

**HEALTH AND WELLBEING BOARD
EXECUTIVE SUMMARY SHEET**

DATE:	September 2020
TITLE OF PAPER:	Primary Care Network (PCN) Report
EXECUTIVE RESPONSIBLE:	Nicky Wilde, Primary Care Network Programme Director, Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCGs)
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AUTHOR (if different from above) Contact Details:	Shropshire and Telford and Wrekin CCGs Primary Care Teams
CCG OBJECTIVE:	<p>To improve commissioning of effective, safe and sustainable services, which deliver the best possible outcomes, based upon best available evidence</p> <p>To increase life expectancy and reduce health inequalities</p> <p>To encourage healthier lifestyles</p> <p>To support vulnerable people</p>
<input checked="" type="checkbox"/> For Discussion <input type="checkbox"/> For Decision <input type="checkbox"/> For performance monitoring	
EXECUTIVE SUMMARY	<p>Primary Care Networks are a key building block of the NHS Long-Term Plan and started in July 2019; they are commissioned through a national contract and have specific areas of delivery. The attached papers provide a summary of the requirements around service provision, the situation in Telford ad Wrekin and which practices are in which PCN across Shropshire Telford and Wrekin.</p> <p>The nationally mandated requirements have mostly been met except for some appointment in extended hours access which will all be back in place in the coming weeks. The next important delivery date is October 2020 when many of the requirements for this year commence:</p> <ul style="list-style-type: none"> • Structured Medication Reviews • Weekly home round in aligned care homes and refreshed personalised care plans (taking over from individual Practices) • Review of practice referrals for suspected cancers

FINANCIAL IMPLICATIONS:	National funding is available to support PCNs as detailed in the attached paper.
EQUALITY & INCLUSION:	<p>PCNs will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCN's practice(s) and to help in tackling inequalities</p> <p>They will also develop collaborative relationships and work in partnership with health, social care, community and voluntary sector providers and multi-disciplinary teams to holistically support patients' wider health and well-being, public health, and contributing to the reduction of health inequalities.</p> <p>A dedicated specification for PCNs to address inequalities is to be agreed with the General Practitioners Committee to start April 2021.</p>
PATIENT & PUBLIC ENGAGEMENT:	<p>PCNs will work with individual patient groups to discuss service change and link with wider communication partnerships through the Sustainability Transformation Partnership (STP), CCG and Local Authority to engage and provide information with patients and the public.</p> <p>As the programmes of work expand, the engagement will expand accordingly.</p>
LEGAL IMPACT:	PCNs are commissioned by way of a Directed Enhanced Service (DES) which is an addition to the General Medical Services Contract.
CONFLICTS OF INTEREST:	All PCNs have conflict of interest policies and decision making at the CCG and through the wider health and social care system will follow organisational conflict of interest management policies.
RISKS/OPPORTUNITIES:	<p>Opportunities to bring general practices together to work at scale in order to improve 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</p> <p>There is a risk is of the sustainability of PCNs and this is being addressed by working with national support networks to develop leadership and organisational development skills.</p>
RECOMMENDATIONS:	<p>The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Accept the PCN update and the ongoing programme of work

Telford and Wrekin Health and Wellbeing Board Meeting September 2020

Primary Care Network (PCN) Update Report

Nicky Wilde, PCN Programme Director,
NHS Shropshire and NHS Telford and Wrekin CCGs

1.0 Introduction and Summary

Primary Care Networks (PCNs) form a key building block of the NHS long-term plan and started in July 2019. They are the formal structure to bring general practices together to work at scale in order to improve 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.

The sizes of PCNs vary, nationally there is a guide that between 30,000 and 50,000 patients should be in a PCN, however many are larger. Across Shropshire, Telford and Wrekin, the sizes of our PCNs vary between 36,000 and 124,000 in population. Each PCN has a GP as a Clinical Director who is linked into the wider medical leadership of the STP.

Although there is a requirement for all patients to be included in the work of PCNs, individual practices can “opt out” of provision. **Appendix 1** provides details of which practices are in our local PCNs and which have opted out this year (they have an option to join at a later date). The table also provides details of which PCN is providing services to the patients of practices who have opted out.

PCNs are geographically based to enable integrated working with other community providers, who are expected to configure their service delivery around the PCN population.

