



Name of Meeting	Primary Care Commissioning Committee	Meeting Date	22 May 2019
Title of Report	Approval of Primary Care Network (PCN) Registration Requirements'	Agenda Item No.	3
Report Author	Catherine Wormstone, Alan Turner Programme Manager, PCNs	Public / Private Item	Public
GB / Clinical Lead	Carol McKenna Chief Officer	Responsible Officer	Catherine Wormstone Head of Primary Care Strategy & Commission

Executive Summary

Please include a brief summary of the purpose of the report	<p>Primary Care Networks (PCNs) are a critical component of the vision for health and social care set out in the Kirklees Health and Wellbeing Plan. Primary Care Networks are much more than groups of General Practices. They represent a fundamental shift in the way health and care is provided to our population. GP practices, community services, social care and others will be expected to work together in a way they have never done before.</p> <p>An exceptional meeting of the Primary Care Commissioning Committee has been scheduled to ensure that registration information submitted by the nine Kirklees Primary Care Networks is considered and approved by the 31 May 2019.</p> <p>By 15 May, each Network had to provide:</p> <ol style="list-style-type: none"> a) The names and ODS codes of the member practices b) The network list size as at 1 January 2019 c) A map clearly marking the agreed Network Area d) The initial Network Agreement signed by all member practices e) The single practice of provider that will receive funding on behalf of the PCN f) The named accountable Clinical Director <p>This paper summarises the process of development of Primary Care Networks in Kirklees and seeks approval for the registration of five Primary Care Networks in Greater Huddersfield CCG:</p> <ul style="list-style-type: none"> • The Valleys Health and Social Care Network • The Mast Primary Care Network • Viaducts Care Network • Greenwood Network • Tolson Care Partnership
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Previous consideration	Name of meeting		Meeting Date	Click here to enter a date.
	Name of meeting		Meeting Date	Click here to enter a date.

Recommendation (s)	<p>It is recommended that Primary Care Commissioning Committee:</p> <ol style="list-style-type: none"> 1. Notes the national requirements to approve of Primary Care Network (PCN) Registration Requirements 2. Notes the local process followed to meet the national requirements 3. Approves the registration and Network areas of: <ul style="list-style-type: none"> - Appendix 1 - The Valleys Health and Social Care Network - Appendix 2 - The Mast Primary Care Network - Appendix 3 - Viaducts Care Network
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	<ul style="list-style-type: none"> - Appendix 4 - Greenwood Network - Appendix 5 - Tolson Care Partnership <ol style="list-style-type: none"> 4. Notes the geographical Network Coverage in Appendix 6 – Greater Huddersfield CCG Primary Care Network coverage 5. Notes the appointment of Clinical Directors for the Primary Care Networks in Greater Huddersfield CCG and the selection processes undertaken to select them 6. Notes the exceptional issues relating to <ol style="list-style-type: none"> a) 100% Geographical coverage of CCG area b) Greenhead Family Doctors c) Special Allocation Scheme d) Primary Care Network Size
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Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Other	Click here to enter text.
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Implications

Quality & Safety implications	Not applicable for Primary Care Network Registration process at this stage.
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Engagement & Equality implications (including whether an equality impact assessment has been completed)	GP member practices within the Primary Care Network will have requirements relating to patient engagement under their primary medical services contracts. The Primary Care Networks will therefore be expected to reflect those requirements by engaging, liaising and communicating with their collective registered population in the most appropriate way, informing and/or involving them in developing services and changes related to service delivery. This includes engaging with a range of communities, including 'seldom heard' groups
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Resources / Finance implications (including Staffing/Workforce considerations)	As these are nationally negotiated payments, the Committee has no influence to change these but should note that the CCG is expected to cover the payments within the uplifts to CCG Primary Care allocations. These figures are regularly reported into routine Primary Care Commissioning Committee meetings.
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Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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Strategic Objectives (which of the CCG objectives does this relate to?)	The establishment of Primary Care Networks meets the strategic objectives of all ten of the Greater Huddersfield CCG Strategic Objectives.	Risk (include risk number and a brief description of the risk)	Some elements of risk exist relating to the transfer of the Extended Hours DES requirements into the Network Contract DES from the 1 July 2019
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Legal / CCG Constitutional Implications	None identified at this stage	Conflicts of Interest (include detail of any identified/potential conflicts)	All GP practices and practice representatives will have a direct and significant financial interest in the establishment of Primary Care Networks.
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1. Introduction

- 1.1 Primary Care Networks (PCNs) are a critical component of the vision for health and social care set out in the Kirklees Health and Wellbeing Plan. Primary Care Networks are much more than groups of General Practices. They represent a fundamental shift in the way health and care is provided to our population. GP practices, community services, social care and others will be expected to work together in a way they have never done before.
- 1.2 The development of Primary Care Networks will help to deliver the aims of both Kirklees Clinical Commissioning Group's existing Primary Care Strategies, and it is a key focus of the Integrated Commissioning Strategy and the Integrated Provider Board.
- 1.3 The 2018/19 NHS Planning Guidance set out the ambition for Clinical Commissioning Groups to actively encourage every GP practice to be part of a local primary care network ensuring there is complete geographical contiguous population coverage by the end of 2018/19.
- 1.4 The publication of the NHS Long Term Plan on the 6 January 2019 committed £4.5 billion more for primary medical and community health services by 2023/24. Shortly afterwards on 31 January 2019, NHS England and the British Medical Association's General Practitioners Committee published a five-year GP (General Medical Services) contract framework from 2019/20.
- 1.5 The new contract framework marks some of the biggest General Practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong primary care. The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure General Practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities.
- 1.6 The principles of integration and closer working between Health and Social Care in these key NHS policy documents very much reinforce the way in which Kirklees had commenced the journey locally and are in alignment with the Kirklees Health and Wellbeing Plan 2018-2023 as well as the Primary Care Strategy documents for both CCGs.
- 1.7 Additional guidance to support the development of Primary Care Networks was released in March 2019 and key deadlines, expectations and milestones were set out to register Primary Care Networks covering the whole population by 31 May 2019. Although 2019/20 is described as a preparatory year, some elements of the contract and associated funding commence from 1 July 2019 therefore it is important that the CCGs adhere to the national timescales set out to approve the primary care network registration requirements.
- 1.8 An exceptional meeting of the Primary Care Commissioning Committee has been scheduled to ensure that registration information submitted by the nine Kirklees Primary Care Networks is considered and approved by the 31 May 2019.

