

# Primary Care Networks

Engagement Network

25<sup>th</sup> June

## Guiding principles for Primary Care Networks

- Groups of practices serving between 30,000 to 50,000
- 100% population coverage
- “Bottom-up”, so practices choosing which other practices to work with
- Geographically ‘contiguous’, so representing coherent localities
- Must make sense to practices, patients and other service providers
- Form basis for development of Integrated Care Systems
- Develop approach to population-based wellbeing

## Networks will bring in new investment

- Practices receive £1.50 per head for being a member of a network, c£450k across Haringey
- **Additional staff from ‘new workforce’**
  - Clinical Director; one day per week
  - Social Prescriber (100% funded); we are making connections to pan-Haringey work
  - Pharmacist (70% funded); redeploying the pharmacists recruited through Practice-Based Pharmacist programme
  - Physicians Associates and first contact physiotherapist (from 2020/21)
  - Community Paramedics from 2021/22
- **Access**
  - An additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week
  - Extended hours access appointments by the PCN’s member practices, or subcontracted appropriately

## Areas for discussion

- How will this help to integrate local services, improve quality and provide more patient centred care?
- How can Primary Care Networks help to promote well being and build local relationships?
- Role of PPGs