

# Primary Care Network applications for Rushcliffe and Nottingham West

## 1. Purpose

The purpose of the paper is to outline the PCN applications which have been received for both Rushcliffe and Nottingham West localities, detailing the NHSE guidance, and rationale which underpins both submissions.

Appendix A summarises the current position of Greater Nottingham PCNs in line with applications received (15.5.19).

## 2. Introduction

Primary care networks will be at the heart of health and care provision; improving the wellbeing of our local populations through proactive, accessible, coordinated, and integrated health and care services.

An integrated care approach delivering the NHS quadruple aims, focusing on neighbourhood place based care. Key characteristics include:

- A more integrated and collaborative primary care workforce, with a strong focus on partnerships – ‘primary care’ defined as first line services such as; general practice, public health, community providers, secondary care, mental health, voluntary sector and social care etc.
- A supported and integrated workforce with a combined focus on prevention and personalisation of care with shared and improved qualitative health and care outcomes utilising population health management data
- Strong voice from partners working collectively to describe how clinical, social and financial drivers are aligned and focused
- Provision of care aligned to natural geographical populations working collectively to deliver localised care, with the ability of at scale working
- Patient activation and strengthened local communities.

### NHS Guidance

NHSE guidance has continued to develop since January 2019 with policy changing and emerging models being described. Although the population size of a PCN will not tend to exceed 50,000 people. **This is not a strict requirement** and commissioners may agree to larger PCNs. In such circumstances, the PCN may organise itself operationally into smaller neighbourhood teams that cover population sizes between 30,000 to 50,000 (NHSE guidance May 2019).

As more detail has emerged, the resource allocation has moved from additional workforce being allocated by PCN to funding being allocated on a weighted capitation of 50,000. This means there is no disadvantage to being a larger PCN.

Operating on a small-enough scale to make relationships work is an essential facet of the ‘Primary Care Home’ sites, whose experiences have informed these plans. Some individual practices are already bigger. If a large ‘super-practice’ (e.g. 200,000 patients) meets all the other registration requirements, it can serve as a single very large Primary Care Network. In reality, it will be organising itself into four separate neighbourhood teams, each covering a mean of 50,000 people. But it would create extra bureaucracy to require each of these internal teams to register as a separate network (Kings Fund, March 2019).

### 3. Proposed PCN configurations in Rushcliffe and Nottingham West

GP practices, GP partnerships, and the LMC have worked together to propose the final configurations of the PCNs. In Rushcliffe and Nottingham West the proposal is to form one PCN each.

There are two applications each describing an overarching PCN for both Nottingham West and Rushcliffe. Each overarching PCNs would work across three defined, well established, PCN neighbourhoods.

The sizes of the overarching Networks are:

- 106,473 in Nottingham West
- 128,389 in Rushcliffe.

**Rushcliffe PCN** would work as three neighbourhoods:

<b>Rushcliffe Network Member Practices</b>	<b>ODS code</b>	<b>Practice's registered list size</b>
<b>PCN Neighbourhood - North</b>		<b>39,770</b>
Belvoir Health Group	C84017	24,639
East Bridgford Medical Group	C84025	6,965
Radcliffe on Trent Health Centre	C84084	8,166
<b>PCN Neighbourhood - Central</b>		<b>48,129</b>
Castle Healthcare Practice	C84605	16,829
Gamston Medical Practice	C84703	5,608
Musters Medical Practice	C84090	9,847
St Georges Medical Practice	C84086	11,410
West Bridgford Medical Practice	C84621	4,435
<b>PCN Neighbourhood - South</b>		<b>40,490</b>
East Leake Medical Group	C84005	14,077
Keyworth Medical Centre	C84048	10,921
Orchard Surgery	C82040	8,651
Ruddington Medical Centre	C84028	6,841

The **Nottingham West PCN** would work as three neighbourhoods:

