

Early evidence of the development of primary care networks in England

Over the past 20 years, many general practitioners (GPs) have been working more closely with other local practices to offer a wider range of services for patients. In July 2019, NHS England & Improvement asked GP practices to join together into primary care networks (PCNs) and use new funding to offer extra services to improve the health and wellbeing of local communities.

What is a primary care network (PCN)?



PCNs hold Directed Enhanced Service contracts, focusing on: **Structured medicines review and optimisation; Enhanced health in care homes; Anticipatory care; Personalised care; Supporting early cancer diagnosis; Cardiovascular disease prevention and diagnosis; and Tackling neighbourhood inequalities.**



PCNs receive **funds to support the appointment of a number of additional roles**, including clinical pharmacists, social prescribers and physiotherapists, and for providing extended hours services to patients.



Each PCN is coordinated and led by a named **Clinical Director, who is a clinician that is accountable to the practices that make up a PCN.** Both clinical and other staff are often involved in the leadership and management of PCNs.



What did we investigate?

1

the contextual background of PCNs

2

the rationale for general practices to enter into collaborations

3

the early learning from establishing PCNs

4

barriers to and facilitators of effective collaboration across GP practices

5

the likely future progress of PCNs in the English NHS

Methods



Rapid evidence review



Four case study sites



Interviews



Non-participant observations



Document review



Survey

What did we find?



PCNs have been **implemented in a timely manner** and have established a range of **new local health services.**



Previous **GP collaborations provide support in terms of management, leadership and infrastructure**, although they can be a source of tension when interests, goals and ways of working do not align.



Reasons for collaborative working typically focus on the **sustainability of primary care and a desire for better integrated services**, although those cited as the basis for joining primary care networks were mostly related to **policy and financial incentives.**



Operational successes in establishing **organisational structures, recruiting to new roles**, and **providing services** as required by the national specification.



Effective management and leadership, and **constructive relationships** between PCNs and clinical commissioning groups are important in ensuring success.



In rural areas, there was some **perceived lack of fit** with aspects of the PCN specification, alongside **existing challenges of providing primary care to rural populations.**



PCNs have been an important part of the response to the COVID-19 pandemic. In particular, they **play a significant role in England's vaccination programme.**



At a local level, **PCNs helped coordinate "hot" and "cold" hubs to care for COVID-19 and non-COVID-19 patients**, respectively. They also helped to coordinate the movement of staff between practices.

The key lessons for policy and practice:

1

Increase engagement of GPs with their PCN



Consistent long-term national policy



Realistic and clear goals that balance local and national priorities



Take into account the needs of rural areas

2

Build leadership and management capacity



Build on (and do not undermine) successes of previous GP collaborations and local practices



Sufficient and distributed management and leadership support



Include the wider primary care team in management and leadership

3

Clarify role of PCNs in the wider health care system



Clarify role of PCNs as primary care emerges from COVID-19 pandemic



Clarify the relationship between PCNs and other parts of the local health system, including integrated care systems



Ensure sufficient monitoring and performance management, while also giving space and autonomy to address local needs