Mtech Access

NHS Whispers

Insights from the frontline of the NHS

What do Primary Care Networks need to succeed?

March Edition

Introducing NHS Whispers from Mtech Access

What is NHS Whispers?

Just one of the ways Mtech Access is bringing the NHS and pharmaceutical industry together.

Each month, we gather opinions and perspectives from decision-makers, payers and prescribers from across the NHS on the issues and challenges they face. We then share these with pharma, biopharma, medical device and medical diagnostics companies.

NHS Whispers offers unparalleled depth of insights into all areas of the NHS from national policy, through commissioning strategy, to challenges on the frontline of care delivery.

Who shares their perspectives?

The short answer is... the Mtech Access Faculty.

Who are the Faculty?

The Mtech Access NHS Insights & Interaction team is supported by a national network of contracted associates who occupy strategic, operational and clinical roles in the NHS. Each year, we call upon up to 50 of these associates to support, inform and authenticate our UK market access projects. We have built strong relationships with these associates based on a deep understanding of their role, their experience and their interests, along with a respect for their professional integrity. For each project, we find the right associate to help assess your strategy, ensure your evidence directly addresses the challenges faced by your customers and validate that your messages are fully attuned to your NHS customers' needs.

From this broader network, we have invited a cross-section of our associates to join our Faculty, to work with the Mtech Access team to provide expert insight into the reality of the evolving NHS, to advise on the changing healthcare landscape and to work closely with our clients on their market access strategies.

It's our Faculty members who primarily supply the NHS Whispers responses, though for any specialised questions we can reach out to our wider network of contracted associates.

Our Faculty include leaders in Integrated Care, Hospital Trusts and Primary Care Networks, covering operations and finance roles as well as a GP, an Advanced Nurse Practitioner and a Clinical Pharmacist. All highly-experienced, the Faculty is drawn from across the NHS, to give you insights into all areas of the health service.

How does NHS Whispers work?

Each month, our NHS Insights & Interaction team sends a question to our Faculty members, who each find time (between meetings, patients or after surgery), to outline their views on the issue.

At times, questions will relate to a specific policy change or environmental factor impacting the NHS. On other occasions, questions may reflect challenges facing our pharma and medtech clients.

The Faculty send through their responses, which are moderated by the Mtech Access team, and then shared with the industry.

This booklet contains seven Faculty members' responses to the question:

"What do Primary Care Networks need to succeed, and how can industry support this?"

How do I access NHS Whispers?

Register your interest in our NHS Whispers service by emailing whispers@mtechaccess.co.uk or by speaking to your Mtech Access point of contact.

The NHS Whispers service is open to all market access professionals, account managers and other NHS-facing colleagues from pharmaceutical, bio-pharmaceutical, medical device and medical diagnostic firms.

Once registered with the NHS Whispers service, you will receive the NHS Whispers responses direct to your inbox and can suggest questions to be put to our faculty.

Selected NHS Whispers booklets or individual responses may be shared with the wider industry at the discretion of Mtech Access.

Contributing to this month's NHS Whispers...

Patricia Whelan-Moss

Head of Organisational Development

Brent Clinical Commissioning Group, England

Hilary Snowdon

Management Lead

West Northumberland Primary Care Network, England

Liz Cross

Advanced Nurse Practitioner QN

Attenborough Surgery, England

Sam O'Connell

GP Clinical Pharmacist

Thornfield Medical Group, England

Patrick McGinley

Head of Costing & Service Line Reporting

Maidstone & Tunbridge Wells NHS Trust, England

Mike Proctor

Interim Chief Operating Officer

North Cumbria Integrated Care NHS Foundation Trust, England

Phil Webb

Director of Planning, Performance & Innovation

Velindre University NHS Trust, Wales

Patricia Whelan-Moss

Head of Organisational Development

Brent Clinical Commissioning Group, England

"What do Primary Care Networks (PCNs) need to succeed, and how can industry support this?"

