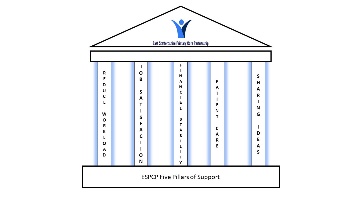
**What is the East Staffordshire Primary Care Network?**

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Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with almost all general practices now being a part of a network, typically each network will typically cover 30,000-50,000 patients. In East Staffordshire General Practices have been working together in this way for several years and have developed a strong network covering 144,000 patients. The networks are intended to provide the structure and funding for services to be developed locally, in response to the NHS Long Term Plan and the needs of the patients they serve.

The aim is that practices work more collaboratively and are there to help and support each other.

In practical terms the network aims to help practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

On occasions you may be offered a service at another GP practice if your own practice is unable to deliver that service for one reason or another. You will always have a choice as to whether you take up any such offer.

**Who we are?**

East Staffs PCN is made up of all 18 practices in East Staffordshire and covers 144,000 patients living in a geographical area ranging from Alrewas and Abbots Bromley up as far as Rocester, and includes Uttoxeter and across to Burton town and the Derbyshire borders.

The network is led by a PCN Clinical Director – and has the guidance and support of 4 dedicated GPs and a Practice Manager from practices within our area through an overarching partnership arrangement. All 18 practices make up the PCN and collectively have input into decision making and implementing decisions and transformation at a local level.

The PCN is supported by a small team, who work with both East Staffs and Mercian PCNs (Mercian is a network of practices from Tamworth) to develop our plans and put them into action.

**What is the East Staffs PCN doing at the moment?**

The PCN **provides** services and **buys in** support that is appropriate to all 18 practices to meet requirements and needs.

Examples of services we **‘buy in’** through the PCN

• Data Protection Officer and Freedom to Speak Guardian

• Lexacom digital dictation

• HR and Health and Safety support

Other ideas of services to ‘buy in’ include training, medical record storage and purchasing of resources

Examples of current services we **‘provide’**:

• Our extended Access Hub appointments, revised evening surgery appointments and the ‘new DES’ appointments that are provided in our core hours and QDR video appointments are delivered by all practices within the East Staffs PCN

• As part of developments being introduced across the NHS, at this point we are looking at introducing different roles across the 18 practices such as clinical pharmacists, social care prescribers (supporting patients with non-medical issues) and a range of other roles.

**In the coming year….**

The PCN will play a significant role in the emerging Integrated Care Partnership and will work with other health providers to develop new models of working, with new roles to support our work in primary care.

We will also be reviewing additional roles that could be available through additional NHS funding, examples are:

Social prescribers – to support patients with getting help from other organisations outside of primary care – for example from voluntary organisations, local groups, benefits etc.

Clinical pharmacists – working on medication reviews, medication changes from discharge letters, drug monitoring etc

Physician Associates – to support GPs with seeing and triaging patients.

Paramedics – perform specialist health checks and reviews, support the delivery of ‘anticipatory care plans’, support patients living with a chronic long-term condition, undertake acute home visits

First Contact Physiotherapists – to assess patients who might need community physiotherapy

Which roles, how many and where they will be will depend on the decisions taken by the individual practices together as a PCN.

**What about the future?**

The PCNs will form partnerships with other health and social care providing organisations to create **Integrated Care Partnerships or ICP’s**

These are made up of organisations working in primary care (us!), the community (District Nursing etc) and the acute hospitals (e.g. Burton Queen’s, Royal Derby, Royal Stoke, Good Hope). Which organisations form an ICP is up to the individual organisations themselves.

In East Staffordshire we are playing a significant part in leading and developing these partnerships as we believe that clinical care and “The Patient” needs to be at the centre of everything we do.

The ICP may ultimately be responsible for:

1. Managing the health care budget for the whole population in the geographical area covered by the ICP

2. Allocating how the resources are spent

3. Developing services together so the ‘pathways’ are clear

4. Co-ordinating and delivering care