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Healthwatch talks about Primary Care Networks (PCNs), Neighbourhood Working/Teams (NT), Integrated Care Systems (ICS)

(Some of the information below has been extracted from NHS England and The King's Fund websites)

What are Primary Care Networks?

Primary care networks (PCNs) are a key part of the NHS Long Term Plan. Bringing GPs (general practices) together to work at scale has been a government and NHS policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new five-year framework for the GP contract, published in January 2019, put a more formal structure around this way of working, but without creating new statutory bodies.

When does my GP practices have to be part of a Primary Care Network?

Since 1 July 2019.

How big are Primary Care Networks?

Around 1,300 geographical networks in England will cover populations of approximately 30–50,000 patients. Around 50 networks, usually in very rural areas (which could include Lincolnshire), will cover a population of less than 30,000, but most are bigger than 50,000.

Who decides which GP surgery will join which Primary Care Network?

GP Practices were invited to work with other local GP practices to form natural networks that would be based around the criteria of both population size and geographical fit. They were required to submit an application to their local Clinical Commissioning Group to apply to become a network. In some cases the applications from GP practices in Lincolnshire did not work in the best interests of patients and so the local Clinical Commissioning Group had to intervene to ensure patient needs were put first. Currently all GP practices in Lincolnshire have been assigned to one network. Please note, Hereward and Galletly, Bourne practices have joined K2 Sleaford Area and Lakeside Healthcare Stamford has joined Spalding and Deepings.

What will Primary Care Networks do?

Primary care networks (PCNs) will eventually be required to deliver a set of seven national service specifications. Five will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The remaining two will start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities.

To do this they will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing. Networks will receive specific funding for clinical pharmacists and social prescribing link workers in 2019/20, with funding for physiotherapists, physician associates and paramedics in subsequent years.

They will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around primary care network boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.

Primary care networks will also be expected to think about the wider health of their population, taking a proactive approach to managing population health and, from 2020/21, assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

How will Primary Care Networks be funded?

The main funding for networks comes in the form of large directed enhanced services payment (DES), which is an extension of the core GP contract and must be offered to all practices. This will be worth up to £1.8 billion by 2023/24 (England wide). It includes money to support the operation of the network and up to £891 million to help fund additional staff, through an additional roles reimbursement scheme. The contract is between the commissioner and individual practices, but receiving the money for the directed enhanced services payment is contingent on being part of the network and the money will be channelled through a single bank account directed by the network.

Funding and responsibility for providing the enhanced access services, which pays GPs to give patients access to consultations outside core hours, will transfer to the network directed enhanced services payment by April 2021. In addition, a 'shared savings' scheme is proposed, under which PCNs will benefit financially from reductions in accident and emergency attendances and hospital admissions. There will also be separate national funding to help PCNs access digital-first support from April 2021.

Who will manage Primary Care Networks?

Each PCN will have a lead GP surgery and a Clinical Lead

NHS England has produced a PCN video which can be viewed by following this link <https://www.england.nhs.uk/primary-care/primary-care-networks/>.

A map of PCNs for Lincolnshire can be found at the end of the document

What is Neighbourhood Working (formerly known as Teams) in Lincolnshire?

'Neighbourhood working' has been developing since 2014 (as part of integration of health and care agenda) to provide a collaborative approach to delivering local services and joined up support for people locally. This includes involvement from health (NHS, your doctor) social care, voluntary organisations and charities. This ensures everyone will work together to find solutions to health and wellbeing challenges in Lincolnshire.

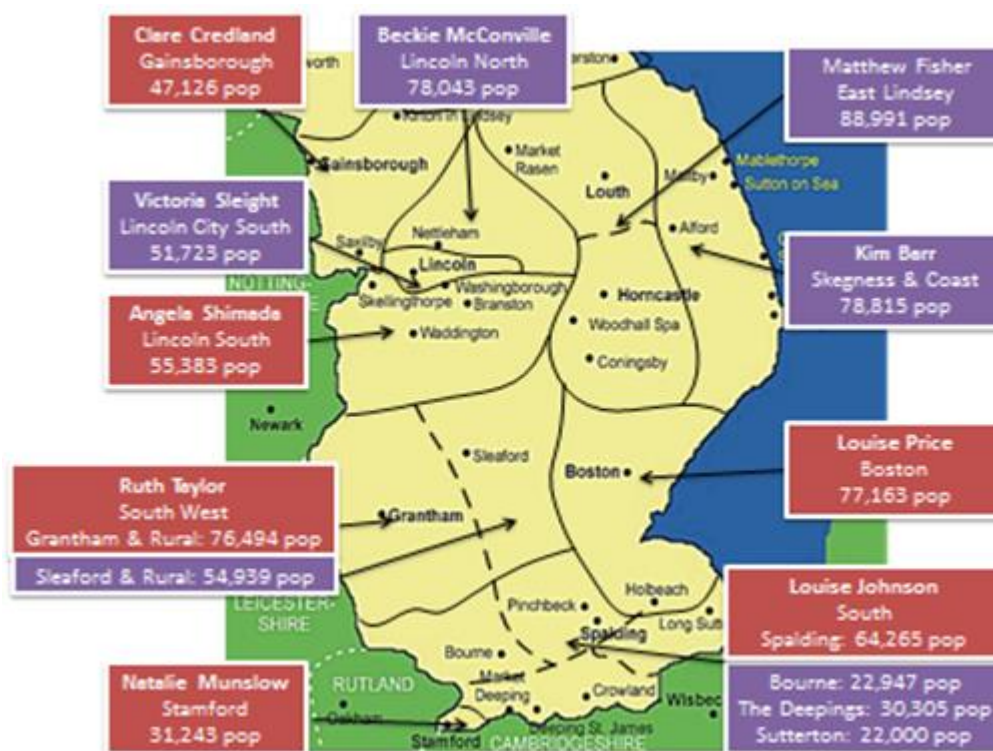
Neighbourhood working is about services working together with every patient and service user, to identify who and what matters to them, and recognising in partnership what could be done to help keep local people safe, well and happy in their own homes.