In Brent there are 10 PCNs ranging in population from 31,000 to 51,000 patients. My experience working in Brent and supporting the development of PCNs is that some of the key drivers to their success are the relationships within the network. Where these are strong, trusting collaborative relationships with strong leadership, as you would expect the network tends to gather pace and traction more quickly. The CCG has provided support to the networks to help them to develop and build resilience. As the configuration of CCGs in London changes over the next 12 months, it is likely that this support will reduce due to reductions in CCG headcount and capacity. PCNs will need to take ownership and responsibility for their own development and they will be looking for support with this.

One of the biggest challenges for PCNs is workforce, recruiting the wide range of roles required to deliver the wider range of services to patients as required by the network contract Direct Enhanced Service (DES). In addition, they also need to collaborate with local non-GP providers such as community mental health providers and community pharmacies to deliver a more integrated health service to patients. They will need to engage with their patients and take a proactive approach to managing population health.

PCNs need to embrace the digital first approach in order to overcome some of the challenges with patient demand and access, making use of all the services available across the sector, including social care, voluntary sector and the wide range of NHS services available such as 111 and UCCs. PCNs should also look to promote proactive approaches to health and encourage patients and carers to self-care.

Hilary Snowdon

Management Lead

West Northumberland Primary Care Network, England

"What do Primary Care Networks (PCNs) need to succeed, and how can industry support this?"

'Success' is very much a subjective word. PCN success at a national level seems worlds away to all but a very few PCNs, the majority of which are currently struggling with very short term but critical issues, such as:

- Do clinical directors need to be employed rather than working on an invoiced sessional basis (according to the HMRC, it needs to be on a PAYE basis). If this is correct, how do you actually do this if you are a partner in a single practice PCN?
- Can PCNs carry any unspent funding over into 2020/21? HMRC are suggesting not, which could create huge problems for the next few weeks.

But in amongst all these short-term challenges, it is important for PCNs to create the necessary time and headspace to allow themselves to think about and agree what 'success' looks like for them and for their patients.

Effective leadership is therefore required to balance these short-term versus long-term tensions. The 'average' sized PCN will have access to nearly £350,000 from April 2021 to recruit from the newly expanded list of 'Additional Roles'. Given how long the recruitment process takes in reality, PCNs will feel the pressure to start recruiting immediately, particularly when NHSE is basically saying 'use it or lose it' (in relation to the funding)!

But PCNs need to pause and look at the long-term aim. For example, what is their vision for their clinical pharmacy team? What does it look like? What difference will it make in terms of workload for current primary care teams? How will outputs and outcomes for patients in care homes, those with long term conditions, those with polypharmacy, etc. be improved?

Until success (short-term quick wins as well as long-term health and workload improvement) is defined, it is difficult to be precise as to how industry can support PCNs in this. However, being able to demonstrate how, across a disease area, primary care workload and patient outputs/outcomes could be improved is certainly a starting point. Case studies showing how initiatives have worked elsewhere is also very useful.

In the meantime, if industry can get HMRC to give definitive answers around clinical directors' employment status, deferment of unspent funds and VAT implications regarding sharing staff across PCN member practices; that would be wonderful.

Liz Cross

Advanced Nurse Practitioner QN

Attenborough Surgery, England

"What do Primary Care Networks (PCNs) need to succeed, and how can industry support this?"

Our practice initially negotiated to form a PCN with a smaller deprived inner-city practice on the other side of Watford, but ultimately it made more sense for the two practices to formally merge. In all honesty, our PCN has taken a watch and wait approach and isn't as active as our GP federation, who are far more proactive when it comes to providing community services such as complex wound clinics, ophthalmology and vaccination hubs.

To succeed, PCNs need to profile the health needs of the populations they now serve so they can tailor services appropriately. These initial stages involve everything from networking with other health professions, community teams and IT systems to auditing practice data.

With the inception of PCNs we have already taken the opportunity to change the skill mix of the surgery staff, employing a community navigator and clinical pharmacist. Next month sees the start of a direct access physiotherapist. There are plans for physician's assistants, HCAs and nurse practitioners to improve access to healthcare and avoid urgent secondary care visits.