2.0 Service provision

As the concept of PCNs was new last year, the guidance gave practices the opportunity to spend time to assess their developmental needs and to start to explore what their patient priorities were, and more importantly where they felt the biggest return for their collective commitment could be made.

In 2019 PCNs were contracted to deliver Extended Hours Access and in 2020 this has been expanded into 4 further areas of delivery:

- Structured Medication Reviews and medicines optimization
- Enhanced Health in care homes
- Early Cancer Diagnosis
- Social Prescribing

All this work is supported by a workforce programme called the Additional Roles Reimbursement Scheme (ARRS) which has a national model of funding.

The specifications for each of the areas above can be found at <https://www.england.nhs.uk/primary-care/primary-care-networks/>. **Appendix 2** provides more detail around the work to deliver the priorities each of these delivery areas across Shropshire, Telford and Wrekin.

Further national services are expected to be introduced from April 2021 including cardio-vascular disease diagnosis, tackling inequalities, personalised care and anticipatory care.

3.0 National Funding Model

Payments to PCNs are dependent on the Core Network Practices (those signed up to deliver the DES) working together to deliver the core requirements. The details are provided in the table below and are paid to the identified lead practice within the PCN:

Payment details and allocation	Amount
Core PCN funding	£1.50 per registered patient per year (equating to £0.125 per patient per month).
Clinical Director contribution	£0.722 per registered patient per year (equating to £0.060 per patient per month).
Staff reimbursements	Actual salary plus employer on-costs to the maximum per WTE amounts as outlined in Network Contract DES Specification
Extended hours access	£1.45 per registered patient (equating to £0.121 per patient per month).
Care home premium	£60 per bed for the period 1 August 2020 to 31 March 2021 (equating to £7.50 per bed per month).
PCN Support payment	£0.27 per weighted patient for the period 1 April 2020 to 30 September 2020 (equating to £0.045 per weighted patient per month).
Network Participation Payment (Practice)	£1.761 per weighted patient per year (equating to £0.147 per patient per month)
Additional funding from October 2020	Amount to be confirmed and covering the period 1 October 2020 to 31 March 2021.

4.0 Investment and Impact Fund (IIF)

As part of the delivery of the PCN contract, is a “reward” for delivering aims set out in the NHS Long Term Plan and the framework for GP Contract Reform.

This fund will reward better access, support implementation of vaccinations and immunisation changes (from 2021/22) and will also be linked to various improvement indicators linked to the PCN Service Specifications.

PCNs must use the fund to expand their workforce and for service improvement in Primary Care. CCGs must approve how this funding is invested.

This year, the IIF focuses on improved flu vaccination uptake for patients aged 65+; Learning Disability Health Checks, Social Prescribing referrals, and several medicines targets and due to Covid-19 now starts from October 2020.

5.0 Summary of PCNs in Telford and Wrekin

When PCNs were first introduced last year, there was a recognition that the configuration/membership was likely to change. In 2019, there were 4 PCNs in Telford and Wrekin and this has now reduced to 3 PCNs from June 2020.

- Newport and Central PCN – 57,000 patients
- Teldoc PCN - 58,000 patients
- Wrekin PCN – 83,000 patients

The guidance allows practices to work across CCG boundaries and this year we have had one practice move to work with a PCN in Shropshire (Ironbridge Medical Practice); with another coming from Shropshire to a Telford PCN (Shifnal and Priorslee Medical Practice). The CCG believes that this transition will support and strengthen these specific practices and the collective benefit in the PCN.

Despite their relative early development and the diversion of priorities to the management of Covid-19, PCNs have already started discussions with health and social care partners around joint approaches to service delivery. The COVID-19 pandemic provided a really effective lever which promoted joint working that will underpin further work as the year develops.

Importantly, PCNs need to integrate with other developments across the system including The Telford and Wrekin Integrated Partnership (TWIP) work.

The Clinical Directors of the PCNs have been core members of the TWIP programme; providing expert consensus clinical views to guide the joint programme of work. One of the successes that has been developed, (that creates a foundation for the nationally mandated care home work) has been the development of multi-disciplinary teams (MDTs) which is one of the important factors for PCNs.

Creating the shared vision of how MDTs should engage across the primary and care sector enabled the development of shared plans to manage patients, and prevent unnecessary admissions to hospitals. These early pilots have underpinned and provided evidence of the benefit for PCNs to learn from.

