



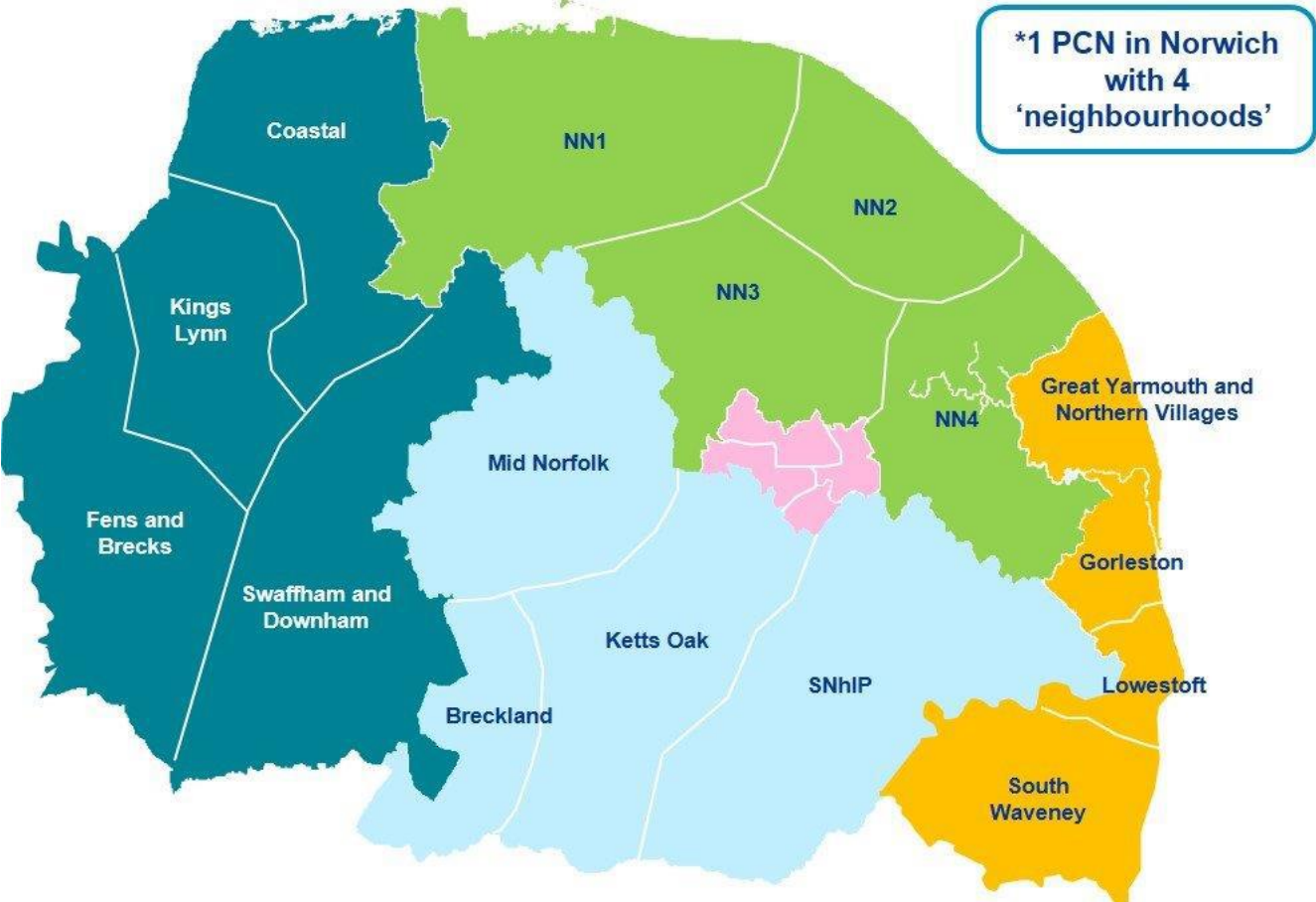
Norfolk and Waveney
Clinical Commissioning Group

PCN Development and Additional Roles Scheme

Norfolk and Waveney ICS Partnership Board



PCNs – across Norfolk & Waveney



Primary Care Networks Development



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- PCNs established 2019 under Network Directed Enhanced Service
- Additional Roles – expansion of mixed model of care to support GP practices and development of services
- PCN resources and development repurposed towards Covid response in 2020/2021
- PCN maturity assessed in 2019 and refreshed in June 2021. Good progress in developing maturity by all PCNs with proactive steps towards next level by end of year
- Development plans for 2021/2022 to be finalised by 31 August 2021
- ARRS recruitment planning for 2021/2022, and recruitment plans for 2022/2023 by end Sept

Network Contract DES 2021/22 Summary



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Impact and Investment Fund (IIF)