What does Neighbourhood Working mean for Lincolnshire?

This is a new way of working for organisations in Lincolnshire and the 'joined up approach' we are told is already making a positive difference for local people.

For Lincolnshire, it was important that the NHS approached this in a way that meant something for our local population and communities. The challenges that residents face accessing services may be different if you live on the coast than if you lived in a more urban area like Grantham or Boston.

The NHS has split the county into areas based around our population and this is the term they refer to as 'Neighbourhoods'. The neighbourhoods can be found on the map below.



How many Neighbourhood Working Teams are there in Lincolnshire?

12 – although 2 teams have only one Team Lead (South West and South)

How does neighbourhood working work?

Neighbourhood working means:

- strengthening and re-designing community services to meet local needs, to include better coordination and communication locally.
- proactively supporting people at risk of deteriorating ill health
- focusing on what individuals can do and supports them to achieve their goals supporting staff to work in partnership with shared information to provide joined up care
- supporting faster access to the right help and support, including linking with voluntary groups and charities available in the local area
- proactively supporting people, when they need it, providing the right support at the right time

Our Neighbourhood population can:

- take a more active role in their own health and wellbeing as a result of greater choice and control
- jointly contribute to individual personalised care and support planning according to individual needs
- offer individualised support from a range of different professionals
- experienced, appropriate and timely support for people with more complex needs
- have access to better local information and support networks

Neighbourhood teams in practice

Shirley is suffering from mental ill health and multiple physical health problems. She was admitted to acute mental health ward and her recovery was progressing well. She was ready to be discharged back home. Unfortunately, her return home could potentially be delayed. Ward staff were reporting that Shirley's mobility has declined and she was relying on a wheelchair. Shirley was worried about going back home as her property did not have a ramp to allow wheelchair access.

Shirley agreed for a community psychiatric nurse to discuss her case at a neighbourhood team meeting. This encouraged other professionals to try to find a solution. Shirley was referred to the community occupational therapist and she was granted leave from hospital so that an assessment could take place. Following the assessment it has been decided that a ramp will be installed in time for preparation for her discharge.

Who funds Neighbourhood Working?

Current funding is through the Lincolnshire Better Care Fund and Lincolnshire Clinical Commissioning Group. Funding for Neighbourhood Working is not ring fenced nor a statutory requirement.

If you would like a copy of the most recent Neighbourhood Working PowerPoint presentation, please contact us for details.

What is an Integrated Care System?

There is a requirement for Lincolnshire to move towards working as an Integrated Care System. We expect within the next year to see more collaborative working from our local NHS services and Local Authority to ensure this is going to happen, including by 1 April 2020 the formation of a new NHS Commissioning Body 'NHS Lincolnshire Clinical Commissioning Group'.

Since at least 2013 statutory health and care organisations (both commissioners and providers) have been working towards an integrated healthcare service for the county. Originally called Lincolnshire Sustainable Services Review (LSSR); it was then renamed Lincolnshire Health and Care (LHAC). However, in 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.

In some areas, a partnership has already evolved to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Local services can provide better and more joined-up care for patients when different organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

By working alongside councils, and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

Primary Care Network's (PCN's) in Lincolnshire



East Lindsey PCN

- Greyfriars Surgery
- Liquorpond Surgery
- Kirton Medical Centre
- Parkside Medical Centre
- Swineshead Surgery
- The Sidings Medical Practice
- Binbrook Surgery
- Caistor Health Centre
- East Lindsey Medical Centre
- Horncastle Medical Group
- James Street Family Practice
- Market Rasen Surgery
- Marsh Medical Practice *
- North Thoresby Surgery
- Tasburgh Lodge
- New Coningsby Surgery
- The Wragby Surgery

Skegness and Coast PCN

- Beacon Medical Practice
- Old Leake Medical Centre
- Hawthorn Medical Practice
- Marisco Medical Practice
- Merton Lodge Surgery
- Spilsby Surgery
- Stickney Surgery

South Lincolnshire PCN

- Beech-eld Medical Centre
- Munroe Medical Centre
- Deepings Practice
- The Johnson GP Centre

