**Agenda Item: Virtual paper**

**Report to:** Primary Care Commissioning Committee

**Date of meeting:**  14/12/2021

**Date paper distributed: 07/12/2021**

**Subject: Panacea PCN Change Request**

**Presented by:** Sarah Dawson, Service Lead for Primary Care

**Previously distributed to:** N/A

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required**

**For Discussion to give Assurance**  *(Only if requested by Committee member prior to meeting)*

**For Information**

**Report Exempt from Public Disclosure**   No  Yes

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| **PURPOSE OF REPORT:** | In March 2020, the Primary Care Commissioning Committee approved the establishment of 3 PCNs to come together to form 1 single Primary Care Network, Panacea. This PCN covered 16 practices with a total population of 94,004 (as at January 2020 list size).  The CCG has recently received a request from a group of practices within the current Panacea PCN (Scartho Medical, Chantry and Lynton Practice) to separate from the current establishment and form a new PCN, named Genesis.  Whilst this request means that the proposed new PCN will fall below the recommended 30,000 minimum population size, there are mitigating circumstances that support the new grouping. More detail is set out within the paper attached.  In October 2021, the Primary Care Commissioning Committee approved in principle the requested changes to establish a new PCN with the practices listed above, to commence April 1st 2022. Subject to further discussions with the remaining practices and other community providers, to allow the opportunity for any further changes following PCCC decision with additional practices joining the PCN, a final approval was recommended to be made at the December 2021 PCCC, but allowing plans for the changes to start immediately.  The 3 practices within Genesis have worked closely over the last few months and progressed development of the PCN. There are no plans for any additional practices to join Genesis.  The committee is asked to provide final approval for the establishment of Genesis PCN. |
| **Recommendations:** | The committee is recommended to approve the requested changes to establish a new PCN with the practices listed in this paper, to commence April 1st 2022. |
| **Clinical Engagement** | Discussion at the Panacea Board meeting and discussions with local community providers who would be impacted from this change. |
| **Patient/Public Engagement** | (*where appropriate – how has the* [*NEL Commitment*](https://www.northeastlincolnshireccg.nhs.uk/get-involved/) *been implemented*) |
| **Committee Process and Assurance:** |  |

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| **Link to CCG’s Priorities** | | Sustainable services  Empowering people |  | Supporting communities  Fit for purpose organisation |  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | Legal  Finance  Quality  Equality analysis (and Due Regard Duty) |  | Data protection  Performance  Other |  |

**Provide a summary of the identified risk**

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| There is already an issue in that the current size of the PCN grouping is impacting progress in delivery of some services and the CCG acknowledges that whilst the ideal minimum population is noted as 30,000, the ability to work together and reach a consensus are also key to both PCN maturity and development and joint delivery of services. |

**Executive Summary**

**Background**

In March 2020, the Primary Care Commissioning Committee approved the establishment of 3 PCNs to come together to form 1 single Primary Care Network (Panacea) covering 16 GP practices with a total population of 94,004 (as at January 2020 list size), with intention to have 2 geographically focused care delivery teams; one covering Cleethorpes and one covering Grimsby.

The CCG has recently received a request from a group of practices within the current Panacea PCN to make changes to this grouping and this was agreed in principle at the October PCCC.

This paper provides an update on progress of development of the new PCN since then and seeks final approval of the new PCN.

**Proposed Changes**

A request has come from a group of practices within the current Panacea PCN to separate from the current establishment and form a new PCN named Genesis covering 3 practices:

Scartho Medical 13,287

Chantry 5,976

Lynton Practice 4,308

Based on the practice’s real time registration figures, this gives a total population of 23,571. Guidance for PCNs suggests combined list sizes of between 30,000 and 50,000 as the ideal size – the lower limit to guard against potential issues with viability of services and the upper limit to guard against potential issues with the effective functioning of teams which may be too large – however, PCNs could be larger or smaller with Commissioner approval. The new PCN will be based on the January 2022 list size, which could have increased by then due to housing developments around the practice areas. It is also worth noting that the proposed practice grouping is not close together geographically, being spread across Scartho, Humberston and Grimsby. However, this has not been considered a critical issue within NEL due to the spread of patients registered with the majority of GP practices being right across the boundary area, and there are precedents set within existing PCNs, in that they cover wide geographical areas.

The practices proposing the new grouping have discussed the option to join the new PCN with other practices within Panacea, which would increase the proposed PCN population. However, the practices listed above are the ones that have committed to proceed in the new PCN.

**Reason for changes and impact**

Panacea is the largest of the PCNs in North East Lincolnshire and whilst initially it was felt that there would be benefits from being a large PCN, specifically in terms of reducing duplication and achieving economies of scale, these benefits have proved difficult to realise over the last 18 months. This is primarily down to the diversity and large number of practices included within the PCN; it has also affected ability to recruit to the PCN additional roles. Consequently, there has been delayed progress on some areas/service developments.

The benefits of a smaller number of practices within a PCN are that decisions can be made in a more timely manner, with fewer practices to bring together and this has been demonstrated over the last few months.

