

1. Introduction and Background

What is a Primary Care Network?

- 1.1 Primary Care Networks (PCNs) were introduced in July 2019 to improve access to primary care and expand the range of services available. This is achieved through better integration with community services and greater involvement of a wider, integrated primary care team.
- 1.2 PCNs comprise groups of local neighbouring general practices that are a mechanism for sharing staff and collaborating, requiring existing providers of general practice to work together and to share funds on a scale not previously seen in UK general practice, with additional national funding being made available to employ Additional Roles Reimbursement staff (ARRS), to deliver services to patients across the member practices. PCNs are not statutory bodies in themselves, however a number of Primary Care Networks nationally have opted to become legal entities.
- 1.3 NHS England has stipulated that networks should ‘typically’ cover a population of between 30,000 and 50,000 people (the average practice size is just over 8,000). There are 39 PCNs across Sussex (12 of which are in East Sussex) and approximately 1,264 across England.
- 1.4 The largest PCN in East Sussex is Hastings & St Leonards PCN. This is made up of 9 GP practices and, as of July 2023, has 101,351 people on its registered list. The smallest PCN is Seaford PCN, which consists of 2 GP practices with 27,425 people on its registered list. There are 2 PCNs in areas of significant deprivation across East Sussex, namely ALPs in Eastbourne and Hastings & Leonards PCNs.

2. PCN Structures and Governance

- 2.1 Practices are contractually signed up to deliver the PCN Direct Enhanced Service (DES) at the beginning of each financial year unless they actively choose to opt out. Enhanced services are national agreed contracts for services other than core primary medical service (which are contracted at GP practice level) or out of hours services. A Core Network Practice participating in the Network Contract DES may end its participation in the Network Contract DES by first notifying the commissioner of its intention to opt out.
- 2.2 If a practice chooses to withdraw, the ICB has responsibility for ensuring that the practice’s patients have access to PCN services, and this is often done by allocating the patients to another PCN. However, there are instances where alternative providers of primary care have been sourced to provide PCN services to a practice’s registered patients list.

- 2.3 In cases where a practice wishes to move between PCNs, then a proposal is submitted to NHS Sussex's Primary Care Commissioning Group for approval and would need to demonstrate benefits to patients from the new configuration.
- 2.4 Practices within a PCN are expected to collaborate, agree and set out their PCN's Terms and Conditions including agreed processes for how they manage finances, decision making, how they will work together, and how their services will operate through a document called the Mandatory Network Agreement (MNA). Governance arrangements for PCNs and the content within their MNAs cannot be mandated by their local ICB; PCNs have the autonomy to agree and set out their own internal governance and financial arrangements, from the guidance set out in the PCN Contract. ICBs are encouraged to work closely with their PCNs with a view to influencing and encouraging them to make appropriate plans and choices that meet the needs of their local population.

3. PCN Contractual Responsibilities and Services

- 3.1 The main nationally set ambitions for PCNs are to:
- Take collective action – with system partners – to address the wider determinants of health
 - Provide increased levels of joined up and coordinated care
 - Become more proactive; using predictive tools to better support people to stay healthy
 - Provide a differentiated support offer to individuals, thus reducing inequalities and supporting people to take charge of their own health and wellbeing, and
 - Attract and retain a multidisciplinary workforce, supported by the Additional Roles and Responsibilities PCN funding scheme (ARRs).
- 3.2 To achieve the above ambitions, PCNs have contractual responsibility for delivering nine national service specifications:
- Anticipatory Care
 - Cardiovascular Disease (CVD) Prevention and Diagnosis
 - Early Cancer Diagnosis
 - Enhanced Access
 - Enhanced Health in Care Homes
 - Personalised Care
 - Social Prescribing Service
 - Structured Medication Review and Medicines Optimisation
 - Tackling Neighbourhood Health Inequalities.

Impact and Investment Fund

- 3.3 The Impact and Investment Fund (IIF) forms a key part of the PCN DES. The IIF is an incentive scheme focussed on supporting PCNs to deliver high quality care to their population. The scheme contains indicators that focus on where PCNs can contribute significantly towards the 'triple aim' of:
- Improving health and saving lives

- Improving the quality of care for people with multiple morbidities
- Helping to make the NHS more sustainable.