By 15 May 2019, each Network had to provide:

- a) The names and ODS codes of the member practices
- b) The network list size as at 1 January 2019
- c) A map clearly marking the agreed Network Area
- d) The initial Network Agreement signed by all member practices
- e) The single practice of provider that will receive funding on behalf of the PCN and
- f) The named accountable Clinical Director

- 1.9 This paper summarises the process of development of Primary Care Networks in Kirklees and seeks approval for the registration of five Primary Care Networks in Greater Huddersfield CCG:
- The Valleys Health and Social Care Network
 - The Mast Primary Care Network
 - Viaducts Care Network
 - Greenwood Network
 - Tolson Care Partnership

2. Detail

2.1 Local Context

Greater Huddersfield CCG and North Kirklees CCGs had both started their journey towards integration and had different arrangements in place as a starting point. Both CCGs had recognised the ambition to work at scale within their individual Primary Care Strategies. GP practices in both CCG areas were coming together in groupings but these were not necessarily geographically arranged and were focussed on the commissioning priorities of the CCG for example, review of referrals.

- 2.2 Within Greater Huddersfield CCG some groups of practices had already proactively reached out to start closer working with partners whilst some were less able or aware of the need to work in a different way due to the immense pressure on GP practice services.

- 2.3 The development of Primary Care Networks across Kirklees will reflect some of the differences in pace and understanding whilst at the same time, working towards the same goals and contractual requirements. NHS England describes this as a 'marathon not a sprint' and has developed an outline 'maturity matrix' to help Networks and to acknowledge that networks will not be reach full maturity overnight.

- 2.4 In Greater Huddersfield, the GP Federation – My Health Huddersfield (MHH) had undertaken a valuable piece of engagement during the summer of 2018 to realign the historic 'Commissioning for Value' groupings into geographically arranged networks of practices. This work had the support of the Local Medical Committee (LMC) and formed the basis of the five current Primary Care Networks.

- 2.5 During 2018/19, great efforts were taken to support the local GP practices and the wider system with understanding the benefits of Primary Care Networks and to engage with as many stakeholders as possible to ensure the Kirklees place would see the benefits of strong, resilient and integrated primary and community care services.

2.6 Programme Management

As part of being an Integrated Care System (ICS), the West Yorkshire and Harrogate Health and Care Partnership allocated some non-recurrent resource in 2018/19 to accelerate and embed the development of Primary Care Networks in Kirklees. This was primarily directed towards freeing up the time to make change for GP practices, holding a number of engagement events, developing intelligence packs for networks and establishing a programme management approach for the work.

- 2.7 A temporary Programme Manager is in place for the development of Kirklees-wide Primary Care Networks (secured on a temporary basis from Attain) and a comprehensive programme plan with a number of work streams was set up with links into the Integrated Provider Board. Regular briefings have also been provided to the Health and Wellbeing

Board. In Greater Huddersfield, monthly highlight reports are provided to the Primary Care Programme Board.

2.8 Key work streams/Task and Finish Groups within this programme include:

- Data and Intelligence
- Communications and Engagement
- Data Sharing and IG
- Finance /Commercial

To be developed / linked into existing work streams:

- Workforce/Additional Roles (including Organisational Development and Leadership)
- Digital First

There are separate links to a number of pilots. These primarily relate to data sharing and the establishment of sound Primary Care Network Governance arrangements which is being supported by the National Association of Primary Care in two PCNs (one in Greater Huddersfield and one in North Kirklees).

2.9 The five-year framework for GP contract reform to implement The NHS Long Term Plan (31 Jan 2019)

Key milestones for the establishment of Primary Care Networks and the introduction of a Network Contract Directed Enhanced Service have been set nationally and can be seen in Figure 1 below.

Figure 1 – Timetable for Network Contract DES introduction:

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract DES registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract DES goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> • year 1 of the additional workforce reimbursement scheme • ongoing support funding for the Clinical Director • ongoing £1.50/head from CCG allocations
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

2.10 Primary Care Network – Core Criteria

It is emphasised in national guidance that the success of a Primary Care Network will depend on the **strength of its relationships** and in particular the bonds of affiliation between its members and the wider health and social care community who care for the population.

NHS England is committed to **100% geographical coverage** of the Network Contract DES by Monday 1 July 2019 'go-live' date. Close working is needed by CCGs and Local Medical Committees to ensure this goal is met.

Primary Care Networks will:

- a) **Typically serve populations between 30,000 to 50,000** – when setting the Network Area, consideration must be given to the future footprint which would best support delivery of services to patients. Commissioners will usually only approve registration if the list size is indicated to be between 30,000 to 50,000 patients.
- b) **Consist of more than one GP practice**. It is expected that the practices will work with other practices and providers to achieve the optimal benefits of PCN working. Note – there is no requirement for the Network Agreement that is signed by 30 June 2019 to include other providers but this will need to be developed over 2019/20 to be ready for the beginning of 2020/21.
- c) **Cover a boundary (Network Area)** that makes sense to its:
 - Constituent members
 - Other community based providers who configure their teams accordingly
 - the local community, and would normally cover a geographically contiguous area
- d) **Have the network area agreed** through the registration process.
- e) Have a single practice or provider (who must hold a primary medical care contract) to receive payments on behalf of the PCN – the '**nominated payee**'
- f) Have in place an underlying **Network Agreement** signed by all PCN members using the mandatory national template.
- g) Ensure that an accountable **Clinical Director** is in place at all times during the term of the Network Contract DES. This will be a practicing clinician from within the PCN member practices – most likely a GP but not an absolute requirement.
- h) Have in place appropriate arrangements for **patient record sharing** before service delivery commences in July 2019.

2.11 Registration Requirements

In line with the national timetable, all Primary Care Networks were required to submit the registration information set out below to the CCG by 5pm on 15 May 2019.

- a) The names and ODS codes of the member practices
- b) The network list size as at 1 January 2019
- c) A map clearly marking the agreed Network Area
- d) The initial Network Agreement signed by all member practices
- e) The single practice or provider that will receive funding on behalf of the PCN and
- f) The named accountable Clinical Director and the process the PCN had followed to appoint them

In Greater Huddersfield, this was co-ordinated through the Primary Care Team and Primary Care Networks were instructed to submit the required documentation through the CCG Primary Care Team generic mailboxes.

