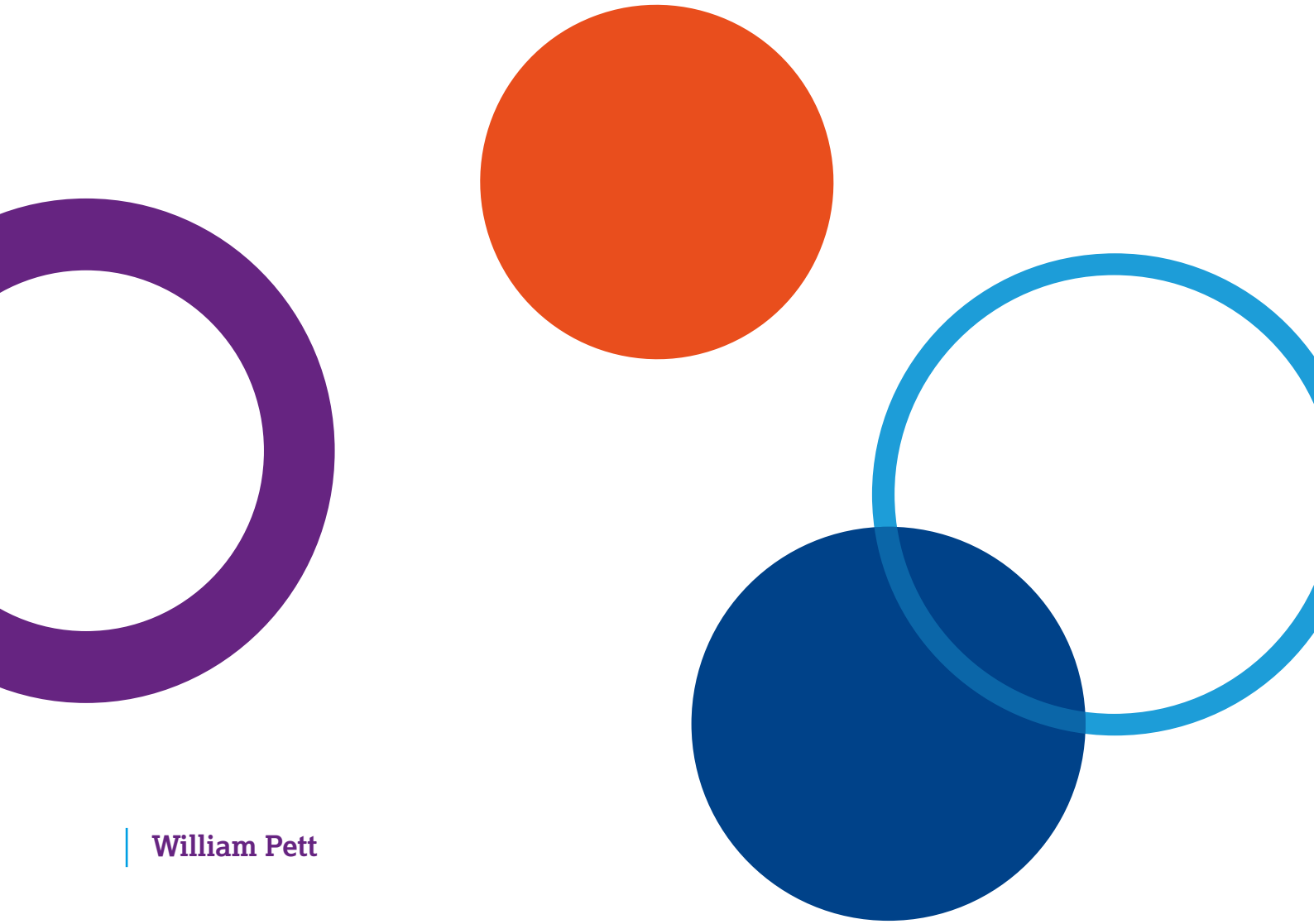
NHS CONFEDERATION
PCN Network

Equipped for success?

