

Primary Care Network (PCN) Configuration

Introduction

By July 2019 it is expected that all areas in England will be covered by a Primary Care Network (PCN). By the 15th May 2019, each prospective PCN is required to submit to the CCG:

- the names and the ODS codes of the member practices;
- the PCN list size, i.e. the sum of its member practices' lists as of 1 January 2019;
- a map clearly marking the agreed PCN area;
- the initial PCN Agreement signed by all member practices;
- the single practice or provider that will receive funding on behalf of the PCN; and
- a named Clinical Lead / Director from within the GPs of the PCN.

The CCG then has until the end of May to approve the submissions from the PCNs. It is anticipated that the Joint Primary Care Commissioning Committee is likely to be given responsibility to consider the submissions from the prospective PCNs.

The expectation is that Networks should form a single coherent area around a natural community, without any gaps in coverage within the Networks outer boundaries.

Background

The CCG has facilitated discussions between practices around the potential configuration of the PCNs in Nottingham North and East at locality meetings and the Clinical Cabinet meetings in January through to March. At the Clinical Cabinet meeting in February the following configuration was proposed:

Network 1	
Oakenhall	7,256
Om Surgery	2,120
Torkard Hill	15,403
Whyburn	11,914
Total	36,693

Network 2	
Calverton	9,699
Daybrook	9,528
Highcroft	11,999
Stenhouse	12,083
Total	43,309



Network 3	
Ivy	7,065
Jubilee	2,348
Park House	10,076
Peacock	5,714
Plains View	6,804
Trentside	11,618
Unity	3,789
West Oak	5,615
Westdale	8,024
Total	61,053

Open Exeter, Dec 2018

Figure 1. proposed PCN configuration map

The proposed structure was broadly the same as the existing CCG locality structure but with two practices (Ivy and Jubilee) moving from Locality / PCN 2 into Locality / PCN 3. The rationale for the proposed change centred upon some proposed changes to partnership arrangements which mean that the Jubilee practice will have a strong preference to be included within Locality / PCN 3. The Jubilee practice shares some premises with the Ivy practice and therefore to meet the requirement for a PCN to form around a single, coherent area the Ivy practice would move with the Jubilee practice. Prior to the Clinical Cabinet meeting, the proposed configuration had been presented and discussed at the 3 locality meetings in February:

- **Locality 1:** supported the 3 PCN model across the locality and agreed the configuration to support the move to PCN 1

- **Locality 2:** supported the 3 PCN model across the locality, and:
 - Recognised some challenges with practice population health needs being different across the PCN which meant that demographically some practices were more closely aligned to practices in other PCNs / CCGs
 - The Ivy Medical Group indicated their wish be part of PCN 2 reasoning that they had developed good working relationships with Locality 2, have shared population health needs with the PCN 2 practices and have concerns around patients being able to access the hub based services in Locality 3.
- **Locality 3:** supported the 3 PCN model across the locality and agreed the configuration to support the move to PCN 3

The proposed structure was supported by the Clinical Cabinet, the Ivy Medical Group was not represented directly at the meeting but their views were submitted in advance of the meeting so that they could be considered. All practices have recently been written individually to and asked to confirm that they are content with the proposed PCN configuration.

Following the Clinical Cabinet meeting, the Ivy Medical Group has restated their desire to be included within PCN 2. The CCG and the practice have engaged the LMC in order to attempt to find a resolution.

RECOMMENDATIONS

The Primary Care Commissioning Committee is asked to:

- CONSIDER how the proposed PCN structure could accommodate the preferences of both the Jubilee and Ivy practices whilst still meeting the requirement for PCNs to form around a single, coherent area
- SUPPORT the proposed PCN structure or recommend how the PCN structure is amended