

Nottingham City Health and Well-being Board
Nottingham City Primary Care Network development

Members of the Health and Wellbeing Board are asked to:

1. Help with raising awareness of the plans for the Primary Care Networks and the different levels of the ICS in order to build a consistent and shared understanding of how the system will work together to improve health and care in Nottingham City
2. Consider the role that partners could play in the development and implementation of the PCNs

PCN development in Nottingham City

In 2018, Nottingham and Nottinghamshire became one of the first-wave of Integrated Care Systems (ICS) nationally. Since then, Nottingham City Clinical Commissioning Group has been working closely with the five other Clinical Commissioning Groups in Nottingham and Nottinghamshire ICS to align teams and functions.

Our aim is to form a single CCG as the strategic commissioning organisation within the Nottingham and Nottinghamshire ICS. This will complement wider changes to NHS services outlined in the Long Term Plan, as well as local transformation with the roll out of Primary Care Networks (PCNs).

The PCNs are a key foundation of the ICS and an important element of the NHS Long Term Plan, which was launched in January 2019.

These networks will focus on service delivery - the responsibility for planning and funding of services remains with commissioner. They are one of the key changes to General Practice described in the NHS Long Term Plan, alongside a 'wide range' of new workforce incentives designed to address growing pressure on primary care services over the next 10 years.

These incentives were detailed in this year's GP contract. Under the new deal, local practices will have the flexibility to be able to recruit a broader skill mix of posts including pharmacists, first contact physios, community paramedics, physician associates and social prescribing support workers so that GPs can spend more time with patients, who need them most.

How will PCNs work?

In essence, a PCN is defined as a group of general practices working together with a range of local providers, across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care services to local populations.

The networks will bring multidisciplinary teams together with other public services to focus on local priorities, such as preventing coronary heart disease or tackling neighbourhood inequalities.

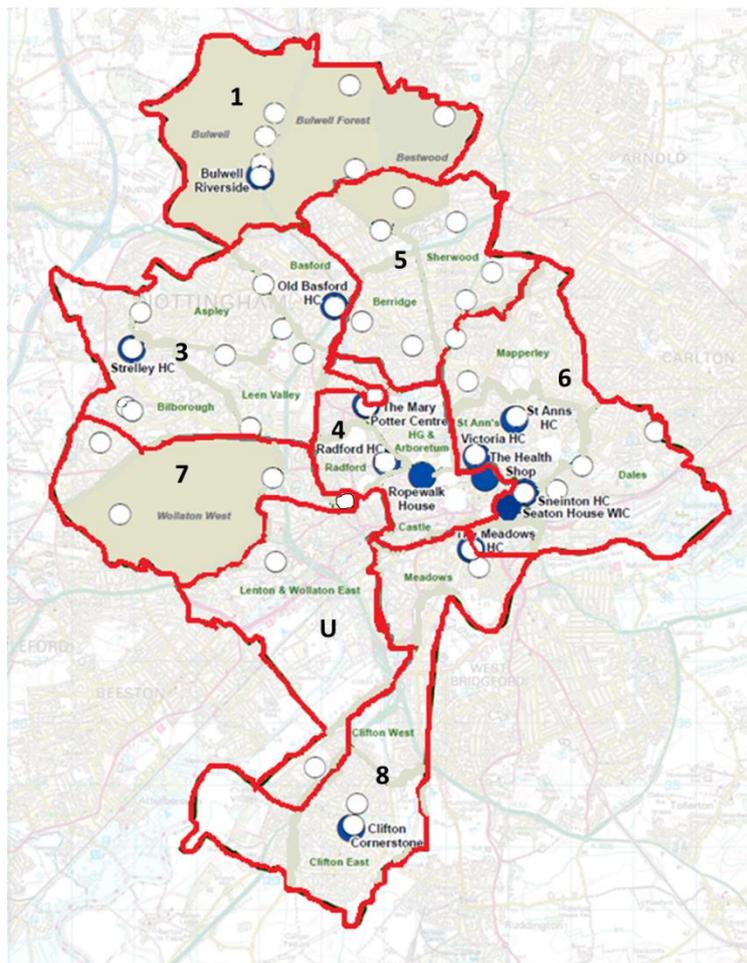
The area covered by a PCN is based around natural local communities, typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice, but at the same time large enough to provide resilience and support the development of integrated teams.