What clinical directors need for effective primary care networks



William Pett

About the PCN Network

Primary care networks (PCNs) were introduced in the NHS Long Term Plan for England and have now become part of the everyday vocabulary of the NHS, demonstrating the importance of their existence and potential.

The PCN Network has been established by the NHS Confederation, which includes NHS Clinical Commissioners, to support PCNs. This is the first time the NHS Confederation has represented primary care providers and this move reflects the increasing integration of services with primary care at the heart of local systems.

The NHS Confederation is also working in partnership with the National Association of Primary Care, British Medical Association and the Royal College of General Practitioners to provide coordinated access to information, advice and support.

Through the PCN Network, we will aim to:

- be a strong national voice for PCNs across the sytem
- influence national policy and debate and ensure that expectations are informed by insights from PCNs
- promote the role of PCNs within the NHS Long Term Plan and their essential role, both now and in the medium term
- ensure PCNs have access to the information, advice and support they need to grow and fulfil their potential
- ensure that PCNs have influence within local health and care systems, through links with other NHS Confederation networks
- work with other partners and stakeholders to develop a vision of the possible for the future.

Read more at **www.nhsconfed.org/PCN-Network**

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge, empowerment.

To find out more, visit **www.nhsconfed.org**

Key points

- Primary care networks (PCNs) are critical to the delivery of the NHS Long Term Plan. Primary and community services are struggling in the face of steadily rising demand and patient access is deteriorating. Now more than ever we need to ensure that the commitment to multidisciplinary teams and a new cadre of primary care professionals is delivered.

- There is a risk that the next 12 months will be 'make or break' for PCNs. It is less than a year since they were established and there is overwhelming concern that PCNs are far from prepared or resourced to deliver what is being expected of them in the year ahead.

- From our conversations with those working across primary care and the results of our survey of clinical directors, the NHS Confederation has identified the issues that need to be addressed if PCNs are to have a chance of meeting their transformational potential and delivering better and more integrated care.

- Without addressing these issues, we believe that the delivery of the NHS Long Term Plan will not be possible and primary and community services will continue to deteriorate. This report sets out the areas that must be considered priorities for change, explaining the issues associated with each and how they could be addressed.

The three priorities identified are:

1. Time and pace

Eight out of ten of the clinical directors surveyed said they needed more time to develop the collaborative relationships needed for more integrated care and to make service changes. Many are building relationships from scratch, not only with partners outside general practices, but between practices themselves. The introduction of new service specifications by NHS England and NHS Improvement and will also place significant additional demands on an already over-burdened workforce.

Without the time to establish new relationships and effectively prepare for new service requirements, PCNs will be unable to support the wider integration of service delivery between partners.

2. Management support

Over half of clinical directors surveyed cited an inadequate amount of management support as a major barrier to their development. Setting up a PCN brings with it a multitude of financial and HR requirements that need to be worked through. Many clinical directors have highlighted the lack of support on these and other more administrative and management duties as a key concern, taking them away from their core leadership and strategic role.

Without adequate financial support to allow PCNs to take on additional management support, many will be unable to operate effectively and make a real difference to their local populations.

3. Wider funding

Nearly half of clinical directors reported concern about funding. Many are experiencing confusion about the amount and

source of the funding available to them both directly and via clinical commissioning groups (CCGs). With a wide range of funding streams and variation in how it is distributed, it is difficult for PCNs to truly understand the totality of funding they have at their disposal. This lack of clarity inhibits the building of trust between constituent GP practices and with system providers.

There are also significant concerns about funding for additional staff, such as clinical pharmacists, and whether the proposed new service specifications are sufficiently funded to meet expectations.

The NHS Confederation urges NHS England and NHS Improvement to address these issues as a matter of priority to maintain the commitment and energy of clinical directors across the country. These leaders are striving hard to create PCNs that can deliver real impact for their populations. It is essential that the progress made to date is not undermined by a lack of central support.

