

# PLANNING AND DELIVERING THE PCN DES

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BMA PCN Conference 8th Feb 2020



Disclaimer



# PURPOSE - Why do it ?



- Economies of scale
- Promised resources
- Better patient services
- Standardisation and sharing opportunities
- Practice income to maintain services and staff
- Promise of workforce expansion
- Maintain a work life balance
- Avoid stress and burnout



# POSITIVES

- FORMATION OF PCNs
- COLLABORATIVE WORKING
- STANDARDISATION OF CARE
- RESOURCES TO LOOK AT WORKFORCE EXPANSION





# JOURNEY

- We knew we had to deliver the DES and the specifications

So...

Plot your starting point and your vision

Does your vision align with the contract ?

Work on

What needs to be done ...Then

What can be done



# PLANNING FOR THE SPECS

- The devil is in the detail
- Make sure you do your reading
- Make sure you have the right team
- Always look ahead
- Work smarter not harder
- Learn to delegate
- Get your CCG/LMC on board
- Engage with wider organisations early



# Challenges as a PCN

- The services are specified across the PCN
- How do we ensure equity across practices in the PCN ?
- How do we distribute the time of workforce from the additional roles ?
- Will some practices benefit and others maybe lose out ?
- Do we have the IT INFRASTRUCTURE that will underpin these services



# Challenges .....

- Understanding the concept of PCNs' and working at scale
- Understanding patient needs – Involving and education
- Changing the way we think and work
- Finding the resources – time and financial
- Horizon scanning and looking ahead
- Facing the challenges of collaboration wider than our network





# NHPCN JOURNEY

- We already worked as a locality 5 practices approx 43,000 ( 4 S1 and 1 EMIS)
- We had a well being partnership (PCH) up and running
- We got some funding from the CCG
- We had some gainshare savings – MSK, AVS, Phlebotomy services , late collection service
- SPLW, 2\*Clinical pharmacists , FCP
- Lead practice model
- GP Connect



# Utilising the Additional workforce

- Take account of what workforce is already available – eg. pharmacists , advanced practitioners
- Who do you need to deliver the DES?
- Once recruited – have a solid induction and a firm work plan
- Remember - Working at different practices is difficult and they can feel less connected
- Make sure they know who they report too
- **ADMIN AND MANAGERIAL SUPPORT IS KEY**



# SPECIFICATIONS STRUCTURED MEDICATION REVIEWS

- Ditch the terminology
- Explore what practices do already
- Build the cohort of patients that need to have SMR's early
- Who ?
- How?
- Where?



# SMR.....WHO?

- Who does your medication reviews now ?
- Have you been able to employ a Clinical Pharmacist?
- Do you have any schemes with staff already doing these ?
- Who can you engage wider ?





# SMR.....How?

- Make a plan from your identified cohort
- Maybe use birth month reviews
- Make sure the holistic element of reviews is not lost
- Align these reviews with QOF
- Align them with personalised care plans
- Try to make them template driven ( standardised across PCN /Place )
- Avoid duplication
- Make it effective



# SMR .....Where?

- Look for an MDT approach but avoid duplication
- Can some patients come to a surgery ( Hub ? )  
( You can create a wellness hub incorporating different organisations)
- Look at Community transport options



# SMR ...The metrics



# Enhanced Health in Care Homes

- Audit of the care home population
- Speak to your CCG about aligning Care Homes to your PCN
- Maybe use a frailty index tool
- Find your MDT – This will need some effort  
( In Calderdale we are developing a provider alliance model )
- Identify a lead GP/team
- IT and Governance – a real challenge – GET HELP





# Supporting Early Cancer Diagnosis

- The first step is always in the planning and data collection
- Book time as a PCN to look at referrals, pathways ,templates and safety netting
- Agree to standardise process
- Make sure the meeting is inclusive of all staff who process referrals as well not just clinicians
- Information to patients – source available leaflets or customise as needed
- Involve your partnership – of different organisations
- Cancer Alliance is there to help – approach them
- Screening priorities