In terms of improving delivery to patients, PCNs will provide the benefits of improved access, a wider range of services, and help to integrate general practice with wider health and community services, thus ensuring a more holistic, patient-centred service.

Nottingham City PCNs

In Nottingham City, there are eight PCNs. These are broadly organised around the Nottingham City Council wards and are of similar configuration to the Care Delivery Groups previously established, with a few exceptions due to the minimum size of PCNs being mandated to 30,000 (except in rural areas) and the establishment of a University Student PCN in recognition of the distinct population.

Map of Primary Care Networks in Nottingham City



	Raw Population	Number of practices
PCN 1	44,571	8
PCN 3	59,168	12
PCN 4	49,503	6
PCN 5	49,390	8
PCN 6	66,474	8
PCN 7	36,390	4
PCN 8	31,662	5
PCN U	51,548	2

Please note: we anticipate the names of the PCNs changing to reflect their geographic area in due time.

Each PCN has a GP lead, known as a Clinical Director. Any interested clinician working within general practice could apply to lead a PCN. Applications were

received for all PCNs and a competency assessment panel was convened to assess all against the Person Specification. The panel consisted of representatives from the Local Medical Committee, City Care, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council and was considered to be reflective of the wider partners of PCNs, as well as General Practice.

Where there was more than one candidate for Clinical Director, the PCN held elections administered through the LMC. PCN 6 has opted for a job share arrangement with the role being undertaken by two GPs. The appointed Clinical Directors for each of the PCNs in Nottingham City are:

- PCN 1 – Dr Andrew Foster, GP Partner, Parkside Medical Practice, Bulwell
- PCN 3 – Dr Jonathan Harte, Lead Partner, Aspley Medical Centre, Aspley
- PCN 4 – Dr Josephine Guha, GP Partner, The Forest Practice, Mary Potter
- PCN 5 – Dr Michael Crowe, GP Senior Partner, Hucknall Road Medical Centre
- PCN 6 – Dr Husain Gandhi, GP Partner, Wellspring Surgery, St Ann’s
Dr Margaret Abbott, GP Partner, Windmill Practice, Sneinton
- PCN 7 – Dr Katherine O’Connor, GP Partner, Wollaton Park Medical Centre, Wollaton
- PCN 8 – Dr Heetan Patel, GP Partner, Clifton Medical Practice, Clifton
- PCN U – Dr Matthew Litchfield, GP Partner, The University of Nottingham Health Service

How do the PCNs fit into the ICS?

The PCNs are a key part of a wider system reorganisation and the merging of CCGs to fit the ICS footprint. They present an exciting opportunity to develop a highly localised and integrated health and care system with services designed to fulfil the needs of the local population, as well as strengthening primary care services in the City.

The networks will be a key constituent of the Integrated Care Providers (ICPs). Across the Nottingham and Nottinghamshire ICS, there will be three ICPs - Nottingham City, South Nottinghamshire and Mid Nottinghamshire.

The City ICP will be made up of, and governed by, a partnership of the key constituent organisations, including PCNs, acute, community, social care and mental health providers, and potentially a wider group of stakeholders who have an interest in tackling the wider determinants of health.

The plan is that ICPs will have freedom, within a framework, to deliver on the objectives set by the ICS Board and would be the key drivers of the overall health and care delivery.

Timeline for PCN delivery

Date	Requirement
By 15 May 2019	PCNs submitted the initial completed registration form
During the period	Commissioners will seek to confirm and approve all Network

16 May 2019 to 31 May 2019	Areas in a single process that ensures that all patients in every GP practice are covered by a PCN and that there is 100 per cent geographical coverage.
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
By 30 June 2019	The GP practices within a PCN that are signed up to the Network Contract must ensure the full Mandatory Network Agreement is completed and signed
1 July 2019	Network Contract goes live across the country