In this report we propose several solutions to these issues. Our key asks, however, are that PCNs are given:

- more time to build relationships and effectively prepare for new service specifications
- additional (protected) funding to enable them to employ management support, accompanied by support on issues such as workforce by CCGs and/or integrated care systems (ICSs)
- clarity on the totality of, and access to, funding for PCNs, as well as fair allocation of funding in line with local need.

Foreword

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PCN Network

Primary care networks (PCNs) are considered a vital delivery mechanism for many of the key agendas set out in the NHS Long Term Plan for England. These include population-based health management, instigating a targeted proactive prevention agenda and enabling an ageing population to live well in their communities. Critically, they are also seen as a vehicle for addressing integration and workforce issues for primary care.

If that is the intention, then what is the reality? It is still early days, but with the NHS Long Term Plan now more than a year old, are clinical directors still motivated by the opportunities? Alternatively, has the work to get up and running, coupled with what lies ahead, turned motivation to trepidation – or indeed, dread?

Certainly, since PCNs were launched last summer, there has been excitement about the potential for them to deliver strengthened general practice, to play a key role in the local health system and to deliver services that make a difference locally, recognising the variation in health and care needs.

There are many good examples across the country of PCNs flourishing, unencumbered by the logistics of bringing practices together and driven by the opportunities to build on existing relationships and develop new ones. However, some networks are struggling. With the recent engagement on the draft service specifications from NHS England and NHS Improvement, will their hopes be shattered with the introduction of national requirements for new services that prescribe the what and the how?

As the NHS Confederation launches a new PCN Network, we decided to take a closer look at the issues facing PCNs and understand what clinical directors, as the leaders of PCNs, really need to make them a success.

In this report, we have captured the main concerns outlined to us in both our conversations with clinical directors and from a survey we recently conducted. We propose several solutions which we believe will help to address these issues in order to keep clinical directors engaged and committed to possibly the biggest opportunity for primary care in many years.

Primary care networks are critical to the future of the NHS in England. There is an opportunity to harness the experiences and views of clinical directors to genuinely transform care for patients, but without action we believe the PCN model and the national ambition for primary care faces collapse.

We would like to thank the clinical directors and others who participated in our conversations and who responded to our survey for helping to shape these priorities and recommendations. Through our new PCN Network, the NHS Confederation will continue to represent their interests and influence what happens next.

Introduction

PCNs have been introduced in England to help deliver many of the ambitions set out in the NHS Long Term Plan. They bring together GP practices into networks with other primary care and community organisations, allowing more integrated provision of services to local populations. To be recognised as a PCN, practices are required to appoint a clinical director from among the clinicians within their network. A clinical director's core role in their PCN is to provide clinically focused, neighbourhood reflective strategic leadership. To achieve this, however, they need the time and resource to support them build and maintain effective relationships, as well as to understand and reflect on the needs of the population they serve.

All areas of England have been covered by a PCN since 1 July 2019. Six months in, the NHS Confederation sent a short survey to PCNs across the country. This asked a series of questions relating to clinical directors' roles and their networks, including a question on which areas they feel their PCN needs most support with. Over 250 people responded to the survey, of which 157 were clinical directors.

Through analysis of the survey results and ongoing engagement with PCNs, the NHS Confederation has identified the following as the top three priority areas for action if PCNs are to succeed: **time and pace**, **management support** and **wider funding**.

Over the course of the following sections, each of these will be addressed in turn, with suggestions for NHS England and NHS Improvement to consider on how these issues could be addressed. We acknowledge that there is a degree of interdependency between the three identified areas, with a certain amount of overlap regarding the issues and potential solutions identified.

What clinical directors need for effective PCNs

1. Time and pace

81%

Eight out of ten of the clinical directors surveyed said they needed more time to develop the collaborative relationships necessary to operate effectively and to make service changes.

