Primary Care Network (PCN) Support & Development

Sheffield LMC

THURSDAY 24 OCTOBER 2019

Sheffield LMC held a city-wide meeting for their represented GPs, Practice Managers, Clinical Commissioning Group (CCG) primary care team and federation, Primary Care Sheffield (PCS). The event was well attended and heard presentations from:

- Alastair Bradley, Chair, Sheffield LMC
  http://www.sheffield-lmc.org.uk/website/IGP217/files/Alastair%20PCN%20Citywide%20Meeting%20Slides.pdf
- Andy Hilton, Chief Executive, PCS
  http://www.sheffield-lmc.org.uk/website/IGP217/files/AMH24th%20Oct19LMC-PCN%20meeting.pdf
- Krishna Kasaraneni, England Executive Team – General Practitioners Committee (GPC)
  http://www.sheffield-lmc.org.uk/website/IGP217/files/GPC%20Slides%20Oct19.pdf

WORKFORCE

There is a clear commitment within the PCN DES to increase the workforce in primary care, but this is because we have falling GP whole-time equivalents (WTEs) to deal with the current workload. The staff offered through the PCN DES were not considered the most appropriate for managing GP workload and there was little flexibility, given the plurality of general practice across the city, let alone the country. Due to the structure of the PCN DES employing these staff has been a significant barrier to progress. PCNs are not an NHS entity and have no established Human Resources, management, administrative or premises capacity. In order to employ staff directly all these structures have to be in place, yet the DES puts priority on employing staff rather than the essentials required before this can happen within the PCN. The result is outsourcing of many contracts resulting in charges of up to 25% in management and other costs that are not claimable by the PCN, with PCNs having less control over the staff they are supervising. A lot of funding pumped into PCNs and appearing as primary care investment is being diverted to management companies, lawyers and accountants.

All of this requires time and effort by the management team of PCNs who are mainly Practice Managers within the PCN practices, still having to perform their practice duties, hence resulting in increased workload.

WORKLOAD

GPs, Practice Managers and administrative staff are all required to ensure the PCN is functioning and developing. There is extra workload in dealing with bank accounts, accountants, PCN agreements, solicitors, supervision of the Clinical Director (CD) and new staff. We are aware of the lack of GP capacity and this is one reason for the PCN DES, yet the PCN is sucking clinical and non-clinical staff away from the practices, with little prospect of back-filling that lost practice activity. The staff involved in PCN development tend to be the more senior GPs and managers, their skills missed and difficult to replicate in the practice.

Concern was raised about the five new clinical areas commencing in April 2020, not only around a further burden on practices but the rate of introduction of these initiatives. Seven new initiatives with five in one year was considered too onerous unless targets for achievement were minimal. Funding for these new initiatives was also a worry.

One group of practices that is on an Alternative Provider Medical Services (APMS) contract was concerned about the speed of introduction of these initiatives because of their funding and business model in a difficult-to-recruit area. The clinical manager noted that it could take several weeks for them to arrange a meeting of all staff and even start to discuss implementation, follow-up meetings taking equally as long.

The CDs noted that they were being inundated with requests from many organisations to engage, particularly the Integrated Care System (ICS). The ICS has significant amounts to spend on PCNs (£1.15m this year) and has chosen, without reference to GPs or PCNs, to spend this money on NHS England (NHSE) training programmes. Whilst some training is required there is no GP provider input to direct this funding to develop PCN infrastructure. Sheffield LMC has agreed to work with CDs on the most effective use of their time in relation to PCN development.

PREMISES

In Sheffield there has been reasonable investment in the Estates and Technology Transformation Fund (ETTF), with initiatives around Joint Venture and developing premises for, or in agreement with, PCNs. However, the issues raised by the Partnership review related to historical problems of ownership, last-man standing and management fee disputes. None of these have been addressed by the PCN DES or the final years of General Practice Forward View (GPFV) money. We have seen the largest number of disputes relating to premises, and threats of handing back contracts in the last 12 months and the DES does not alleviate this.

There is also significant shortfall in available room space to accommodate the expanding workforce. Discussions have taken place around using alternative spaces such as Sheffield City Council (SCC) premises, but space is needed now and alternative accommodation schemes are a local "Neighbourhood" solution not a general practice network solution.

PRACTICES

These are the building blocks of PCNs and if they are weak, or fail, then the PCN will fail, threatening surrounding practices and PCNs. There are small amounts of resilience and retention funds, alongside Personal Medical Services (PMS) / General Medical Services (GMS) redistribution funds that could be used to support and sustain these practices. Unfortunately, the agenda at Sheffield CCG, Integrated Care Provider (ICP) and ICS has moved to focus almost entirely on transformation and not on resilience of the practices.

SUMMARY

Concerns raised at the meeting are:

- Implementation of the PCN DES has been too rapid to allow PCNs to develop appropriately as independently run agents of the incumbent practices.
- The reimbursements for PCN employees is too rigid. There is a plurality to general practice need across the city and this has to be reflected in flexibility for reimbursable staff.
- Use of significant sums of money invested in general practice is being spent on lawyers, VAT experts, management fees and third party expenses rather than PCNs being significantly mature to then employ staff themselves and reduce this waste of tax-payers money.
- The workload is increasing rather than decreasing and, although establishing structures may take time and money, PCNs will be inundated with extra workload initiatives too rapidly.
- Historical problems with premises need urgently addressing whilst premises expansion is required to accommodate the expanding workforce.
- The complexity of implementation of the PCN DES is actually compounding the problems identified in the Partnership Review rather than alleviating them.

DR ALASTAIR BRADLEY
Chair