Immunisations:

Flu: **>86%** over 65s had flu vaccination (penalty if <80%)
>90% 18-64 in at-risk group flu vaccination (penalty if <57%)
>82% children aged 2-3 flu vaccination (penalty if <45%)

Learning disabilities:

>75% over 14-YO LD received annual LD health check (penalty if <49%)
QI activity and 2 peer review meetings for learning disabilities

New IIF 2021/22:

Mapping appointment slot types **by 30 June 2021**
1.2% of patients referred to social prescribing (penalty if <0.8%)
Potential for more indicators for second half of year
Provide written confirmation that money will be used for workforce, additional services, support patient care

Participation:

Review Network Agreement & Data Sharing Agreement
Network Agreement Schedule 7 to detail working arrangements with community services, MH providers, community pharmacy
Using SNOMED codes for recording PCN activity
Required to engage, liaise and communicate with patients
Must provide a social prescribing service
Required to work together with local community services, MH providers, community pharmacy, dental services

PCN Service Specifications

Early cancer diagnosis:

Review practice referrals, explore patterns, use Rapid Diagnostic Centre, ensure consistent monitoring, implement actions to reduce variation
Improve uptake of national cancer screening, incl opportunities to increase cervical screening as a PCN
Establish a clinical community of practice, conduct peer learning, quality improvement across PCN

Enhanced health in care homes:

Agreed aligned care homes to PCN
Agreement with community services about how care home services operate
Have lead GP (or agreed non-GP) for each care home
Coordinate an MDT, including development of personalised care & support plans
Arrangements for information sharing with care homes
A weekly 'home round' with consistent medical input (may be digital)
Care plans for new patients or readmissions within 7 days, developed with carers

Structured medication reviews:

Use tools to identify pts who would benefit from SMR incl care homes, polypharmacy, common med errors, severe frailty, addictive meds
Deliver SMRs, volume determined by Clinical Pharmacist capacity

Other PCN Requirements

Extended hours:

Network Agreement to Extended Hours with criteria
Separate to any Extended Access (IA) services in 21/22
Repurposed to support Pandemic/Vaccination programme – if not participating, to refocus to other patient care

ARRS:

Must maintain ARRS baseline established 2019 but can substitute CP/FCP/PA/paramedics
Requirements for MH Practitioners/CYP MHP with NSFT
Paramedic role – EEAST rotation offer
Limit of one Advanced Practitioner per PCN
ARRS roles must have access to patient records, admin, development, supervision
ARRS roles for minimum 6 months
CCG must support PCN recruitment/brokering roles
Return national workforce planning template (**by 31 Aug**)
Unclaimed ARRS funding end Aug, opportunity for PCNs to bid for additional monies
Subcontracting permitted

Additional Roles Reimbursement Scheme



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ARRS roles ¹	WTE as at 31 Mar	WTE as at 30 Jun
Care co-ordinator	16.1	26.7
Clinical pharmacist	36.6	40.3
First contact Physio	26.6	28.3
Health & wellbeing coach	5.5	6.8
Occupational therapist	1.0	1.0
pharmacy technician	21.8	24.6
Physician associate	6.8	9.8
Social prescribing link worker	31.7	39.4
Nursing associate	3.0	3.0
Trainee Nursing Associate		
Dietitian	1.0	1.0
Paramedic		3.1
Mental Health Practitioner		3.0
Advanced Practitioner		
Podiatrist		
Grand Total	150.2	187.1

Includes Salary, NI and pension (top up required to A4C rates)

Note: MHP role joint 50/50 with NSFT and Paramedic offer from EEAST for rotational model

Common concerns

- Embedding PCN roles across practices
- Developmental posts with support required
- Annual addition of roles – hard to plan
- Help required to make new roles successful
- Recruitment in some areas is proving challenging
- Estates planning for additional workforce

Potential solutions

- Help to create cross-organisation posts
 - > community ↔ general practice
 - > hospital ↔ general practice
- Training hubs/ICS to facilitate workforce planning
- Infrastructure for ARRS mentors
- Support for embedding new roles
- Overcoming cultural differences between organisations
- Creating space for new teams to co-locate

Primary Care workforce plans 2021/2022



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NHS Norfolk & Waveney CCG	Establishment	Baseline	Plan	Plan	Plan	Plan	Establishment
	2020/2021	Staff in post outturn	As at the end of June 2021	As at the end of September 2021	As at the end of December 2021	As at the end of March 2022	2021/2022
	Year End (31st March 2021)	Year End (31st March 2021)	Q1	Q2	Q3	Q4	Whole Year
Workforce (WTE)	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Total by staff group							
GPs excluding registrars	624	624	625	626	626	628	628
Nurses	443	443	451	453	460	472	472
Direct Patient Care roles (ARRS funded)	150	150	165	195	240	274	274
Direct Patient Care roles (not ARRS funded)	502	507	510	512	512	515	515
Other – admin and non-clinical	1540	1546	1546	1550	1550	1552	1552
Total Provider Workforce (WTE)	3259	3270	3297	3336	3388	3441	3441