2.12 Commissioner Requirements

In taking the role of the Commissioner, it has been agreed and confirmed by NHS England that Primary Care Commissioning Committee is the appropriate route to manage the process of Primary Care Network registration (part of negotiated changes to primary care contracts and therefore delegated responsibilities under Co-Commissioning). Therefore, Committee members need to note the following responsibilities:

No.	Commissioner / CCG Requirements and PCN Approval Process
1.	Commissioners must confirm to PCNs how completed registration forms must be submitted.
2.	<p>During the period 16 May 2019 to 31 May 2019, commissioners will seek to confirm and approve all Network Areas in a single process that ensures that all patients in every GP practice are covered by a PCN and that there is 100 per cent geographical coverage.</p> <p>The CCG intend to take the relevant documentation for approval, set against the national guidelines, through the relevant governance between 16th May 2019 and the 31st May 2019.</p>
3.	<p>By 31 May 2019, Commissioners should have reached agreement with practices on any issues relating to the proposals in registration forms, such as PCN list size and the Network Area.</p> <p>Commissioners should also have agreed the workforce baseline with the PCN. The CCG are continuing to work with NHS England on this elements and will share with networks at the earliest opportunity</p>
4.	By 31 May 2019, it is expected that commissioners will confirm that registration requirements have been met, including discussing and agreeing the Network Areas across the CCG. Where this is not possible due to ongoing discussions about the information set out in the registration form, commissioners will aim to confirm to PCNs that registration requirements have been met as soon as possible after this date, but prior to 30 June 2019.
5.	Commissioners will work closely with Local Medical Committees (LMCs) during the registration period to resolve any issues in order to secure 100 per cent geographical coverage of PCNs. This will include ensuring any patients with a GP practice not participating in the Network Contract DES are covered by a PCN (for example through commissioning a local incentive scheme).
6.	Where 100 per cent coverage is not achieved, commissioners and LMCs should, after all local options have been explored, seek discussion and agreement to Network Areas with NHS England Regional Teams and GPC England.

2.13 Appointment of Clinical Directors

A fundamental role within the Primary Care Networks will be the named accountable Clinical Director.

It is the responsibility of the Primary Care Network to agree who their Clinical Director will be. The selection process will be for the Primary Care Network to determine but may include:

- Election – nomination and voting
- Mutual agreement between the members;
- Selection – via application and interview; or
- Rotation within a fixed term

As part of the authorisation of the network registration, Primary Care Networks in Kirklees have been asked to identify the selection process they have opted for.

Nominated Clinical Directors have been submitted as follows:

Primary Care Network	Nominated Clinical Director	Method of Selection
The Valleys Health and Social Care Network	Dr Dilshad Ashraf*	Election - nomination and voting
The Mast Primary Care Network	Dr Louise James	Mutual agreement between the members
Viaducts Care Network	Dr Hannah Ruth Hayward	Election - nomination and voting
Greenwood Network	Dr Jane Ford*	Mutual agreement between the members
Tolson Care Partnership	Dr Sarah Milligan	Election - nomination and voting

* it should be noted that these are existing CCG Governing Body members and that the two roles are unlikely to be compatible in the longer term but in the shorter term, this can be managed

2.14 Submissions for Greater Huddersfield CCG Primary Care Networks

Registration information has been received within the specified deadline to establish five Primary Care Networks in the Greater Huddersfield CCG area.

A summary of the information received can be found at:

- Appendix 1 - The Valleys Health and Social Care Network
- Appendix 2 - The Mast Primary Care Network
- Appendix 3 - Viaducts Care Network
- Appendix 4 - Greenwood Network
- Appendix 5 - Tolson Care Partnership

Following receipt of the registration information and **in addition to the checks on the core criteria** listed in 2.11 above, a number of validation checks have been undertaken. This includes checks to determine that:

- a) All documentation was submitted and correctly completed
- b) All member practices named and have signed the Network Agreement
- c) List Sizes correct as at 1 January 2019
- d) Nominated payees hold a primary medical services contract
- e) Nominated payees hold a verified bank account on existing CCG/NHAIS payment systems
- f) A Clinical Director is in place

- g) Clinical Director has been appointed via one of the four recommended selection processes
- h) Clinical Director is a practicing clinician from within the Primary Care Network
- i) Where a GP Federation is able to become nominated payee (holds a primary medical services contract), that the organisation is included as signatory to the Primary Care Network
- j) If exceptions exist (list size, PCN area, special practices) that would require departure from core criteria, these are noted.

These checks have required excellent teamwork, a very quick turnaround and support from the Finance, Contracting and Primary Care teams. The responsiveness of the PCNs to address outstanding queries has also been commendable.

2.15 Primary Care Network Areas

Each Primary Care Network was required to submit a map outlining the Network area. In order to be consistent with scale and methodology, the CCG has worked closely with colleagues in the Local Authority Intelligence & Performance Service to produce a suite of maps. Given the timescales and the complexity of the task, the support from this service has been greatly appreciated.

PCN Network Area Maps have been created using:

- Existing GP contractual boundaries (inner) – downloaded from Primary Care Web tool (prior to 31 March 2019) and cross checked with the CCG contracting team
- Contractual boundaries were overlaid to form a PCN area and boundary
- Collation of PCN boundaries at CCG level and comparison to CCG boundary
- Collation of PCN area coverage across Kirklees

Each PCN map was shared with the PCN lead for checking and approval and subsequent inclusion in the network registration documents by 15 May 2019.

It should be emphasised that no patient registrations with GP practices are affected in the creation of Primary Care Network areas and there will usually be a number of patients who are registered with a GP practice and live outside of the existing practice boundary. Similarly, practice boundaries may cross CCG boundaries, will overlap with each other and patients living within one area, may be registered with a GP practice in a neighbouring CCG. This scenario is more complex in areas with higher population density. In the establishment of the Primary Care Network area, these arrangements will remain as they are.

Primary Care Commissioning Committee is specifically required to approve all Primary Care Network registration applications at one time to ensure that:

- a) Every constituent practice of a CCG is covered and
- b) 100% of its geographical area are included within Primary Care Networks

Appendix 6 shows two maps. This sets out the proposed Primary Care Network boundaries in Greater Huddersfield but also shows the coverage of the whole CCG area. For the avoidance of doubt, nothing has been changed in the creation of these maps. Practices will only join one Network.

2.16 Exceptional Issue (1) – 100% Geographical Coverage in Greater Huddersfield

The Committee should note that within Appendix 6, it has been highlighted that small pockets of peripheral areas in the CCG are not currently covered by existing GP

contractual boundaries and this will require further exploration. It is highly likely that these are

- a) areas which are rural and have very few residential properties in them or
- b) areas which have created natural boundaries (i.e. M62 motorway junction/industrial units)
- c) the people who live there are registered with a GP practice outside of an existing contractual boundary or
- d) the people who live there are registered with a GP practice in a neighbouring CCG area

In the scenarios b) and c) – patients would access PCN services through their existing registered practice.

For the purposes of this exercise, it should not prevent authorisation or registration of the five proposed Primary Care Networks in the Greater Huddersfield area. However, further work will be undertaken to ascertain that if patients are living in those areas, they are able to access primary medical services and a view taken on whether further discussion needs to take place with a limited number of GP practices or neighbouring CCGs about existing practice boundaries. This will be completed by 30 June 2019.