3.4 Thresholds and targets have varied year on year since the implementation of PCNs, targets for 23/24 are as follows:

Figure A

Investment and Impact Fund 2023/24: Indicators						
Domain	Area	Indicator	Description	Points	Lower Threshold	Upper Threshold
Prevention and tackling health inequalities	Vaccination and immunisation	VI-02	Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	113	72%	90%
		VI-03	Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	20	64%	82%
	Tackling health inequalities	HI-03	Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	36	60%	80%
Providing high quality care	Cancer	CAN-02	Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral	22	65%	80%
	Access	ACC-08	ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	71	85%	90%
Total Points Available				262		

Capacity and Access

3.5 In addition to the standard contractual requirements of the PCN DES Contract as outlined above, April 2024 saw the implementation of the Primary Care Recovery Plan, aimed at supporting local systems and their PCNs/Practices to drive and deliver increased transformation, and resilience across primary care general practice.

3.6 The overall purpose of the Plan and its objectives are to increase access and reduce unwarranted variation in patient experience and choice. It focuses on four central ambitions:

- Empowering patients
- Implementing Modern General Practice Access
- Building capacity
- Cutting bureaucracy.

3.7 The Plan included a series of changes to the GP and PCN Contracts and associated funding for 2023/24 which saw the simplification of the PCN Investment and Impact Fund (IIF), reducing the IIF target from 36 targets

during 22/23 to 5 targets during 23/24 to create opportunity and investment for a new scheme called the “Capacity and Access Improvement” Programme (CAIP). The CAIP requires PCNs and their core practices to plan, develop and deliver a number of improvements areas against the following headings:

- a. Patient experience of contact:
- b. Ease of access and demand management; and
- c. Accuracy of recording in appointment books.

3.8 In response to the CAIP, PCNs across the Sussex geography have been working with their ICB and practice partners to co-develop and co-own a local improvement plan outlining the approach to how they will achieve the requirements of the CAIP initiative.

3.9 The payment framework for CAIP is set out as follows: -

- 70% of the new CAIP funding will be paid unconditionally to PCNs*, over a 12-month period during 23/24 equating to an average payment across Sussex PCNs of £0.131m. For the average sized PCN in East Sussex with a population of 50,124 this would equate to a payment of £138,593.
- The remaining 30% will be retained within ICBs and will be released to PCNs post 23/24 subject to evidenced improvements as pledged in the PCN’s CAIP plans. For the average sized PCN in East Sussex with a population of 50,124 this could equate to a payment of £59,297.

4. An overview of East Sussex PCN Progress

4.1 Further to the March 2023 PCN Report presented to the East Sussex Health Overview and Scrutiny Committee, progress and development across the 12 East Sussex Primary Care Networks continues, with a key focus on improving access to general practice underpinned by the CAIP scheme as outlined above, as well as maximising all available opportunities for delivering the Primary Care Recovery Plan. This is aligned to the ambitions set out in the Sussex *Improving Lives* strategy and the associated Shared Delivery Plan.

Support opportunities available to East Sussex PCNs

4.2 PCNs across Sussex are routinely supported by the ICB as well as NHS England to access and sign up to various developmental and educational opportunities available.