The strategic direction of commissioning is in transition. The move away from “transactional commissioning” has started, with the principles of co-production, specifying service outcomes across agencies being central to future approaches.

PCNs will be core players in the new Integrated Care System to be developed across Shropshire, Telford and Wrekin supporting coordinated cross system pathways and models of care to reduce variation, address inequalities and ensure seamless care provision.

6.0 Recommendation

The Health and Wellbeing Board is asked to:

- Accept the PCN update and the ongoing programme of work

Shropshire STP Primary Care Networks as at 1st July 2020				Appendix1	
PCN	Practice	PCN	Practice	PCN	Practice
Teldoc	Teldoc	South West Shropshire	Bishops Castle Medical Practice	Shrewsbury PCN	Belvidere Medical Practice
CD : joint post	Shifnal & Priorslee Medical Practice	CD: Dr F Lynch	Church Stretton Medical Practice	CD: Dr C Hart	Marden Medical Practice
Dr I Chan	(Shropshire practice)		Craven Arms Medical Practice		Marysville Medical Practice
Dr R Bhachu			Portcullis Surgery		Riverside Medical Practice
			Station Drive Surgery		Severn Fields Medical Practice
			The Meadows Medical Practice		South Hermitage Surgery
Newport / Central Telford	Donnington Medical Practice				Radbrook Green Surgery
CD: Dr S Waldendorf	Shawbirch Medical Centre	South East Shropshire	Albrighton Medical Practice		Mytton Oak Medical Practice
	Linden Hall Surgery	CD: Dr J Swallow	Alveley Medical Practice		Claremont Bank Surgery
	Wellington Road Surgery		Bridgnorth Medical Practice		The Beeches Medical Practice
			Brown Clee Medical Practice		Pontesbury Medical Practice
			Cleobury Mortimer Medical Centre		Prescott Surgery
Wrekin	Hollinswood Surgery		Highley Medical Centre		Shawbury Medical Practice
CD: Joint post	Wellington Medical Practice		Much Wenlock & Cressage Medical Practice		Westbury Medical Centre
Dr D Ebenezer	Dawley Medical Practice		Broseley Medical Practice		Worthen Medical Practice
Dr N Singh	Court Street Medical Practice DES		Ironbridge Medical Practice (T&W practice)		Clive Medical Practice
Dr R Mishra	<i>Stirchley Medical Practice (LCS)*</i>				Knockin Medical Centre
	<i>Woodside Medical Practice (LCS)*</i>	North Shropshire	Churchmere Medical Group		
	<i>Charlton Medical Practice (LCS)*</i>	CD: Dr C Rogers	Drayton Medical Practice		
			Plas Ffynnon Medical Centre		
			The Caxton Surgery		
			Wem & Prees Medical Practice		
			Cambrian Medical Practice		
			<i>Hodnet Medical Centre (LCS)*</i>		
			<i>Dodington Surgery(LCS)*</i>		

LCS* - this means that the practice has opted out of being part of a PCN, however the PCN has agreed to deliver the contents of the PCN Directed Enhanced Service for the patients of the practice through a locally commissioned service (LCS)

Progress of the PCN Work Programmes - September 2020

Social Prescribing

Requirements	<p>A key component of the Network Contract from 2021/22 is the implementation of the Personalised Care service specification. Social prescribing link workers (SPLWs) will take a role in supporting the delivery of this service specification, as part of a broader shift to personalise care in PCNs and local areas.</p> <p>A PCN must provide to the PCN's patients access to a social prescribing service either by directly employing SPLWs or sub-contracting provision of the service to another provider.</p>
Leadership and Partner Working	<p>The CCGs link with Local Authority Public Health colleagues and the Voluntary Community Social Enterprise sector (VCSE) to ensure joint working across the system.</p>
Current Position	<p>In Telford & Wrekin the funded SPLWs have been recruited to the Wrekin PCN. A community hub has been set up in the Wrekin PCN whereby all practices are able to signpost and refer to the service. The hub has strong working relationships with the local council this includes the community connectors, Telford MIND and the CCG. Newport & Central PCN are currently recruiting for a SPLW.</p> <p>Recently, the CCG supported a training event for practice managers to understand social prescribing and what is needed to make it work for us and our population.</p> <p>Working alongside SPLW are Care Navigators and AGE UK are commissioned to host the care navigators that are aligned to practices / PCNs. The care navigators aim to support patients to remain safe & independent, improve health and wellbeing and to reduce use of statutory services.</p> <p>In Shropshire, SPLWs have been recruited in the South East and South West Shropshire PCNs. Both networks have subcontracted provision of the service to Public Health at Shropshire Council. An independent evaluation by the University of Westminster recognised the advantages of their model and demonstrated a 40% reduction in GP appointments. Public Health colleagues continue to engage with the North Shropshire PCN and Shrewsbury PCN.</p> <p>To support the programme most Shropshire Practices also have Community and Care coordinators.</p>
Next Steps and Timeline	<p>NHS England have recently announced they are making a time-limited support offer available to PCNs to cover recruitment and induction costs for additional social prescribing link workers. This support offer aims to accelerate the recruitment of social prescribing link workers.</p> <p>The support includes funding for local VCSE organisations to provide a</p>

