



Better care together

Leicester, Leicestershire & Rutland health and social care



Better Care Together Bulletin: **Focus on Primary Care**

July 2019

Practice and CCG edition

Primary care networks launched 1st July

**Find out what
this means for
patients and GP
practices**

In this guide:

- About primary care networks
- What primary care networks mean for patients
- The local primary care networks

Contents

Introducing primary care networks	Page 3
The primary care networks in Leicester, Leicestershire and Rutland	Page 4
• East Leicestershire and Rutland	Page 4
• West Leicestershire	Page 5
• Leicester City	Page 7
Role of PCNs in an Integrated Care System	Page 9
Role of the voluntary sector	Page 9
PCN funding	Page 10
Patient engagement	Page 11
New roles in practices	Page 9
Questions you may have	Page 12
Get involved and contact details	Page 14





Introducing primary care networks

On 1st July 2019, GP practices across the country began working with other practices in their local area in groups called primary care networks (PCNs). The three clinical commissioning groups in Leicester, Leicestershire and Rutland, who oversee the care provided in local GP practices, are now able to confirm how practices have grouped together locally.

PCNs were announced as part of NHS England's Long Term Plan earlier this year. They have been put in place to improve and extend the range of services that are available in the community and join up the care that is provided from different organisations. It is expected that by working together, practices will be able to make resources go further and care for patients more creatively.

Each PCN will look after between 30,000 and 50,000 patients, but there may be some with more or less patients than that.

A much wider team of health professionals is increasingly becoming involved in patients' care in GP practices. Through primary care networks there will be even more clinical pharmacists, physiotherapists, physician associates, community paramedics and social prescribing link workers looking after patients day-to-day.

Practice staff will also work together with other health, social care and voluntary sector organisations, to plan the care patients need and prevent ill-health in a coordinated way. These wider teams will include pharmacists, district nurses and specialists who care for certain types of conditions or groups of patients with particular needs.

GP practices will remain independent. Patients will continue to be registered at their existing GP practice and it will still be the main point of contact for their care.

Each primary care network will decide how it will provide care for its patients. Examples could include sharing health professionals between practices or offering appointments at a different practice in the network to improve access— particularly if they have a non-urgent problem or that practice specialises in an area of care they need.

Over time, PCNs are expected to bring a number of benefits

For patients

- Joined up services - everyone knows previous interactions
- Access to a wider range of professionals and diagnostics in the community - in a single appointment
- Different ways of getting advice and treatment, including digital, telephone based and physical services, matched to their individual needs
- Shorter waiting times and convenient appointments
- Greater patient involvement in decisions about their care
- Increased focus on prevention and personalised care

For practices:

- Greater resilience: sharing resources, improved efficiency and smoothing out fluctuations in demand and capacity
- A more sustainable work/life balance: more tasks routed directly to appropriate professionals
- More satisfying work: each professional focusing on the tasks they do best
- Greater influence on decisions made elsewhere in the health system
- Ability to provide better treatments to their patients: better access to specialists in the community, diagnostics, and wider system



The primary care networks in Leicester, Leicestershire and Rutland

East Leicestershire and Rutland

(Oadby & Wigston, Blaby, Harborough, Lutterworth, Melton and Rutland)

PCN	Patients	Practices
Melton, Syston and Vale Clinical Director: Dr F Dhanji	69 519	Latham House Medical Practice
		Long Clawson Medical Practice
		The County Practice
		The Jubilee Medical Practice
		Stackyard & Woolsthorpe Surgery*
Oadby & Wigston Clinical Director: Dr R Palin	49 059	Bushloe Surgery
		Rosemead Drive Surgery
		Severn Surgery
		South Wigston Health Centre
		The Central Surgery (Oadby)
		Wigston Central Surgery
North Blaby Clinical Director: Dr S Vincent	60 264	Enderby Medical Centre
		Forest House Medical Centre
		Kingsway Surgery
		The Glenfield Surgery
		The Limes Medical Centre
South Blaby & Lutterworth Clinical Director: Dr R Omand	47 188	Countesthorpe Health Centre
		Hazelmere Medical Centre
		Northfield Medical Centre
		The Masharani Practice
		The Wycliffe Medical Practice
Market Harborough & Bosworth Clinical Director: Dr H Mistry	28 445	Husbands Bosworth Medical Centre
		Market Harborough Medical Centre
Cross Counties Clinical Director: Dr A Chahal	42 271	Billesdon Surgery
		Kibworth Health Centre
		The Croft Medical Centre
		Two Shires Medical Practice
Rutland Healthcare Clinical Director: Dr H Fox	38,569	Empingham Medical Centre
		Market Overton & Somerby Surgeries
		Oakham Medical Practice
		The Uppingham Surgery