4.3 Opportunities range from the following suite of programmes and developmental offers as outlined in Figure B below:

Figure B

Name of initiative	Details
GP Improvement Programme (GPIP)	<p>Introduced as part of the delivery plan for recovering access to primary care in May 2023.</p> <p>Two year programme running between 2023-2025</p> <p>The programme supports practices and PCNs over to make changes and improvements to how they work, maximising the use of all staff roles and local services, meeting the needs of patients and providing safe, equitable care.</p>
Redmoor – Digital Solutions for advancing telephony.	<p>Programme of support aimed at developing digital telephony systems, in order to improve access, manage demand and operational flows.</p>
Care Navigation	<p>Training for reception staff and care navigators who will be involved in triaging requests to the correct clinician or service for the patient.</p>
Clinical and Estates Strategy Development Programme	<p>The programme aims to bring population health improvement and integration into estates planning. The focus is on identifying the information needed to create a Population Health Vision which covers population health challenges and inequalities. PCNs will then develop and deliver the models of care needed to deliver the changes in population health.</p>
PCN Leadership Programme (NHS Confederation)	<p>A Leadership Development Programme for PCN leaders, run by the Health Systems Innovation Lab (London South Bank University) in partnership with the NHS Confederation. Participants learn and apply new knowledge with their peers to the challenges they face both immediately in the coming winter but also for the future. Focus is on:</p> <ul style="list-style-type: none"> • Developing the relationships needed for local and system integration. • Working collaboratively on PCN and cross-PCN level system change to support improved population health. <p>The programme focuses on the development of a model of primary care, in line with the Fuller Stocktake review, to secure the benefits of integration for our local populations.</p>
Kings Fund Programme	<p>The King’s Fund have been commissioned to undertake some action learning sets for staff within a PCN to explore how they work together on a range of projects and to agree actions to take forward, examples include making the most of the ARRS roles, the utilising the Investment and Impact Fund, and successfully delivering implementing Capacity and Access.</p>

- 4.4 Across East Sussex, the majority of PCNs are either signed up to one, or more, of the above opportunities. A review of how these programmes have directly impacted the participating PCN and increased successful delivery of services will be included as part of a six month evaluation of PCNs across Sussex that is due to take place later this year. Further details on this can be found on [page 14](#).
- 4.5 In the meantime, the PCN spotlight story below provides a good example of how an East Sussex PCN is fully maturing and developing as well taking advantage of available offers to support them in their journey, resulting in a successfully driven PCN that is consistently seeking to improve services and patient satisfaction.

PCN SPOTLIGHT – Foundry PCN, Lewes

- 4.6 Foundry Healthcare Lewes is a PCN in East Sussex that has recently received an increasing level of interest due to its innovative population health management approach, which helps frontline teams understand current health and care needs and predict what local people will need in the future. This means they can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources.
- 4.7 The PCN has achieved this through speaking with patients and reviewing health records to understand the difficulties faced by different types of patients trying to access care and navigate the system. This resulted in the introduction of urgent on the day access hubs for generally well patients, and continuing health care teams for people with more complex needs and frailty. They use a multi-disciplinary team approach and have developed a digital tool which allows them to make the most of their workforce and match it to demand and capacity.
- 4.8 The key factor that linked the groups of high need or vulnerable patients was based on clinical decision making and a recognition that these patient cohorts required more continuity. This insight was used to design different care pathways.
- 4.9 The PCN audited a full week of 1880 appointments across the three practice sites and found that 70% of the patients were generally well who utilised 50% of the total appointments of GP's and the PCN's paramedic. This allowed a review to take place to see if some of these patients could be best served by directing them to other staff. For example, generally well patients more often present with single or new problems that can be dealt with by the PCN ARRS roles such as Paramedics or First Contact Physiotherapy Practitioners. Patients with more complex needs are directed to a GP with a longer appointment time as they are more likely to have multiple ongoing issues that need more time to manage, and a GP is more likely to be able to complete their care needs and risk manage complex scenarios.

- 4.10 Foundry PCN saw a reduction in the number of avoidable appointments (Nationally estimated to be 27%) to 7%, which further reduced to 4.5% after further training and adaption of care pathways. The targeted use of additional roles reduced the percentage of appointments used by the top 5% of high use patients to 30% in comparison to national comparison of 40%.
- 4.11 Non-GP roles both clinical and non-clinical have been able to offer care and support to the groups of patients that are most likely to benefit from their help. Community staff have been able to work effectively creating a unified vision of how integrated care teams can work with GPs in continuing care teams.
- 4.12 Staff retention and job satisfaction has improved and a potential saving over 3 years of £2.3 million for the healthcare system has been realised with a reduction in 12,480 non-elective bed days. This is an estimated return of £1.50 to the Healthcare system has been realised for every £1 invested.
- 4.13 Foundry patients reported a higher satisfaction regarding several aspects of care compared with other patients surveyed in other parts of the county. Notably, 88% felt they received enough time in their last appointment, 70% had confidence in their healthcare team and 83% felt they received good care.
- 4.14 To see an independent evaluation of the Foundry model, please visit <https://improvement.kssahsn.net/our-work/transforming-primary-care/>