A smaller PCN footprint impacts on the funding the PCN would receive to deliver services, whilst the service requirements remain the same. The practices within the proposed new PCN have assessed the funding that they would receive for their size of population and have developed and implemented plans to deliver services to meet the requirements within the allocated budget. They have worked closely together over the recent months making significant progress:

* Established regular PCN Board Meetings
* Established Chronic and Complex MDT meeting and held 2 since the committee agreed the changes in principle in October
* Identified and agreed lead roles for the Chronic and Complex service and for specific aspects of the PCN DES service
* Have PCN management arrangements in place and these are working well
* Discussed with the Community Nursing Team new ways of working for urgent home visits
* Agreed arrangements around the PCN additional roles with the remaining practices within Panacea
* Agreed amendments with the remaining Panacea practices to the PCN Network Agreement to support changes until formal establishment of the PCN in April 2022.

The CCG has also met with the remaining practices to discuss the difficulties they have encountered and develop plans to support recruitment and improve delivery.

Changes within the PCNs will impact on the community services that are aligning around them to deliver MDTs. Discussions have taken place with the main providers both by the practices proposing the new PCN and by the CCG, and discussions have taken place in terms of working together going forward. This will create some initial disruption to the services that are already aligned, which primarily affects NAViGO and Care Plus Group currently, but early discussions are that they are willing to look at alternative arrangements but will need time to consult and enact changes.

Whilst the new PCN footprint would fall short of the recommended 30,000 population minimum, the PCCC are asked to support the proposal on the basis that this will create swifter improvements in service delivery for the population of those practices. The ability to work together and reach a consensus are also key to both PCN maturity and development and joint delivery of services and over the recent months since PCCC approved in principle, significant progress has been made.

**Recommendation**

The committee is recommended to provide final approval for the requested changes to establish a new PCN with the practices listed above, to commence April 1st 2022.

**Appendix 1**

**Proposed Genesis PCN: plans and structure moving forward**

Three Practices within the current Panacea PCN with a common vision would like to split and form a separate PCN from April 2022, or earlier if permitted.

**Chantry (5976), Lynton (4308), and SMC (13287) will be the member Practices with a total population size of 23,571.** We will keep our doors open for any other Practice with similar vision if they would like to join us.

We have tested the hypothesis whether we could work together over the last 3 months, and we are confident that this is the right step and right time to do this.

This small PCN structure opens up opportunities for sharing new and existing staff across practices and other services. Utilising staff in this way can be a win-win for both the PCN and the workforce, offering staff greater flexibility, diversity, and opportunity to share best practice across the PCN, which can unlock clinical capacity and further drive a culture of collaboration and trust.

Demonstrating to practices that working together can create significant benefits for them and their patients is our top priority.

We have enough managerial support to hit the ground running and have the support of all the GP and non-GP Partners across all the three Practices to take this forward.

We will work closely with the current PCN and make sure the existing staff and finances are split pro-rata till their contracts end. We look forward to working with the CCG to identify and re-allocate the ARRS share so that we could start recruiting additional staff and create a specialist team to focus on the work that we need to do like the chronic and complex, palliative care and urgent care. We will endeavour to work closely with the other community providers and make sure the patient journey is safe and well supported.

**Additional Staff:**

1. **Chronic and Complex Team**: We have identified 2 Chronic and complex care Nurses (additional hours) and will be recruiting one community HCA to help us with the reviews and to attend the monthly MDT meetings. The lead GP will be identified and a Care- Co-ordinator will support these meetings.
2. **Urgent Response Team**: We are aware that CUCT will no longer be able to do acute home visits moving forwards, so we have arranged with CPG to provide us this cover. We will be recruiting a community HCA and hopefully a Paramedic as well. We will work with EMAS in joint recruitment for the Paramedic.
3. **Care Co-ordinators**: We have 3 CCs now. They will predominantly focus on covid booster work for the time being and later help with the chronic and complex work and I&IF work moving forward.
4. **FCP**: We will continue with our FCP that we have got already.
5. **Dietician**: We will continue with our Dietician that we have already.
6. **Clinical Pharmacists**: We have recruited 2 new Clinical Pharmacists along with the share of the existing Pharmacist’s time.
7. **Pharmacy Technician**: We are planning to recruit a Pharmacy Tech to help our clinical pharmacists.
8. **Community HCA**: From the underspent monies we have from last year, we are planning to employ a community HCA to do our Learning disability reviews and health promotion activities in the community.

**Services:**

1. **Extended Access:** will be provided to the patients as per the requirements and all patients from the 3 surgeries will have access to the appointments at all sites.
2. **Care Home reviews:** will be provided weekly as per the spec in association with CPG and Social Care.
3. **Chronic and Complex reviews**: Monthly meetings to discuss the patients and to do mortality reviews and A&E diagnosis of cancers.
4. **Tackling health inequalities**: We plan to look at our population and see where the health inequalities lie and focus on those areas with the help of the community HCAs and Care co-ordinators.
5. **Improving access to primary care:** We plan to look at common triage across the PCN for minor illnesses, common prescription line, use online tools like AccuRX and AirMed to communicate with patients. Provide urgent cover in the community with our urgent care team to prevent unnecessary A&E admissions.

**Timescales:**

Subject to the approval of the PCCC, we will start to implement these changes immediately. The ultimate end date for completion of the actions and having the new arrangements in place will be 31st March 2022, but we will move sooner wherever finances, recruitment and agreements with partners permit.