*Stackyard Surgery will part of the Melton/Syston PCN. Stackyard Surgery is based across two sites in Croxton Kerrial and Woolsthorpe. The contract is managed by Long Clawson Surgery. The patient population is approximately 3,900 of which most live in Leicestershire, the balance in Lincolnshire. Working closely with the South Lincolnshire CCG, we will work through the possibility and implications of the practice moving to East Leicestershire and Rutland CCG in 2020/21.



West Leicestershire

Hinckley and Bosworth, North West Leicestershire, Charnwood)

PCN	Patients	Practices
Hinckley and Bosworth		
Bosworth Clinical Director: Dr J Ogle	37,491	Desford Medical Centre
		Grobby Surgery
		Heath Lane Surgery
		Newbold Verdon Medical Practice
		Ratby Surgery
Hinckley Central Clinical Director: Dr R Dockrell	38,732	Castle Mead Medical Centre
		Maples Family Medical Practice
		Station View Health Centre
		The Centre Surgery
Fosseway Clinical Director: Dr V Bolarum and Dr A Khalid	42,742	Barwell & Hollycroft Medical Practice
		Burbage Surgery
		Orchard Medical Practice
		The Old School Surgery
North West Leicestershire		
North West Leicestershire (Single PCN with 3 neighbourhood hubs) Clinical Director: Dr K Moore	42,823	Castle Medical Group
		Ibstock & Barlestone Surgeries
		Measham Medical Unit
		The Surgery - Ashby
	37,319	Broom Leys Surgery
		Hugglescote Surgery
		Long Lane Surgery
		Markfield Medical Centre
	27,724	Castle Donnington Surgery
		Manor House Surgery
		Whitwick Health Centre: Dr Patel & Dr Tailor
		Whitwick Health Centre: Dr Virmani (& Dr Bedi)
		Whitwick Road Surgery



West Leicestershire (continued)

(Hinckley and Bosworth, North West Leicestershire, Charnwood)

PCN	Patients	Practices
Charnwood		
Watermead Clinical Director: Dr A Rao	32,217	Birstall Medical Centre
		Greengate Medical Centre
		Mahavir Medical Centre
		Silverdale Medical Centre
		Thurmaston Health Centre
Soar Valley Clinical Director: Dr N Simpson	49,863	Alpine House Surgery
		Anstey Surgery
		Barrow Health Centre
		Charnwood Surgery
		Cottage Surgery
		Highgate Surgery
		Quorn Medical Centre
		The Banks Surgery
Carillon Clinical Director: Dr L Borrill	55,445	Bridge Street Medical Practice
		Loughborough University Medical Centre
		Park View Surgery
		Pinfold Medical Practice
		Woodbrook Medical Centre
Beacon Clinical Director: Dr R Dempsey	33,955	Charnwood Medical Group
		Dishley Grange Medical Practice
		Field Street Surgery
		Forest House Surgery