Enhanced Access Services

- 4.15 All East Sussex PCNs continue to offer Enhanced Access Hours to registered patients of their PCN's practices. PCNs are expected to provide appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. The services are currently in infancy and are being closely monitored to ensure that there are no gaps in provision and that the Sussex population can easily access these services.
- 4.16 The Enhanced Access delivers approximately an additional 571 hours of appointments per week across East Sussex, beyond core hours, which includes the following:
- a mixture of face-to-face and remote (telephone, video or online) appointments.
 - appointments delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and other "additional roles" such as mental health practitioners, physician associates, physiotherapists, and Social Prescribers.
 - a blend of appointments offered on the same day or pre-booked for a future day.
- 4.17 These flexibilities enable patients to be offered targeted interventions in addition to regular appointments, such as specific screening clinics, support for patients' groups as well as support for the system in times of surge demand, for example over winter.

5. PCN workforce update including ARRs overview

Recruitment and Workforce Development

- 5.1 The expansion of advanced practice (AP) roles continues. APs are advanced clinicians who are autonomous practitioners able to deliver care without the supervision of GP's, enabling not only career progression but the retention of an experienced multi-professional workforce. There are another 12 AP roles starting in September 2023, with NHS Sussex currently supporting 25 ACP trainees in East Sussex at this time.
- 5.2 The Sussex Training Hub runs an education and training programme which upskills and updates the Primary Care Workforce to deliver evidence-based care to their population alongside access to clinicalskills.net (an online educational development service) and has successfully recruited 3 academic, 3 multi-professional and 1 simulation fellows which gives the workforce the opportunity to expand their skills, starting in September 2023.
- 5.3 To support further, the Primary Care Workforce Team has been working closely with practices and PCNs across East Sussex, focusing on expanding placement capacity to increase workforce. Below is a summary of progress to date:
- *Multi-Professional Student taster days*, which enable pre-registration healthcare professionals an opportunity to see patient care delivery in Primary Care by spending a few hours in practice and virtually receiving an educational session regarding the primary care speciality. The August 2023 Cohort had 27 students who spent half a day across practices in Sussex, 19 of the attendees are now looking for first career opportunities in Primary Care.
 - *Increase Learner Placement capacity* and the number of practices supporting learners. This is to increase the numbers of GP's who are trained in East Sussex and enable as many other learners as possible to experience Primary Care with the purpose of encouraging an increased number of qualified professionals to take up roles in primary care. 39 East Sussex Practices are currently supporting learners.
 - *Apprenticeships* - Apprenticeship programmes are available for a range of clinical and non-clinical roles and can be undertaken by both existing and newly recruited staff. 70 apprentices are on programmes or have completed the scheme as of September 2023, of which 31 apprentices work within practices in East Sussex. A further 14 learners are due to start on programme at the end of the month and a further 15+ are in the pipeline for the coming 6 months. The majority of apprentices are on pathway to practice programmes including the Senior Healthcare Support Worker, Trainee Nursing Associate and Registered Nurse Degree Apprenticeship.
- 5.4 In addition to the above opportunities, the Primary Care Sussex Training Hub continuously supports practices and PCNs with workforce development and recruitment opportunities, through running a series of targeted visits. These

visits support practices struggling with recruitment or retention of any of their workforce, offering workforce solutions and training opportunities.

PCN Education Leads

- 5.5 PCN Education Lead teams across East Sussex have been established to provide evidence based, innovative and accessible education to primary care, in order to advance the quality of patient care, promote professional collaboration and foster a culture of lifelong learning within PCNs. In East Sussex there is 100% sign up from PCNS, and 92% sign up across all of Sussex.
- 5.6 The recruitment, retention and workforce development opportunities detailed below are examples of the workforce activity delivered by Sussex Training Hub and are supported by utilising the PCN Education Leads to encourage engagement in opportunities and programmes offered.

