NHS England and NHS Improvement board meetings in common: Implementing the NHS long term plan in primary and community services paper

This briefing provides a summary of four items in the paper entitled 'Implementing the NHS long term plan in primary and community services' presented by Ian Dodge (NHS England and NHS Improvement (NHSE/I) National Director of Strategy and Innovation) to the NHSE/I board meetings in common today. It provides more detail on the expectations of primary care and community services set out in the long term plan implementation framework, also published today. The four items within the paper are:

1. The new primary and community services funding guarantee
2. The initiation of the new community services programme
3. Progress with primary care network (PCN) formation
4. PCN development and delivery.

The board paper also provides an update on the implementation of the new GP contract, outlines a new consultation of funding and commissioning rules for digital first primary care, and publishes the findings of the GP premises policy review.

Key points

- The guaranteed £4.5 billion real terms increase in primary medical and community health services from 2019/20 to 2023/24 will be implemented through a minimum cash spending requirement (a) at the level of every ICS in 2023/24, and (b) at the level of every region from 20/21
- To meet its required share of the regional guarantee from April 2020, each CCG and STP/ICS will need to fully honour 100% of the GP contract entitlements each year; and spend at least their agreed share of the remaining cash amount of the guarantee each year. This amount will include the baseline of pre-existing 2018/19 planned spending levels on primary care, community health and continuing healthcare services
- From 1 July 2019 there will be a new requirement in the NHS Standard Contract for community teams to be configured in line with PCN footprints
- The new PCN service specification will describe the contribution from general practice and that from community services; creating for the first time national service specifications for community services within their NHS contracts. NHSE/I also plan to work with the sector to explore how national community contract specifications might work for crisis response, reablement, and care homes support

- By 1 July, NHSE/I expects there to be 1,264 PCNs across England in total and for 99.7% of all GP practices to be covered by a PCN
- NHSE/I has committed to providing extra development funding of around £1m per STP/ICS on a weighted capitation basis, on top of existing allocations and the money announced in January for the GP contract. It comes out of the centrally held NHSE allocation for primary care. The funding will flow through ICSs/STPs from the end of June 2019. The amount will also be higher than listed: rather than support a small number of PCN accelerators (as previously announced), NHSE/I will increase the total by a further £2.8million
- For PCNs in STPs that are only beginning to develop, NHSE has drafted a PCN development support prospectus which it will publish later this summer. NHSE/I will also set out a development specification for the development of PCN clinical directors.

1. The primary and community services funding guarantee

- The long term plan guaranteed a £4.5 billion real terms increase in primary medical and community health services from 2019/20 to 2023/24. The guarantee will be implemented through a minimum cash spending requirement (a) at the level of every ICS in 2023/24, and (b) at the level of every region from 20/21. This approach aims to avoid unrealistic back loading, whilst giving regions some flexibility in the three years between 2020/21 and 2022/23. The £4.5 billion real terms increase equals £7.1 billion in cash over 2018/19 planned levels of expenditure
- To meet its required share of the regional guarantee from April 2020, each CCG and STP/ICS will need to fully honour 100% of the GP contract entitlements each year; and spend at least their agreed share of the remaining cash amount of the guarantee each year. This amount will include the baseline of pre-existing 2018/19 planned spending levels on primary care, community health and continuing healthcare services
- All CCGs have been funded in allocations to deliver their share of this guarantee. This funding is a floor and not a ceiling: systems will also want to consider what additional further investment beyond the guarantee they may wish to make as part of wider local decisions.

2. The new community services programme

- The new community health services programme and group is being established, under the leadership of Matthew Winn, the national director of community services and Chief Executive of Cambridgeshire Community Health Services NHS Trust
- The programme will be co-designed with the sector and stakeholders, in particular the Community Network (jointly hosted by NHS Providers and the NHS Confederation). The core focus is on ageing well, with four main priorities:
  - Improving the responsiveness of community health crisis services to within two hours of referral, where clinically appropriate, and reablement care within two days of referral to those

patients who are judged to need it. The target is to achieve these access standards across the country by 2023/24

- Guaranteeing NHS support to people living in care homes by implementing the enhanced health in care homes vanguard model, with PCNs taking lead responsibility for delivery. The intention is for the primary care elements to be delivered in full in 2020/21
- Implementing 'anticipatory care' for complex patients at risk of unwarranted health outcomes, building on the work of the multi-speciality community provider (MCP) and primary and acute care systems (PACS) new care models. Support will be targeted at severely frail elderly patients as well as people of all ages living with multiple comorbidities. The new PCN service specification will describe the contribution from general practice and that from community services; creating for the first time national service specifications for community services within their NHS contracts. These will be phased in line with the extra investment under the new guarantee. NHSE/I also plan to work with the sector to explore how national community contract specifications might work for crisis response, reablement, and care homes support
- Tackling the workforce challenges in community services. A big workforce expansion is needed to achieve the goals above and the programme will work with the NHSE/I Chief People Officer and other national leaders to contribute to the final NHS people plan. There are also opportunities for implementing efficiency opportunities such as those identified in the Carter review, and developing and adopting digital innovations.

- From 1 July 2019 there will be a new requirement in the NHS Standard Contract for community teams to be configured in line with PCN footprints. NHSE/I state that without the full input of community health services, primary care networks will not be able to deliver their forthcoming service requirements - and vice versa.

3. Progress with primary care network (PCN) formation

- NHSE/I expects there to be 1,264 PCNs across England in total and 99.7% of all GP practices are expected to be covered by a PCN from 1 July. The expected number of PCNs by region and minimum size (population) is set out in the table below.