2.17 Exceptional Issue (2) – Greenhead Family Doctors (B85060)

In the original configuration of Primary Care Networks in Greater Huddersfield, Greenhead Family Doctors were aligned to the Tolson Care Partnership. Multiple requests were received from the Practice to request a move to the neighbouring Greenwood Network. The motivation for this has been based on feedback from the Patient Reference Group and cited as the opportunity to explore a better fit for the demographics of the practice which consists of approximately 30% elderly patients and care home residents.

Recognising that the NHS England guidance uses narrative about Primary Care Networks emerging from a 'practice-led process' and that the individual GP practice had the support of the LMC to explore a change of network, a local process was proposed in March 2019 between the practice, the PCNs and the LMC with the knowledge of the CCG and the GP Federation, My Health Huddersfield.

Both Networks were asked to consider the proposal for the practice to change PCNs based on the core criteria set out in 2.11 above and with a request to ensure that applications received by 15 May 2019 achieved 100% coverage (no practice to be excluded). A number of discussions took place and recognising that the Greenwood Network already has the largest number of practices (10) and a list size of 57,514 a very recent decision has been taken for Greenhead Family Doctors to remain with Tolson Care Partnership. However, due to the timing of the decision and the deadline for the submission of Network agreements, Greenhead Family Doctors is not currently included on the paperwork for a Primary Care Network.

It has been ascertained that the partners in the Greenhead Family Doctors actively want to participate in a Primary Care Network and are keen to deliver the Network Contract Directed Enhanced Service from 1 July 2019 and therefore discussion and mediation has already commenced with the support of the CCG and the LMC to ensure that this situation is remedied before the 31 May 2019.

Advice from NHS England has suggested that this need not prevent the registration of the five Primary Care Networks in Greater Huddersfield and therefore the recommendation is to approve the existing applications, subject to mediation with the support of the Local

Medical Committee and inclusion of Greenhead Family Doctors on a Primary Care Network Agreement by 31 May 2019.

Should this not be possible, delegated authority will be sought from Primary Care Commissioning Committee and the national timescale adhered to which allows for “NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues” in June 2019. The guidance also acknowledges that in some CCGs, marginal adjustment of PCN membership and boundaries may prove necessary.

2.18 Exceptional issue (3) – Special Allocation Scheme (SAS)

Special Allocation Schemes were created to ensure that patients who have been removed from a practice patient list due to violence can continue to access healthcare services at an alternative, specific GP practice. NHS England has a responsibility to ensure that all patients can access good quality GP services and that patients are not refused healthcare following incidents that are reported to the police.

Patients are registered on the scheme by the submission of a Violence Reporting Form to NHS England, or CCG with Delegated Authority by a GP practice. Patients are sent a letter informing them that they have been registered on the scheme.

Often these schemes have separate practice (ODS) codes and patients are registered to these as they would be a mainstream GP practice.

In Kirklees, these services are commissioned by the CCG from Local Care Direct as part of the Urgent Care Contract. In January 2019, approximately 40 patients registered across the whole of the area. These patients can reside anywhere in the CCG boundaries but access services through premises at Thornton Lodge surgery in Greater Huddersfield and Batley Health Centre in North Kirklees.

The patients on these schemes have restricted access to primary medical services and are seen with additional security arrangements in place. Therefore discussion will need to take place to determine what the correct level of engagement is with the Primary Care Network agenda and what services (if any) the patients will be able to access.

As with the other exceptional issues, it is recommended that further discussion relating to a small number of patients does not prevent registration of the proposed Primary Care Networks.

2.19 Exceptional issue (4) – Network Population

The NHS England Guidance recommends that Primary Care Networks will typically serve populations between 30,000 to 50,000 registered patients. Commissioners will usually only approve registration if the list size is indicated to be between 30,000 to 50,000 registered patients.

Subsequent descriptions of this have noted a ‘hard floor’ and that Primary Care Networks will need a critical mass to do their job. Therefore none of the nine Kirklees proposed Primary Care Networks are below the 30,000.

However, six of the nine Kirklees networks are above 50,000 registered patients and four of these are in Greater Huddersfield – Valleys (54,105), Viaduct (52,364), Greenwood (57,914), Tolson (50,503).

Because the networks are fundamentally meeting all the other requirements of a Primary Care Network and have begun to build relationships with wider partners and each other, are under 60,000 patients and key stakeholders within the Local Authority and Locala have begun to reconfigure services on the basis of the proposed PCNs, it is recommended that the Greater Huddersfield Primary Care Networks are registered recognising a slightly higher registered population.

2.20 Engagement of partners and in discussions

Key stakeholders have been included in the configuration of Kirklees Primary Care Networks from the outset. These include:

- The Local Medical Committee
- GP Federations (Curo and My Health Huddersfield)
- Member practices
- Healthwatch
- The Local Authority – including Adult Social Care and Community Plus (Social Prescribing)
- Locala CIC as the provider of community nursing services
- The two acute providers – Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield NHS Foundation Trust
- Integrated Provider Board – including both acute trusts, mental health providers, Kirklees Hospice and third sector representation
- Kirklees Health and Wellbeing Board

All stakeholders are aware of the proposed configuration of Primary Care Networks and are supportive of the establishment of nine Primary Care Networks in Kirklees. A number of successful and well attended engagement events have been organised since the autumn of 2018 and all partners have been given an opportunity to comment and engage.

National Association of Primary Care has supported two engagement events though none of the Greater Huddersfield Primary Care Networks are formally entering into the process to become a 'Primary Care Home' (NAPC brand of PCN).

The West Yorkshire and Harrogate Integrated Care System required preliminary plans from each 'Place' in September 2018 and the configuration which was proposed at that stage for Kirklees, is the same as the one which is currently being registered.

Locala and the Local Authority have been proactively considering the impact on the provision and configuration of their own services since the Kirklees Health and Wellbeing plan set out populations of 30,000-50,000 patients as a key enabler for integrating and delivering community based services. Senior leadership support and direction from these organisations has been an enabler for discussions and relationship development with the emerging Primary Care Networks and will be fundamental in developing their maturity.

Each CCG will continue to link with representatives from the ICS Primary and Community Care Board to update on progress or exceptional issues within the area or address any potential Network Contract DES compliance issues.

3. Next Steps

3.1 A programme plan with key milestones and deliverables is in place to support the implementation of the five year framework for GP contract reform and the goals set out in the NHS Long Term Plan. This will form the basis of the next steps. However, there are a number of milestones and issues which should be noted here in relation to the registration of Primary Care Networks.