Faye, our community navigator, has proven to be a real hit. For example, we saw an elderly lady who lived on her own and had been extensively investigated for recurrent UTIs with multiple presentations to both primary and secondary care, including 2-week waits.

It was Faye who identified that this lady hasn't been able to wash for 2 years and put services in place to allow her to shower. By correctly addressing this lady's self-care needs her quality of life and GP attendance rates have improved.

Having identified that we have a high incident of cardiovascular disease and diabetes in our local population, who are frequent service users, we are starting GP-based GLP1 initiation (injectable hyperglycaemic agent) to improve access to services that were traditionally available in secondary care. Our aim is:

- To upskill the nurses and GPs
- Provide a rolling programme of group consultations (diabetes festivals!)
- Provide medicine reviews from our clinical pharmacist covering key treatment areas (BP, lipids, smoking cessation)
- Invite diabetes nurse/dietician specialists.

There is an opportunity here for industry (either Point of Care diagnostics/pharma) to partner with PCNs to support these services. Wound care companies have been quick to provide training and support for their own dressing systems. I hope the federation will also adopt digital wound assessment tools so wounds can be accurately tracked irrespective of who or where patients present.

Samantha O'Connell

GP Clinical Pharmacist

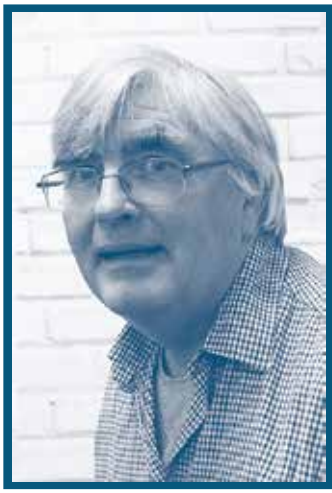
Thornfield Medical Group, England

"What do Primary Care Networks (PCNs) need to succeed, and how can industry support this?"

Having spent the last three evenings after work going through the new contract proposal, the overwhelming reaction from me, at least, is that there is still a lot to be delivered in a very short time.

PCNs, their directors and members have a huge job on their hands to bring about massive changes whilst at the same time maintaining the momentum of a the PCN as a whole. There needs to be an understanding by every single member of staff of the changes and implications, as every person from admin to nursing teams, GPs to attached staff, will be involved in change. In addition, the amount of data involvement is significant; not only the recording requirements but the analysis of existing data to capitalise on the most effective changes required for the population.

When considering the role of industry, I could easily go down specific examples of support, for example around the changes in QOF indicators and diagnosis of asthma. Many areas do not have access to or have systems in place for FeNO meters which could easily be assisted by respiratory companies. However, I feel on a bigger picture, pharma has the experience of affecting change, maintaining momentum and communicating information, including data, using methods applicable to different audiences. This is where the biggest input and support would be most valuable and more likely to support PCNs to be successful.



Patrick McGinley

Head of Costing & Service Line Reporting

Maidstone & Tunbridge Wells NHS Trust, England

"What do Primary Care Networks (PCNs) need to succeed, and how can industry support this?"

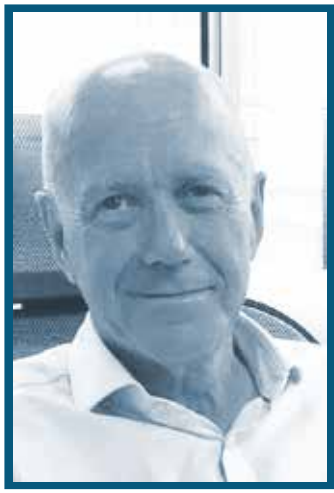
While it may seem that there would be little interest in PCNs within the Secondary Acute sector, in reality the development chimes with the development of Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) that are emerging, and this is therefore a time to reflect on what may be a seismic change.