There are several reasons why these directors may be feeling under significant time pressure. By spring 2020, PCNs are expected to have made progress in several areas. It is expected, for example, that they will have formed multidisciplinary teams with community providers, used the funding available to recruit additional workforce, and have a plan for how they will develop as organisations over the next five years. However, there has been significant variation in their starting points to achieve these expectations.

The NHS Confederation has spoken to a number of clinical directors who have said that collaboration between practices in their local area began well before PCNs were introduced, with positive and long-established relationships between, and within, the primary care and community sectors. However, a large swathe of PCNs have not had such a strong base to build upon. One clinical director told us:

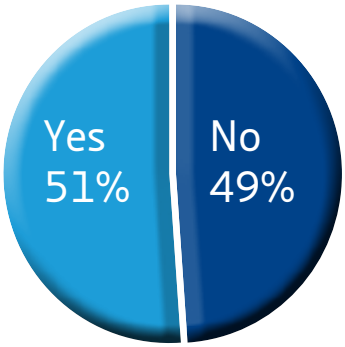
> *"Our PCN inter-practice relationships are very fragile and a lot of distrust exists between member practices. Our approach to future risk, and our financial positions vary hugely … this makes progress very difficult. We do not have enough time together to build on these weaknesses."*

Although contracts may be in place, such networks are having to build relationships and establish ways of working within the PCN from scratch. This alone is likely to be a difficult task for the 51 per cent of clinical directors who told us that this is their first clinical leadership role.

One PCN lead within a sustainability and transformation partnership (STP) said that around a third of the PCNs in the locality are currently nothing more than

'paper organisations'. Network agreements had to be put in place at pace in 2019 and some practices feel they may not have had enough time to understand the arrangements. Reviewing these arrangements and understanding the implications for constituent practices is ongoing. In many areas the PCN establishment deadline of July 2019 was the start of the debate, not the final sign off.

Is this your first clinical leadership role?



As we know from previous attempts to foster integration, such as through the Five Year Forward View, the success of PCNs will rely on collaboration. Collaborative relationships, however, do not appear overnight and it is not surprising that clinical directors want more time to develop them. Many argue that without the time to establish trust between partners, PCNs may fail before they have had the chance to succeed.

One clinical director explained why relationships are so important to the journey that PCNs are undertaking:

> *"The thing that makes a difference [to the success of PCNs] is relationships. We need time to build trust, and we need to walk in each other's footsteps and commit to understanding each other's perspectives. As things progress, we know that there will be roadblocks. But if you've had time to build the vision together, you can go back to your principles. Even when you're frustrated, you know that everyone is here to improve things for the local population."*

Another clinical director told us:

> *"Time is the biggest problem. The system is moving too fast for grassroots GPs."*

Aside from the above issues, clinical directors may also feel the need for more time due to factors such as the following:

- The lengthy process of developing service models beyond those already familiar to traditional GP partnerships – multi-faceted models involving a wide range of professionals (such as social prescribers).

- Non-GP clinical directors understandably not having an extensive background in legal frameworks relating to general practice. While GPs can benefit from a thorough understanding of the GP contract, nurse or pharmacist clinical directors may need longer to develop this understanding. If a mix of clinical directors is considered desirable, rather than exclusively GPs, then patience will be required to achieve it.

- Requirements on clinical directors to take part in local system discussions, which takes time away from other PCN activities.

We have welcomed NHS England and NHS Improvement's acknowledgement of some of the above concerns. Further to ongoing engagement with representatives from the PCN Network and others, and accepting the risk of 'overburdening' PCNs, they introduced new draft guidance last month stating that some PCN service specifications will be phased in over a longer period of time. Furthermore, the Health Service Journal has reported this month that NHS England and NHS Improvement may axe two specifications altogether.

These are welcome developments, but the two specifications that networks must still deliver in full from April 2020 are themselves likely to be extremely challenging. One of them – Enhanced Healthcare in Care Homes – is especially concerning for those PCNs with a high number of care homes.

Given the pressures on PCNs outlined above, NHS England and NHS Improvement must acknowledge that PCNs are at different stages of maturity.