3.2 National Guidance

Additional national guidance is still awaited in a number of key areas for example, template data sharing agreement, workforce baselining activity (relevant to the additional roles scheme) and supplementary guidance to support the role of Social Prescribing Link workers. As before, none of this prevents the registration of the Primary Care Networks at this point but may influence the ability to support the readiness of the networks before the 1 July 2019 'go-live' date.

3.3 Network Readiness

As Primary Care Networks are not legal entities or organisations at the present time, there will be a significant programme of development and support needed for both the Clinical Directors and the Networks themselves. Whilst some of this development is promised nationally and regionally, the key to the success will be the timeliness of the support to enable the networks to function from July. Crucially this centres on

- Network governance
- Data sharing
- Leadership Development
- Legal support (particularly relating to employment and HR issues)
- Financial advice (shared accounts and shared liabilities)
- Organisational Development

Key changes from 1 July 2019 impact on:

- The employment of shared Social Prescribing Link workers and Clinical Pharmacists
- Shared network delivery models for the Extended Hours DES (in place of individual practice provision and separate to the Extended Access Service)
- Preparation for the seven national service specifications from 2020/21

3.4 Internal Audit & Governance

A recommendation has been made to include the establishment of Primary Care Networks within the internal audit programme for 2019/20 and beyond to ensure compliance and that sound arrangements are put in place from a CCG perspective.

The CCG will also need to consider its governance arrangements to ensure effective links with the networks and the involvement of the newly appointed Clinical Directors.

4. Implications

4.1 Quality & Safety Implications

4.1.1 Not applicable at this stage

4.2 Engagement & Equality Implications

4.2.1 GP member practices within the Primary Care Network will have requirements relating to patient engagement under their primary medical services contracts. The Primary Care Networks will therefore be expected to reflect those requirements by engaging, liaising and

communicating with their collective registered population in the most appropriate way, informing and/or involving them in developing services and changes related to service delivery. This includes engaging with a range of communities, including 'seldom heard' groups.

- 4.2.2 Our approach to public voice in the development of Primary Care Networks is still evolving but will encompass existing/ongoing work as well as new initiatives, and take into account learning from the experience gained from engagement activities in other areas. This will include information on CCG websites and conveyed through our public engagement events, other public-facing meetings, briefings and news channels.
- 4.2.3 Both CCGs have engaged extensively with the public/patients around primary care services and community services. It is essential to ensure that the views and concerns of patients and service users are gathered are taken into account by Primary Care Networks as they develop.
- 4.2.4 Existing Patient Reference Groups (which all GP practices should have) will have a significant role to play in supporting Primary Care Network development.
- 4.2.5 Wider partners including; Locality based 'Community Hubs', Local Authority Community Plus team and Social Care are aligning (or working to align themselves) with Primary Care Networks. Community and voluntary organisations will all have a role to play in providing or harnessing the public voice.
- 4.2.6 A very good relationship with Kirklees Healthwatch and the CCG will continue to explore how they can support this initiative.
- 4.2.7 The programme work stream (Communications and Engagement) will continue to work with wider partners and the Primary Care Networks to develop an appropriate model of engagement, but also explore how to involve patients and the general population in decision making activities.

4.3 Resources / Finance Implications

- 4.3.1 Funding for the changes to support the reform of GP contracts has been agreed nationally and a trajectory set out for the next five years.
- 4.3.2 Payments to support the Primary Care Networks will form part of the Statement of Financial Entitlements and payments made in line with national specifications and directions.

Specifically linked to the registration of the PCNS will be:

- a) Core PCN Funding – set nationally at £1.50 per registered patient per year
- b) Clinical Director Contribution – set nationally at £0.514 per registered patient

As these are nationally negotiated payments, the Committee has no influence to change these but should note that the CCG is expected to cover the payments within the uplifts to CCG Primary Care allocations. These figures are regularly reported into Primary Care Commissioning Committee meetings.

4.4 Data Protection Impact Assessment

- 4.4.1 Further work on data sharing and the impact of working within a Primary Care Network is being undertaken by the separate Programme work stream but the key requirement to have in place appropriate data sharing and data processing arrangements between members of the Primary Care Network should be noted.

4.5 Risk

- 4.5.1 Existing Extended Hours DES requirements shift to the Primary Care Networks from 1 July 2019. This will carry with it some element of risk as not all practices within the CCG are

currently signed up to provide this service (though all patients can access services through the Local Care Direct/My Health Huddersfield arrangements).

4.5.2 In addition, restrictions exist which state that practices cannot be regularly closed for a half day period and meet the requirements of the Extended Hours DES. Further work will be required locally to have discussions with any practices that may not be in a position to fully meet the requirements of the new Network Contract DES so that their opening hours can be adjusted before the 1 July 2019 to become fully compliant.

4.5.3 If any Primary Care Networks feel that they cannot easily meet the specific access requirements, further conversations and processes may need to be put in place to support subcontracting arrangements within the network geography to enable all patients to access appointments. Commissioner (CCG) approval would need to be sought directly from the Primary Care Networks and authorisation given before this could happen.

4.6 Legal / CCG Constitutional Implications

4.6.1 None identified at this stage

4.7 Conflicts of Interest

4.7.1 All GP practices will have a direct financial interest in the establishment of Primary Care Networks

4.7.2 Work will be required to explore the likely incompatibility of Clinical Director and Governing Body roles in the longer term, though this can be managed in the shorter term.

5. **Recommendations**

It is recommended that Primary Care Commissioning Committee:

1. Notes the national requirements to approve of Primary Care Network (PCN) Registration Requirements.
2. Notes the local process followed to meet the national requirements
3. Approves the registration and Network areas of:
 - Appendix 1 - The Valleys Health and Social Care Network
 - Appendix 2 - The Mast Primary Care Network
 - Appendix 3 - Viaducts Care Network
 - Appendix 4 - Greenwood Network
 - Appendix 5 - Tolson Care Partnership
4. Notes the geographical Network Coverage in Appendix 6 – Greater Huddersfield CCG Primary Care Network coverage
5. Notes the appointment of Clinical Directors for the Primary Care Networks in Greater Huddersfield CCG and the selection processes undertaken to select them
6. Notes the exceptional issues relating to
 - e) 100% Geographical coverage of CCG area
 - f) Greenhead Family Doctors
 - g) Special Allocation Scheme
 - h) Primary Care Network Size

