

Health and Wellbeing Board

TABLED DOCUMENTS

DATE: **Thursday 7 March 2019**

- (a) Five Year Framework letter to all GP Harrow Practices (Pages 3 - 6)

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All Harrow GP Practices

Via Email

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Thursday, 14 February 2019

Dear Colleagues,

I am sure that Practices are now aware of the publication of the five year framework setting out changes to the GP Contract from April 2019. As a CCG we very much welcome this guidance and are excited about the potential this provides for General Practice at the heart of our healthcare system. We were also very reassured about our strategic direction for primary and integrated care, and that this was very much confirmed by the guidance.

One of the central parts of this new guidance relates to Primary Care Networks. As you will be aware, the development of Primary Care Networks is now mandated in the Contract, with new network contracts (through DES arrangements) to be introduced from July 2019.

The guidance states that Primary Care Networks should be 30,000 to 50,000 population and within this that 30,000 is the mandated minimum number. The guidance states that 50,000 is a suggested upper level for a Primary Care Network size, but not a strict requirement. Our North West London primary care leads have been in further conversations with NHS England this week about the guidance, who confirmed 30,000 as a strict minimum, but a flexible approach on the 50,000 upper limit, particularly in London with our denser populations and where the majority of networks are currently operating above this population level.

However, we recognise that with this new direction and the cementing of Primary Care Networks for the long term within a national contractual framework, as well as within our local contract arrangements, that this presents an opportunity to reflect on our current position in Harrow. The work that each Practice has been involved in to develop their locality approaches, as well as the leadership provided for this from Harrow Health CIC to date, has put us in an excellent position for considering what will work best for us locally into the future and we thank you all for your efforts on this to date.

Building on this work, we now invite our local Practices to consider and confirm their collaborative arrangements for Primary Care Networks for the future. This may mean confirming that you will move forward in your existing locality forms, or that you decide to



Chair: Dr Genevieve Small
Chief Officer: Mark Easton
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make some changes. In line with the NHS England guidance, and in order to be eligible for the Network Contract DES, a Primary Care Network will have to submit a completed registration form to the CCG by no later than the 15 May 2019. In submitting this form, NHS England states there are six factual pieces of information that must be provided:

- The names and OCD codes of member Practices;
- The network list size, i.e. the sum of its member practices' registered lists as of 1 January 2019;
- A map clearly making the agreed Network area;
- The initial Network Agreement signed by all member practices;
- The single practice or provider that will receive funding on behalf of the PCN; and
- The named accountable Clinical Director.

The submissions will then be reviewed and confirmed by the CCG by no later than the Friday 31st May 2019.

The criteria for making this approval, in line with NHS England guidance, for Harrow CCG will be:

- Primary Care Networks are geographically contiguous;
- Primary Care Networks are a minimum of 30,000 population;
- That there is 100% population coverage of the networks with the CCG geographical boundary;
- That Primary Care Networks contain all Practices operating within the CCG geographical boundary.

In addition, Primary Care Networks will have to:

- Align and make sense to community providers, who will configure their teams accordingly;
- Align and make sense to our current arrangements for delivery of primary care at scale contracting arrangements in Harrow, currently enhanced services and whole systems integrated care services;
- Makes sense to the local community;
- Provide the building block and infrastructure for our local Integrated Care Partnership.

In order for Harrow to move forward with their at scale arrangements, these conditions must be met by all applicants. If this is not achieved in the applications, then we are unable to proceed with single primary care network models. All network applications will be approved at the same time by the CCG. This means that if any changes are being proposed to current arrangements, providers will need to work together to ensure that the solutions meet the needs of Harrow as a whole borough.

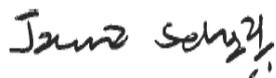
Whilst provider conversations about primary care network arrangements happen, our commissioning programme must continue to move forward, to ensure that we meet our strategic objectives and deliver our financial recovery plan. At our Primary Care Commissioning Committee this week, approval of new at scale contracting arrangements were made for enhanced services and whole systems integrated care. These Contracts will

be made through a direct award to Harrow Health CIC, who will now work with localities and their member Practices to mobilise the services by 1st April 2019 and support delivery from then on. Additional funding is being allocated to Harrow Health immediately to support this mobilisation. In terms of on-going management costs of managing the enhanced service contract, a decision was made not to top slice the enhanced service budget, but for this management fee to be met from the £1.50 per head CCG investment from 19/20 onwards that will be made to support Primary Care Network arrangements. Primary Care Networks will agree these arrangements directly with Harrow Health CIC. We are working to get the enhanced service specifications to Practices as soon as possible. Following sign-off of four specifications at the Primary Care Commissioning Committee, we are now awaiting final comments from LMC and will then make amendments as appropriate as issue to Practices as soon as we can. We hope that this will be next week.

In developing the Contracts for both enhanced services and whole systems integrated care, flexibilities are being built in so that if the form of primary care changes, the Contractual arrangements can respond to this.

I trust that this letter provides the clarification needed by localities and Practices and look forward to hearing how your discussions progress over the coming weeks.

Yours sincerely,



Javina Sehgal
Managing Director

cc. Dr Genevieve Small, Chair Harrow CCG
Mark Easton, Chief Officer, NWL Collaboration of CCGs
Dr Ken Walton, Chair, Harrow Health CIC
Bobby Pozzoni-Child, Head of Human Resources, Harrow Health CIC

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