

YORLMC PCN & System Integration Lead

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Rationale for creating the role

- Most significant contract reform since 2004
- Majority of new investment over the next 5-10 years will be delivered at PCN level
- Requirements for significant service redesign and system integration – a need to be primary care led

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Transition of STPs to ICSs

- Need for LMC support and representation of GPs and practices at system level
- Sought support from YORLMC board for proactive approach and creation of novel role
- Sought and gained the support and mandate of all CDs and PCNs to represent them at system level
- Received recognition and support from STP and CCG leads, and NHSE/I



What we have done so far

1. Supported the PCN development process with 100% coverage being achieved across the area. This included hosting a series of contract and PCN information roadshows
2. Support regarding PCN set up structures/ VAT/ pensions - this included providing legal advice and inputting into the GPDF's advice
3. Set up and host list servers for local CDs and lead PMs
4. Support and attend place based meetings of CDs (+/-) CCGs and Federations, and set up local CDs forums where place based meeting were not in place.
5. Secured a place on STP/ ICS work stream boards and Systems Leadership Executives.
6. Act as a point of contact and honest broker for local implementation / dispute.
7. Input into STPs 5 year and Primary Care strategies, and accelerator programmes to ICS.



Local Negotiations

We have led negotiations with the 3 STPs in our area on:

- Additional roles baselines
- Additional roles spend and distribution
- Distribution of Training and Development monies, criteria for spend and timescales
- Requirements and timescales for maturity matrices and PCN development plans

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Local negotiations cont...

During these negotiations we have worked alongside LMC Chairs and Vice Chairs to ensure a consistent local voice, and acknowledging the local knowledge and history LMC officers bring to negotiations. The aim has been to:

- Share ideas and best practice
- Influence decisions locally
- Provide one true system level voice for General Practice
- Avoid a divide and rule culture
- Allow CDs to concentrate on their roles and to establish their PCNs, until they have capacity to engage at system level

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Where are we now and what is next

- Remember the foremost goal of PCNs is to provide practices with resilience and sustainability
- Lessons learnt from Year 1:
 - Capacity within PCNs
 - Additional roles inflexibility
- In Year 2 there needs to be a major rethink of the Service Specifications and wider GP contract, to allow PCNs the flexibility and freedom to utilise promised resources to reform and deliver
- NHS Confederation PCN Network - National > local voice? What is the role of BMA and GPC?

Clinical Director Perspective

- Reduced meeting burden
- Good support network for CDs locally
- Feel connected and protected at STP level
- Sharing of ideas
- List server updates
- Doing things once rather than 12 times over

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