NHS
Lancashire and South Cumbria
Integrated Care Board

ICB Primary Care Commissioning Committee

Date of meeting	14 March 2024
Title of paper	Millom Primary Care Network Application
Presented by	Peter Tinson, Director of Primary Care
Author	Amy Lepiorz, Associate Director of Primary Care
Agenda item	6d
Confidential	No

Executive summary

Waterloo House Practice has submitted an application to form a new Primary Care Network (PCN) from the 1 April 2024. The practice has provided assurances on how the new PCN will deliver the requirements of the Directed Enhanced Service (DES).

Advise, Assure or Alert

Alert the committee**:**

- Of the application that has been received and its duty to consider it.

Recommendations

The committee is requested to:

1. Approve the application for the formation of the new Millom PCN

	Which Strategic Objective/s does the report contribute to	Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	**X**
2	To equalise opportunities and clinical outcomes across the area	**X**
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	**X**
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	**X**
6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks	X			See risk section
Are associated risks detailed on the ICB Risk Register?			X	
Financial Implications		X		

Where paper has been discussed

Meeting	Date	Outcomes
N/A		

Conflicts of interest associated with this report

Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			X	No change in services commissioned
Equality impact assessment completed	X			EIA drafted and reviewed by the inclusion team. Document is available on request.
Data privacy impact assessment completed			X	

Report authorised by:	Craig Harris, Chief Operating Officer

ICB Primary Care Commissioning Committee
14 March 2024

Millom Primary Care Network Application

1. Introduction

1.1 The purpose of this paper is for the Committee to consider the application made by Waterloo House Practice to leave the Barrow and Millom Primary Care Network (PCN) and to establish a new separate PCN.

1.2 Waterloo House have completed the required documentation from NHS England and have provided further details to explain why they are requesting to establish a new PCN, how they will satisfy the requirements of the PCN Directed Enhanced Service (DES) and any local requirements in appendix one. These tests have been applied to previous applications, specifically in the Blackpool area, that the ICB has received regarding changes to PCN footprints.

1.3 If approved the proposed change will take place from the 1 April 2024.

2. Background

2.1 Waterloo House Practice has a list size of 7,955. It is the sole practice serving the population of Millom, Cumberland and the surrounding area. The contract is held by Cumbria On Call (CHoC). It currently forms part of the Barrow and Millom PCN which consists of the following practices:

Practice	Location	List Size (Jan 24)
Abbey Road Surgery	Barrow	6,782
Atkinson Health Centre	Barrow	5,979
Bridgegate Medical Centre	Barrow	9,360
Burnett Edgar Medical Centre	Barrow	4,189
Duke Street Surgery	Barrow	11,294
The Family Practice	Barrow	2,985
Norwood Medical Centre	Barrow	11,940
Risedale Surgery	Barrow	7,484
Waterloo House Surgery	Millom	7,955

2.2 Millom is a small isolated town approximately 45 minutes away from the centre of Barrow, where the other PCN's practices are located. The geographical distance is demonstrated in appendix two. Millom is also the only practice within the Integrated Care Board that is located within the boundaries of Cumberland County Council.

2.3 Barrow and Millom currently operate as separate Integrated Care Communities (ICCs) which are the foundations on which Integrated Neighbourhood Team (INT) are being developed within the South Cumbria footprint.

2.4 The PCN DES is a nationally defined contract which all practices have the right to participate in, as part of the DES PCNs have to deliver a range of services including the delivery of extended access service provision and support to patients within care homes.

3. Rationale for change

3.1 Given the geographical isolation and the different population demographics it has been difficult for the Barrow and Millom PCN to design and mobilise services that meet the needs of the patient population across the PCN footprint. It has been particularly difficult for the PCN to attract staff willing to work across the geography and has resulted in the PCN only being able to offer services within the Barrow locality.

3.2 By allowing Waterloo House to form a separate PCN services can be developed and delivered to meet the needs of the Millom population. It also allows for PCN services to be fully aligned with the ICC/INT model of care, aligning with the local authority footprint, meeting the local strategic needs and improving the ease of access to services for patients.

3.3 Within the application Waterloo House have confirmed they are able to meet the DES requirements within the nationally defined financial envelope. The Clinical Director of the current Barrow and Millom PCN has also confirmed that the remaining practices within the PCN will be able to operate effectively.

3.4 The patient participation group for Waterloo House and the town board chair for Millom have both written letters of support for the proposed changed citing the benefits they see for the local population. Copies of these letters are available to the committee on request. The place director has also provided their support to the application.