	Total PCNs	<30k	<27k	<20k
North East and Yorkshire	185	9	2	1
North West	164	16	2	1
Midlands	229	10	5	0
East of England	147	4	3	0
South West	208	4	6	1
South East	129	12	4	0
London	203	3	0	0
ENGLAND	1264	56	19	3

- NHSE/I reports 'mass' GP engagement in PCNs across the country and suggests a large number of newer, younger, clinical leaders have come forward – some of whom are nurses and pharmacists rather than GPs
- In most systems, PCN configuration has not been overly problematic, but the biggest issues have arisen where relationships have historically been poor between existing practices and with CCGs and STPs. The three main difficulties for PCN establishment are:
  - PCNs that do not meet the 30,000 population minimum sustainable size rule or key exception criteria of rurality, and cannot therefore be approved
  - Practices who have wanted to form part of a network but do not form a natural alliance with other emerging PCNs
  - Practices who have had significant concerns about participating.
- The sum total of all PCNs in a CCG must include all willing practices, irrespective of natural ties. This is why CCGs have not been approving any PCN in their area without approving all PCNs
- The numbers of GP practices that have opted out, and those that want to join a network but where inclusion has not been confirmed, is set out in the table below. A further 10 current practices are not participating because of a change of contract holder, but their successors will all be included in a PCN. Alternative arrangements are being put in place for these practices' patients during 2019/20

	Opted out	Wanting to participate but not yet included	Of previous column, expected to be unresolved by 30 June
North East and Yorkshire	3	2	0
North West	5	2	0
Midlands	1	3	1
East of England	1	3	2
South West	3	5	0
South East	5	7	0
London	5	0	0
ENGLAND	23	22	3

- As a temporary arrangement for nine months only, GP at Hand (whose patients are mainly distributed outside of Hammersmith CCG in many different boroughs) will form a separate Hammersmith CCG PCN network. NHSE/I is launching a consultation on proposals for digital first primary care which aim to help solve this problem for April 2020 onwards
- All STPs/ICSs are encouraged to engage and communicate widely with their communities given the strategic significance of PCNs. NHSE/I is working with one system where the CCG and the constituent practices had agreed proposals in line with their interpretation of the rules, but where the ICS has sought to reverse the decision because it did not match the previous neighbourhood boundaries

- In response to suggestions that PCNs might assume CCG statutory functions, NHSE/I state clearly that PCNs are not about commissioning but about collaborative provision. A PCN is not a new structure, organisation or management tier; rather it is simply an extension of the existing independent GP partnership model. While participation in the network contract is not mandatory, the architecture of the deal makes opting out an unattractive proposition and NHSE/I aims for comprehensive voluntary coverage by 1 July 2019.

4. PCN development and delivery

- NHSE/I's ambition is for PCNs to have done five things by 2023/24:
  - stabilised the GP partnership model. PCNs should now decide to take responsibility for securing a new generation of partners, or by default (rather than choice) become salaried to other NHS providers;
  - helped solve the capacity gap and improved skill-mix by growing the wider workforce by over 20,000 wholly additional staff. NHSE/I will take a zero tolerance approach to any attempts to shunt existing staff costs from CCGs or practices into the additional roles reimbursement funding
  - become a proven platform for further local NHS investment, including in premises;
  - dissolved the divide between primary and community; and
  - having done aims 1-4 above first, achieved clear quantified impact for patients and the wider NHS. This means delivering the seven new national service specifications and making progress against the new PCN dashboard.
- NHSE/I has developed a support offer comprising: set up support; PCN development support, and PCN clinical director leadership development support
- STPs/ICSs, supported by regional teams, have a core role in supporting PCNs. NHSE/I has committed to providing extra development funding of around £1m per system on a weighted capitation basis, on top of existing allocations and the money announced in January for the GP contract. It comes out of the centrally held NHSE allocation for primary care. The funding will flow through ICSs/STPs from the end of June 2019. The amount will also be higher than listed: NHSE/I will increase the total by a further £2.8million, instead of supporting a small number of PCN accelerators
- For PCNs in STPs that are only beginning to develop, NHSE has drafted a PCN development support prospectus which it will publish later this summer
- NHSE/I will also set out a development specification for the development of PCN clinical directors.

NHS Providers view

The additional clarity provided by this paper is particularly welcome, as is a national snapshot of progress in implementing PCNs across the country. Supporting primary care to operate sustainably remains a core priority for the health and care sector generally, and given the importance of the interface between primary and secondary care, NHS Providers is therefore deepening its engagement with NHSE to contribute to the development of PCN policy on members' behalf. We will shortly be publishing a briefing

in partnership with the Community Network (jointly led by NHS Providers and the NHS Confederation) to share the different approaches community trusts are taking to supporting, and working with, PCNs.

Trusts which provide community services have long argued for fuller recognition of the value of the data they can provide, and for greater coherence in national standards for community services. We particularly welcome Matthew Winn's appointment as the National Director for Community Services, alongside his role as Chief Executive of Cambridgeshire Community Services NHS Trust.

While the development of PCNs raises opportunities for primary care colleagues to co-ordinate their services across a larger population size, a number of challenges remain. These include a need to ensure PCNs receive the support they need to develop effective local partnerships, a need to ensure the development of PCNs does not destabilise existing, successful partnership working and that they can work alongside other models of delivery (including GP Federations, super partnerships and integrated models of care where trusts host, support or run GP practices), and a need to ensure that PCNs do not inadvertently destabilise other local recruitment and retention initiatives.

We look forward to working with colleagues in trusts and primary care, and with NHSE as PCN policy develops – and to continuing to support providers of community services to implement the agenda set out today.

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