What clinical directors need:

- more time to build relationships and effectively prepare for new service specifications.

Clinical directors would also benefit from:

- greater phasing of new service specifications to allow for effective preparation, regardless of how many specifications are ultimately implemented

- provision of additional guidance and resources for those from a non-GP background who may have fundamental questions about the legal framework governing general practice.

2. Management support

49%

Almost half of clinical directors surveyed cited an inadequate amount of management support as a major barrier to the development of PCNs.

Many clinical directors have spoken of the significant demand that management work is placing on them. Some networks have employed a practice manager to provide limited support and in some areas constituent practices are helping without additional resources. However, even this support is often insufficient to help clinical directors tackle the array of management, financial and HR tasks required of them.

Many PCNs are also still operating with only the clinical director. There is no coordinated approach to supporting PCNs with basic infrastructure and so it falls to the clinical directors (who are already stretched) to do the most basic tasks, such as arranging meetings and preparing papers.

One clinical director told the NHS Confederation:

> *"I find myself doing PCN work squeezed into an already busy clinical day and in my spare time. I feel unsupported and stressed."*

Another said:

> *"I'm spending time writing invoices and doing accounting for my network … on 'Cyber Monday' I was buying my own video conferencing equipment for everyone in our network so we can have a virtual meeting."*

This, in turn, limits the time that clinical directors need to spend on the more strategic, relationship-building aspects of their role that will be crucial to the long-term success of the PCN. One clinical director we spoke to told us that:

> *"Relationships with new partners in the PCN cannot be established and developed over email."*

With providers across the country wanting to work with PCNs, clinical directors are currently in the process of meeting many new colleagues. Many are finding that they can do this or handle management issues, but not both.

Part of the problem lies in a lack of clarity over what funding can be used to take on additional support. Specifically, some clinical directors are unsure whether they can use the contract funding for project management support. Indeed, those who have dedicated some of their development funding to project management support say that they would not have been able to progress as quickly without it.

Finally, some PCNs have been fortunate that their CCG or GP federation has provided support when it comes to management and administration, however many have not. There are large areas, for example, in which there are no established GP federations, and in such areas clinical directors are struggling with management workload with little or no support. This may be one of the key reasons why in recent months some have been highlighting the issue of burnout among clinical directors, with warnings that many will walk away from their roles unless they are given better support.

What clinical directors need:

- additional (protected) funding to enable PCNs to employ management support, accompanied by support on issues such as workforce by CCGs and/or ICSs.

Clinical directors would also benefit from:

- clearer guidelines on how/whether the development funding can be spent on management support.

3. Wider funding

Nearly half of clinical directors reported concern about the sources of funding available for PCNs. The specific areas of concern here are multiple and some of these are addressed below.

Transparency

There is an overarching view that there is a lack of transparency on PCN funding – there are multiple funding streams, with some allocated at PCN level and others at practice level. For the average PCN, it is difficult to understand the totality of funding they have access to. This adds to the potential for mistrust in how the funds are being used and whether it is being ringfenced for PCNs. Many clinical directors feel like they need easy-to-understand information and guidance on what funding is available and how it can be used.

Funding through the Additional Roles Reimbursement Scheme (ARRS)

Another issue highlighted is the reimbursement for certain groups of staff (notably clinical pharmacists) through the ARRS, with PCNs having to meet 30 per cent of the cost.

Several clinical directors have highlighted that pharmacists are benefiting from what has become a 'seller's market' – a shortage in supply of pharmacists has allowed those in demand to significantly increase their wage expectations. As a result, many PCNs are simply unable to afford pharmacists, even with 70 per cent of their wage covered by NHS England and NHS Improvement, and these networks are being left behind.