PCN Funding 2021/2022



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Workstream	Funding (Norfolk and Waveney)
PCN Development funding	£565k
Additional Roles Reimbursement Scheme (draw done against forecast plans agreed 31/8/21)	£14,600k (£6,475k 2021/22 + £8,125 baseline)
Impact and Investment Fund	£991k
Care home premium (£120 per bed)	£1,325k
Support for Clinical Directors (to end Sept)	

	Average 50,000 PCN			
	20/21	21/22	22/23	23/24
Core PCN Funding	£75,000	£75,000		
Clinical Directors	£36,100 + Q4	£36,800 + Q1/Q2		
Additional Roles Scheme	£356,500	£615,720	£861,500	£1,184,000
Investment & Impact Fund (based on full achievement)	£33,500	£123,749		
Care Home Premium	£48,200	£96,480		
Extended hours	£72,100	£72,100		
	£621,800	£1,019,860		

PCNs – opportunities and challenges



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The problems PCNs were created to solve?

- No consistent voice for General Practice
- Small practices not as resilient
- Historical lower growth in funding compared to Trusts
- Rapidly growing workload (expectations)
- Variable quality of care
- Integration of primary and community services

The essential qualities of general practice that we need to preserve:

- Holds significant clinical risk on behalf of the system
- Lean (low overheads) and nimble
- Innovative and evolve each year with their contract, therefore used to change and finding workforce solutions

In two years, what have PCNs been successful in?

- Huge achievement of the vaccination programme
- Finding new clinical leaders
- Achieving change where it is within practice's control
- Improve support to, and resilience of, practices
- Good collaboration with community partners
- Creating mixed model of care, new roles: social prescribers and first contact physios to help GP workload

In two years, what have PCNs struggled with?

- Working with the wider system, impact of changing interface
- Workforce planning and recruitment in some areas, joint roles
- Harnessing disparate funding budgets
- PCNs embracing nursing
- Estates planning to support workforce expansion

PCN maturity June 2021



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PCN	Leadership, planning and partnerships				Use of data and population health management				Integrating care				Managing resources				Working with people and communities			
	Foundation	Step 1	Step 2	Step 3	Foundation	Step 1	Step 2	Step 3	Foundation	Step 1	Step 2	Step 3	Foundation	Step 1	Step 2	Step 3	Foundation	Step 1	Step 2	Step 3
BRECKLAND SURGERIES PCN			X			X					X				X				X	
FENS & BRECKS PCN		X				X				X				X				X		
GORLESTON PCN		X				X					X			X				X		
GREAT YARMOUTH & NORTHERN VILLAGES PCN		X				X					X			X				X		
KETTS OAK PCN		X				X				X				X				X		
KINGS LYNN PCN		X				X				X				X				X		
LOWESTOFT PCN		X				X				X				X				X		
MID NORFOLK PCN		X				X				X				X				X		
NORTH NORFOLK 1 PCN		X					X			X				X				X		
NORTH NORFOLK 2 PCN		X					X			X				X				X		
NORTH NORFOLK 3 PCN		X					X			X				X				X		
NORTH NORFOLK 4 PCN		X					X			X				X				X		
NORWICH PCN			X		X					X				X				X		
SOUTH NORFOLK HIP PCN			X			X				X				X				X		
SOUTH WAVENEY PCN		X				X					X			X				X		
SWAFFHAM & DOWNHAM MARKET PCN		X				X				X				X				X		
WEST NORFOLK COASTAL PCN		X				X				X				X			X			

Local highlights

- Pandemic response: integrated working with neighbourhood teams and community partners with shared priorities and tangible outcomes
- Successful use of roving model & bus to improve vaccine uptake in areas of need, e.g. deprived areas
- Successful delivery of jointly owned PCN development plans
- Reducing health inequalities, targeted action prioritising individuals, groups and communities who are most vulnerable, e.g. homeless, seafarers, traveller sites
- Social prescribing services in place across all PCNs

Next steps 2021/2022

- PCNs to finalise ARRS recruitment forecasts by 31 August
- Unclaimed funding bids process for PCNs
- Continuing expansion and development of ARRS workforce
- PCN Development plans to be agreed by 31 August increasing development and maturity in future years
- Develop support plans through Training Hub and workforce teams, eg mentorship, ambassador roles
- Develop and agree workforce and organisational development support at system level to enable better integration with community and mental health services and across PCN practices