	<p>full recruitment and induction service, plus support from NHS England social prescribing team to connect PCNs with local VCSE organisations, or for those PCNs who prefer to undertake the social prescribing link worker recruitment and induction process themselves, access to a recruitment administrative service provided by South, Central and West Commissioning Support Unit (CSU).</p> <p>PCNs were asked to submit expressions of interest by Monday 24th August and NHS England social prescribing team will be supporting PCNs to connect with VCSE organisations or CSUs in order to utilise the opportunity that is being funded until 31st March 2021.</p>
<p>Communication and Engagement</p>	<p>SPLWs can access information via the national social prescribing network and the NHS England collaborative platform. The National Academy for Social Prescribing also provides SPLWs with an opportunity to share good practice and challenges being faced.</p> <p>The Bureau (a community organisation, as part of the West Midlands Link Worker Peer Support Network) also produces West Midlands Social Prescribing Link Worker e-bulletins for SPLWs. These e-bulletins provide SPLWs with information and resources to help them to keep up to date with what is going on both nationally and in the West Midlands region, and to help them connect with other link workers in your area.</p> <p>The Bureau is also hosting regular online peer support sessions for SPLWs and Community and Care Co-ordinators (C&CCs) in Shropshire, Telford and Wrekin. These include online workshops and facilitated discussions with SPLWs and C&CCs to look at both role distinctions and how they can work together within PCNs.</p> <p>Colleagues across Shropshire CCG, Local Authority, VCSE and Healthwatch have been working together to bring models of social prescribing together, to expand and align the offer, across Shropshire, looking forward to Telford and Wrekin in the future</p> <p>In order to ensure good local understanding in this large rural county, the community development function of the DES in Shropshire is delivered by the local VCSE– this includes quality assured interventions, directories, community development and identification of gaps in provision locally. The Shropshire Rural Charities Charity RCC deliver the community development aspect in the South East Shropshire PCN and Hands Together Ludlow (HTL) in the South West Shropshire PCN</p>

Extended Hours Access

Requirements	<p>PCNs must provide additional clinical capacity at the rate of 30 minutes per 1,000 patients per week (based on the actual registered population) and should be provided in continuous periods of at least 30 minutes.</p> <p>Extended hours appointments:</p> <ul style="list-style-type: none"> • Must be pre-bookable and can be either routine or urgent (on the day) appointments. • Must be provided on the same days and times at the same locations each week, where possible. • Do not have to be with a GP but can be with any suitable healthcare professional and can be either face to face, by telephone or by video/online consultation • Must be provided outside of core hours (for example, on weekday evenings or at weekends). • Increased appointment capacity from the PCN Extended hours service must be provided in addition to the CCG commissioned Extended Access service (formerly GPFV). • Held at times based on evidenced patient need and previous patient engagement • Must be communicated to patients, using posters in practice premises, the NHS Choices website, the CCG website, on practice websites and through practice patient participation groups.
Leadership and Partner Working	<p>PCN Clinical Directors are working with individual practices in their PCNs to move towards delivery at scale across each PCN.</p>
Current Position	<p>TelDoc PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>Wrekin PCN Full appointment capacity being delivered across the PCN for the core practices Patients of the core practices able to access appointments at their own GP practice locations 3x non-core practices: the required hours are being delivered for one non-core practice under an LCS arrangement (Charlton) for the other non-core practices (Stirchley and Woodside) the PCN is awaiting implementation of the EMIS Clinical Services Module</p> <p>Newport and Central PCN None of the appointment capacity is currently being delivered across the PCN PCN is awaiting implementation of an EMIS Clinical Services Module</p> <p>Shrewsbury PCN Some practices have been delivering a small part of their normal PCN extended hours throughout the pandemic As of 1st August, all PCN practices began re-instating their</p>