4. Risks

4.1 The proposed new PCN does not meet the traditional requirements as described within the DES- i.e. it consists of only one practice and its list size is below 30,000. However, the DES recognises there will be exceptionality to these requirements, in particular where, a community has a low population density across a large rural and remote area, which is the case for Millom. This unique geography was recognised by the ICB when the Waterloo House contract was procured in 2022/23. The risk is further mitigated by the contract being held by a large scale provider. Similar given the geography in South Cumbria there are other small scale PCNs which are operating successfully such as Western Dales (~18,000 patients). The current smallest PCN in the country is ~17,000k patients. An Equality Impact Assessment has been drafted which demonstrates a positive to neutral impact on effected parties.

4.2 The current PCN footprint is proving challenging for the PCN to deliver services to the whole patient population, it also does not align with the ICC/INT model. If the application is not supported there are limited mitigations that can be put in place to address these issues.

4.3 The ICB could be seen to be setting a precedent to allow for small/single practice PCNs. This risk is mitigated by the significant exceptionalities articulated within the paper in particular the unique geography of Millom and the impact this has on delivering the requirements of the PCN DES.

5. Conclusion

5.1 The creation of a Millom PCN supports the strategic direction of primary care and the developing INT model. It will allow services to be developed and delivered to meet the exact needs of the local population.

6. Recommendations

6.1 The committee is requested to:

1. Approve the application for the formation of the new Millom PCN.

Amy Lepiorz

February 2024

Appendix One-

New Primary Care Network Considerations

Criteria	
Has the new PCN approval form been fully completed? [NHS England » Network Contract Directed Enhanced Service – Participation and Notification Change Form – 2022/23]	Yes/No
Are all practices in the PCN eligible to participate in the Directed Enhanced Service (DES)?	Yes/No
Is the proposed PCN list size between 30,000-50,000? *If below 30,000 does the PCN serve a community which has a low population density across a large rural and remote area* *If above 50,000 will the PCN operate in smaller neighbourhood teams that cover populations of 30,000-50,000*	Yes/No- if no, please provide rationale Millom, a small, isolated town on the West Coast of Cumbria with an 8,500 population. The nearest hospital is 45 minutes away and Millom in an hour from the M6 motorway. Millom has a higher than national level of deprivation, as well as having above national statistics (Cumbria and England) for the number of people living with long-term illnesses and conditions. Over the years, Millom has lost many key NHS services, leaving the community vulnerable. Creating a Millom PCN would allow services to remain and allow for the development of new local services.
Is there more than one Core Network Practice? *If only one Core Network Practice, is this appropriate having regard to all relevant factors.*	Yes/No- if no, please provide rationale There would only be Waterloo House practice, Millom within the proposed PCN. The practice covers the populated areas of Millom and Haverigg and the surrounding rural areas. This area is currently covered by a vibrant proactive integrated care community (ICC) with a dedicated management Lead and a Clinical Lead from Waterloo House Surgery. The ICC footprint also includes Millom Community Hospital,

	where the beds are supported by the GPs from waterloo House practice. Millom has always been a geographical area that has been hard to place alongside others. It is unique in the area in its combination of geographical isolation and levels of deprivation. For example although it resides within Cumberland Council area boundary its health commissioning is from Furness and Westmorland Council and Lancashire and Cumbria ICB. It makes sense for Millom to be established as a Millom PCN working with a Millom INT as we move forward into the new arrangements for health care. Millom's neighbouring practices within mid-Furness PCN do not have the same levels of deprivation and long-term health conditions as the Millom area. The area which matches Millom regarding these needs is Barrow, however Barrow is a defined town 45 minutes away which needs to be allowed to consider its own priorities and not have to look at how it 'adds on' a service for Millom. It is difficult for example to recruit to positions within a PCN where members of the team can work in a defined discrete town area but then also be asked to cover an additional separate geographical area that is nearly an hour's drive away and so doesn't feel like the same job location. This works in reverse for patients accessing services. Whereas if we establish a Millom PCN we can collaboratively consider the priorities for improving health inequalities, the prevention agenda and improvements in social prescribing and invest in these alongside Millom ICC. If we establish a PCN to match the population covered we can provide further integration and planning looking at health for this unique population on a population management basis, providing more support to people in their own homes and community based interventions at a local, accessible level.
Is the Network Area sustainable for the future?	Yes/No- please provide rationale Creating a Millom PCN would allow local services to remain in Millom. Cumbria Health on Call (CHoC) has secured the GP practice and the commitment to the Practice is for the long term. Creating a Millom PCN alongside the existing Millom ICC will allow flexibility in the future to develop within the national and local agenda

