

**Agenda item
Attachment**

COVER SHEET : Primary Care Commissioning Committee

Title of paper	Surrey Heath Primary Care Network
Date	21 May 2019
Exec Lead	Nicola Airey
Prepared & presented by	Jon Fox – Head of Primary Care

Purpose	To approve	x
	To advise	
	To note	

Summary of purpose and scope of report

1. Purpose of this paper

In the NHS Long Term Plan, Primary Care Networks (PCNs) become an essential building block of every Integrated Care System, and under the new Network Contract Directly Enhanced Service (DES), general practice takes the leading role in every Primary Care Network.

Governing Bodies and their committees have already received briefings on the purpose and scope of PCNs. This paper focuses on the responsibility given by NHSE to Clinical Commissioning Groups (CCGs) to confirm that the registration requirements for Network Contract DES have been met by all PCNs within their boundaries by the 31st May 2019.

CCGs also have a responsibility to secure the explicit pledge of support from their ICS or STP (Sustainable and Transformation Partnership). This will be sought from on the ICS Board on the 21st May 2019 with a commitment of support if registration requirements are met and boundaries make sense to community based providers, local authorities and local communities.

All Network contracts within a single CCG will be confirmed at the same time to ensure every constituent practice of a CCG and 100% of its geographical area, are included within primary care networks.

The three CCG Primary Care Teams across the Frimley Health and Care ICS have worked to a single set of guidelines to inform their recommendations and to ensure consistency of approach to the registration process. These guidelines were shared with the clinical leaders managing the registration engagement process during April and are based on National guidance.

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RECOMMENDATION	The Surrey Heath Primary Care Commissioning Committee is asked to APPROVE the Surrey Heath Primary Care Network application. Surrey Heath PCN will become effective from 01 July 2019.
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Outcome Focus (please x where relevant)			
Reduces Inequalities & promotes diversity	x	New Project (reflects innovation)	x
Reduces Risk	x	Improves patient choice and experience	x
Includes Patient & Public Engagement		Improves patient safety	
Improves Governance		Develops workforce	x
Helps towards meeting Statutory Duties	x	Resources within financial plan and budget	x

If significant implications please state below:

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Governance and reporting		
Committee name	Date discussed	Outcome

1. Network Contract DES Registration Requirements

To be eligible for the Network Contract DES, a PCN needs to submit a completed registration form to its CCG by no later than 15th May 2019 and have all member practices signed-up to the DES (June). The registration form asks for six factual pieces of information. The table below summarises these and includes additional national guidance that has informed the thinking of the PCNs and the recommendations from the Primary Care Teams.

Appendix A summarises this information for the PCN in Surrey Heath CCG.

Information	Guidance
1. Names and practice codes	
2. Network list size	Sum of its member practices' registered lists as of 1 January 2019. Registered lists not weighted populations.
3. Map clearly marking the Network Area	<p>Using practice boundaries. Must fully cover the CCG's own boundary but may be geography that could be serviced by more than one PCN – overlapping practice catchment areas.</p> <p>PCNs will typically service a population of at least 30,000. Any PCNs under 30,000 will be exceptional and require CCG and Regional support. The criteria all 3 CCGs have used to decide whether to put a PCN forward to the Regional team are:</p> <ul style="list-style-type: none"> • Rurality, low density populations • LA and/or integrated community provider boundaries • Existing strong practice relationships and track record of delivery of PCN responsibilities at this footprint • Strong practice support • Minimal disruption to existing PCN boundaries (where these are working) – alternative would risk existing integrated, multi-disciplinary team arrangements • Local plans demonstrate population increases in line with size expectations in short term (1-2 years) <p>A suggested upper level of 50,000 has been given nationally but this is not a strict requirements and a decision to support a network of this size sits with CCGs alone. All 3 CCGs have agreed a set of criteria that would be used to judge if a network had a reasonable case for being larger than 50,000.</p> <ul style="list-style-type: none"> • LA and/or integrated community boundaries • Existing strong practice relationships and track record of delivery of PCN responsibilities at this footprint • Strong practice support • Minimal disruption to existing PCN boundaries (where these are working)