For a generation of professionals, the background for service provision has been one of "competition" or split or silo. If "we" (secondary care providers) win then "they" (GPs, PCGs/PCTs/CCGs/other secondary care providers) lose. In all this, it is possible to see an absence of focus on the patient. The age-old refrain of "putting the patient at the centre" is always undermined by the fact that the patient moves more than any other individual or organisation.

PCNs may potentially bring more stability to primary care, and if this allows increased or shared capacity then these may either relieve pressure at emergency departments or allow better treatment closer to home. The PCNs may allow for a greater range of roles to be developed (prescribing pharmacists, social prescribers, nurse practitioners, innovative therapists), that cannot exist robustly in a single practice, for the benefit of patients, staff, and even secondary care.

A particular area of potential benefit may come through improved support for people with mental health issues who can provide improved support to people suffering feelings of isolation and loneliness. In this way there should be reduced levels of crisis, reducing pressure on secondary Emergency Departments, which are often far from ideal environments for mental health crisis.

So, the introduction of PCNs could be an important step in delivering Patient Centred Networks.



Mike Proctor

Interim Chief Operating Officer

North Cumbria Integrated Care NHS Foundation Trust, England

"What do Primary Care Networks (PCNs) need to succeed, and how can industry support this?"

As a very junior and green young manager, I consulted a much older, wiser senior manager before my first managerial encounter with a GP. "Any advice?" I asked. He thought for a few seconds and then said "Remember Mike, when you've met one GP…(long pause)… you've met one GP."

Totally true; Henry Kissinger once asked "If I want to talk to Europe, who do I pick up the phone to?". If I wanted to talk to Primary Care who do I speak to? GPs can be clustered together in multiple small businesses, some as sole traders, often in competition with each other offering multiple opinions and displaying varied attitudes, many diametrically opposed. Who do I believe? Who should I work with?

So, I really welcome groups of GPs getting together who are determined to work together as a managerial unit with agreed leaders.

And it's good for GPs: their influence will grow, they can develop their service to the benefit of their populations, and they have a hope of doing some of the difficult stuff of establishing a strategy and identifying their priorities.

But… there is always a but! They must remember that they are not in charge, they are not "the table", they are but a seat around the table, sharing the table. Other seats are occupied by social care, mental health providers, the voluntary sector, and not forgetting, secondary care.

My message to PCN's would be don't run away with yourselves, exploit your bigger voices but remember it's about partnerships.

Phil Webb

Director of Planning, Performance and Innovation, Velindre University NHS Trust, Wales

"What do Primary Care Networks (PCNs) need to succeed, and how can industry support this?"

What is the situation in Wales?

General practice in Wales is at crisis point, with excessive workloads, an ageing workforce and challenges facing recruitment and retention. The need to place general practice on a more sustainable footing has never been starker, and there needs to be fundamental change to make the provision of general practice in Wales viable for the long-term.

The British Medical Association Cymru Wales' GP Committee continues to support the development of the 64 primary care clusters (30,000 to 50,000 population per cluster) in Wales, although there is a recognition that the pace of their development has not been uniform across the country.

The 2014/2015 Quality and Outcomes Framework Guidance for the General Medical Services (GMS) Contract in Wales introduced the 'GP Cluster Network Development Domain'. The aim was to strengthen GP cluster networks as active agents for change in local services in the delivery of Setting the Direction and Delivering Local Health Care. As part of a 3-year development programme, the GP Cluster Network Development Domain set out how GP cluster networks would: collaborate to understand local health needs and priorities; develop an agreed local action plan; work with partners to improve the coordination of care and the integration of health and social care; and work with local communities and networks to reduce health inequalities.

GMS Contractors were required to participate in a cluster network meeting to discuss with peers the health needs and service development priorities for the population served by the GP Cluster Network. This included relevant issues identified within the Practice Development Plan that could be most effectively addressed as a GP cluster network action. The contractor was required to agree the contents of the GP Cluster Network Action Plan by the end of September 2014, to deliver against shared local objectives and then participate in four GP cluster network meetings over the following 6 months to review the implementation and delivery of the GP cluster network action plan. The GP Cluster Network Action Plan was designed to be a dynamic plan that would be updated to reflect the agreed outcomes of each cluster network meeting.