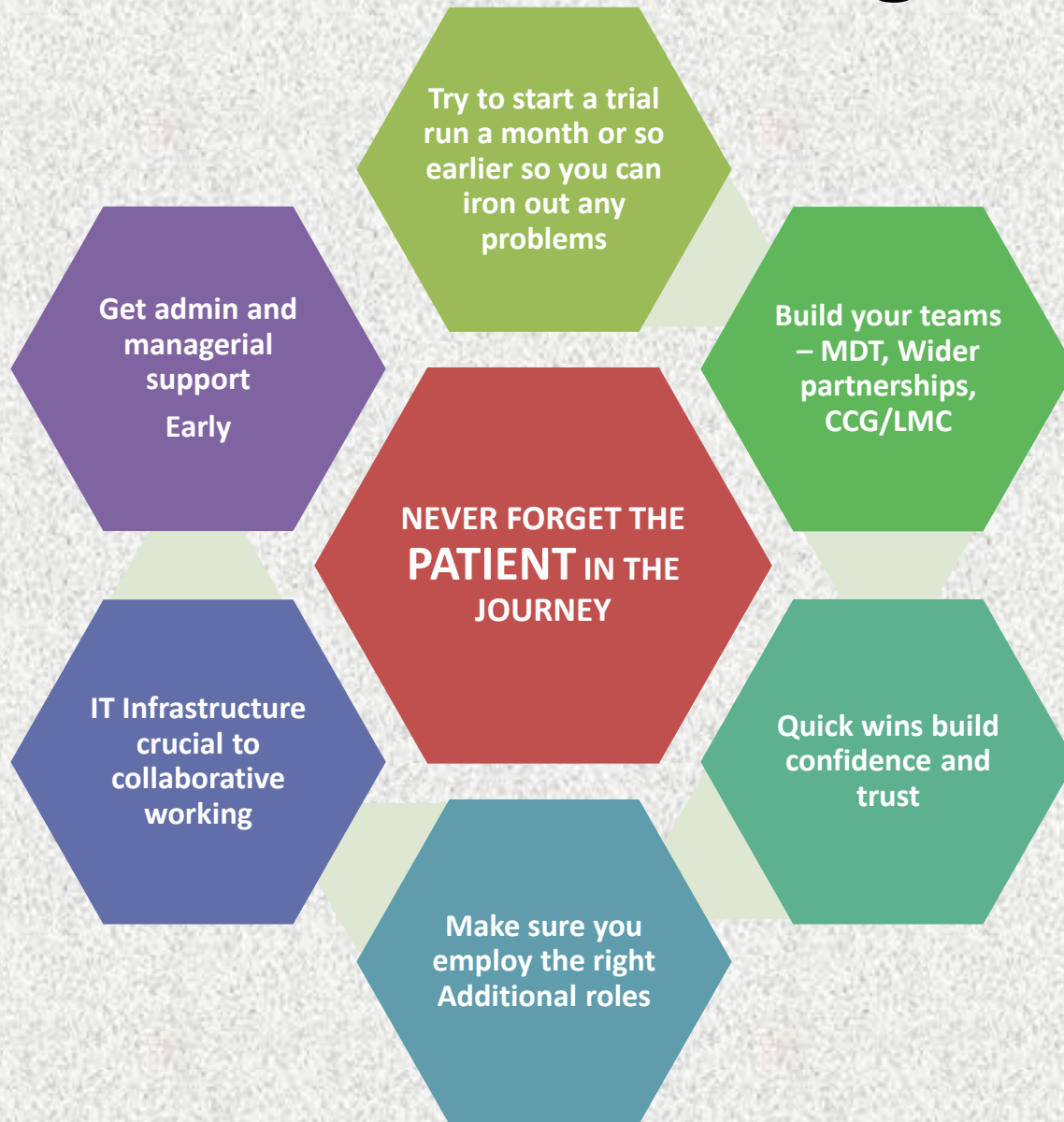
# Take home messages

## NEVER FORGET THE PATIENT IN THE JOURNEY

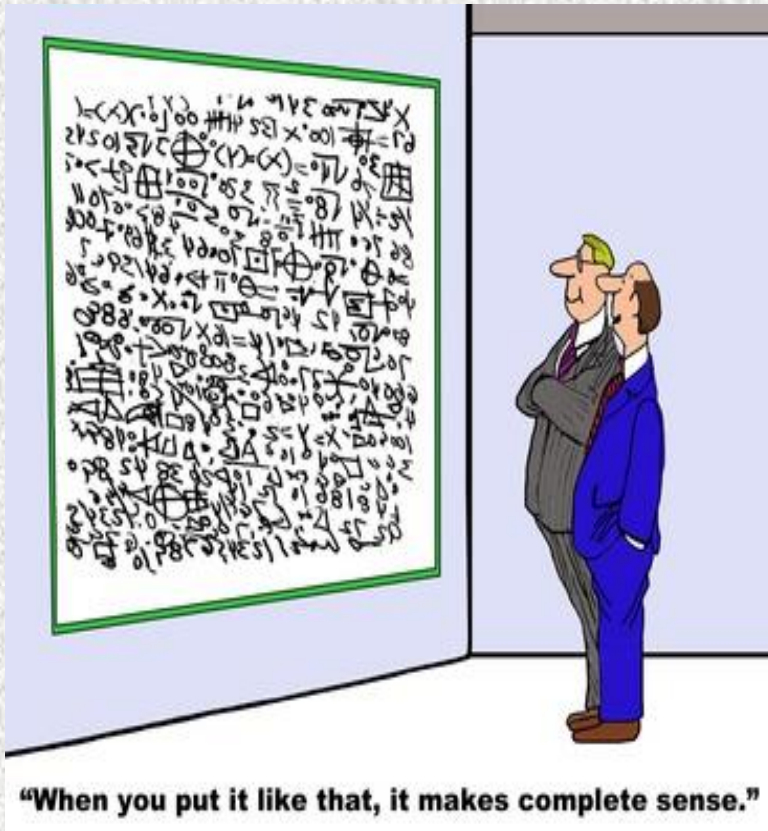
- Get admin and managerial support early
- IT Infrastructure crucial to collaborative working
- Make sure you employ the right Additional roles
- Quick wins build confidence and trust
- Build your teams – MDT, Wider partnerships, CCG/LMC
- Try to start a trial run a month or so earlier so you can iron out any problems



# Take home messages



# QUESTIONS







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