NHS
Morecambe Bay
Clinical Commissioning Group

PRIMARY CARE NETWORKS & INTEGRATED CARE COMMUNITIES IN MORECAMBE BAY

This briefing describes the formation of Primary Care Networks (PCNs), nationally, and their fit with Integrated Care Communities (ICCs) in Morecambe Bay.

1. Background

As a Vanguard Morecambe Bay was part of the process for the development of locality working. Morecambe Bay's development of Core Teams, which then became Integrated Care Communities (ICCs), was part of a process which led to the development of the new care model set out in the NHS Long Term Plan. A key element of this model is the development of locality working and Primary Care Networks (PCNs).

PCNs were launched across England on 1st July 2019, in an undertaking in support of the NHS Long-Term Plan. The new networks offer patients more convenient access to treatment and support from a wide range of health professionals.

The aspiration for PCNs is that they will become groups of general practices working together with local providers across primary care, community services, social care and the voluntary sector offering personalised and coordinated health and social care to local populations. In PCNs general practices can partner with community pharmacies, optometrists, dental providers, social care provers, voluntary organisations, community service providers and local government.

NHS England anticipate that PCNs will be small enough to maintain the traditional strengths of general practice but large enough to provide resilience and to support the development of integrated health and care services. PCNs are normally based around natural local communities, typically serving populations of between 30,000 and 50,000 people. Exceptions to this rule exist to accommodate local circumstances such as those found in Morecambe Bay with its combination of existing super practices, unique geography and local working arrangements.

2. Morecambe Bay's Integrated Care Communities and Primary Care Networks

Morecambe Bay's ICCs have now been developing for several years – the first ones were started in 2014 before the Vanguard funding was received and have a number of the features of the model that is being recommended as part of the New Care Model:

- Based on GP registered populations of between c25 and 50,000 (the new model moves this to 30,000 lower limit).
- Clinical / primary care leadership; all our ICCs are led by either a GP or Practice Manager.
- Developments and initiatives based on a good understanding of the local needs of the population; public health have been very helpful in providing profiles for all our ICCs so that they can marry local intelligence with data to build a strong understanding of the local population and its health and social care needs, upon which priorities are then set.
- Engagement with the wider community who provide care; all our ICCs have good involvement from a full range of partners although we accept that this can be variable.

- Engagement with patients and the public and the building of an asset based approach to encourage population health; all our ICCs have undertaken events designed to engage their local communities and encourage both self-care and caring for each other.

This has provided a very strong basis for us to move forward and we have seen some positive results over the period of ICCs – we have seen impacts on non-elective admission and bed day numbers over the period of time they have been running. We are now starting to see more local impact on GP appointments as a result of local initiatives in areas such as mental health, supporting those with complex needs and those in care homes.

Whilst the new PCN developments are ultimately about ensuring engagement and collaborative working with the wider community we acknowledge that PCNs are centred around GP surgeries, building resilience and future sustainability. In this first year the focus will be on setting up PCNs and developing relationships as outlined in the national GP contract. Having robust and strong PCNs will ensure that they can play an integral part in collaborative locality development. The extract below from the guidance demonstrates the future expectations of PCNs and locality working:

> *"The success of a PCN depends on the strength of its relationships and in particular bonds of affiliation between its members and the wider health and social care community who care for the population." (P28 Para 4.16 Investment and Evolution: A Five Year Framework for GP Contract Reform to Implement the NHS long-term plan)*

We are fortunate in Morecambe Bay in that we already have many of the building blocks in place to achieve this. Our task now is to ensure that the continued development of PCNs alongside the already formed ICCs gets us to a place of maturity for locality working faster than those who do not have these advantages.

It is clear that as a Bay Health and Care Partners (BH&CP) system we want to keep and further enhance the developments made by ICCs.

PCN funding has been allocated for particular staff (Clinical Pharmacist, Physicians Associate, Social Prescribing Link Worker, Acute Care Practitioner (Community Paramedic) and Extended Scope Physiotherapist) and structural development via the DES has been commissioned via the CCG as part of the new Level 3 commissioning responsibilities the CCG now hold from 1 April.