Funding: Despite the £10 million additional funding provided to PCCs in 2016 by Welsh Government, there is a clear need for additional resources supplied directly to practices, as well as to the clusters, along with greater health board support. The pressures facing general practice fall into three main categories: workforce, workload and resources. Thus, given the new monies made available to clusters, there has been a significant question raised as to how these monies have been used. To date, cluster money has been used variably, and going forward, there is a view held by Welsh Government that unaligned spending to national priorities needs to change urgently.

What is happening now?

Primary Care, Welsh Government on cluster working: Clusters had to complete integrated management 3-year plans for 2020-23, using a nationally agreed template and underpinned by cluster workforce development plans by the end of September 2019.

Insights on how industry can help:

- There is a set of 'Cluster Working in Wales: Handbooks' produced by the Primary and Community Care Development and Innovation Hub, Public Health Wales. The handbooks provide practical advice for use by anyone new to a cluster leadership role or who wants to include cluster working as part of their work. The ideas and advice provided will provide a foundation for cluster work and will give you the basic tools and techniques for working in or with clusters. Industry could have an opportunity in supporting leadership development in PPCs in Wales.
- PCCs are required to work with Regional Programme Boards (RPBs): The expectation of engagement between RPBs and clusters is set out in national policy, A Healthier Wales (Welsh Government 2018), which states that:
  - RPBs "occupy a strong oversight and coordinating role" for driving cluster-level innovations to develop "new models of seamless local health and social care";
  - "Local cluster needs assessment and service plans should feed into regional assessments and Area Plans developed by RPBs";
  - "Clusters will continue to develop models of seamless local partnership working, working closely with Regional Partnership Boards to promote transformational ways of working, so that they are adopted across Wales."
- Clusters and RPBs will work together to interpret ten national design principles (derived from prudent healthcare and the quadruple aim) and align these to their own priorities. Clusters and RPBs will collaborate to enable more people to communicate in their language of choice. Industry could support integrated project at RPB level which may also support clusters.
- Quality Improvement (QI): All general practices must engage in a QI project. The QI projects are not prescribed and are subject to local determination. Industry could support QI projects in a number of condition or disease specific areas identified in the cluster Integrated Medium Term Plans.

NHS Whispers is brought to you by

Mtech Access NHS Insights & Interaction

For your UK market access strategy to be successful, it is essential that you understand your customers and the environment they work in, what drives decision-making, and what evidence and language will be impactful for them. Our experts can help you gain a deeper and broader understanding of NHS policy, environment, and tactical drivers in your therapy area to improve your success in working with the NHS.

Supported by our Faculty and wider network of contracted associates, our NHS Insights & Interaction team offer the following opportunities to bring you and your colleagues closer to the NHS:

Frontline Experience Days:

Visit clinical and managerial NHS staff in their place of work to better understand your therapy area. See first-hand the challenges they face in ensuring access to treatment to understand how you can be part of the solution.

Meet & Move Forward – Expert Focus Groups:

Meet with experts from commissioner, provider, and patient roles in the NHS. In a facilitated group discussion, collaboratively develop steps to move forward with your market access strategy.

One Step Ahead – Gaining Tactical Advantage:

A comprehensive update session on the latest political and strategic changes within the NHS. Customised to reflect your product portfolio and designed to inform tactical improvement.

Bespoke Commissions & Consultancy:

Working alongside other senior Mtech Access colleagues, our NHS Insights & Interaction team offer tactical consultancy at each stage of your market access project, advising how you can adapt and adjust strategy, communications, and messaging to deliver impact with real NHS payers. We provide an end-to-end service, from early stage environmental analysis to troubleshooting where commercial progress has stalled. Our associates are contracted in a way that allows them to undertake all elements of our work, including attending scoping meetings and your internal meetings as external consultants, to provide real world insight when it matters most.

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