Funding to deliver service specifications

Funding concerns are also fundamentally linked to the draft service specifications, on which NHS England and NHS Improvement has just concluded its consultation (the response from the NHS Confederation is available online). Clinical directors have serious reservations about the ability of PCNs to meet the significant additional workload that will be required to meet the specifications. To take two examples:

- The Enhanced Healthcare in Care Homes draft specification will require PCNs to arrange weekly visits to registered patients in care homes by 30 September 2020 – and that on 'at least a fortnightly basis this must be a GP'. This represents a significant new demand on GPs' time that has not been funded, and unsurprisingly there is frustration among clinical directors that this aspect of the specification has to be delivered by a GP rather than the additional staff that PCNs *are* being funded to take on.

- The Structured Medications Review draft specification will require PCNs to identify those within their localities who would benefit most from a medicines review and then deliver the reviews to those identified. The specification states that these reviews must be delivered face-to-face by a clinical pharmacist, nurse or GP. However, several clinical directors have said that if they were to offer such reviews to all those that the specification suggests, it would cover 20–25 per cent of their populations. Clearly there is not enough staff to cover such a high proportion and so, unless additional funding is provided to meet the expected demand, PCNs across the country will fail to deliver the specification as it currently stands.

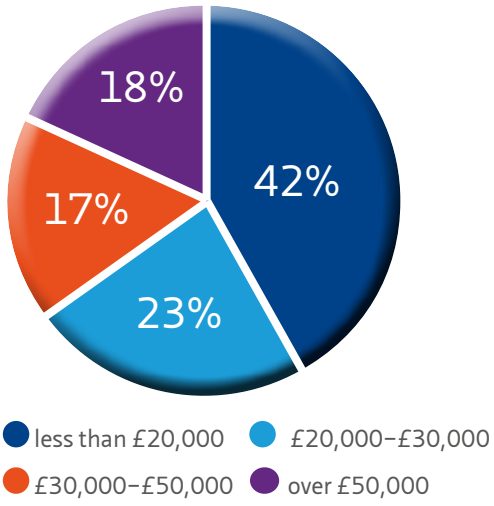
With such specifications set to require a disproportionate amount more work for GPs when compared to the additional funding received to deliver them, there is a risk that practices within PCNs will question their involvement. One clinical director spoke to us about Enhanced Healthcare in Care Homes:

> *"We will not be able to survive as a network. We would have to withdraw because we've got 450 patients in care homes across our PCN alone, across 35 different care homes. There's no way that we can visit those patients weekly because we've got a lot of elderly people who live alone, so if we go and visit all those people in care homes we won't be able to do our home visiting."*

Delivery of funding through systems and CCGs

Finally, our survey revealed that there is significant variation in how much funding has been received by PCNs through their CCG or STP/ICS. When asked how much funding their PCN had received in 2019/20 to set up the network and fund ongoing development, just under half (42 per cent) said less than £20,000, with approximately one in five clinical directors (18 per cent) saying over £50,000.

How much funding have you received from your ICS/CCG to support setting up your PCN and ongoing development in 2019/20?



There may well be good reasons why some PCNs have received less through their system. Some STPs/ICSs, for example, have used PCN funding to commission or deliver services on behalf of PCNs, such as leadership development or IT support. However, several clinical directors remain unclear about the total level of funding allocated for PCNs and how much of this has been allocated to them.

In terms of funding and CCGs specifically, under current arrangements there have been many instances of CCGs spending money initially allocated to PCNs elsewhere. This is something that should be tackled, and there needs to be clarity and assurance that all funding provided centrally for PCNs is retained for PCN development (even where there may be underspends).

What clinical directors need:

- clarity on the totality of funding for PCNs and equity in allocation of funding in line with local need.

Clinical directors would also benefit from:

- fair assessment of the cost of delivering the service specifications, the impact on GP workload and action to address the need for differential funding in certain circumstances, such as delivery of services to care homes

- retention of underspends for PCN deployment.

Conclusion and next steps

The NHS Confederation is urging NHS England and NHS Improvement to act on the concerns outlined in this report and review its approach to the next phase of PCN development. Without significant change to the approach, there is a danger that clinical directors, PCNs and their constituent GPs and practices will walk away.