Leicester City

PCN	Patients	Practices
Belgrave & Spinney Clinical Director: Dr P Pancholi	45,774	Broadhurst Street Surgery
		Canon St Medical Centre
		East Park Medical Centre
		East Park Medical Centre (Doncaster Road branch)
		Spinney Hill Medical Centre
		Spinney Hill Medical Centre (Doncaster Road branch)
		The Charnwood Practice
The Leicester Foxes Clinical Director: Dr V Sharma	33,498	Al-Waqas Medical Centre
		Evington Medical Centre
		Evington Medical Centre (Loughborough Road branch)
		Dr S D'Souza & Partner (Queens Road branch)
		Dr S D'Souza & Partner (St Peter's Health Centre)
		Dr R Kapur (Belgrave Health Centre)
		Dr R Kapur & Partners (St Peter's Health Centre)
		Narborough Road Surgery
		Dr R Sahdev (Surgery @ Aylestone)
Leicester Central Clinical Director: Dr R Wadhwa	51,058	Ar-Razi Medical Centre
		Bowling Green Street Surgery
		Heron GP Practice
		Highfields Medical Centre
		Highfields Medical Centre (Belgrave Health Centre branch)
		Highfields Surgery
		Sayeed Medical Centre
		Shefa Medical Practice
		The Community Health Centre
Salutem Clinical Director: Dr A Tincello	35,455	Downing Drive Surgery
		Humberstone Medical Centre
		Johnson Medical Practice
		Johnson Medical Practice (Hilltop Surgery branch)
		St Elizabeth's Medical Centre
Aegis Healthcare Clinical Director: Dr M Roshan	41,104	Clarendon Park Surgery
		East Leicester Medical Practice
		Heatherbrook Surgery
		Pasley Road Health Centre (Dr Khong)
		The Willows Medical Centre
		Willowbrook Medical Centre
		Willowbrook Medical Centre (Springfield Road branch)



Leicester City (continued)

PCN	Patients	Practices
Millennium Clinical Director: Dr D Jawahar	50,971	Aylestone Health Centre
		Beaumont Lodge Medical Practice
		Beaumont Lodge Medical Practice (branch)
		Brandon Street Surgery
		Briton Street Surgery
		Manor Park Medical Practice
		Manor Park Medical Practice (branch)
		Westcotes GP Surgery 1 (Dr S Shafi)
		Westcotes GP Surgery 2 (Dr S Shafi)
		Westcotes Health Centre (Dr K M Taylor & Partner)
		Westcotes Medical Practice
City Care Alliance Clinical Director: Dr U Roy	38,589	Asquith Surgery
		Beaumont Leys Health Centre
		Fosse Family Practice
		Merridale Medical Centre
		Rushey Mead Health Centre
		The Parks Medical Centre
Leicester City & University Clinical Director: Dr A Garcea	45,234	Victoria Park Health Centre
		Student Health Centre (De Montfort University)
Leicester City South Clinical Director: Dr A Rastogi	35,417	Saffron Health
		Saffron Health (branch)
		Inclusion Healthcare
		Leicester City Assist Practice
		Pasley Road (Dr G Singh)
		The Hedges Medical Centre
		Walnut Street Surgery
Leicester Health Focus Clinical Director: Dr H Mukadam	38,194	Fosse Medical Centre
		Groby Road Medical Centre
		Hockley Farm Medical Practice
		Oakmeadow Surgery



Role of PCNs in an Integrated Care System

In its Long Term Plan, NHS England made a commitment to deliver Integrated Care Systems (ICS) by April 2021. This means more collaborative system working between GP practices, health partners, social care, voluntary sector and local authorities. The purpose of an ICS is to build capability in the system and improve services at three levels:

- System
- Place
- Neighbourhood (locality/network level)

PCNs will become the basis for neighbourhoods, defined populations and geographies, around which integrated care can be planned and delivered between local hospitals, local authorities, primary care, community health and the third sector.

PCNs will be expected to play a significant role at all levels of the ICS:

- Primary care networks will deliver integrated services to people in 'neighbourhoods', as the foundation of an effective health system
- In 'places' (Local Authority boundaries), primary care will interact with hospitals and local authorities, working together to meet the population's needs (in some systems, federations could operate at the 'place' level to support primary care networks)
- At the system level (LLR), primary care as a provider will increasingly participate in system decision making. Networks create an opportunity for primary care to have a greater voice in both the design and delivery of 'place' based care with hospitals and local authorities, than may have been feasible historically in arrangement of individual separate practices

The Clinical Directors of PCNs will play a critical role in shaping and supporting the ICS and ensuring GP practices are fully engaged in implementing the Long Term Plan. Through PCNs, practices will play an even greater part in the wider system than they have previously.

The role of the voluntary sector

The purpose of primary care networks is to bring together all those organisations that can help care for their local population. There is a strong desire from PCNs to work with and involve the voluntary sector. Primary care networks are new and evolving entities and have not yet fully considered what form this might take.