New to Primary Care Programmes

- 5.7 The new to practice Fellowships and the Preceptorship programme are to embed, train and support new to primary care workforce.
- *New to Practice Fellowships* - The New to Practice Fellowship recruits new starters on to appropriate programmes to include newly qualified GPs, newly qualified nurses and nurses who are new to primary care. Since the programme has commenced, to date, 27 GPs and 6 Nurses have joined from East Sussex. Currently active on the programme in East Sussex are 11 GPs and 0 Nurses. The next steps are to develop a 'New to Primary Care Programme' with menu options to cater to staff needs whilst meeting the NHSE mandate and guidance for the new to practice GPs and nurses.
 - *Preceptorship* - The purpose of preceptorship is to provide support, guidance, and development for all newly registered practitioners (NRPs) to build confidence and competence as they transition from student to autonomous professional. This has been developed to support multi-professional clinicians new to primary care. There have been 51 preceptees in Sussex. In East Sussex 9 clinicians have joined the programme since it commenced, 5 are currently active.

ARRs roles from a workforce perspective

- 5.8 To support the ARRS scheme, East Sussex has facilitated peer network meetings and offered advice to all PCN stakeholders to support recruitment and retention. In addition to this, Southeast wide Occupational Therapy has delivered Podiatry and Dietitian role promotion webinars for PCNs. A further Dietitian and Podiatry online seminar is planned for November 2023. Across East Sussex, plans are being prepared to engage with specific PCNs to understand and support with their recruitment intentions.

- 5.9 NHS Sussex has also commissioned an PCN ARRs advisor for one session a week, to offer support around supervision and development of personalised care and ARRS roles, and how to embed them into practices and PCNS.
- 5.10 There is a dedicated webpage for educational resources and planned webinars and there is scope to develop a training package for non-clinical staff around Personalised Care.
- 5.11 The training hub has progressed other retention initiatives which include FCP Supervision support and the example of Personalised Care roles peer support groups. ([Page 11](#)).

ARRS overview

- 5.12 PCNs draw on the expertise of staff already employed by their constituent practices as well as receive funding to employ additional staff under the Additional Roles Reimbursement Scheme (ARRS).
- 5.13 ARRS is the most significant financial investment within the Network Contract DES and is designed to provide reimbursement for PCNs to build the workforce, establishing Multi-Disciplinary Team models of care required to deliver the national service specifications.
- 5.14 ARRs roles that PCNs can recruit as part of this scheme currently are as follows:
- Clinical pharmacists
 - Pharmacy technicians
 - First contact physiotherapists
 - Physician's associates
 - Dietitians
 - Podiatrists
 - Occupational therapists
 - Community paramedics
 - Nursing associates and trainee nursing associates
 - Social prescribing link workers
 - Care coordinators
 - Health and wellbeing coaches
 - GP Assistants
 - Digital Transformation Leads
- 5.15 Full details of the ARRS scheme can be found via this link [Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements \(england.nhs.uk\)](#).
- 5.16 In 2023/24 the following changes were made to the ARRS scheme:
- Increasing the cap on Advanced Practitioners from two to three per PCN where the PCN's list size numbers 99,999 or fewer, and from three to six where the PCN's list size numbers are 100,000 or over.

- Reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners.
- Including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners.
- Introducing Apprentice Physician Associates as a reimbursable role.
- Removing all existing recruitment caps on Mental Health Practitioners and clarifying that they can support some first contact activity.
- Amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

Personalised Care Roles

- 5.17 Personalised care represents a new relationship between people, professionals and the system. It happens when we make the most of the expertise, capacity and potential of people, families and communities. There are three roles within Personalised Care of Social Prescribing Link Worker, Care Coordinator and Health and Wellbeing Coach. These aim to reduce and support the workload of GPs and other staff by supporting people to take more control of their health and wellbeing and addressing wider determinants of health, such as poor housing, debt, stress and loneliness. These roles are intended to become an integral part of the core general practice throughout England, embedding personalised care within PCNs and supporting all professionals to take a personalised care approach.
- 5.18 Social Prescribing Link Workers connect people to community-based support, including activities and services that meet practical, social, and emotional needs that affect their health and wellbeing.
- 5.19 Care Coordinators help to co-ordinate and navigate care across the health and care system, helping people make the right connections, with the right teams at the right time.
- 5.20 Health and wellbeing coaches support people to increase their ability to self-manage, motivation levels and commitment to change their lifestyle.
- 5.21 To meet the PCN DES around Peer Support for these roles, NHS Sussex has commissioned a year-long Sussex wide offer of peer support to social prescribers, care coordinators and health and wellbeing coaches, with a view to then providing training to continue this support and embed it within the PCNs to be sustainable long term. The offer will also provide clinical supervision, support and training.
- 5.22 There has been a 40% up take to date, 34 staff, which is broken down into specific roles as below:
- 19 Social Prescribing Link Workers
 - 9 Care Coordinators
 - 6 Health and Wellbeing Coaches.
- 5.23 For East Sussex, this breaks down as follows:

- 21 sign ups in total
- 12 Social Prescribing Link Workers
- 8 Care Co-ordinators
- 1 Health and Wellbeing Coach.

5.24 This offer is still live, and a second reminder has gone out via PCN Education Leads, Federations Newsletters, and websites plus reminders to the original 68 sign ups to encourage take-up.

The ARRS picture across East Sussex

5.25 In June 2023, the total ARRS workforce increased by 109.3 full time equivalent (FTE) (55.2%) to 307.4 FTE compared to staffing levels in July 2022. The clinical ARRS workforce is 301.7 FTE; non-clinical 5.7 FTE.

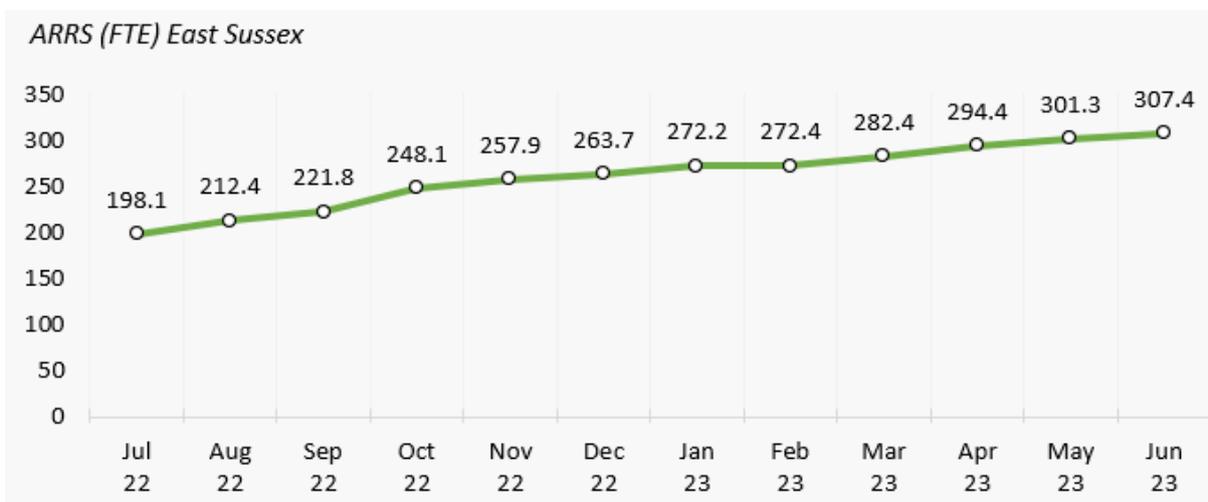


Chart 1 – ARRS Staff FTE Recruited per 100,000 Registered Patients

Chart 2 – ARRS Staff FTE Recruited & Planned



Chart 1 above, shows that PCNs in East Sussex recruited the equivalent of 53.6 FTE ARRS staff per 100,000 registered patients as of June 2023.

