



LEEDS GP
CONFEDERATION

Establishing and developing primary care networks in Leeds: a comprehensive package of support, 2019-20

Leeds GP Confederation
May 2019



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Context

The NHS Long Term Plan, published in January 2019, sets out a number of priorities for the NHS, one of which focuses on primary and community services.

The plan commits to ‘fully integrated community based health care’ as well as the introduction of primary care networks (PCNs). Alongside this are other commitments to increased funding, improvements in mental health, and a range of clinical services. The plan describes the resources required for workforce, digital and leadership, and also emphasises the role of patients and carers, population health and prevention.

In Leeds, we already have many of the elements described in the Long Term Plan and are well placed to implement the requirements. Our work on local care partnerships, as the integrated model of care in the community, alongside population health management and a closer relationship with Leeds Community Healthcare NHS Trust, will secure our continued success for the people of Leeds.

PCNs provide us with an exciting future – they are an opportunity to further develop primary care but also present a series of challenges. In response, the Leeds GP Confederation is able to offer a range of services to PCNs that will help realise that vision whilst addressing the challenges.

We know that one size does not always fit all. An important principle underlies this offer: where it makes the most sense to do something once across the city we will do this. Where it is important for individual PCNs to take the lead, we will support this.



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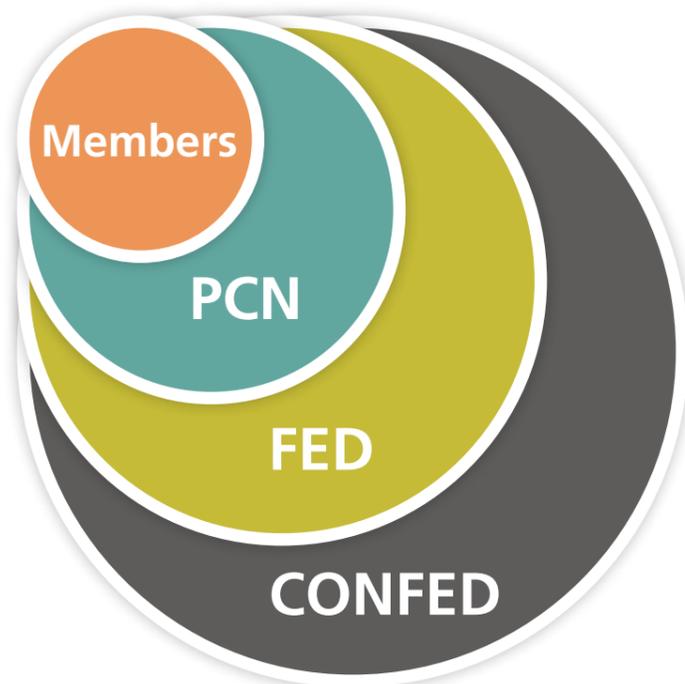
For more information on the NHS Long Term Plan visit:
www.longtermplan.nhs.uk/

For more information on NHS England’s vision for primary care networks visit:
www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/

About the Leeds GP Confederation

The Leeds GP Confederation exists for the benefit of its members; Leeds GP practices **are** the Confederation. Our ownership model makes sure that everything we do is directed by and approved by our members at every level of decision making.

We work with practices and their representatives at the following levels:



Individual member level:

practices own the company and regularly attend members' events and work directly with Confederation leaders

Primary care network level:

each PCN has locally elected leaders who participate in decision making as members of the Confederation Strategic Board

Federation level:

members speak through the collective voice of their federation and are represented by their elected leaders, including a borough representative GP who sits on the Confederation executive as a key decision maker

Confederation level:

any organisation working at scale needs to make decisions that are aligned with the collective will of its members, but which are timely and can take advantage of opportunities that benefit the organisation and its members. The Confederation does this through an executive appointed by and overseen - and held to account for the work they do - by the Confederation Strategic Board. In addition to appointed individuals, the three borough representative GPs sit on the executive and make decisions on behalf of their colleagues.

What we do and how we do it

We will build on the work we already do that supports practices and localities but develop this to support PCNs in such a way to still achieve the five strands of our purpose.