The clinical commissioning groups will be working with local authorities to support the PCNs as they begin to consider this in more detail. This will include helping them to assess the health needs of the population covered by their PCN so that they can work out what support will be needed.



PCN funding

Much of the future of PCNs is yet undefined. By 2023/24, NHS England will make £891 million available to Primary Care. By 2023/24 this equates to a settlement of £726,000 new annual funding for a PCN with an average-weighted population of 50,000.

It is known that PCNs will receive new funding in three ways through a 'Network Contract':

1. **Five new roles:** PCNs will each receive funding to put in place five roles: clinical pharmacist, social prescribing link worker, community paramedic, physiotherapist and physician associate. The scheme extends gradually. This reflects available supply and funding:
 - in 2019 it starts with clinical pharmacists and social prescribing link workers only
 - in 2020 physician associates and first contact physiotherapists are added; and
 - in 2021 it also includes first contact community paramedics.
2. **Seven key priority areas:** Funding to carry out services in the seven key areas: structured medications review and optimisation, enhanced health in care homes, anticipatory care requirements for complex patients, personalised care, supporting early cancer diagnosis, CVD prevention and diagnosis, tackling neighbourhood inequalities
3. **New shared savings scheme:** PCNs are also expected to be able to benefit from a new 'shared savings' scheme resulting from system-wide efficiencies. For example, reducing avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and preventing over-medication through pharmacist reviews.

In addition, two existing funding streams will transfer to PCNs in the future: extended access services and community-based services.

Full details relating to PCN funding is still to be published.





Patient engagement

During the summer of 2018, NHS England carried out a programme of engagement on the Long Term Plan, of which primary care networks are a part.

The PCNs are being developed under very tight timescales. PCNs are expected to have engaged with their constituent Patient Participation Groups during their development to ensure patient views were taken into account.

The clinical commissioning groups in Leicester, Leicestershire and Rutland have started to engage with stakeholders, patients and the public about the local primary care networks. In February, April and July 2019, BBC Radio Leicester and BBC East Midlands featured primary care networks and the range of health professionals that will be involved in patients' care.

Before making any changes to services, GP practices and primary care networks will be expected to engage with their patients. All GP practices should have a Patient Participation Group and they will continue to be involved in the running of the practice and the primary care network going forward.





New roles in practices

A much wider team of health professionals is increasingly becoming involved in your care in GP practices. Through primary care networks there will be more clinical pharmacists, social prescribing link workers, physiotherapists, physician associates and community paramedics. They will be introduced via PCNs over the next few years. Some practices already have some of these roles so they may be familiar to you.

So that everyone is seen as quickly as possible, it is important that patients are matched with the most appropriate health professional for their particular medical problem. We want practice staff to make use of the full extent of their training and experience, rather than spending time doing something that could be done by a more appropriate health professional.

GPs will always care for the most seriously ill patients in the practice or those with more complicated illnesses. It is not always the best use of their time and expertise if they see patients that other members of the practice team are qualified and experienced to be able to manage.

When you contact your practice, you will be advised about who is the most appropriate person for you to see. If you are seen by one professional, but then need further care or a second opinion, this will happen safely and seamlessly.

Clinical Pharmacist

The clinical pharmacist is a specialist in the area of medication and health prevention. They can work directly with you as part of the GP practice team to make sure your medicines help you to get better and stay well. This means that you won't always see your GP for your medicine reviews as these can be carried out with the clinical pharmacist, saving you having to wait for a GP appointment. The clinical pharmacist can also advise of any changes that are needed to your prescriptions or any changes that you may need to make to your lifestyle to keep you well. They can also monitor some diabetes and heart medications.

Social Prescribing Link Worker

Often patients visit their GP practice for non-medical problems. Social prescribing is where patients are referred to non-medical services that can help them with their social, emotional or practical needs. A social prescribing link worker will meet with the patient to identify and discuss their individual needs and put them in touch with the right activities or services that can help. Examples might include community groups, volunteering and services to help people manage better at home.