PCNs will determine how they wish to use their funding in order to fulfil the requirements of the DES. It is hoped that wider discussion on how resources from all organisations can be used to improve care and ensure sensible integration of services will take place. Where PCNs/ICCs have discussions and all parties can agree to using available resource in a progressive way the system will look to support those wherever possible.

In order to develop locality working, ICCs / PCNs will work with other providers – community, social care, mental health, voluntary sector, police and fire. Multiple meetings of the same groups should be avoided to ensure efficiency and best use of time. At a system level the current ICC / integration governance structure will be amended to incorporate the development of PCNs. To this end the Integrated Services Management Board and both ICC Oversight Groups will be set to include the development of PCNs and the membership reviewed. The need for oversight of the introduction of operational aspects of PCNs, in particular the DES is recognised and a system/process for that element with relevant membership will be set up.

PCNs/ICCs have worked through a developmental tool process and developing a plan for 2019/20. As already set out the Operating Framework for ICCs has been developed with ICC input into its development. Close alignment between the PCN and ICC plans for the coming year is emerging, particularly in relation to community based projects where undertaking things once and perhaps enabling more to be done would be beneficial to all parties and particularly communities.

3. Establishing Primary Care Networks in Morecambe Bay

Morecambe Bay CCG and NHS England have approved eight PCNs covering all of the Morecambe Bay area and each has appointed a Clinical Director who will play a critical role in shaping and supporting and ensuring GP practices are fully engaged in implementing the NHS Long Term Plan. Largely these are co-terminus with ICCs but there are some circumstances where this is not the case and the implications of this are being worked through.

1. Barrow & Millom Primary Care Network	**PCN List Size 68,740** **Clinical Director – Dr Sarah Arun**
Abbey Road Surgery	Liverpool House Surgery
Atkinson Health Centre	Norwood Medical Centre
Bridgegate Medical Centre	Risedale Surgery
Burnett Edgar Medical Centre	The Family Practice
Duke Street Surgery	Waterloo House Surgery
2. Bay Primary Care Network	**PCN List Size 54,091** **Clinical Director – Dr Andrew Maddox**
Bay Medical Group	
3. Carnforth & Milnthorpe Primary Care Network	**PCN List Size 30,201** **Clinical Director – Dr David Wrigley**
Ash Trees Surgery	Stoneleigh Surgery
Park View Surgery	
4. Grange & Lakes Primary Care Network	**PCN List Size 32,799** **Clinical Director - Dr Julie Colclough**
St Marys Surgery, Windermere	Cartmel Surgery
Central Lakes	Peninsula Medical Practice
Windermere & Bowness Medical Practice	Nutwood Medical Practice
Haverthwaite Surgery	Wraysdale House, Coniston
5. Kendal Primary Care Network	**PCN List Size 37,766** **Clinical Director – Dr Ed Clarke**
Captain French Surgery	Station House Surgery
The James Cochrane Practice	
6. Lancaster Primary Care Network	**PCN List Size 78,899** **Clinical Director – Dr Kirsty Hagan**
Lancaster Medical Practice	Queen Square Medical Practice
7. Mid-Furness Primary Care Network	**PCN List Size 29,035** **Clinical Director – Dr Gerry Murray**
Dr Murray and Partners [Ulverston]	Askam Surgery
Dr Johnston and Partners [Ulverston]	Duddon Valley Medical Practice
Market Street Medical Practice, Dalton	
8. Western Dales Primary Care Network	**PCN List Size 17,505** **Clinical Director – Dr William Lumb**
Bentham Surgery	Lunesdale Surgery
Sedbergh Medical Centre	

4. Conclusion

Bay Health and Care Partner's ambition is that PCNs establish a firm foundation for future relationship building to enable continued development of collaborative working into 2020/21 and beyond, building on the excellent work that ICCs have commenced via the Vanguard process. The BHCP's ICP Leadership Team is very positive about the development of PCNs, and how ICCs can work with PCNs to further improve the care for local communities, ensuring there is strong and sustainable General Practice in the Bay. The Leadership Team via the Integrated Services Management will continue to support the development of communities and integration of services to ensure the good work that has been undertaken to date is built upon and further enhanced.

5. Further information

Further information about PCNs, and examples of the way networks are changing services for patients and local communities, is available at www.england.nhs.uk/pcn.

Kate Hudson
Head of Primary Care
Morecambe Bay CCG