7. **Appendices**

Appendix 1 - The Valleys Health and Social Care Network

Appendix 2 - The Mast Primary Care Network

Appendix 3 - Viaducts Care Network

Appendix 4 - Greenwood Network

Appendix 5 - Tolson Care Partnership

Appendix 6 - Greater Huddersfield CCG Primary Care Network coverage

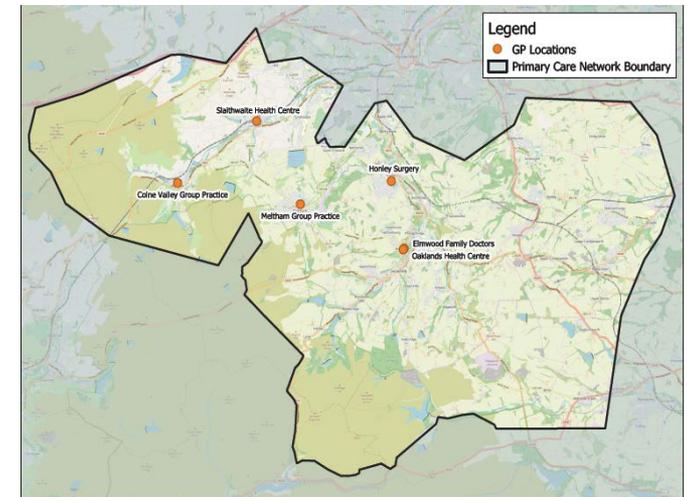
Greater Huddersfield CCG Primary Care Networks

Appendix 1

The Valleys Health and Social Care Network

Network	Registration Form Received on Time	Network Agreement Schedule 1 Received and Verified	Mandatory Network Agreement Received and Verified	Mandatory Network Agreement Signed by all Practices	All Network Member Practices Named	PCN List Sizes and ODS codes completed	PCN List Sizes and ODS codes match records	Network List size correct (sum of list sizes) at 1 Jan 2019	Clinical Director Agreed	Practicing Clinician within PCN	Method of CD Selection	PCN funding Recipient type	Funding Recipient holds a Primary Care Contract	Bank account detail verified as accurate with Finance
The Valleys Health and Social Care Network	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Election - nomination and voting;	Single Practice within PCN	Yes	Yes

Network Summary	Clinical Director	CCG Primary Care Lead	Practice Code	Practices	List Size (Raw at Jan 2019)	List Size
The Valleys Health and Social Care Network	Dr Dil Ashraf	Sarah Rothery	B85610	Oaklands Health Centre	9,782	54,105
			B85022	Honley Surgery	7,665	
			B85006	Elmwood Family Doctors	14,610	
			B85059	Slaithwaite Health Centre	5,471	
			B85032	Meltham Group Practice	6,355	
			B85054	Colne Valley Group Practice	10,222	



Actions	YES	NO
Does this network registration meet all minimum requirements	X	
Is it recommended that PCCC verify this networks registration	X	
Are there outstanding issues Relating to this Network		X
Are the LMC aware of the outstanding issue	NA	
Are there any further Comments:		

Actions	YES	NO
Is the Population criteria 30,000 -50,000		X
Does the Network area cover a boundary that makes sense to it:		
• Constituent Practices	X	
• Partners	X	
• Local Community	X	

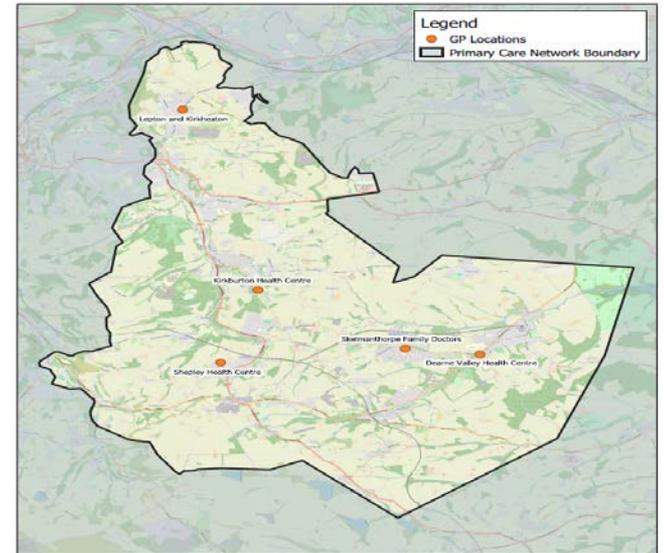
The network is deemed to be of a viable, sustainable and manageable size. Please refer to 'Exceptional Issue (4) - Network population size criteria'

Appendix 2

The Mast Primary Care Network

Network	Registration Form Received on Time	Network Agreement Schedule 1 Received and Verified	Mandatory Network Agreement Received and Verified	Mandatory Network Agreement Signed by all Practices	All Network Member Practices Named	PCN List Sizes and ODS codes completed	PCN List Sizes and ODS codes match records	Network List size correct (sum of list sizes) at 1 Jan 2019	Clinical Director Agreed	Practicing Clinician within PCN	Method of CD Selection	PCN funding Recipient type	Funding Recipient holds a Primary Care Contract	Bank account detail verified as accurate with Finance
The Mast Primary Care Network	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Mutual agreement between the members;	Single Practice within PCN	Yes	Yes

Network Summary	Clinical Director	CCG Primary Care Lead	Practice Code	Practices	List Size (Raw at Jan 2019)	List Size
The Mast Primary Care Network	Dr Louise James	Diane Lane	B85002	Dearne Valley Health Centre	3,939	35,120
			B85061	Skelmanthorpe Family Doctors	9,434	
			B85031	Lepton and Kirkheaton	7,101	
			B85026	Kirkburton Health Centre	8,107	
			B85005	Shepley Health Centre	6,539	



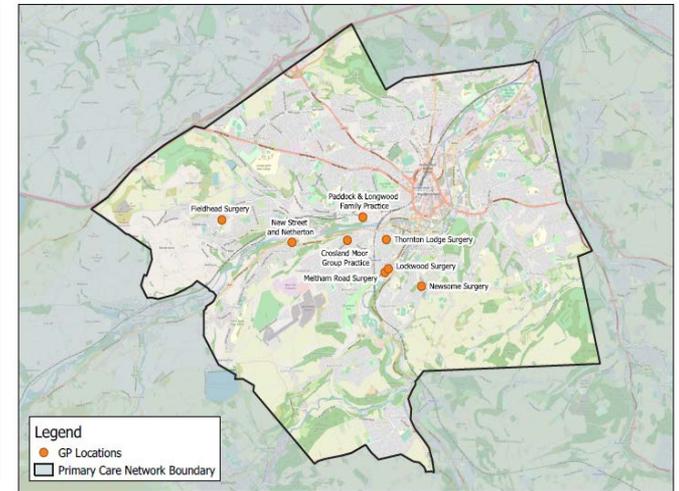
Actions	YES	NO
Does this network registration meet all minimum requirements	X	
Is it recommended that PCCC verify this networks registration	X	
Are there outstanding issues Relating to this Network		X
Are the LMC aware of the outstanding issue	NA	
Are there any further Comments:		

