

Professor Martin Marshall CBE, BSc, MB BS, DRCOG, DCH, MSc, MD, FRCP, FFPHM, FRCGP
Chair of Council

Sir Simon Stevens

Chief Executive's Office
NHS England
Skipton House
80 London Road
SE1 6LH

15 January 2020

Dear Simon

RE: Primary Care Networks - Services Specifications

Further to our consultation response (attached) I am writing to express our concerns about the development of the Primary Care Network service specifications, and to urge a reconsideration of their implementation to ensure that patients, GPs, and the wider system can reap the benefits of PCNs.

The Royal College of General Practitioners supports the establishment of Primary Care Networks (PCNs), and we believe they represent a real opportunity to do things differently. If they are given the chance to develop properly, they will increase support to practices by facilitating collaboration, pooling resources, enhancing services and ensuring funding reaches the frontline. We are deeply concerned, however, that the rapid process of consultation and implementation of these five service specifications has been counterproductive to realising these aims. While we understand that the snap general election and the contract negotiations timetable have put pressure on the amount of time available for consultation, we believe that it has not allowed sufficient opportunity for frontline clinicians – who ultimately will be delivering these services – to shape the specifications. This lack of two-way engagement puts the profession's trust in PCNs at risk and will undermine the laudable aims within the specifications by piling additional workload pressures onto developing networks.

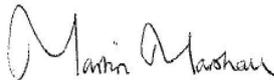
From January 2019, GPs were given scope to create their networks with the aim of providing services that made sense to their population and place, and they have used this autonomy to use the new resources to improve care for their patients. Over the last year, NHSE/I has built trust and fragile optimism as they have encouraged GPs to develop their teams and networks. The unrealistic expectations and timescales contained in these specifications risks squandering the goodwill that was built up over the last year, and left GPs with a sense that they are being asked to achieve the impossible.

The service specifications as they stand are overly prescriptive, and our members have raised concerns that they would place significant pressure on networks before overstretched practices have begun to feel the benefits of additional staff and funding. If adopted in their current form, the specifications will inevitably impact on practices' ability to maintain the accessibility and services they are currently providing and take away the freedom for professionals to truly improve care for their patients. This is particularly acute for places that are finding it challenging to recruit to the new PCN roles and for areas with significant deprivation that are already managing excessive workloads.

Many PCNs are still in their infancy and should not be overloaded with work before they have had time to mature, or they will fail. Networks must be given the time and space to recruit to the new roles, integrate new staff into established teams and ensure they are properly trained to work in primary care. Only then will PCNs be able to address excessive GP workload and ultimately improve the care that is being provided to patients. We believe that for many developing networks, 2020 could be most effectively used to develop collaboration locally and understand local population needs, working with other services in the community to foster trust and working relationships that deliver better outcomes for patients.

There is a clear risk that PCNs will fail if the specifications are mandated without broad agreement from the profession. This would have a detrimental effect, undermining the development of emerging networks, and potentially destabilising services in some areas. We are therefore calling on NHS England and Improvement to take urgent steps to further engage with professionals in general practice to make changes to the specifications, to ensure that they do not impose unrealistic expectations and allow a flexible approach to local delivery. This will help to ensure that we build on the early successes of the PCN policy and will mean that local systems empower clinicians to deliver the best possible services to patients. We would be happy to be part of these discussions and recommend beginning the process again for developing the specifications with a new approach.

Yours sincerely



Professor Martin Marshall
Chair of Council