Our purpose:

- **Help practices remain sustainable by building on the attributes of primary care**
We will develop a bespoke 'intensive support team' to work with practices to solve particularly difficult problems. We will spread and share good work whilst continuing to provide hands on support.
- **Enable practices to play a full and active role in quality improvement, service integration and pathway development, aligned with the local care partnership vision**
We will pull together the components that make PCNs and local care partnerships work, facilitate and help drive quality improvement and connect partners, focusing on a better experience for patients, carers, families and our colleagues.
- **Create a governance system that enables practices to actively contribute to both local and citywide strategy**
The Confederation is owned and led by member practices. We are developing a two way process of practices and PCNs setting the work that we will do for the future, as well as shaping and influencing health and care for the city.
- **Create an organisational structure which is able to hold contracts and deliver services across general practice in Leeds and in partnership with other providers in the city**
We will deliver on contract requirements and work with partners to retain or win new contracts that will enhance primary care.
- **Listen and act**
We will engage, communicate and listen. We will be customer focused and work for primary care.

Current contracts

The Confederation currently holds two contracts

GP Extended Access Service - APMS contract commissioned by NHS Leeds Clinical Commissioning Group (CCG)

Our GP extended access service is currently provided from 12 hubs across the city. The service operates Monday to Friday 6.30am - 8.00pm and Saturday and Sunday mornings. We are contracted to provide the service seven days per week, 365 days per year. Appointments are available with a range of primary care professionals including GPs, nurses, health care assistants, clinical pharmacists, physiotherapists, and phlebotomists. Day to day management of the citywide service is provided by the Confederation operational management team.

NHS Health Checks – contract commissioned by Leeds City Council

This is a three year contract with the option to extend for a further two years that started on 1 April 2019. The head contract is held by Leeds GP Confederation with the Council. We have subcontracted delivery of NHS Health Checks to all practices in Leeds. To help practices to increase uptake, dedicated NHS Health Check appointments with HCAs will be rolled out in the extended access hubs.

The offer

We have engaged extensively with member practices about how we can support you with your priorities, taking into account the changing local and national context including the review of the Leeds Plan, workforce issues, new five year GP contract, as well as the NHS Long Term Plan.

Our offer reflects what you have asked for and is designed to help mitigate risks and manage the workload of the new networks as well as enhance the work we're already doing to support practices and localities.

What you will get

Our current provision to practices and localities

Clinical strategy development

Leadership of key clinical developments, population health management, urgent care, frailty, mental health

Primary care development

Primary care and clinical pharmacy development teams supporting practices & PCNs

Contracts

Operational management of GPAF and NHS health checks and the ability to bid for new work alone or with partners, e.g. IAPT

Shape and influence

The ability to represent primary care at scale, influence city wide decisions and shape future plans

Integration and partnerships

Leadership to drive integration, particularly with LCH, to ensure a combined community and primary care future

Governance

Your membership of the Confederation and ability to determine what we do

Our new, additional offer to PCNs

Enhanced primary care development

We will provide a comprehensive framework to support PCN operational delivery, ensuring that resources are increasingly embedded into the PCN to work as an integral part of your network infrastructure

Workforce

We are offering a bespoke workforce service that will include resourcing of mandated roles, training and development, planning and professional networks

Digital developments

We will develop and support the digital requirements for PCNs, as well as influence and support city digital developments

Representation & scale

Agreement to the additional elements means the Confed has further scale which you directly control, including any future work

Financial management

We can host PCN income and provide full financial management, with simple and transparent processes

We will have simple but effective service level agreements between each PCN and the Confederation, supported by responsive and effective account management.

Primary care development

The Confederation will continue to provide comprehensive support to PCNs during the initial set up and over the coming months and years as your networks develop, mature and take on more responsibilities.

The Confederation is in an ideal place to do this as we already hold resources on your behalf. This includes the investment from the CCG of people and money. We will continue to build on and add to the work that has taken place through the current locality structure, which has been supported by the 'embedded' primary care development and clinical pharmacy teams.

Our offer is that we will continue the approach of integrating the teams, embedding them into PCNs to work as an integral part of your network infrastructure.

You will also have access to senior and executive level expertise focused on the development of PCNs, led by the Director of Transformation.

We recognise that PCNs are likely to need further support to work through their evolving responsibilities in terms of service delivery; service change; integration with community services; workforce planning, including the recruitment of an expanded workforce; and delivery of the seven nationally mandated services.

