assess VAT, liability, pensions and data sharing when recruiting the additional PCN staff  
- Increase efficiency across the PCN by improving exiting IT infrastructure and ICT skill mix where appropriate  
- Explore systmOne capability, RA access for staff, etc…to support At Scale Working |
| **Outcome2 – Workforce** | - Recruitment and development plan the Social Prescribing Link Workers (CP) & Clinical Pharmacists (CP)  
- Development of a cadre of future additional role incumbents by scoping the role of primary care in training preregistration pharmacy students in primary care in conjunction with the established community training programme.  
- Training and learning to allow leadership development and staff teams to work across practices with protected learning times (incl one afternoon/month pan-PCNs)  
- Complete the workforce baseline audit and agree on plans across the PCN to fill identified gaps  
- Confirm if an existing CP will transferred from original scheme to new PCN scheme – cut off date **30th September 2019**  
- Prepare for recruitment of First Contact Physiotherapists and Physician Associates by **April 2020**  
- Establish the use of the Locum Bank secured by Ealing GP Fed |
| **Outcome3 – Leadership Development** | - Establish a collective and/or individual leadership development programme for clinical directors,  
- Develop buddy and peer support systems between CDs within a PCN and across PCNs  
- Enhance shared learning among CDs |
| **Outcome4 – Population Health Management** | - Using WSIC Dashboard or equivalent to undertake case finding at PCN level to identify high risk or rising risk population  
- Put in place appropriate care planning and case management systems ie PCN MDTs, MDGs etc… |
Development of wider At Scale capability, enable readiness for quality improvement under the new specifications, April 2020.

Public and Patient engagement – assess high impact initiatives that have been run at individual practices and scale up across PCNs/CCG (park run, yoga, low carb, Future Health planning and Strength & Balance classes, etc…)

**Outcome 5 - Quality Improvement**

- Bringing together the asks for Extended Access Hubs, Extended Hours DES and Online Consultations and by when
- Mobilisation plan for Online Consultation across practices and using the Locum Bank secured by Ealing GP Fed
- Patient Engagement to support Extended Hours DES delivery
- Work with various partners across the system to establish a shared team, engage in research & development eg hub and bespoke approach with NIHR, GP Fed Trust Reporting System, etc…

**Outcome 6 – Integrated Care**

- Establish the voice of primary care at Integrated Care Partnership Board
- Establish links at PCN level with relevant teams or staff members from the LA, VCS, community services aiming to create effective MDTs
- Expand and integrate fully the non-core members of the PCN
- Establish an approach to case finding, care planning and case management using Outcome 4
- Work with various partners across the system to establish a shared team where appropriate
- Establish an approach to Patient and Public Involvement building on existing practice and network based PPGs
- Engage in research & development eg hub and spoke approach with NIHR, GP Fed Trust Reporting System, etc…

The PCCC is asked to note the process and planned actions the PCN Clinical Directors co-created.

**What are the benefits of this project?**

- Benefits for patients – coordinated care, access to a wider range of professionals, appointments that work around their lives
- Benefits for practices – greater resilience, better work/life balance, more satisfying work, improved care and treatment, more resilient primary care
- Benefits for the system – general practice plays its part in breaking down the divide
between general practice and community, population health focus

**Patient, staff and stakeholder engagement**

Patient and Public Engagement has been undertaken, via the CCG in the Patient Engagement Reference Forum (PERF), but at this stage has been limited to the creating and role of PCNs

PCNs have also started to establish network based PPG meetings, where plans are being discussed. The Northolt PCN has recently held PPG meetings of the PCN.

**Jargon buster**

- CCG – Clinical Commissioning Group
- PCN – Primary Care Network
- CD – Clinical Director
- PPG – Patient Participation Group
- PERF – Patient Engagement Reference Forum
- DES – Direct Enhanced Service (National contract that practices can opt to deliver)
- NWL CCGs – North West London (comprising of Ealing, Brent, Harrow, Hillingdon, Hounslow, West London, Hammersmith and Fulham and Central London CCGs)
- LA – Local Authority
- VCS – Voluntary and Community Services
- NIHR – National Institute for Health Research
- GP Fed – Ealing GP Ltd – Federation of GP practices in Ealing
- MDTs – Multi-disciplinary teams
- MDGs – Multi-disciplinary Group Meetings
- WSIC – Whole System Integrated Care Dashboard
- RA – Registration Authority
- VAT – Value-Added Tax

**Quality & Safety**

PCNs are newly formed and are working to develop their plans for delivering the new PCN DES specifications, and aligning to local, NWL and London Health improvement priorities.

**Equality analysis**

All practices are participating in the PCNs and therefore all registered patients will benefit from the delivery in the plans.

**Finance and resources**
Following the review of the paper by the main co-ordinating team (secretary; committee chair and executive lead), have any potential conflicts affecting the membership been identified?

Yes ☐ No ✅

If yes, please identify conflicted individual(s) and confirm what action is being taken, ticking all the actions that apply. If actions differ for more than one conflicted individual, please record this clearly by further naming each individual alongside each action that applies to them.

Name and nature of conflict (describe):

Action taken:  

1. The paper has been withheld from the individual(s) concerned. ☐
2. The individual(s) will not attend the meeting where the paper will be discussed. ☐
3. The paper is being shared; however, the individual(s) will not participate in the decision. ☐
4. The paper is being shared for discussion purposes; however the individual(s) will not participate in, or be present for the final decision ☐

For the avoidance of doubt, the use of the above chosen handling strategy will also be formally recorded by the secretary in the minutes of the meeting to confirm the action that was taken, which shall further be added to the CCG’s COI management actions log and made available online alongside the CCG’s register of decisions taken.

Governance, reporting and engagement
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<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Outcome and where in the report can you find out more</th>
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