

Primary care networks

One year on

July 2020 marks the one-year anniversary of primary care networks (PCNs) being established across England. To recognise this, the PCN Network has assessed their progress so far through engagement with networks across the country. This summary provides an overview of the findings, which are detailed in full in the report *Primary Care Networks: One Year On*.

Key points

- The picture nationally is one of variability. At the top end of the spectrum, there have been notable success stories of networks delivering tangible benefits for the health of their populations. However, these are likely to be in areas where there has been a history of established collaborative working. For others, simply getting a PCN up and running effectively has been an achievement.
- During their first year, progress has been made in several areas. Many PCNs have significantly expanded their use of technology, allowing more patients to be seen during the COVID-19 pandemic, and built strong new relationships with other partners across primary care and the wider system. Equally, those recruited through the Additional Roles Reimbursement Scheme have, in many networks, played a key role in helping to ease workload pressures and forge strong links with other stakeholders, such as in social care.
- There have, however, been some significant challenges. In some instances, local stakeholder relationships have been strained. Relations with some clinical commissioning groups, for example, have at times been difficult, often due to lack of communication or perceived micro-management. Workload has also been an issue – for many PCNs it has been heavier and more stressful than anticipated, with much of this work falling to the clinical director.
- Looking ahead to the next 12 months, there are several opportunities for PCNs to develop. But to take advantage of these opportunities, networks will require support from NHS England and NHS Improvement and the government. To enable that, we have focused a set of asks around three key areas.



Key asks

1. Influence and autonomy

- The NHS Long Term Plan commits to integrated care systems having partnership boards that include PCN representatives. This should be reinforced and ultimately ensured through forthcoming policy and, if necessary, legislation.
- Opportunities should be created for policymakers to hear directly from clinical directors about their experience in leading PCNs. A more discursive form of policy development at national level will likely both improve evidence-based decision making and ensure that clinical directors feel they are helping to drive change.

2. One size does not fit all

- Leniency should be applied when assessing PCNs against the first year of the DES service specifications. Though these are not to be implemented until October, fatigue is currently (and will continue to be) a problem for PCNs and their staff across the country. It is inevitable, therefore, that this will affect their ability to deliver against the specifications and CCGs must be encouraged to consider this as part of their assessment.
- Despite revisions in recent months, the ARRS remains restrictive for PCNs. To address the significant wide range of challenges that different networks will face locally, this should be relaxed as far as possible. PCNs should be able to use funding to recruit whichever roles they feel would be most appropriate to meet the needs of their local population.

3. Promoting integration in all areas

- The shift towards integrated care must be accompanied by streamlined processes for clinical directors, including in areas such as finance, contracting, regulation and reporting. NHSEI should work with the clinical director community to assess how such areas can be made as straight forward and time efficient as possible.
- Despite the success of some ICSs, there is in most areas of the country yet to be a system-wide approach to population health management across all providers. If this is to be seen in future, it must be supported by a clear strategic commissioning approach and underpinned with focused funding in the right places. This is something that a forthcoming legislative framework must ensure.

Through ongoing engagement with PCNs, specifically including clinical directors and network managers, the PCN Network looks forward to supporting both NHSEI and the government in delivering these asks. We intend to work collaboratively with both to ensure that the PCN voice is heard and that their role in systems is clear and widely understood over the coming years.

To read the full report, Primary Care Networks: One Year On, please visit:
www.nhsconfed.org/resources/2020/07/pcns-one-year-on