	<p>usual quota of hours and it is expected the PCN will be back to full delivery by September 2020</p> <p>North Shropshire PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>South West Shropshire PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>South East Shropshire PCN Full appointment capacity being delivered across the PCN Patients of the core practices able to access appointments at their own GP Practice locations. For practices that are unable to take part, the hours are being delivered by other practices within the PCN</p>
Next Steps and Timeline	<p>TelDoc, Wrekin and Newport/central PCNs awaiting confirmation to reconfigure an EMIS Clinical Services Module (currently being used to run the CCG commissioned Extended Hours service until March 2021) Current timeline is September/October 2020 or could be sooner as the PCN already has an EMIS CSM system</p> <p>Shrewsbury PCN Full appointment capacity to be delivered across the PCN from September 2020.</p>
Communication and Engagement	<p>It is a requirement of the PCN DES Specification that PCNs make patients aware of the additional appointment capacity and this is communicated through practice and CCG websites, the NHS Choices website, and posters in practice premises, signposting by reception staff and through practice Patient Participation Groups.”</p> <p>An updated set of social media posts is being planned pointing out that appointments are still available despite the COVID pandemic but these will be by telephone/video consultation rather than a guaranteed face to face consultation.</p>

Structured Medication Review (SMR)

Requirements	<p>From the 1st October 2020 Primary Care Network (PCNs) will be required to use appropriate tools to identify and prioritise PCN patients who would benefit from an SMR which must include patients:</p> <ul style="list-style-type: none"> • in care homes with complex and problematic polypharmacy, specifically those patients on 10 or more medications. • on medicines commonly associated with medication errors • with severe frailty, who are particularly isolated or housebound patients, or have had recent hospital admissions and/or falls; and
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	<ul style="list-style-type: none"> • using potentially addictive pain management medication <p>PCNs must offer and deliver a volume of SMRs determined and limited by the PCN's clinical pharmacist capacity, and the PCN must demonstrate reasonable ongoing efforts to maximise that capacity.</p> <p>PCNs must ensure invitations for SMRs provided to patients explain the benefits of, and what to expect from SMRs.</p> <p>PCNs must ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. The PCN must also ensure that these professionals undertaking SMRs have a prescribing qualification and advanced assessment and history taking skills, or be enrolled in a current training pathway to develop this qualification and skills.</p> <p>PCNs will be required to clearly record all SMRs within GP IT systems</p> <p>PCNs will work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines</p> <p>PCNs must have due regard to NHS England and NHS Improvement guidance on SMRs and Medicines Optimisation</p> <p>PCNs will be required to actively work with the CCG in order to optimise the quality of local prescribing of:</p> <ul style="list-style-type: none"> ○ antimicrobial medicines; ○ medicines which can cause dependency; ○ metered dose inhalers, where a lower carbon device may be appropriate; and nationally identified medicines of low priority;
Leadership and Partner Working	Where PCNs are finding it difficult to recruit to pharmacist and technician roles, the CCG medicines management team is exploring whether joint working and shared roles could be a possibility.
Current position	<p>PCNs within Shropshire and Telford & Wrekin CCGs are currently recruiting pharmacists and pharmacy technicians to enable PCNs to deliver SMRs. The volume of SMRs to be undertaken will be determined and limited by the clinical pharmacist/technician capacity of the PCN.</p> <p>Recruitment of pharmacists and technicians within Shropshire is challenging in all sectors as there is not sufficient local workforce to meet demands. Models of employment that make Shropshire an attractive offer are needed and it is planned to offer shared roles as a model to PCNs enabling pharmacy staff to have a broader portfolio and maintain NHS terms and conditions of employment</p>
Next Steps and Timeline	<p>Delivery of the care home and structured medication review elements of the DES is expected from 1st October 2020. The CCG medicines management team will look to support PCNs where recruitment has not been successful, within current capacity.</p> <p>Eclipse (an IT solution to support medicines safety and identify</p>

	patients at risk of hospital admissions related to medicines) is currently being offered to all practices and will be fully implemented in readiness for the start of the DES.
Communication and Engagement	<p>Discussions with PCNs on alternative models of employment and shared roles with the CCG and potentially other pharmacy sectors are planned over the coming weeks.</p> <p>The Medicines Management team has an ongoing engagement plan in place to inform our patients and public of key message.</p>