<b>Nottingham West Network Member Practices:</b>	<b>ODS code</b>	<b>Practice's registered list size</b>
<b>PCN Neighbourhood - Beeston</b>		<b>47,476</b>
The Oaks Medical Centre	C84030	10,408
Abbey Medical Centre	C84065	5,537
The Manor Surgery	C84080	12,956
Chilwell Valley and Meadows Practice	C84120	14,997
Bramcote Surgery	C84112	3,578
<b>PCN Neighbourhood – Eastwood/Kimberley</b>		<b>37,159</b>
Eastwood Primary Care Centre	C84032	19,813
Hama Medical Centre	C84624	5,109
Giltbrook Surgery	C84667	4,934
The Newthorpe Medical Centre	C84131	7,303
<b>PCN Neighbourhood - Stapleford</b>		<b>21,337</b>
Linden Medical Practice	C84107	8,036
Saxon Cross Surgery	C84042	7,453
Hicking Lane Medical Centre	C84705	5,848

## 4. Rationale for 2 overarching Networks

### Accountable clinical leadership model

Primary care representation is stronger through accountable clinical directors and neighbourhood clinical leadership teams from each network being the link between general practice and the wider system.

South Nottinghamshire CCGs have worked closely with Nottinghamshire LMC on the appointment process of the clinical director for each of the six PCNs. A job description and person specification was developed in line with the national and key priorities for South Nottinghamshire. For Rushcliffe and Nottingham West, a total of eight applications were submitted to a panel for review. The panel consisted of colleagues from the wider partners including Nottinghamshire Healthcare Foundation Trust, the chair of the LMC, and patient representatives.

From the eight applications two named clinical directors, with accountability for the purposes of NHSE registration, were agreed by the PCNs. Each clinical director will work alongside a clinical leadership executive team made up of the remaining six applicants who will engage and lead each PCN neighbourhood. There is representation of GP clinical leads from each of the PCNs neighbourhoods. The clinical leadership team will work with practices, patients, the leaders of local providers and community assets in an inclusive executive operating at a neighbourhood level.

### Successful established working relationships

South Nottinghamshire service delivery has historically worked in three locality footprints (Nottingham North and East, Nottingham West and Rushcliffe). Strong clinical leadership has characterised the configuration which has worked across nine care delivery groups (CDG) (three in each locality). CDGs brought together groups of GP practices and community teams, interfaced with social care, and aligned to the borough/district council boundaries (Rushcliffe BC, Gedling BC, Ashfield BC, Newark and Sherwood DC, Broxtowe BC). Care Delivery Groups have been established since 2010 and both Nottinghamshire Health Care Trust and Nottinghamshire County Council configure their service delivery teams in this delivery unit.

Excellent working relationships across community services and social care have enabled significant service transformation. Over the last four years, practices in Rushcliffe have worked collectively to deliver an exemplar vanguard programme of New Models of Care – the Principia MCP, in partnership with community services, social care and the voluntary sector.

### Collectivised General Practice

Collectivised general practice is well established and mature in South Nottinghamshire. In Rushcliffe collectivisation is coordinated by PartnersHealth, a limited liability partnership solely owned by the Rushcliffe practices. In Nottingham West and Nottingham North and East, GP practices are supported by two federations set up through Primary Integrated Care Services. There is established and shared expertise in network management, shared business and clinical operations successfully delivered via both PartnersHealth and Primary Integrated Community Services (PICS).

GP Partnerships and federations have played a key part in supporting GP resilience but for PartnersHealth and PICS. A key task for PCNs will be to improve overall performance, by leading service transformation and reducing clinical variation. The experience in Rushcliffe and Nottingham West is that this can best be achieved by working collectively working at scale.

Evidence shows that collaboration in general practice is most successful when it has been generated organically by general practices over a number of years, underpinned by trust, relationships and support, and where there was a clear focus and agreement on the role of the collaboration (for example, whether it was to share back-office functions, provide community services or for quality improvement) (Kings Fund 2019).

All Practices have a PCN perspective and commit to the principles of collectivism, participation, mutual accountability, commitment, and collaboration. There is a track record of good financial stewardship with financial vehicles already established without the need for unnecessary bureaucracy.

