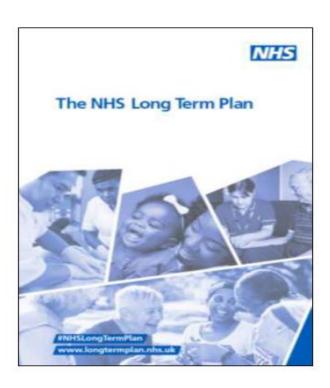
Primary Care Network Development in LLR

Leicestershire Health and Wellbeing Board

26th November 2020

National Context



Aims:

- Everyone gets the best start in life
- World class care for major health problems
- · Supporting people to age well

How:

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- Primary care networks as the foundation for Integrated Care Systems
- Preventing ill health and tackling health inequalities
- · Supporting the workforce
- Maximising opportunities presented by data and technology
- · Continued focus on efficiency

Investment and Evolution

Translates commitments in The NHS Long Term
Plan into a Five Year Framework for General
Practice



- Key points:
 - Secures and guarantees investment
 - Practical changes to solve challenges such as workforce and workload
 - Delivers expansion of services and improvements in care quality and outcomes
 - Ensures value for money

PCNs key to the future

And PCNs are key to the future

- Primary care networks are small enough to give a sense of local ownership, but big enough to have impact across a 30-50K population.
- They will comprise groupings of clinicians and wider staff sharing a vision for how to improve the care of their population and will serve as service delivery units and a unifying platform across the country.



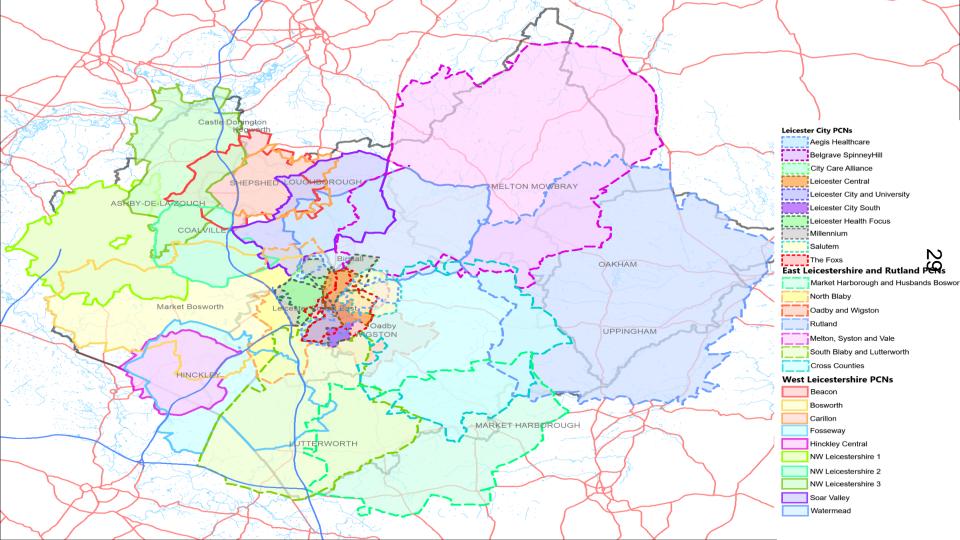
Benefits of PCNs

- More coordinated services where they do not have to repeat their story multiple times
- Access to a wider range of professionals in the community, so they
 can get access to the people and services they need in a single
 appointment
- Appointments that work around their lives, with shorter waiting times and different ways to get treatment and advice including digital, telephone-based and face-to-face
- More influence when they want it, giving more power over how their health and care are planned and managed
- Personalisation and a focus on prevention and living healthily, recognising what matters to them and their individual strengths, needs and preferences

LLR PCNs

- 25 PCNs across LLR
- Leicester City 10
- East Leicestershire and Rutland 7
- West Leicestershire 8

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East Leicestershire & Rutland PCNs and District Councils

PCN Name: ELR	Clinical Director	LA
Oadby & Wigston	Dr Richard Palin	Oadby & Wigston Council
North Blaby	Dr Simon Vincent	Blaby DC & Harborough DC
Cross Counties	Dr Anuj Chahal	Oadby & Wigston/ Harborough DC
South Blaby & Lutterworth	Dr Danny Jones	Blaby DC & Harborough DC
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Market H & Husbands B	Dr Hamant Mistry	Harborough DC
Melton, Syston & Vale	Dr Fahreen Dhanji	Charnwood BC & Melton BC
Rutland Healthcare	Dr Hilary Fox	Rutland County Council