Enhanced Health in Care Homes

Requirements	<p>By 31 July 2020, a PCN must:</p> <ul style="list-style-type: none"> have agreed with the commissioner the care homes for which the PCN will have responsibility. have in place with local partners a simple plan about how the Enhanced Health in Care Homes service requirements set out in this Network Contract DES Specification will operate; support people entering, or already resident in the PCN's Aligned Care Home, to register with a practice in the aligned PCN if this is not already the case; and ensure a lead GP (or GPs) with responsibility for the Enhanced Health in Care Homes service requirements is agreed for each of the PCN's Aligned Care Homes. <p>By 30 September 2020, a PCN must:</p> <ul style="list-style-type: none"> work with community service providers (whose contracts will describe their responsibility in this respect) and other relevant partners to establish and coordinate a multidisciplinary team (MDT) to deliver these Enhanced Health in Care Homes service requirements; and have established arrangements for the MDT to enable the development of personalised care and support plans with people living in the PCN's Aligned Care Homes. <p>As soon as is practical, and by no later than 31 March 2021, a PCN must establish protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records, and clear clinical governance.</p> <p>From 1 October 2020, a PCN must:</p> <ul style="list-style-type: none"> deliver a weekly 'home round' for the PCN's Patients who are living in the PCN's Aligned Care Home(s). using the MDT arrangements develop and refresh as required a personalised care and support plan with the PCN's Patients who are resident in the PCN's Aligned Care Home(s). identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows; and support with a patient's discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27.
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Leadership and Partner Working	Partners are working to understand the requirements and the support offer to PCNs and Care Homes going forward. There is a fortnightly STP Care Sector task and finish group which is attended by Shropshire Partners in Care (SPIC), CCGs, Shropshire Community Health Trust, Local Authorities and Clinical Leads. The CCG Commissioning Care Home Lead coordinates this work.
Current Position	<p>Primary Care has a strong historic record of working with and supporting the care sector.</p> <p>There are 466 Care Homes (337 in Shropshire and 129 in Telford and Wrekin) with a total of 4861 beds.</p> <p>The primary care team has worked with practices and PCNs to agree the PCN Care Home lists. GP leads are also in place. There is a Care Home Advanced Scheme in place so that services are delivered prior to the October deadline.</p> <p>MDTs are well established in Telford and Wrekin. This has been enhanced due to the commissioning of the care home team from ShropCom. This team provides clinical and educational support to the care homes, and supports the delivery/escalation of urgent issues to GPs. Shropshire are adopting the same model and building relationships with primary care.</p> <p>Shropshire and Telford Hospital (SaTH) Outreach supporting advanced care planning for patients in care homes, working closely with General Practice.</p> <p>There are remote weekly home visits in place (support with Care Home IT issues is supported through the Local Authority).</p> <p>PCN planning to deliver DES requirements continues e.g. employment of Clinical Pharmacist leads, ANPs.</p> <p>The CCG Medicine Management Team supports medication reviews and use of monitoring tools such as Eclipse.</p>
Next Steps and Timeline	A Whole system MDT model is to be agreed during winter 2020.
Communication and Engagement	<p>General communications to Care Homes is through the Local Authority support teams.</p> <p>Shropshire partners In Care (SPIC) directly support and provide training as well as communication update to Care Homes.</p> <p>General Practices are engaged through the CCG Primary Care Team. GP TeamNet is also used to share guidance, resources and news.</p>