South Lincolnshire PCN

- Abbeyview Surgery
- Gosberton Medical Centre
- Littlebury Medical Centre
- Long Sutton Medical Centre
- Moulton Medical Centre
- Sutterton Surgery

TBC

- Lakeside Healthcare Stamford
- Hereward Medical Centre
- Bourne Galletly Practice

Trent Care

Network PCN

- Caskgate Street Surgery
- Cleveland Surgery
- Hibaldstow Medical Practice
- The Glebe Practice
- Trent Valley Surgery

Apex PCN

- Birchwood Medical Practice
- Boultham Park Medical Practice
- Newark Road Surgery
- Richmond Medical Centre
- The Woodland Medical Practice

Imp PCN

- Abbey Medical Practice
- Cli House Medical Practice
- Glebe Park Surgery
- Lindum Medical Practice
- Minster Medical Practice
- Nettleham Medical Practice
- The Ingham Surgery
- Welton Family Health Centre
- Willingham-by-Stow Surgery

Imperium PCN

- Brayford Medical Practice
- Portland Medical Practice
- University Health Centre

South Lincoln

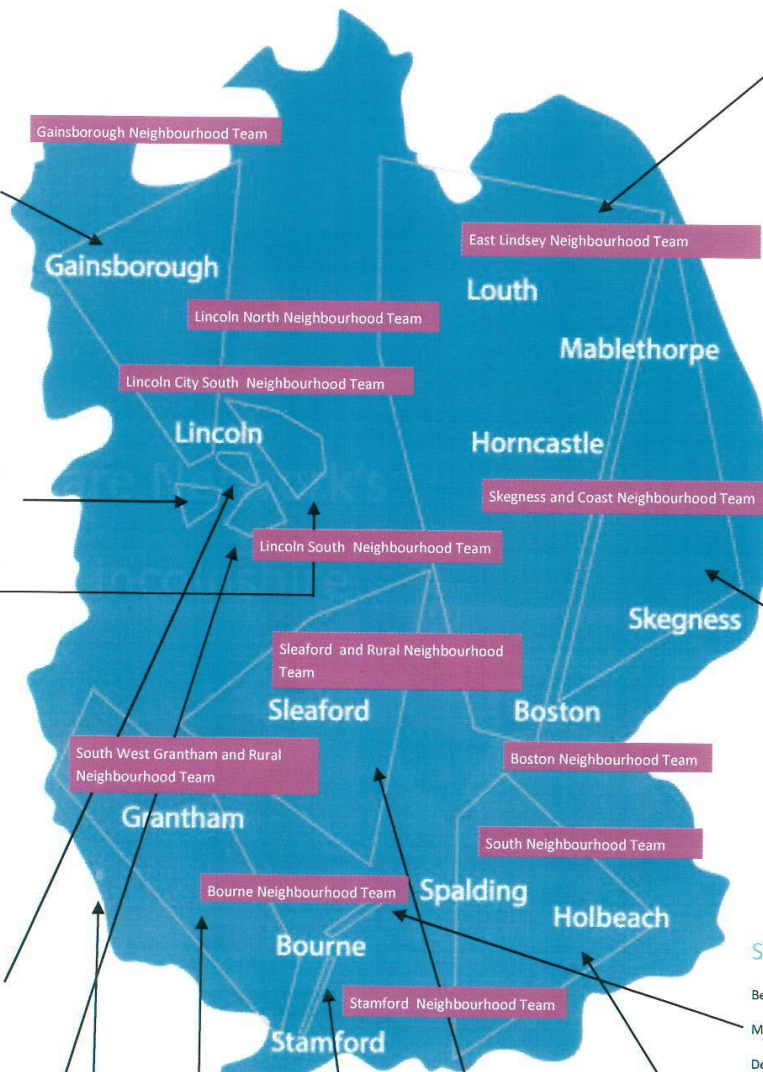
Healthcare PCN

- Branston and Heighington Family Practice
- Brant Road and Springcliffe Surgery
- Church Walk Surgery
- Navenby Cli Villages Surgery
- The Bassingham Surgery

Syston, Vale and Melton

PCN

- Stackyard & Woolsthorpe Surgery



Gainsborough Neighbourhood Team

East Lindsey Neighbourhood Team

Lincoln North Neighbourhood Team

Lincoln City South Neighbourhood Team

Lincoln South Neighbourhood Team

Skegness and Coast Neighbourhood Team

Sleaford and Rural Neighbourhood Team

South West Grantham and Rural Neighbourhood Team

Boston Neighbourhood Team

South Neighbourhood Team

Bourne Neighbourhood Team

Stamford Neighbourhood Team

K3 Healthcare

Grantham Area

- Colsterworth Surgery
- Long Bennington Surgery
- Market Cross Surgery
- St Johns Medical Centre
- St Peters Hill Surgery
- Swingbridge Surgery
- The Glenside Country Practice
- The Harrowby Lane Practice
- The Welby Practice

K2 Healthcare

Sleaford Area

- Caythorpe & Ancaster Surgery
- Billinghay Medical practice
- Millview Medical practice
- Ruskington Surgery
- Sleaford Medical Group
- The New Springwells Practice