Extended Scope Physiotherapist

Extended scope physiotherapists are specialists with extra qualifications to undertake duties such as:

- Ordering X-rays or blood tests
- Examining you to find out where your pain or discomfort is coming from
- Providing you with exercises to do at home
- Referring you to other specialist health care professionals
- Providing joint injections.

They work mainly with patients who have problems with their back, spine, muscles, joints and bones. These are called musculoskeletal problems.



Physician Associate

Physician associates support doctors in the diagnosis and management of patients. They are trained to perform a number of day-to-day tasks including:

- Taking details from you about your medical history
- Performing physical examinations
- Diagnosing illnesses under the guidance of a nurse or GP
- Seeing patients with long-term chronic conditions
- Providing you with advice on tailored exercise to improve a muscle, joint or bone condition
- Analysing test results under the guidance of a nurse or GP
- Developing management plans to help you better manage your health condition with professional support
- Provide health promotion and prevention advice for patients.

Acute Care Practitioner (Community Paramedic)

Acute care practitioners are highly trained to carry out assessments of critically ill patients. They can:

- Perform and order tests to diagnose what is wrong with you
- Prescribe medication
- Treat patients with serious illnesses or injuries which cannot be cured
- Educate you and your family or carer about medical options
- Work with you and your family to create a care plan or end of life plan if it is required.

They are highly qualified members of the practice team and provide a link between your GP practice and the hospital you are treated at.

They have completed a graduate degree such as a Master's degree relevant to their role.

Continuity of care

If you have long term conditions or complex health problems, seeing the same GP or health professional is important. If you have a more routine or one-off health problems, this continuity is less important. If everyone sees the appropriate health professional for their particular medical problem, it is much more likely that those with more complex needs will be able to see their usual health professional and other patients will be seen more quickly. If you do need to see someone else, they will be able to see your medical record and will be able to treat you with all the relevant information to hand.



Questions patients may have

Why have primary care networks been created?

Primary care networks are part of NHS England's Long Term Plan, published in January 2019. They have been put in place to improve and extend the range of care that is available in the community and join up the care that is provided from different organisations.

You may already receive care from a range of health professionals from different organisations, for different medical problems. This can make you feel confused about who to speak to, what your next appointment is for and who you will see.

Health, social care and voluntary sector organisations will now work much more closely together to plan what you need as one team, focusing on you as a whole person.

What does this mean for me as a patient?

As a patient, you will continue to be registered at your existing GP practice and they will still be the main point of contact for your care. It will just mean that the practices in the PCN will share resources to make them go further and will deliver care in more innovative ways.

A much wider team of health professionals is increasingly becoming involved in your care at your GP practice. Through primary care networks there will be more clinical pharmacists, physiotherapists, physician associates, community paramedics and social prescribing link workers.

There will be many benefits for patients:

- Joined up services - everyone knows previous interactions
- Access to a wider range of professionals and diagnostics in the community - in a single appointment
- Different ways of getting advice and treatment, including digital, telephone based and physical services, matched to their individual needs
- Shorter waiting times and convenient appointments
- Greater patient involvement in decisions about their care
- Increased focus on prevention and personalised care

Each primary care network will decide how it will provide care for its patients. For example, sometimes a health professional may work for a particular practice or will support patients in all practices in the PCN. There may also be times when you receive your appointment at one of the other practices in your network – particularly if you have a non-urgent need or that practice specialises in an area of care you need.



How has it been decided which PCN a practice belongs to?

GP practices have worked together to form into primary care networks that meet national criteria. They have been supported by their clinical commissioning group, GP federations and the Local Medical Committee.

How do I find out which PCN my practice belongs to?

The PCNs will be published on the websites of the relevant clinical commissioning group or you can contact your GP practice to find out.

- Leicester City: www.leicestercityccg.nhs.uk
- West Leicestershire (Hinckley and Bosworth, Charnwood, North West Leicestershire): www.westleicestershireccg.nhs.uk.
- East Leicestershire and Rutland (Oadby & Wigston, Blaby, Lutterworth, Harborough, Melton, Rutland): www.eastleicestershireandrutland.nhs.uk.

Does this mean practices are merging?

No. Each practice will remain independent. As a patient, you will continue to be registered at your existing GP practice and they will still be the main point of contact for your care.