Actions	YES	NO
Is the Population criteria 30,000 -50,000	X	
Does the Network area cover a boundary that makes sense to it:		
• Constituent Practices	X	
• Partners	X	
• Local Community	X	

Viaduct Care Network

Network	Registration Form Received on Time	Network Agreement Schedule 1 Received and Verified	Mandatory Network Agreement Received and Verified	Mandatory Network Agreement Signed by all Practices	All Network Member Practices Named	PCN List Sizes and ODS codes completed	PCN List Sizes and ODS codes match records	Network List size correct (sum of list sizes) at 1 Jan 2019	Clinical Director Agreed	Practicing Clinician within PCN	Method of CD Selection	PCN funding Recipient type	Funding Recipient holds a Primary Care Contract	Bank account detail verified as accurate with Finance
The Viaduct Care Network	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Election - nomination and voting;	Single Practice within PCN	Yes	Yes

Network Summary	Clinical Director	CCG Primary Care Lead	Practice Code	Practices	List Size (Raw at Jan 2019)	List Size
The Viaduct Care Network	Dr Hannah Ruth Hayward	Jan Giles	B85036	New Street and Netherton	7,420	52,364
			B85016	Meltham Road Surgery	9,966	
			B85044	Thornton Lodge Surgery	2,517	
			B85051	Fieldhead Surgery	8,775	
			Y04266	Crosland Moor Group Practice	4,038	
			B85037	Newsome Surgery	6,215	
			B85042	Paddock & Longwood Family Practice	8,703	
			B85641	Lockwood Surgery	4,730	



Actions	YES	NO
Does this network registration meet all minimum requirements	X	
Is it recommended that PCCC verify this networks registration	X	
Are there outstanding issues Relating to this Network		X
Are the LMC aware of the outstanding issue	NA	
Are there any further Comments:		

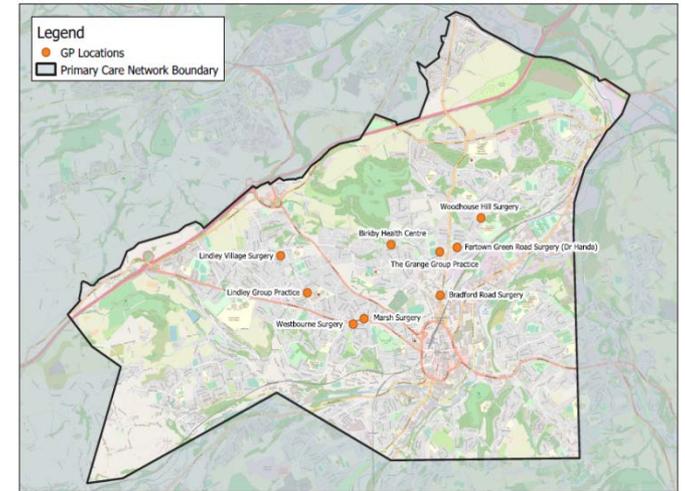
Actions	YES	NO
Is the Population criteria 30,000 -50,000		X
Does the Network area cover a boundary that makes sense to it:		
• Constituent Practices	X	
• Partners	X	
• Local Community	X	

The network is deemed to be of a viable, sustainable and manageable size. Please refer to 'Exceptional Issue (4) - Network population size criteria'

Greenwood Network

Network	Registration Form Received on Time	Network Agreement Schedule 1 Received and Verified	Mandatory Network Agreement Received and Verified	Mandatory Network Agreement Signed by all Practices	All Network Member Practices Named	PCN List Sizes and ODS codes completed	PCN List Sizes and ODS codes match records	Network List size correct (sum of list sizes) at 1 Jan 2019	Clinical Director Agreed	Practicing Clinician within PCN	Method of CD Selection	PCN funding Recipient type	Funding Recipient holds a Primary Care Contract	Bank account detail verified as accurate with Finance
Greenwood Network	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Mutual agreement between the members;	Single Practice within PCN	Yes	Yes

Network Summary	Clinical Director	CCG Primary Care Lead	Practice Code	Practices	List Size (Raw at Jan 2019)	List Size
Greenwood Network	Dr Jane Ford	Jen Love	B85028	The Grange Group Practice	15,905	57,914
			B85048	Woodhouse Hill Surgery	3,618	
			B85611	Fartown Green Road Surgery (Dr Handa)	3,741	
			B85614	Bradford Road Surgery	5,168	
			B85623	Marsh Surgery	3,000	
			B85636	Westbourne Surgery	3,695	
			B85033	Lindley Village Surgery	4,892	
			B85027	Lindley Group Practice	10,891	
			B85634	Birkby Health Centre	3,553	
				Nook Surgery & Clifton Group	3,451	



Actions	YES	NO
Does this network registration meet all minimum requirements	X	
Is it recommended that PCCC verify this networks registration	X	
Are there outstanding issues Relating to this Network		X
Are the LMC aware of the outstanding issue	NA	
Are there any further Comments:		

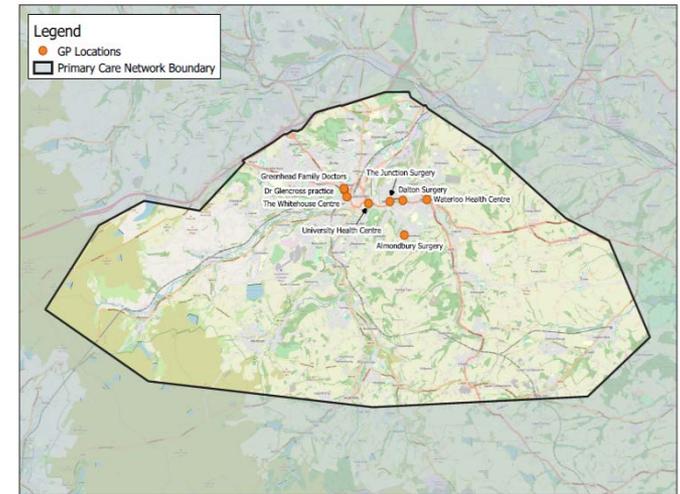
Actions	YES	NO
Is the Population criteria 30,000 -50,000		X
Does the Network area cover a boundary that makes sense to it:		
• Constituent Practices	X	
• Partners	X	
• Local Community	X	

The network is deemed to be of a viable, sustainable and manageable size. Please refer to 'Exceptional Issue (4) - Network population size criteria'

Tolson Care Partnership

Network	Registration Form Received on Time	Network Agreement Schedule 1 Received and Verified	Mandatory Network Agreement Received and Verified	Mandatory Network Agreement Signed by all Practices	All Network Member Practices Named	PCN List Sizes and ODS codes completed	PCN List Sizes and ODS codes match records	Network List size correct (sum of list sizes) at 1 Jan 2019	Clinical Director Agreed	Practicing Clinician within PCN	Method of CD Selection	PCN funding Recipient type	Funding Recipient holds a Primary Care Contract	Bank account detail verified as accurate with Finance
Tolson Care Partnership	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Election - nomination and voting;	Single Practice within PCN	Yes	Yes

