



The new landscape for primary care

Peter Edwards
Capsticks Solicitors LLP
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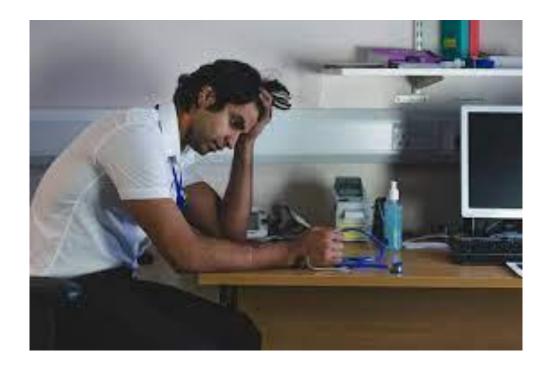
What we will be covering



- How will the development of Integrated Care Systems and the passing of the Health and Care Bill impact on GP practices?
- How has the Covid-19 pandemic changed the way in which primary care works, including in particular online consultations as the "new normal"?
- What next for Primary Care Networks?

How are you....?





The Health and Care Bill – when will it become law?





Key issues in the Bill for primary care



- Integrated Care Boards
 - General Practice representation
 - Primary Care commissioning functions including dental and opthalmic
- Procurement and competition



How will ICSs work?

System: the level of the ICS, typically covering a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.

Place: a town or district within an ICS, often (but not always) co-terminous with a council or borough, typically covering a population of 250–500,000. This is where the majority of changes to clinical services will be designed and delivered, and where population health management will be used to target interventions to particular groups. At this level, providers may work together to join up their services through alliances or more formal contractual arrangements.

Neighbourhood: a small area, typically covering a population of 30–50,000 where groups of GPs and community-based services work together to deliver co-ordinated, proactive care and support, particularly for groups and individuals with the most complex needs. Primary care networks (PCNs) and multidisciplinary community teams form at this level.



Figure 1: Collaborations and activities that align with typical levels of service planning and delivery

6	National
9	Regional
0	Multi-system
3	System
0	Place
0 N	eighbourhood

Services	Predominant collaboration partners	Collaboration arrangements	Activities	
Life sciences Highly specialist services	Specialist providers Research universities Industry	AHSCs, AHSNs Public-private partnerships	 Services need to be planned and coordinated on a broader footprint than a single ICS, working with neighbouring ICSs, other providers and national commissioners. 	
Highly specialist services Specialised services	Specialist NHS providers across a large geographic footprint	Specialist clinical networks Provider collaboratives	 Provider collaboratives might span levels 4 and 5 but even when they are not, they must be sighted on decisions relating to the delivery of services at levels four to six in order to understand and calibrate the use of its collective resources for the delivery of all provider collaborative priorities. 	
Specialist and specialised services Community and mental health Access to UEC	Providers working over multiple ICSs	Specialist clinical networks Provider collaboratives	Linked to commissioning of 999, 111 and IUC over multi-ICS as a Lead Provider model	
Elective and non-elective secondary care Inpatient, crisis and specialist mental health, learning disability and autism Community	Providers working across an ICS Providers with patient flow into an ICS	Provider collaboratives	Services in Level 3 are primarily delivered on an ICS footprint. These services therefore particularly lend themselves to planning, coordination and delivery through a provider collaborative.	
Community health Community mental health 'Front door' acute Social care	Providers GPs LAs Voluntary sector	Place-based partnerships ICP contracts	Services in levels 1 and 2 are likely to be planned and coordinated at borough (place) level and delivered at neighbourhood or borough level, depending on the service in question. The primary "vehicles" for collaboration in these layers are place	
Primary care Public health and wellbeing Prevention Community health Social care	Providers GPs LAs Voluntary sector	Primary Care Networks (PCNs) Integrated multi- disciplinary teams	 based partnerships (of which the members of provider collaboratives are key partners). Provider collaboratives play a role in areas where they can add value for at scale collaboration, across multiple places, but they should not duplicate work within each place. 	

How did the pandemic change ways of working?









Online GP appointments



- GP Contract 25% of appointments offered online from April 2019; more targeted approach to be adopted in 2022
- In January 2022:-
 - 25,690,000 appointments
 - 15,405,000 face to face
 - 9,185,000 telephone
 - 115,725 online

Some issues to consider when delivering online consultations







General Medical Council



GMC's high level principles for online consultations



- 1. Make patient safety the first priority
- 2. Understand how to identify and protect vulnerable patients
- 3. Make introductions and explain how the consultation will work
- 4. Explain potential limitations on ability to prescribe
- 5. Obtain informed consent
- 6. Carry out an adequate clinical assessment
- 7. Give information about all available options
- 8. Make appropriate arrangements for aftercare
- 9. Keep full and accurate notes
- 10. Stay up to date with training, support and guidance

Data security and online consultations



- Patient identification
- Secure video-links
- Data storage and cyber security



The current position of PCNs



- Access to staff through ARRS
- Pump priming funding for development and education
- National framework for collaboration –c75% of Covid vaccines delivered
- Early evidence of improvements in operational service provision

What next?



- Further funding through ARRS
- Extended access funding through Network DES to come into effect in October – all PCNs to offer bookable appointments outside core hours
- Increasing trend for PCNs to incorporate
- Current contract framework ends March 2024 – then what?





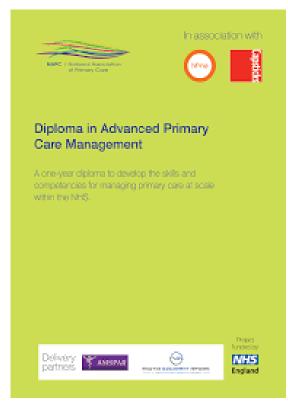


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Any questions?



Peter Edwards
Partner
Capsticks Solicitors LLP

peter.edwards@capsticks.com