While this report has proposed several solutions to the issues addressed, as a priority the PCN Network asks that PCNs are given:

- more time to build relationships and effectively prepare for new service specifications
- additional (protected) funding to enable PCNs to employ management support, accompanied by support on issues such as workforce by CCGs and/or ICSs
- clarity on the totality of, and access to, funding for PCNs as well as fair allocation of funding in line with local need.

Through the PCN Network, NHS Confederation will be a helpful partner to NHS England and NHS Improvement and play the role of an 'honest broker' between the organisation and PCNs across the country.

Working with our core partners – the National Association of Primary Care, British Medical Association and Royal College of General Practitioners – the NHS Confederation, NHS Clinical Commissioners, looks forward to assisting NHS England and NHS Improvement through 2020 by offering information, advice and support to clinical directors and the wider PCN community.

Further information and contact

To find out more about NHS Confederation's PCN Network, please visit our website, at **www.nhsconfed.org/PCN-Network**

Should you have any questions, or to get involved, please contact:

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Graham Jackson, Senior Clinical Adviser: **graham.jackson@nhsconfed.org**

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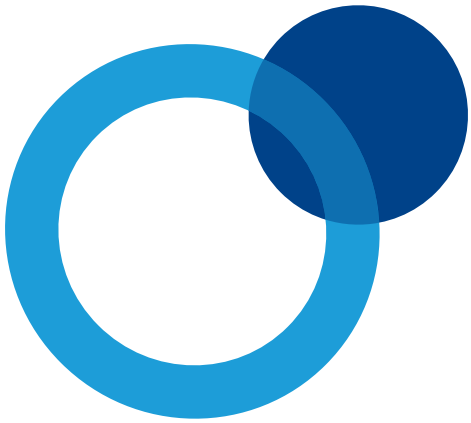

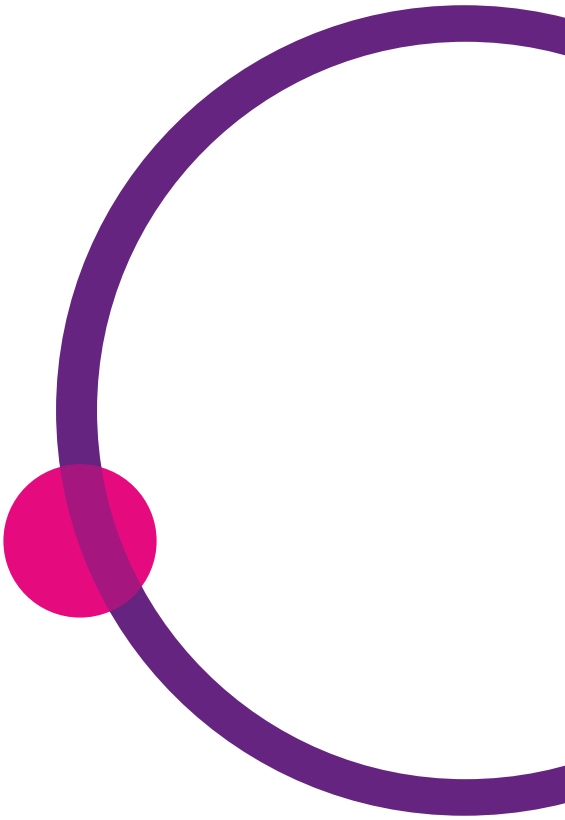

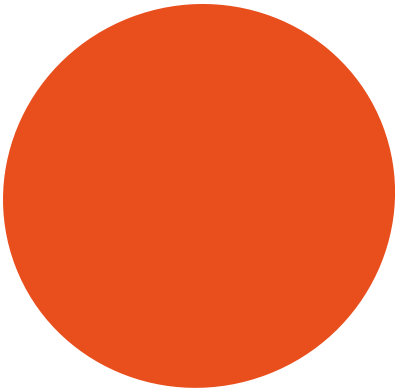

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