Who is in charge of each primary care network?

Each PCN has appointed a health professional to be a clinical director.

What is the role of a Clinical Director in a PCN?

The role of the Clinical Director is to lead the development of the PCN and ensure care is provided in the best way to meet the needs of its patients. In addition, the Clinical Director will represent the PCN and the patients it serves in discussions about how healthcare is provided across each local authority area and across Leicester, Leicestershire and Rutland.

How do I contact my primary care network?

As a patient, you are unlikely to need to contact your Primary Care Network. You will continue to contact your own GP practice as normal. Contact details for the primary care networks will be published in due course for any providers of care wishing to get involved with PCNs.

I am a member of the patient participation group (PPG) for my practice. Will that still continue?

All practices should continue to have a PPG. Please contact your practice or PPG Chair to ask how your PPG can get involved in the development of the PCN.

Will I need to go somewhere else for my care?

Your PCN may ask you to have your appointment at another practice in the PCN so you can be seen more quickly or because that practice is a specialist in a particular health problem.



Will I still be able to see the same clinical staff?

Your existing GP practice will continue to be your main point of contact and you will still see the same members of the practice team. You may also get to see staff from other GP practices in your PCN, either at your own practice or at another practice.

A much wider team of health professionals is increasingly becoming involved in your care in GP practices. Through primary care networks there will be more clinical pharmacists, physiotherapists, physician associates, community paramedics and social prescribing link workers.

Will I need to change practices?

No, you will not need to change practice, but you are free to change practice at any time.

Will other practices in the PCN be able to see my medical record?

If your appointment does take place at another practice in your network, they will be able to see your medical record.

How have patients been engaged about primary care networks?

Primary care networks are part of NHS England's Long Term Plan. During the summer of 2018, NHS England carried out a programme of engagement on the Long Term Plan.

PCNs are expected to have engaged with their constituent Patient Participation Groups about the proposed boundaries to ensure their views were taken into account.

In February, April and July 2019 BBC Radio Leicester and BBC East Midlands featured primary care networks and the health professionals that will be involved in patients' care. The clinical commissioning groups in Leicester, Leicestershire and Rutland are now embarking on a programme of engagement about the local primary care networks.

Before making any changes to services, GP practices and primary care networks will be expected to engage or consult with their patients. All GP practices should have a Patient Participation Group and they will continue to be involved in the running of the practice and the primary care network.

What opportunities will there be for the voluntary sector in primary care networks?

The purpose of primary care networks is to bring together all those organisations that can help care for their local population. There is a strong desire from PCNs to work with and involve the voluntary sector. Primary care networks are new and evolving entities and have not yet fully considered what form this might take.

The clinical commissioning groups will be working with local authorities to support the PCNs as they begin to consider this in more detail. This will include helping them to assess the health needs of the population covered by their PCN so that they can work out what support will be needed.



Better care together

Leicester, Leicestershire & Rutland health and social care



Get involved

If you have a question that hasn't been answered, please get in touch with your local clinical commissioning group below. We will be publishing the answers to popular questions on our websites, so it is worth checking their first. Look out for information on Facebook and Twitter and join the conversation.

East Leicestershire and Rutland Clinical Commissioning Group

Leicestershire County Council
Room G30, Penn Lloyd Building
County Hall, Glenfield
Leicester LE3 8TB

Email: enquiries@eastleicestershireandrutlandccg.nhs.uk



East Leicestershire and Rutland Clinical Commissioning Group



@NHSELRCCG

Call us on: 0116 295 3405

www.eastleicestershireandrutlandccg.nhs.uk

West Leicestershire Clinical Commissioning Group

55 Woodgate
Loughborough
LE11 2TZ

Email: enquiries@westleicestershireccg.nhs.uk



West Leicestershire CCG



@west_lei_ccg

Call us on: 01509 567700

www.westleicestershireccg.nhs.uk

Leicester City Clinical Commissioning Group

St John's House
30 East Street
Leicester
LE1 6NB

Email: beinvolved@leicestercityccg.nhs.uk



NHS Leicester City



@NHSLeicester

Call us on: 0116 295 0750

www.leicestercityccg.nhs.uk