



Mword issue 37 - Dr Michelle Drage's latest update for GPs and practice teams

15 May 2019

Dear Colleague: I have just one topic for you NEW: Londonwide LMCs' updates on the new national PCN DES Contract After the bells and whistles launch of the new national PCN DES Contract in January, today is the long awaited deadline for submission of your Primary Care Network information via the network registration form. There has been a lot of conflicting advice from different quarters about what should and should not be submitted today, and who can and cannot make decisions about the future of PCNs so today's MWord is all about Keeping It Simple, much like our recent brief guidance on PCN registrations and the role and responsibilities of clinical directors. So, keeping it simple, there are only six pieces of information you NEED to submit to your CCG to create your PCN. Whilst more information might be helpful to commissioners, at this stage you are only required to send in the information outlined in our "Primary Care Networks and the Network Contract DES" Update published in February, which you can download from our GP Contract page. I know there are some wider ranging concerns about the impact of PCNs on the way that you do your job, and care for your patients. Let me try and help with the key concerns you or your team members may have: 1. The CCG is trying to take over - pressuring you to join a PCN/ accept additional practice(s) to your PCN/ adopt a specific clinical director/ ways of working? PCN membership, leadership and governance is for member practices to agree. REMEMBER: If you experience any undue pressure, please contact your LMC. 2. Worried that PCNs will undermine the independence of general practice? It is for GPs to direct PCNs, in line with the partnership working through networks and collaborative structures that general practice has always valued. Looking at the successes of the NAPC Primary Care Home model, we will succeed if we can ensure that these networks deliver for general practice first and foremost, rather than act as vehicles for the creation of American-style ICS/ ICOs. GPs/practices will have to sign a parallel contract to join a PCN, having legal force; those signing up to the PCN will become contractually bound. REMEMBER: If you experience any undue pressure, please contact your LMC. 3. What if someone in the PCN doesn't do their share? Broadly speaking, the funding injection for primary care is largely contingent on participation in PCNs. Practices who decide to sign up the Network Contract DES need to make some agreements between them for how the PCN will operate, covering good working arrangements between them and, in the future, other partners in the network. This is a legal document and practices will be legally bound in a similar way to a practice partnership agreement. REMEMBER: you can speak to your LMC if you have questions about how this is working at any stage of the process. 4. Do PCNs herald hospitals taking over general practice? There is an opportunity, and responsibility, for practices to lead the direction of travel for PCNs. With strong leadership from the profession, we can put clear blue water between PCNs and the recently approved "Integrated Care Providers", which are very different to PCNs and require a practice to give up their core contract to be involved. This should be about preserving the core values of general practice and helping manage the spiralling workload in the face of a workload crisis. REMEMBER: If you are concerned that anything else is happening, please contact your LMC. 5. What can my LMC do to help? Londonwide LMCs and your local LMC team are here to offer expert and independent advice and guidance on various aspects of the new GP Contract, including:

Government policy and initiatives and how they are likely to impact locally – the LMC has specific roles and responsibilities set out in the GP Contract working with CCGs and NHS England with regard to the establishment of PCNs.

All contractual matters, including implementation of the new GP Contract.

Practice stability and resilience in terms of workforce, workflow and cashflow.

Practice relationships with the emerging PCNs.

The configuration of PCNs, network agreements and governance arrangements within PCNs.

Employment issues, including arrangements for the recruitment of the new staff groups across the PCNs – we have expert HR and employment law support.

Organisational development work to build relationships and trust between the staff groups and organisations involved in the existing localities / integrated neighbourhood teams /integrated care centres as they transform into PCNs.

Training – we currently operate a portfolio of training initiatives and could tailor training to the emerging needs of PCNs.

So to sum-up, GPs are supposed to be in the driving seat for PCNs. And if anyone tries to muck about with the wheel or play with the satnav, we're here to help. We are setting up a new forum for London PCN clinical directors to allow them to share information and support in a safe and confidential space. Please ask your PCN clinical director to drop me a line with their details. And I will be in touch with more information in the next day or two. Finally, and most importantly, once this short-term process comes to an end in June, we will all hopefully be able to turn our attention to the actual purpose of PCNs, namely to help with your workload and to build better community services to support your patients. A re-emergence of primary health care teams around our practices, enabling our patients to receive care from our community and hospital providers in a more integrated way with ourselves. What can possibly go wrong? Good luck. And remember, we have your back. Michelle

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As ever - Please do let me have any views on these issues or others at mword@lmc.org.uk.