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Information	Guidance
4. Initial Network Agreement signed by all member practice	Minimum requirement: Schedule 1 only detailing network area, Clinical Director and appointment process, nominated payee.
5. The single practice or provider that will receive funding on behalf of the PCN	<ul style="list-style-type: none"> • Provider must hold a primary medical contract GMS, PMS or APMS. • Definition of provider can include GP Federations who hold APMS contracts. • Strong recommendation that where the nominated payee is not a core practice member that they sign the network contract as an “other organisation” who is a member of the network.
6. Name of accountable Clinical Director	<ul style="list-style-type: none"> • Should be a practicing clinician from within member practices • Most likely to be a GP but not an absolute requirement • Cannot be shared across networks • The role could be a job share or include rotation arrangements. • Should not be employed by a commissioner (CCG). CCGs clarification re “employed” – should not hold a CCG role (includes any Governing Body role or Clinical Lead role) whether or not currently on the CCG payroll • Could be a GP Federation employee but PCNs must demonstrate how any Conflicts of Interest will be managed. • The expected time commitment may vary between networks depending on the clinical support team put in place and the size of the network. PCNs should consider the indicative time commitment reflect in the associated clinical director payment contribution (0.25 wte for 50,000)

2. Member Practice Engagement

Representatives from every Surrey Heath CCG member practice attended an Extraordinary Meeting held at St Paul’s Church, Camberley on the 16th April 2019. The meeting was hosted by Dr Mark Pugsley from Surrey Heath Community Providers Limited (GP Federation), on behalf of the member practices. Dr Richard Brown from the Surrey & Sussex Local Medical Committee (LMC) was also in attendance.

Member Practices received a presentation on the various options that could be considered for Surrey Heath (potential maximum of 3 x PCNs). However, given the strength of existing relationships and a track record of having effectively worked as a single network via the GP Federation, all member practices voted that Surrey Heath should remain a single network.

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At that meeting Dr Mark Pugsley was also unanimously voted in as the Clinical Director for Surrey PCN.

The LMC oversaw the whole process and were entirely satisfied that due process had been followed.

3. Surrey Heath CCG Considerations

Whilst it is up to member practices to determine their own network, the CCG has a responsibility to make sure that there is total population coverage and that no practices are left excluded from being part of a PCN.

Surrey Heath member practices have all agreed to be part of a PCN and to participate in the Network contract DES.

It is also a requirement that the Primary Care network area 'makes sense' to:

- a) Its constituent practices
- b) To other community-based providers
- c) To the local Community

As a single PCN of circa 97k patients, although this is above the suggested upper size limit of 50k for a PCN, some services and potential deployment of staff resource will need to be provided on a smaller 'neighbourhood' footprint. Whilst the details of this are still to be determined, there is good evidence that this can be achieved in Surrey Heath, given the current way Integrated Care, Single Point of Access and Improved Access services are delivered.

4. Recommendation

The CCG Operation Leadership Team is supportive of a single Primary Care Network for Surrey Heath and content that the national registration requirements have been met.

The Surrey Heath Primary Care Commissioning Committee is asked to **APPROVE** the Surrey Heath Primary Care Network application.

5. Next Steps

CCGs have a responsibility to secure the explicit pledge of support from their ICS or STP (Sustainable and Transformation Partnership). This will be sought from on the Frimley ICS Board on the 21st May 2019 with a commitment of support if registration requirements are met and boundaries make sense to community based providers, local authorities and local communities.

CCGs to confirm that the registration requirements for Network Contract DES have been met by all PCNs within their boundaries by the 31st May 2019.

Appendix 1 – Surrey Heath PCN Application

Network Contract DES Registration Form

This registration form sets out the information required by the commissioner for any GP practices within primary care networks signing-up to the Network Contract Directed Enhanced Service.

PCN members and ODS code

Network Member Practices	ODS code	Practice's registered list size (as at 1 January 2019)
Bartlett Group practice	H81013	27,690
Park House Surgery	H81039	6,816
Station Road Surgery	H81040	7,742
Park Road Group Practice	H81069	20,865
Upper Gordon Road Surgery	H81075	11,756
Camberley Health Centre	H81082	9,970
Lightwater Surgery	H81130	12,315