We will shape our resources to help you deliver these, and if your PCN wants additional support, we will work with you to scope this; to consider the best way to source it, including hosted employment options; and ensure there is effective integration with the primary care development team to maximise the total resources at your disposal.

Extended access DES funding

As part of the primary care network contract, the current extended funding to practices [£1.90 per patient] will pass to the primary care networks from July 2019 at the new rate of £1.45 per patient.

Under the new primary care network DES contract, the network is responsible for ensuring that 100% of patients in each network have access to extended access appointments.

Several PCNs have approached the Confederation to explore options of using this funding to increase capacity in their existing extended access hubs to meet their contractual responsibility under the new PCN DES arrangements.

We are happy to work with any PCN who wants to explore delivering their PCN extended access DES or any part of it via the extended access hubs.

As the Confederation already has the infrastructure in place to manage the extended access hubs, there will be no additional charge to PCNs if you wish to take up this option.

Workforce

The Confederation will work with Leeds Community Healthcare NHS Trust to establish a bespoke workforce service with the following components:

Area	Summary	Estimated cost
Resourcing – mandated roles	<ul style="list-style-type: none"> Development of consistent job descriptions / person specs with PCNs Access to AFC banding panels (for PCNs who use AFC) Vacancy administration at scale, via NHS Jobs Social media promotion Design and delivery of assessment centres at scale with PCNs Support on working through resourcing options via Primary Care Development team / workforce service 	Up to £500 per mandated role, sourced from existing underspend (rising to up to £750 if psychometric testing required)
Training & development	<ul style="list-style-type: none"> Access to LCH leadership development programme Professional / peer support network for mandated roles, self-facilitated, with input from PCN leads / Confederation as needed 	<p>Courses charged on a per-use basis. Indicative cost for 1 place on one of LCH's 3-3.5 day (non-consecutive) leadership modules £100-£200 per person (3 modules available)</p> <p>Professional / peer support network - nominal £100 per role per annum to cover administration costs</p>
Planning	<ul style="list-style-type: none"> Co-development of workforce plans with PCNs through Primary Care Development team / workforce service 	£0 No additional cost in Year 1 – absorbed by existing primary care development offer, with Confederation / LCH workforce service
Connections	<ul style="list-style-type: none"> Continued representation of primary care voice with educational institutions, West Yorkshire & Harrogate Health & Care Partnership and the Leeds Health & Care Academy 	£0 No additional cost in Year 1 – absorbed by existing primary care development offer, and Confederation / LCH workforce service

Digital development

The Confederation will work with practices, PCNs and partners across the city to enable a joined up approach to digital development. These plans have already been funded but we will need your input to make them happen.

Digital strategy	<ul style="list-style-type: none"> Enable a “joined up” approach, with PCN & wider primary care influencing strategy Support PCN & general practice to deliver digital objectives in the NHS plan Enable patients to utilise digital access to improve patient self-management and resilience Enable GP practices & PCNs to utilise technology to offer an integrated service and support collaborative working
Patient digital access	<ul style="list-style-type: none"> Funding (2 years licence & support costs) for all practices to use an e Care Navigation tool allowing patients to contact the practice online and assist practices with demand management. Funding to “future proof” a citywide booking platform or interoperability between systems. Extended access could be developed to support patient facing services in PCNs Funding to support implementation and development of NHS App
Support team	<ul style="list-style-type: none"> Funding to support an implementation team & representatives in primary care to join strategic and project groups Potential subjects where we need wider input – 3rd party software; workforce tool; GDPR compliance & horizon scanning Flexible funding arrangements available: secondments / part-time work alongside some FT posts.

Financial management and assurance

We can provide an in-house financial management service to help reduce administrative costs for PCNs and reduce the risk of VAT liability.

Each PCN will have access to our bank account and ledger; budgets will be set based on income received; and monthly financial reports produced. Governance will be in place to ensure robust processes regarding authorisation of payments and the cost sharing agreement should mitigate VAT risks.

The charges will be 2% of the income held for each PCN so will vary but the average cost is likely to be around £4k. A more detailed guide on financial arrangements has been shared with members.

As a not for profit organisation we are committed to redistributing or reinvesting any savings to support primary care.