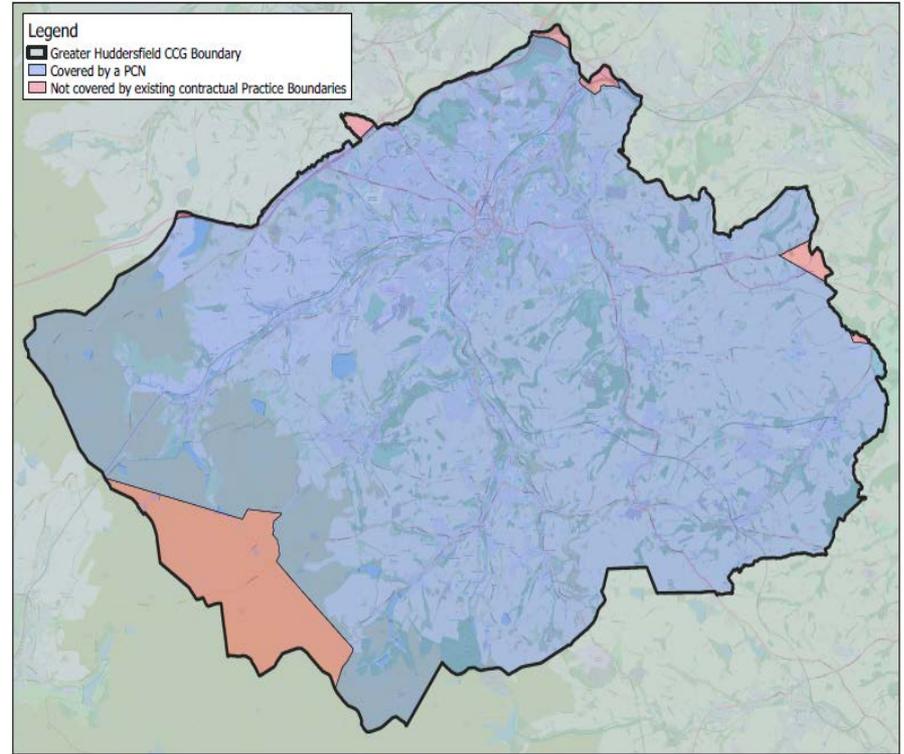
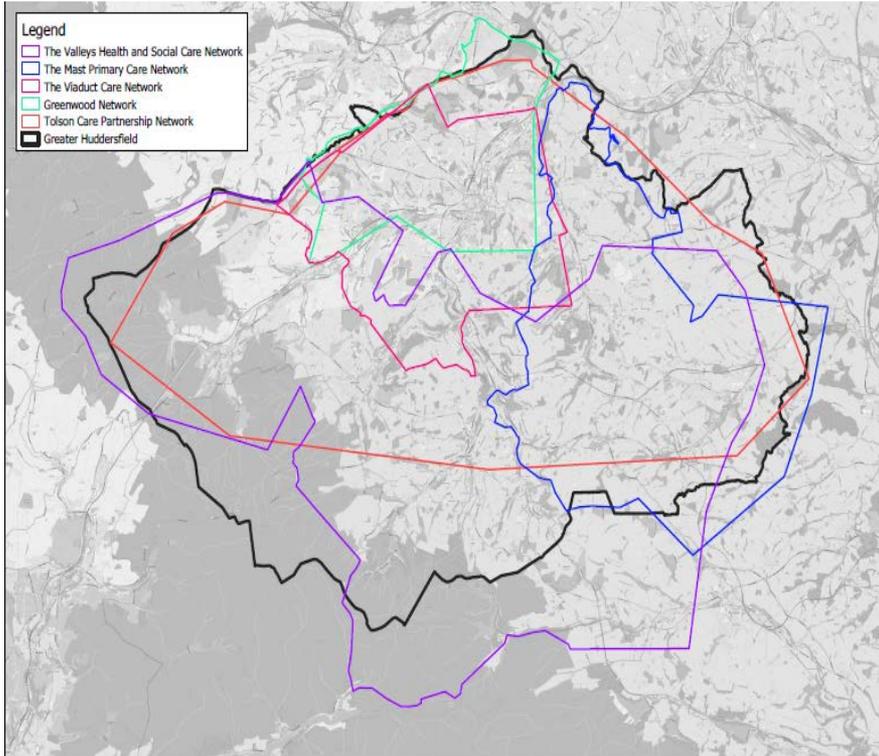
Network Summary	Clinical Director	CCG Primary Care Lead	Practice Code	Practices	List Size (Raw at Jan 2019)	List Size
Tolson Care Partnership	Dr Sarah Milligan	Sarah Rothery	B85659	The Whitehouse Centre	1,479	50,503
			B85060	Greenhead Family Doctors	2,642	
			B85058	Dr Glencross practice	2,540	
			B85062	University Health Centre	15,142	
			B85010	Dalton Surgery	6,949	
			B85024	Waterloo Health Centre	9,572	
			B85660	The Junction Surgery	5,677	
			B85023	Almondbury Surgery	6,502	



Actions	YES	NO
Does this network registration meet all minimum requirements	X	
Is it recommended that PCCC verify this networks registration	X	
Are there outstanding issues Relating to this Network	X	
Are the LMC aware of the outstanding issue	X	
Are there any further Comments:		
Please refer to 'Exceptional Issue (2) – Greenhead Family Doctors (B85060)'		

Actions	YES	NO
Is the Population criteria 30,000 -50,000		X
Does the Network area cover a boundary that makes sense to it:		
• Constituent Practices	X	
• Partners	X	
• Local Community	X	
The network is deemed to be of a viable, sustainable and manageable size. Please refer to 'Exceptional Issue (4) - Network population size criteria'		

Greater Huddersfield CCG Primary Care Networks



Actions	YES	NO	Comments
Primary Care Commissioning Committee is specifically required to approve all PCN registration applications at one time to ensure that:			
100% of its geographical area is included within Primary Care Networks		x	Please refer to ' Exceptional Issue (1) – 100% Geographical Coverage in Greater Huddersfield'
Every constituent practice of a CCG is covered		x	Please refer to ' Exceptional Issue (2) – Greenhead Family Doctors (B85060)'
100% of the registered population is included within a network		x	Please refer to ' Exceptional Issue (3) - Special Allocation
The registered population of each network 30,000 -50,000		x	Please refer to ' Exceptional Issue (4) - Network population size criteria'
Any further comments required			