

General Practice Networks & Primary Care Home (PCH)



Context

- 27 Practice “units” working largely independently
- Demand Increasing & access challenges
- Workforce challenges
- Scope to better align services
- Working since 2017 on “Primary Care Home” in 7 Practice Clusters – real but variable progress made in last 6 months



Primary Care Home

Primary care home model. ... Staff come together as a complete **care** community – drawn from GP surgeries, community, mental **health** and acute trusts, social **care** and the voluntary sector – to focus on local population needs and provide **care** closer to patients' **homes**.



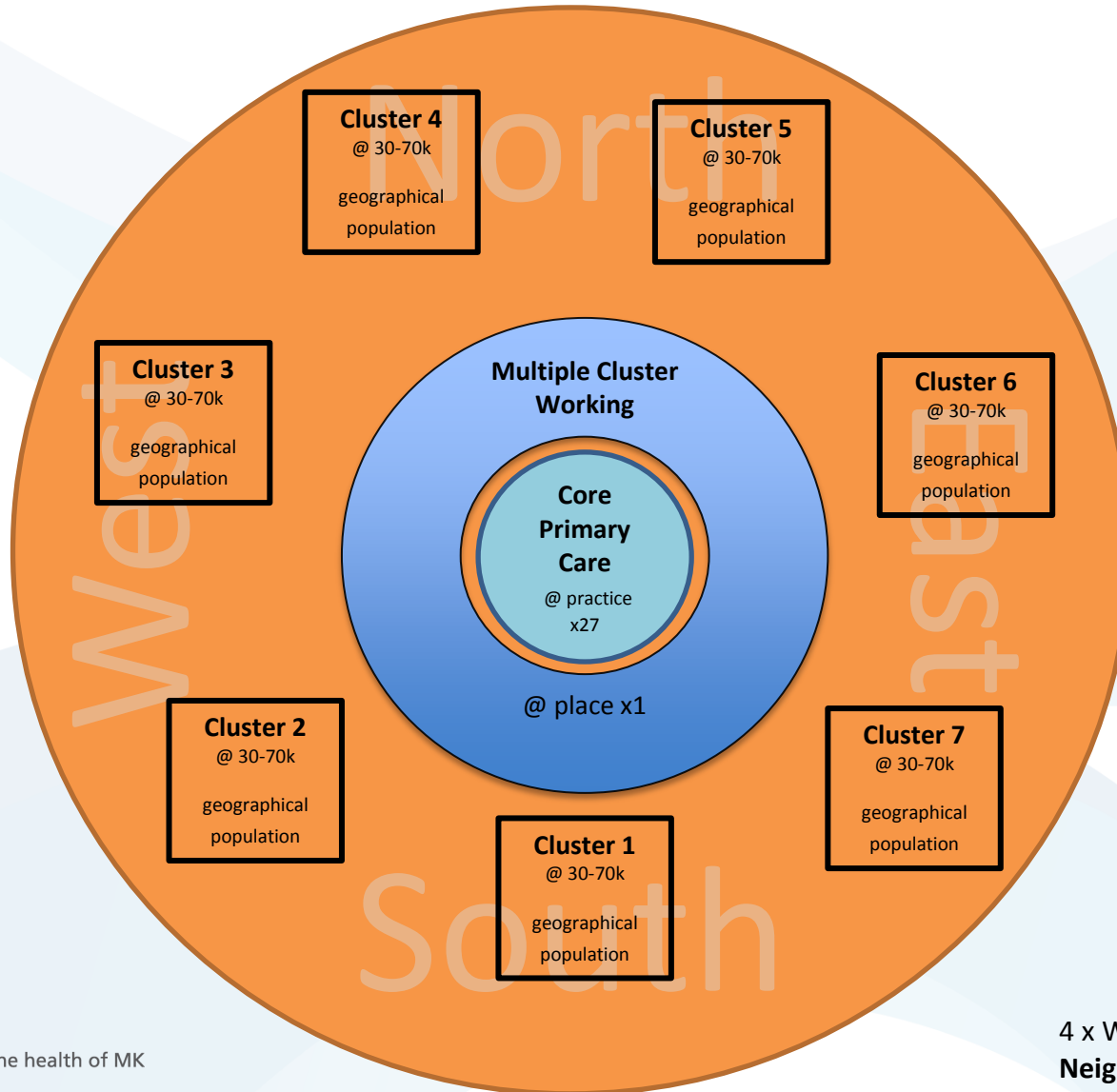
NHS Long Term Plan & New GP Contract

- Puts GP Networks and Primary Care Home “front & centre” of plans for NHS Transformation
- Services aligned around networks
 - Geographical alignment
 - 30,000 to 70,000 typical population
- New GP leadership - Network Clinical Directors
- Increasingly funding will flow via networks rather than 27 practices
- Workforce changes
 - Physicians Assistants, Pharmacists, etc.