Costs summary

Service	Approximate cost £s
Primary care development team	Costs covered in 2019-20 via existing funding
Extended access - DES delivery via the EA team	£1.45 per head of population
Workforce recruitment, training and development	See page 10 for details
Digital	Costs covered in 2019-20 via existing funding
Financial management- use of the Confederation bank account & ledger	2% of income managed by the Confederation; average cost of £4,000 per PCN

Future plans

Workforce

We know that support for workforce issues is particularly important to practices, so we are looking to develop this part of our service offer by offering an employment and HR service. We are developing a model to enable some staff to be employed centrally on behalf of PCNs, with the PCNs retaining control over their deployment. We are also considering options for the design of an HR service offer that you could choose to access.

The employment element could include

- Pre-employment checks
- Issuing of employment contracts
- Payroll and pensions administration
- Induction *optional*
- Redeployment sought in event of redundancy situation
- Consistent statutory and mandatory training *optional*
- Consistent policies *optional*

Under this model, employment would be hosted on behalf of PCNs, with PCNs deploying the staff themselves. The Confederation offer to PCNs is therefore not anticipated to include core deployment responsibilities such as line management, appraisal and development, clinical supervision or employee engagement and support.

We are also looking to develop employee relations advice and HR support and guidance, including policies and procedures.

Procurement

Although this had previously been identified as an area where the Confederation could help individual practices, this was seen as less of a priority for PCNs. However, if there was a demand, the Confederation would work with PCNs to establish a procurement service. The aim would be to achieve economies of scale in purchasing whereby savings made could be re-invested into primary care.

Estates

We know that practices have to deal with a wide range of estates issues, for example, quality of the premises, developments required or issues relating to lease holding or ownership.

We would work with practices and PCNs to better understand these issues, developing a service that would reduce the risk of lease or property ownership and supporting developments and improvements of primary care estates.

Timeline for Primary Care Network DES introduction

Date	Action
Jan - early May 2019	Practices within emerging PCNs prepare to meet the requirements of the Network DES registration requirements including membership; boundaries; bank account; clinical director
15 May 2019	All PCNs submit their registration information to NHS Leeds CCG
By 31 May 2019	CCG confirm 100% network coverage
By end of June 2019	PCNs to complete the detailed DES schedules including all the participating practices to sign the Network Agreement
By 1 July 2019	Consider local arrangements for 100% delivery of Extended Hours DES services within the PCN area and organise arrangements from 1 July 2019
1 July 2019	Network contract DES 'go-live'
1 July 2019 - 31 March 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> • year 1 of the additional workforce reimbursement scheme • 51p / head funding for the Clinical Director • ongoing £1.50 / head for 'network effectiveness' • £1.45 / head for extended hours
From 1 July 2019	Employment of network clinical pharmacist and social prescribing link worker as additional roles - having considered local need and employment / deployment options
April 2020 onwards	Introduction of seven national service specifications <ul style="list-style-type: none"> • structured medication review and care homes requirements apply in full from 2020/21 onwards • personalised care, anticipatory care and supporting early cancer diagnosis requirements commence in 2020/21 and develop over the subsequent years • the CVD and inequalities requirements will start in 2021/22
April 2020	Employment of advance practice physiotherapists and physician associates – having considered local need and employment / deployment options
April 2021	Employment of advanced paramedic practitioners – having considered local need and employment / deployment options

More information

To find out more or to take up any of our 'offer,' please contact leeds.confed@nhs.net, call 0113 84 30785 or contact any of the following directly:

Name	Role	email
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Jim Barwick	CEO	jim.barwick@nhs.net
Gaynor Connor (primary care development service offer)	Director of Transformation	gaynor.connor1@nhs.net
Wendy Pearson (extended access service offer)	Director of Delivery	wendy.pearson5@nhs.net
Jenny Allen / Laura Smith (workforce service offer)	Director of Workforce	jennyallen.laurasmith@nhs.net
Petra Morgan (digital service offer)	Business Development	petra.morgan@nhs.net
Jenny Davies (financial management service offer)	Finance Director	jenny.davies6@nhs.net



If you haven't done so already, please do take a look at our website: www.leedsgpconfederation.org.uk



If you're on Twitter and want to keep updated on our work, please do follow us [@LeedsGP](https://twitter.com/LeedsGP)

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