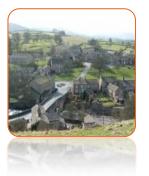
# Primary Care Networks - PCNs















### Why have a Primary Care Network (PCN)?

Since the NHS was created in 1948, the population has grown and people are living longer. Many people are living with long term conditions such as diabetes and heart disease, or suffer with mental health issues and may need to access their local health services more often.

To meet these needs, practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in primary care networks.

Primary care networks (PCNs) build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities they serve. Where emerging PCNs are in place in parts of the country, there are clear benefits for patients and clinicians.

### What is a Primary Care Network (PCN)?

PCNs are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. They are small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

Each PCN has a named accountable Clinical Director, supporting delivery. They provide leadership for networks strategic plans, through working with member practices and the wider PCN to improve the quality and effectiveness of the network services. Services

NHS England expects that PCNs will be a key vehicle for delivering many of the commitments in the long-term plan and providing a wider range of services to patients.

### **PCN Objectives**

PCNs are required to deliver a set of seven national service specifications. Three started in 2020/21: structured medication reviews, enhanced health in care homes, and supporting early cancer diagnosis. A further four are also set to follow- anticipatory care (with community services), personalised care, cardiovascular disease case-finding, and locally agreed action to tackle inequalities.

To do this they will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices (see slide 5)

Networks will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around PCN boundaries.

PCNs will look at the <u>wider health of their population</u>, taking a proactive approach to managing population health and assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

### **PCN Additional Roles**

The following new roles can be recruited to work across PCNs:

- Community Pharmacists
- First Contact Physiotherapists
- Physicians Associates
- Social Prescriber Link Workers
- Pharmacy Technicians
- Health and wellbeing coaches
- Care Co-ordinators
- Occupational therapists
- Dietitians
- Podiatrists
- Community Paramedics
- Mental Health Link Workers

### Harrogate and Rural District PCNs

#### **Heart of Harrogate**

Clinical Director: Dr David Taylor

Population: 51430

Practices:

Dr Moss and Partners The Leeds Road Surgery

Church Avenue Medical Group

Kingswood Surgery

### **Knaresborough and Rural District**

Clinical Director: Dr Chris Preece

Population: 54460

Practices:

Eastgate Medical Group
Beech House Surgery
Stockwell Road Surgery
Church Lane Surgery
Nidderdale Medical Group

Springbank Surgery

#### **Mowbray Square**

Clinical Director: Dr Ian Dilley

Population: 30140

Practices:

East Parade Surgery

**Spa Surgery** 

Park Parade Surgery

### **Ripon and Masham**

Clinical Director: Dr Richard Fletcher

Population: 29000

Practices:

Ripon Spa Surgery North House Surgery Dr Ingram and Partners Dr Akester and Partners

### Hambleton, Richmondshire and Whitby PCNs

#### Richmondshire

Clinical Director: Dr Richard James

Population: 45010

Practices:

Catterick Village Surgery Aldbrough St John Surgery

Scorton Surgery

**Central Dales Practice** 

Friary Surgery

Leyburn Medical Practice Harewood Medical Practice

Quakers Lane Surgery

Reeth Medical Centre - Not in PCN

### **Hambleton South**

Clinical Director: Dr Sally Tyrer

Population: 28450

Practices:

Lambert Medical Centre Thirsk Health Centre Glebe House Surgery Topcliffe Surgery

#### **Hambleton North**

Clinical Director: Dr Mark Duggleby

Population: 44310

Practices:

Great Ayton Surgery Stokesley Health Centre Mowbray House Surgery Mayford House Surgery

#### **Whitby Coast and Vale**

Clinical Director: Dr Simon Stockill

Population: 26830

Practices:

Whitby Group Practice Dr Croft (Staithes)

Egton Surgery

**Danby Surgery** 

Sleights and Sandsend Medical Practice

## Scarborough and Ryedale PCNs

#### **North Riding Communities**

Clinical Director: Dr Greg Black

Population: 38680

Practices:

Sherburn Surgery

Ampleforth Surgery

**Derwent Practice** 

Ayton & Snainton Medical Practice

### Filey and Scarborough Healthier Communities

Clinical Director: Dr Catherine Chapman

Population: 30950

Practices:

Filey Surgery

Scarborough Medical Group

Hackness Road Surgery

**Hunmanby Surgery** 

### **Scarborough CORE**

Clinical Director: Sally

Brown

Population: 51600

Practices:

**Eastfield Medical Centre** 

Central Healthcare

**Brook Square Surgery** 

Castle Health Centre