	for the development of Integrated neighbourhood teams (INTs) and create a comprehensive response to the Fuller Report priorities.
Does it match the local integrated neighbourhood team geography? *The INT model should meet the needs of the local population, community teams configurations and not cross place/ICB boundaries except in exceptional circumstances*	Yes/No- please provide rationale INTs in the ICB are being established on ICC footprints rather than PCN footprints. This means that the INT in Barrow is being developed on the Barrow footprint rather than including the area of Millom, which is its own ICC. As described earlier Millom's isolation makes it difficult for patients to travel to other areas for services and so it is in the interest of the local population to be able to access services in Millom. This is difficult to achieve over a wider area as the road system to barrow is difficult to negotiate particularly throughout the winter. This can leave Millom residents dependent on digital services for health and local services for the ICC. If we could harness the ICC and health services (i.e. PCN) together we could create an INT in Millom which working in collaboration with the Millom Town Board could establish services which encompass the best areas of the previous health work in Millom Alliance. Establishing a Millom PCN will facilitate co-production of services which best serve the population of Millom.
Is the Place Director supportive of the change?	Yes/No- please provide rationale
Will the proposed changes adversely impact on the delivery of the DES requirements, specifically: • Care Home Alignment • Enhanced Access Service	Yes/No- please provide rationale Currently the population of Millom have to travel 45 minutes to be able to access Enhanced Access (late evening and weekend) appointments. The creation of a Millom PCN would allow Enhanced Access appointments to be delivered locally. There are three care homes within the Millom boundary area. Patients entering the care homes are usually registered with Waterloo House practice. Thus alignment for the practice looking after the care homes would not be affected. As a PCN we would be able to recruit Clinical pharmacist time with the ARRs funding available to work with the practice, the care homes and the local community for a designated area so that the ARRs funding would be dedicated time to clinical work with the population

	rather than needing to include a lot of travel time. There is a lot of work to be undertaken on opioid prescribing in the area which we can focus on too. We can also ensure that we look after our care home residents for health matters and flu and covid vaccination programmes.
Will the proposed change have an adverse impact on the on the recruitment and retention of the Additional Roles Reimbursement Scheme (ARRS) staff?	Yes/No- please provide rationale Establishing a Millom PCN should benefit recruitment and retention of ARRs roles. Currently ARRs roles have to work across the wide geography of Barrow and Millom, with the work predominantly taking place in Barrow. At more junior levels this is a large area of travel to ask the team member to undertake, as recruitment to posts has predominantly been from the Barrow area. If we seek to recruit to positions in Millom the team member is making the choice to travel and work in this specific area which will aid recruitment. CHoC have been successful in recruiting to clinical and non-clinical post in the area since taking on the Waterloo House APMS contract and have discovered that a number of people currently travel to Barrow for work who would like to work closer to home in their own community, so we would see recruiting and retention in a Millom PCN as a positive step.
Will the proposed change have an adverse impact on the provision of care for the population?	Yes/No- please provide rationale Creating a Millom PCN would allow for unique opportunities in delivering services closer to home and within the actual community. Examples of this are: • Face-to-face enhanced access services in Millom • Recruitment of ARRs Clinical Pharmacist position which will build a rapport with the local care homes and support medicine management within the community • Recruitment of GP assistant post within ARRs funding to support the clinical administrative processes that GPs undertake in the practices to release the GPs to patient care

	• Working with health and well-being coaches proactively to look at local services to which we can signpost • Co-production of services with wider partners within Millom, including ICC members, community groups and Millom Town Board, discovering and responding to the health needs of the population of Millom, an area with which they can easily identify and visualise.
Are all requirements of the DES still achievable within the nationally defined financial entitlements?	Yes/No- please provide rationale The current requirements of the DES including enhanced access, social prescribing, vaccination schemes, medicines optimisation, enhancing the lives of patients in care homes and early cancer diagnosis are all currently supported in the area and can be enhanced through co-production between a Millom PCN and its more-focussed community. There is large benefits to be gained from creating a Millom PCN. Financial - The funding will be the same just allocated in a different way. Millom will definitely have access to their fair share of funding, not anything additional, but it will be invested to see direct improvements in the health experience of the people of Millom. In achieving DES priorities Waterloo House practice would need to contribute to any targets for any wider PCN to be able to achieve those targets, so will still achieve these within a Millom PCN. CHoC wider management team work alongside the local practice management team and sit on the Millom Town board so there is a broader structure to support the work in Millom reducing the risk of inadequate management support in a small PCN.
Are there risks associated with not approving the proposal?	Yes/No- please provide rationale