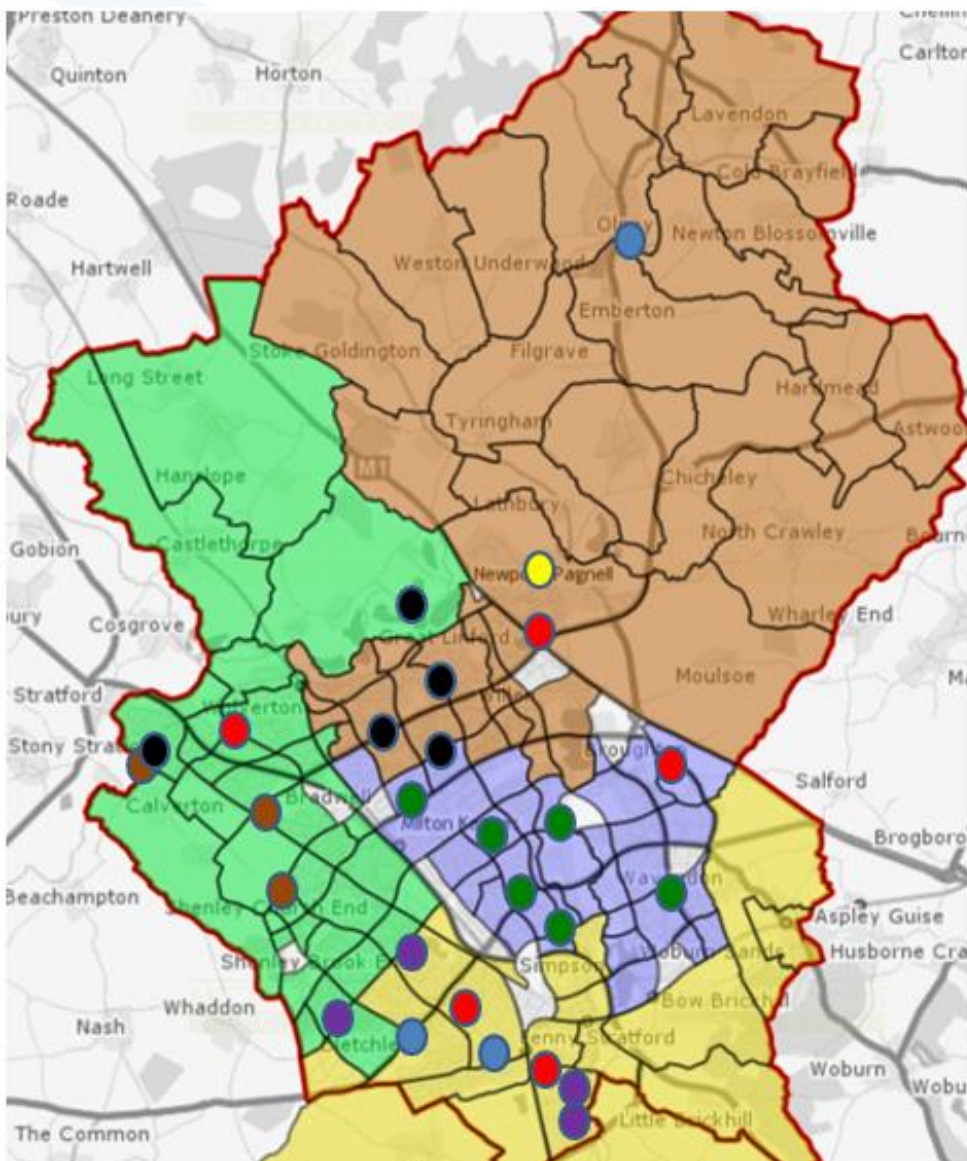


- Strengthen primary care services enabling sustainability and transformation
- Develop & deliver Primary Care Home
- Consistent primary care “offer”- accessibility of urgent care “on the day” services – Core, Evenings & Weekends, Urgent Care Centre, & NHS111
- Expand the choices and control people have over their own care - more personalised care and case management
- Integrated Care & Population Health Management
 - Integration of health and social care services, to include community and mental health services across clusters of 30-70,000 populations
 - Empowering communities and individuals through community support
 - Improving population health– maximising self care
 - Boost ‘out of hospital’ care to enable greater shift appropriate activity from acute settings into the community
- Digitally enabled care - share records and IMT interoperability

Primary Care Home Model of Care



‘As Is’ PCH/Clusters



<p>Cluster 1 Stony, Watling Vale, Hilltops</p> <p>40,516</p>		<p>Cluster 5 Ashfield, Fishermead, The Grove, Walnut Tree, MKVP, CMK</p> <p>70,445</p>	
<p>Cluster 2 Bedford Street, Water Eaton, Westfield Road,, Westcroft</p> <p>38,597</p>		<p>Cluster 6 Newport Pagnell</p> <p>21,447</p>	
<p>Cluster 3 Redhouse, Whaddon, Cobbs</p> <p>35,285</p>		<p>Cluster 7 Drayton Road, Parkside, Broughton, Kingfisher, Wolverton</p> <p>46,120</p>	
<p>Cluster 4 Oakridge, Purbeck, Sovereign, Neath Hill, Stonedean</p> <p>41,018</p>			

Neighbourhood	Colour
North	Orange
South	Yellow
East	Blue
West	Green

Key Next Steps

- By July
 - Practice led process to determine Network membership and size
 - Geographically Aligned
 - Full coverage
 - Clinical Director identified
 - Lead practice for network contracts
 - LMC role to broker agreements
 - CCG to move some enhanced services, e.g. evening & weekend opening to networks in 2019/20
- New governance arrangements in place
 - Replacing previous Cluster Steering Group
- CCG decision on GP Access Fund
 - Via networks by 2020
- Start to align more services to the networks, as the configuration settles
- Engage with patients and the public about the changes and what it means for them
- Decision for Integration Board about Network representation

