Primary Care Networks

How do we campaign for primary care?

Based on draft discussion paper by Dr Louse Irvine for KONP
Primary Care Networks

• a key building block of the NHS long term plan
• new contract puts more formal structure around different ways of working together
• PCN 30-50,000 patients in geographic area (upper limit flexible)
• additional funding, but only if join network
Primary Care Networks

• NHSE see PCN as key vehicle for delivering LTP and providing a wider range of services to patients
• PCN will be expected to deliver 7 national service specifications: structured medication reviews, enhanced health care in homes, anticipatory care, personalised care, early cancer diagnosis, cardiovascular disease finding, action to tackle inequalities
Primary Care Networks

• first contact physiotherapy
• extended access
• social prescribing link workers
• pharmacists
• physician associates
• paramedics
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• PCN ‘footprint’ around which integrated community based teams will develop (community and mental health services)
• these teams will provide services to patients with more complex needs
• population health management
• focus on service delivery - not planning/funding
• clinical directors, feeding into ICS
Primary Care Networks

• £1.8 billion by 2023/4, from directed enhanced services (DES) payment, an extension of the core GP contract
• money from DES contingent on being part of network
• ‘shared savings’ scheme if reductions in A&E visits, and hospital admissions
The crisis in general practice

- reduced funding £1bn/yr past decade
- reduced numbers of GPs
- long waits for appointments
- loss of continuity
The crisis in general practice

• “access” at expense of all other values
• 2004 contract – Virgin, United Health, etc
• GP entrepreneurs – Birmingham based Modality with 380k patients, Hurley Group 100k, GP at Hand 50k
• decline in patient satisfaction
• decline in popularity of general practice as a career
PCN to the rescue?

- need more GPs to meet demand
- where will additional AHP staff come from?
- cuts to public health, social care, prevention, community services undermine
- austerity
- PCN not the solution to these problems
Primary Care Networks

• should we be asking GPs not to sign up to PCN?
• what demands should campaigners be making?
Primary care networks – some myths

• PCNs are about replacing GPs
• practices being amalgamated into larger practices called “PCN”
• medical records and budget controlled by network
• NHS 111 and receptionists will decide who you see (may be non doctor?)
• PCN = ICP
Primary Care Networks

• positive campaigning:
Fund the current GP model that gives continuity

• personal and continuing care
• fully fund it
• more GPs and practice nurses
• stop move to corporate super-practices
Support GPs and primary care staff

• manageable workloads
• support staff wellbeing and prevent dangerous stress
Better access for patients

• prompt access to GP
• prompt access to practice nurse
• prompt access to other primary care staff in the community
• prioritise easily accessible services within short distance of home
Right to see your GP

• patients should have right to face to face appointments with GP
MDT add value but don’t replace GPs

- increased numbers of community staff such as district nurses
- collaborative MDT networks, sensitive to local health issues and accountable to public
- social care, public health, mental health
- strong links/good communication with secondary care
Patient and public engagement

• opportunities for genuine patient and public involvement in the development of community services
A charter for Primary Care?