West Leicestershire PCNs and District Councils

PCN Name: WL	Clinical Director	LA
Bosworth	Dr James Ogle	H&B BC
Hinckley Central	Dr R Dockrell	H&B BC
Fosseway	Dr V Bolarum &	<u>~</u>
	Dr A Khalid	H&B BC
North West Leicestershire	Dr Kirk Moore	NWL DC
Watermead	Dr Anu Rao	Charnwood BC
Soar Valley	Dr Nick Simpson	Charnwood BC
CH3 – Carillon	Dr Leslie Borrill	Charnwood BC
CH4 – Beacon	Dr Rebecca Dempsey	Charnwood BC

The 'To Do List' for PCNs

- Agree form
- Formal PCN agreement
- Appoint an ACD
- Align care homes to a single PCN
- Appoint to additional roles
- PCN Development based on maturity matrix
- Deliver 2020/21 service specifications
- Business resilience (COVID-19)



PCN / Clinical Director Support

- **PCN CD Development** The Clinical Directors' Leadership Development Programme, delivered through South, Central and West Clinical Support Unit, is an opportunity for CDs to not only develop core leadership competencies but will additionally focus on:
 - What leaders need to pay attention to when working in complex systems
 - How leaders develop the relationships and networks to support effective systems working
- The programme consists of 4 cohorts attending 6 x 3hr events, run virtually, and includes a series of action learning sets which provides a safe space for participants to reflect on how they apply their learning within their PCN and the wider system. The first of the sessions took place on 29th September 2020 with a focus on population health management and the final session, for cohort 4, is scheduled 13th July 2021. There are places still available for Clinical Directors and/or deputies. To book onto a cohort, or confirm a place is secured, colleagues are encouraged to contact: abi.gray1@nhs.net

Business Resilience through COVID 19

- Urgent priority during the pandemic
- Initial challenges around PPE/testing
- Workforce challenges; existing gaps confounded by self solation/shielding

Mitigations:

- All PCNs have developed a BCP which includes 'buddying' arrangements
- Implementing 10 system expectations including: safety first; virtual by default
- Hot hubs set up to enable safe cohorting of patients
- Impact on delivery of PCN requirements

Additional Role Reimbursement (ARRs)

- Under the Primary Care Network DES, networks are able to recruit new roles to expand their care team
- NHSE&I forecast of 26,000 additional staff working in general practice by 2024
- Great progress has been made in LLR with PCNs recruiting to a range of new roles in line with the national guidance. The 4 most popular roles have been:
 - Clinical Pharmacists
 - Social Prescribing Link Workers
 - First Contact Physios
 - Physician Associates
- To date nearly 200 roles have been recruited to with more planed for 2021/22 including mental health workers and emergency care practitioners

Enhanced Health in Care Homes (EHCH)

- EHCH aims to achieve proactive care that is centred on the needs of individual residents, their families and care home staff.
- Planned pre-covid, and following the COVID-19 care home support service, which implemented core elements including:
 - Weekly ward rounds
 - MDT meetings
 - Structured Medication Reviews
- Progress to date:
 - 100% alignment (LLR wide) of a lead PCN per home
 - Comprehensive survey of support needs of homes
 - 89% of LLR Care Homes with NHS email
- Next steps
 - Firming of processes to deliver and measure outcomes
 - Consensual movement of patients

Structured Medication Reviews (SMRs)

PCNs to identify and prioritise PCN patients who will benefit from SMR

Benefits to patients:

- Better care for patients by identifying medicines that can be stopped, dosages and/or frequency changed or where new medicines are needed
- Could avoid admission to hospital through unnecessary medicines related harm
- Reduces overprescribing of medicines and waste
- Integration of pharmacy within wider multi-disciplinary healthcare teams (including community and hospital pharmacy) and improved access to healthcare and outcomes for patients
- All PCNs should implement the programme in a way that maximises its potential to reduce health inequalities

Supporting Early Cancer Diagnosis

Linked to ambitions set out in the Long Term Plan, primary care has a vital role to play in delivering this ambition, working closely with wider system partners including Cancer Alliances, secondary care, local Public Health Commissioning Teams and the voluntary sector.

Through the requirements in the Network Contract DES, primary care networks will:

- Review quality of referrals
- Contribute to improving local uptake of the national cancer screening programmes
- Establish a community of practice between practice clinical staff

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Next Steps

- Continued focus on practice / PCN resilience
- Developing PCN team to support patient care
- Delivery of national service specifications
- Delivery of services to support COVID-19
 - Hot Hubs
 - Vaccination delivery

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