	There may be concerns about the longer-term sustainability of creating a Millom PCN, however CHoC now hold the contract for the GP Practice and are invested for the long term. The risks of not approving a Millom PCN are the opposites of the benefits described above. The biggest risk is the loss of engagement of the population across a wider PCN that isn't seen as a natural partner. Added to this is the loss of face that a locally supported request based on a unique and deprived population isn't recognised and the population of Millom feeling let down. Could you justify Millom PCN not being established purely on a national paper stipulating ideal PCN size to the population of Millom when an alternative workable, sustainable solution is available?

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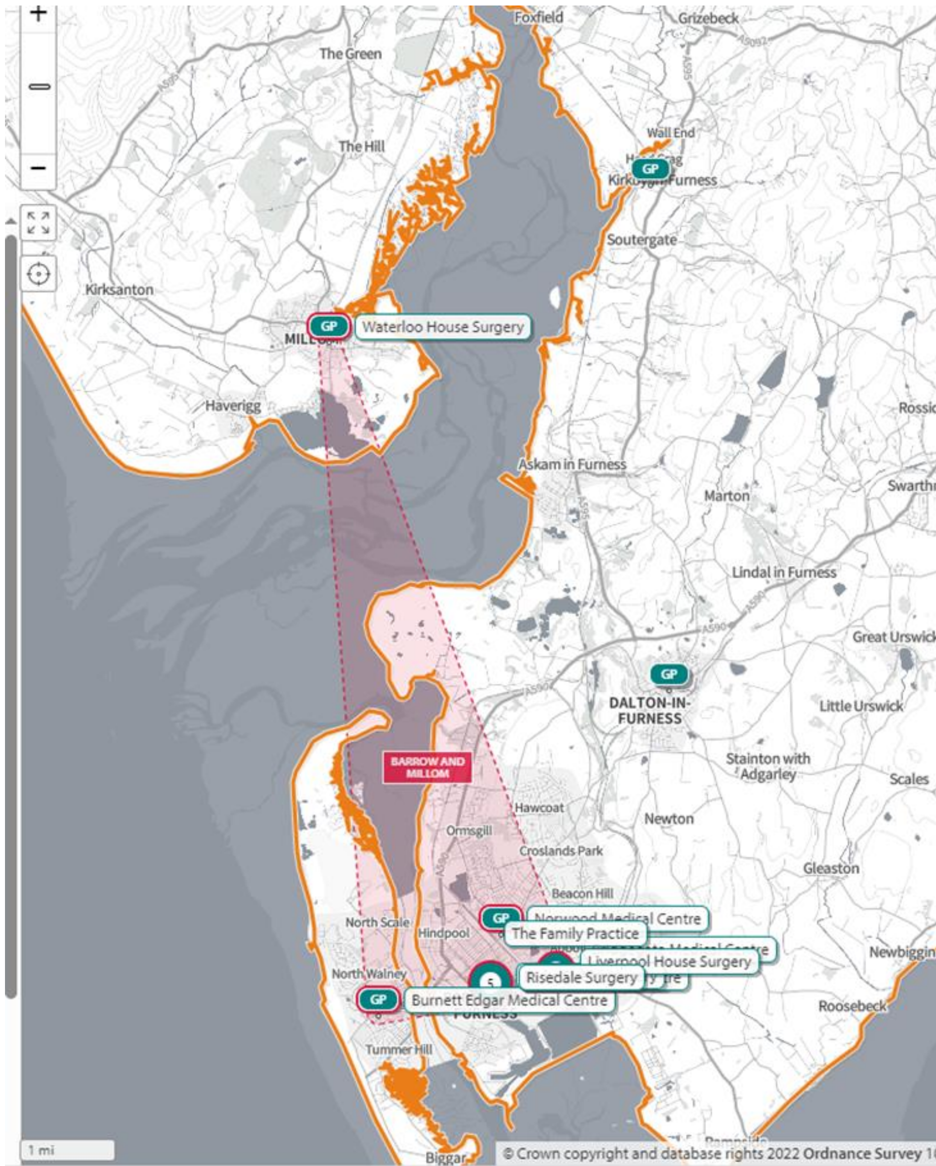
Appendix Two-

Practices within the PCN



Distance between the Alfred Barrow Center and Waterloo House