The GP partnerships/federations on behalf of its member practices will act as the lead point of contact with the commissioning CCG, receive and distribute PCN funding, and recruit and manage additional PCN workforce, reducing the administrative burden if several PCNs are established to do this

## Operating effectively at a Neighbourhood level

- Integrated service delivery

The neighbourhoods will provide the 'docking' of community provision for all providers across health, social care and the voluntary and community services. This will be the building block around which integrated care systems are built.

- Population Health Management

An overarching network for Rushcliffe and Nottingham West enables the practices to maximise population health management whilst making the best contribution to the Integrated Care System (ICS) and future South Notts Integrated Care Partnership (ICP). The proposed Networks will balance the need for working at scale with neighbourhood sensitivities where appropriate. The proposed PCNs are natural communities and contiguous with the population boundaries of health and social care, local authority services, with natural flows of populations who live, work and use community assets across these areas. To support patient flow and choice consideration of transport links has been reviewed when proposing the PCNs as it is recognised that it is patient behaviour is a key determinant in how healthcare is accessed.

There will be a coordinated shared view and understanding of the system's priorities and what they mean for the PCN and a neighbourhood sensitive Population Health Management delivery model.

Clear understanding of patient demographics, patient flow, transport links, public sector infrastructure and planned future housing developments characterise how the PCNs will ensure appropriate neighbourhood working.

- Performance Management

A local PCN dashboard is currently being developed, which will be followed by the national PCN dashboard in April 2020. This will provide information at a neighbourhood level to ensure focus is placed on the right priorities, management of clinical variation, highlight opportunities and drive performance at a neighbourhood level.

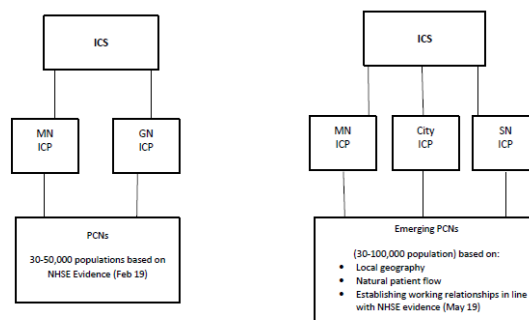
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- Emerging system architecture

The configuration of Rushcliffe and Nottingham West PCNs is considered within the overall principles of the ICS recognising the accelerator status of the ICS and using this as a framework for the transformational development of the proposed PCNs. This approach recognises the level of maturity of collaboration and integration at a neighbourhood level across the ICS footprint.

Although the South Nottinghamshire ICP governance is yet to be established and therefore the associated PCN representation it is anticipated that representation from PCNs will be at a population level. The proposed configuration of Rushcliffe and Nottingham West supports this approach and will not be overly or narrowly represented.

The diagram below shows the developing PCN model as part of the emerging system architecture



## 9. Summary

The paper outlines the rationale for the PCN configurations received for Rushcliffe and Nottingham West. The rationale is set in the context of national guidance and service provision built from a track record of service transformation and financial delivery.