PCN list size

[This is the sum of member practice's list sizes as at 1 January 2019]
97,154

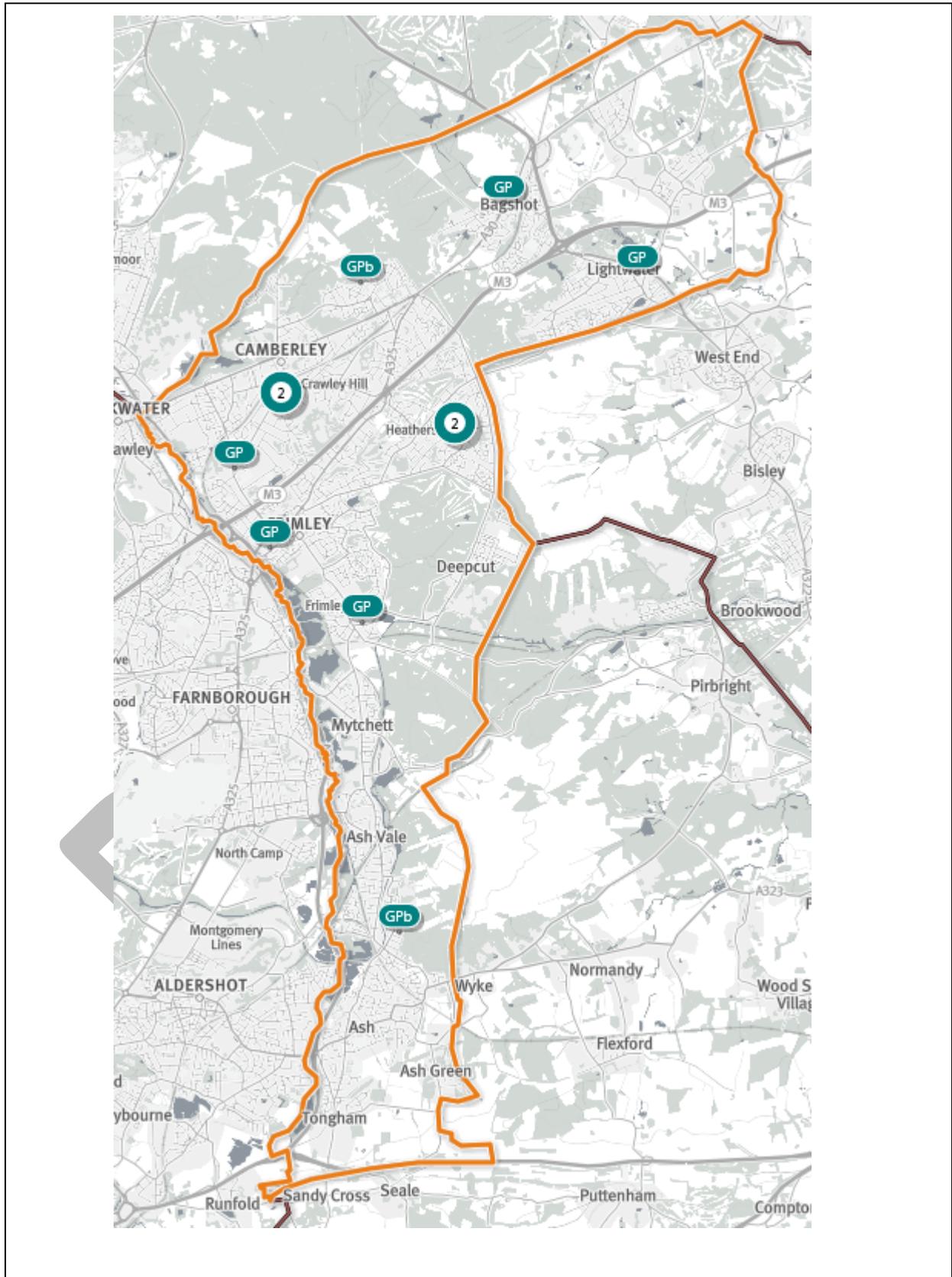
Name of Clinical Director

Name	Job Title	Practice/organisation	Contact Email Address
Dr Mark Pugsley	GP & Partner	Park Road Group Practice	

Details for PCN's nominated payee

Name of single nominated practice or provider ('nominated payee'):		
Bartlett Group Practice		
Name of bank account (if different to above)	Account number	Sort code
The Royal Bank of Scotland	<i>(Redacted)</i>	<i>(Redacted)</i>

Map of Network Area



SCHEDULE 1

NETWORK SPECIFICS

NAME OF NETWORK

1. The name of our network is **Surrey Heath Primary Care Network**

NETWORK AREA

2. The geographical area covered by our Network is Surrey Heath inclusive of Practice boundaries. Which includes the entirety of Surrey Heath CCG

NOMINATED PAYEE

3. The name and address of the entity that the Core Network Practices nominate to receive funding under the Network Contract DES from the commissioner is Bartlett Group Practice. Bank account details are sort code: *(Redacted)* Account number: *(Redacted)* NACS-ODS code H81013

CLINICAL DIRECTOR

4. The Clinical Director of our Network is Dr Mark Pugsley.
5. The Clinical Director was appointed by the process set out below.
6. Election
Practices agreed to select the clinical director by election on the 16th April 2019. This was undertaken by inviting expressions of interest, an election process was then held across all partners in the network at an extraordinary meeting.
The LMC offered advice and support leading to an open and transparent process of selection, in which all interested candidates were able to participate, and which had the full support and sign-off of the constituent members of the network.
One vote per partnership was agreed.
The LMC supervised the voting process.