Early Diagnosis of Cancer

Requirements	<p>The NHS Long Term Plan sets two bold ambitions for improving cancer outcomes:</p> <p>By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75 per cent.</p> <p>From 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis.</p> <p>A PCN must review referral practice for suspected cancers, including recurrent cancers. A PCN must review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline 12 and make use of clinical decision support tools; practice-level data to explore local patterns in presentation and diagnosis of cancer and where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms.</p> <p>A PCN must build on current practice to ensure a consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer ('safety netting'), in line with NICE Guideline 12.</p> <p>A PCN must ensure that all patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support.</p> <p>PCNs must contribute to improving local uptake of National Cancer Screening Programmes by working with local system partners – including the Public Health Commissioning team and Cancer Alliance – to agree the PCNs' contribution to local efforts to improve uptake which should build on any existing actions across the PCN's Core Network Practices and must include at least one specific action to engage with a group with low-participation locally; and provide the contribution agreed within timescales agreed with local system partners.</p> <p>A PCN must establish a community of practice between practice-level clinical staff to support delivery of the requirements. A PCN, through the community of practice, must conduct peer to peer learning events that look at data and trends in diagnosis across the PCN, including cases where patients presented repeatedly before referral and late diagnoses; and engage with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance, and Public Health Commissioning teams.</p>
Leadership and Partner Working	<p>The STW wide cancer strategy group has been reformed with a new lead GP.</p> <p>A CCG Clinical Lead, Macmillan GP Facilitator, Cancer Research UK Facilitator and CCG Cancer Lead are in place</p>
Current Position	<p>The approach to the PCN delivery of early cancer diagnosis needs to consider Population Health Management.</p> <p>PCNs require a data set of their constituent practices to review</p>

	and compare two week wait referrals in line with NICE Guidance 12, screening up, cancer prevalence by cancer sites; identify differences within and between practices; between PCN across the wider STW to support the operational commissioning practice.
Next steps and timeline	<p>The approach to early cancer diagnosis needs to be driven by the PCNs and managed by CCG consistently across STW. There is a need for a consistent data set on a practice and PCN level to identify trends.</p> <p>An audit of the current NG12 pathways needs to be facilitated through PCNs and the co-design of a single audit tool.</p> <p>The STP is looking to restart the Cancer Champions Programme. There needs to be clear benchmarking to show improvements at practice level as a result of the PCN DES implementation. This should take into account; any changes to pathways, screening and patients' engagement to support early diagnosis.</p> <p>There is a need for improved, streamlined pathways to deliver rapid diagnostics and reviews of patients with cancer in primary care settings.</p> <p>Communities of interest are to be set up for early cancer diagnosis at PCN level</p>
Communication and Engagement	The primary care representative on the strategy cancer board will help the communication and engagement between PCNs, and the cancer delivery function.

Workforce

Requirements	<p>Submission of plans to the CCGs by Aug 31st 2020, setting out their 2020/21 recruitment plans for posts covered by the Additional Roles Reimbursement Scheme (Clinical Pharmacists, Social Prescribing Link Workers, First Contact Physiotherapists, Physician Associates, Occupational Therapists, Dieticians, Podiatrists, Health and Well Being Coaches, Care Coordinators, Nurse Associates).</p> <p>Further submission by 31st October 2020 setting out their 2021/22 – 2023/34 recruitment plans for the above posts, plus Mental Health Practitioners and Community Paramedics.</p>
Leadership and Partner Working	<p>PCN Clinical Directors and lead Practice Managers are able to access leadership skill training from a number of national providers.</p> <p>The CCGs have encouraged and facilitated discussions between PCNs and a number of local partner organisations including the local authorities, voluntary sector organisations and NHS Trusts with a view to developing innovative workforce/employment models.</p> <p>The CCG works closely with the STP's People Transformation Board and linked working groups to ensure a two-way dialogue between system-wide workforce projects and PCNs on issues including equalities, apprenticeships and digital working.</p>

Current Position	<p>All of the PCNs are currently developing their workforce plans, in order to meet the 31st August deadline.</p> <p>A number of the PCNs are developing employment models with local partners.</p> <p>The CCGs are working with the PCN CDs and lead Practice Managers to identify further training and development requirements.</p>
Next Steps and Timeline	<p>Once the PCNs have submitted their workforce plans in line with the timescales set out above the CCG will report to NHSE/I on the content of the plans and arrangements for any unused ARRS funding.</p> <p>PCNs will continue their recruitment of new staff over the coming months, enabling them to deliver against the Network DES requirements.</p> <p>Future work around PCN workforce planning will include discussions with local providers about how the wider STW STP workforce can be utilised and developed to help meet the Network DES requirements.</p>
Communication and Engagement	<p>The CCGs have developed robust and inclusive communication and engagement processes with the PCNs, ensuring that key information is passed to PCNs and enabling PCNs to raise issues, challenges and opportunities with each other and the CCGs.</p> <p>One area of planned work is how best to engage with patients and the public around the role of the PCNs</p>