## Appendix A: PCN summary

### Nottingham City

PCN	Criteria							
	Network Contract DES Registration Form completed in line with guidance (ODS codes, network list size, single practice receiving funding, ACD)	Size – between 30,000 and 50,000 patients	Geographical contiguity – practice boundaries must overlap or be adjacent	Formation of PCNs cannot result in a practice(s) being left out or not contiguous with other patients	PCNs can only cross upper tier local authority areas in exceptional circumstances	No practice can be excluded from a PCN	PCN structures must make geographical sense to patients and for commissioned services	Accountable clinical director
<b>Nottingham City CCG</b>								
PCN1 Bulwell & Top Valley	Yes	44,571	Bulwell, Highbury Vale, Rise Park, Top Valley	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Andrew Foster, Parkside Medical Practice
PCN 3 BACHS	Yes	59,168	Aspley, Beechdale, Bilborough, Broxtowe, Cinderhill, Old Basford, Strelley	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Jonathan Harte, Aspley Medical Centre
PCN 4 Radford & Mary Potter	Yes	49,503	Hyson Green, Radford, Forest Fields, Bobbers Mill, The Park	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Josephine Guha, The Forest Practice
PCN 5 Bestwood & Sherwood	Yes	49,390	Bestwood, Carrington, New Basford, Sherwood, Sherwood Rise	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Michael Crowe, Hucknall Road Medical Centre
PCN 6	Yes	66,474	Lace Market, Mapperley, Mapperley Park, St Anns, Sneinton	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Hussain Gandhi, Wellspring Surgery; Dr Margaret Abbott, Windmill Practice
PCN 7	Yes	36,390	Old Lenton, Wollaton	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Katherine O'Connor, Wollaton Park Medical Centre
PCN 8	Yes	31,662	Clifton, The Meadows, Wilford	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Heetan Patel, Clifton Medical Practice
PCN U	Yes	51,548	Clifton, Dunkirk, Lenton Abbey, New Lenton	Complete	Complete – all practices within Nottingham City Council	Complete	Yes	Dr Matthew Litchfield, The University of Nottingham Health Service

## South Nottinghamshire

PCN	Criteria							
	Network Contract DES Registration Form completed in line with guidance (ODS codes, network list size, single practice receiving funding, ACD)	Size – between 30,000 and 50,000 patients (NHS Digital, 01 Jan 2019)	Geographical contiguity – practice boundaries must overlap or be adjacent	Formation of PCNs cannot result in a practice(s) being left out or not contiguous with other patients	PCNs can only cross upper tier local authority areas in exceptional circumstances	No practice can be excluded from a PCN	PCN structures must make geographical sense to patients and for commissioned services	Accountable clinical director
<b>Nottingham North &amp; East CCG</b>								
PCN 1 Hucknall	Yes	36,715	Hucknall, Bestwood Village, Linby, Papplewick	Complete	Complete – all practices within Nottinghamshire County Council	Complete	Yes	Dr Adam Connor, Whyburn Medical Practice
PCN 2 Arnold & Calverton	Yes	33,778	Arnold, Calverton	Complete	Complete – all practices within Nottinghamshire County Council	Complete	Yes	Dr Kate Evans, Stenhouse Medical Centre
PCN 3 Carlton & Villages	Yes	40,969	Carlton, Daybrook, Mapperley, Burton Joyce, Lowdham	Complete	Complete – all practices within Nottinghamshire County Council	Complete	No	Dr Umar Ahmad, Plains View Surgery
PCN 4	Yes	29,647	Carlton, Netherfield, Bakersfield, Colwick, Gedling, Woodthorpe, Lambley, Burton Joyce, Lowdham, Woodborough, Epperstone, Gunthorpe, Gonalston, Bleasby, Thurgarton, Oxtun, Hoveringham, Caythorpe, Mapperley	Not contiguous	Complete – all practices within Nottinghamshire County Council	Complete	No	Ian Campbell, Park House Medical Centre
<b>Nottingham West CCG</b>								
Nottingham West PCN	Yes	106,473		Complete	Complete – all practices within Nottinghamshire County Council	Complete	Yes	Dr Nicole Atkinson, Eastwood Primary Care Centre
		47,476	Beeston, Bramcote, Chilwell					
		37,159	Eastwood, Newthorpe, Giltbrook, Kimberley					
		21,337	Stapleford					
		501	Not re-registered from practice closure					
<b>Rushcliffe CCG</b>								
Rushcliffe PCN	Yes	128,389		Complete	Complete – all practices within Nottinghamshire County Council	Complete	Yes	Dr Stephen Shortt, East Leake Medical Group
		39,770	East Bridgford, Bingham, Radcliffe-on Trent					
		48,129	West Bridgford, Wilford, Gamston					
		40,490	Keyworth, East Leake, Kegworth, Ruddington					