Chart 2 above, shows that East Sussex PCNs recruited 83.5% (recruited 307.4 FTE of planned 377.7 FTE) ARRS staff as of June 2023.

5.26 Key Points of Note for East Sussex:

- The GP workforce has decreased by 3.0 FTE since July 2022, a decline of -1.0%.
- There are 183 Nursing workforce (in FTE) in work, an increase of 21 FTE or 12.7%. Since March 2019 Nursing staff levels have increased by 10.5%.
- There are 258 Direct Patient Care (DPC) staff employed by practices. This is an increase of 27.4 FTE. Since March 2019 staff levels have increased by 37.5%.
- East Sussex Nursing numbers are 32.1 FTE/100k which is higher than in England and above the 29.7 comparator systems average.
- There are 867 non-clinical workforce (in FTE) in East Sussex which is an increase of 75.2 FTE from staff levels in July 2022. Since March 2019 Non-clinical staff levels have increased by 20.8%.
- In June 2023 the total ARRS workforce increased by 109.3 FTE (55.2%) to 307.4 FTE compared to staff levels in July 2022. The clinical ARRS workforce is 301.7 FTE; non-clinical 5.7 FTE.

Service development opportunities linked to multi-disciplinary ARRs workforce models

5.27 The drive to broaden the professionals who can work in Primary Care teams is intended to take pressure from GPs and Practice Nurses but also to develop the services that are offered. Two examples below highlight new clinical models and approaches through maximising ARRs:

- Bexhill PCN has established a hub to **Support Adolescent and Young Persons Health** (SAYPH). This is a safe space for young people aged 11-16 years to come together, socialise, relax, and link in with healthcare professionals. The hub is run by the PCN's ARRS staff including the Children and Young Persons Care Coordinators and Social Prescribing team. These staff are actively supporting young people and referring them on to other services as appropriate. The team can also support any young person who is waiting for contact from the Child and Adolescent Mental Health Service (CAMHS).
- **Emotional Wellbeing Services** – new models are being developed for population based mental health care built around PCNs. They bring clinical Mental Health Practitioners alongside non-clinical Mental Health Support Coordinators within every PCN. They aim to establish individual Emotional Wellbeing Services that work at a neighbourhood level to provide easy and timely access to mental health support for a wide range of individuals.

5.28 In East Sussex, each PCN, depending on its population served, will have 0.5 – 1.0 whole time Mental Health Practitioners alongside 1.0 - 2.0 whole time Mental Health Support Coordinators. Currently these professionals are working in the PCNs in Lewes, Greater Wealden, Bexhill and Hastings. By April 2023, this service will be rolled out further to cover much of Eastbourne.

6. East Sussex PCN Activity and Audit

- 6.1 Plans are currently being developed to carry out a 5 year stocktake of Sussex PCN development, delivery of services, impact on population health, patient satisfaction and value for money. This exercise is expected to commence later this year, with a target end date of completion and published summary of findings, expected in June 2024.
- 6.2 In the meantime, NHS Sussex is actively monitoring the performance and delivery of PCN services through regular contact between delivery managers and PCNs, along with specific reporting on implementation of Personalised Care and Tackling Neighbourhood Inequalities, Enhanced Access performance, Capacity and Access plans and Impact and Investment fund indicators.
- 6.3 Monitoring continues on the recruitment of ARRS roles and ongoing recruitment plans within each PCN.

7. PCN participation in Armed Forces Covenant

- 7.1 The NHS Sussex ICB hosts the Armed Forces Network (AFN) team on behalf of NHS Sussex and NHS Kent and Medway. The AFN works on behalf of the Integrated Care System to support the Armed Forces community. This includes providing leadership on behalf of the system by working in partnership with the Armed Forces community to ensure the whole system has an understanding to support this community and its needs.
- 7.2 The AFN team is a member of the East Sussex Civil Military Partnership Board led by East Sussex County Council and regular updates are provided at the board meetings.
- 7.3 The current key areas of focus are:

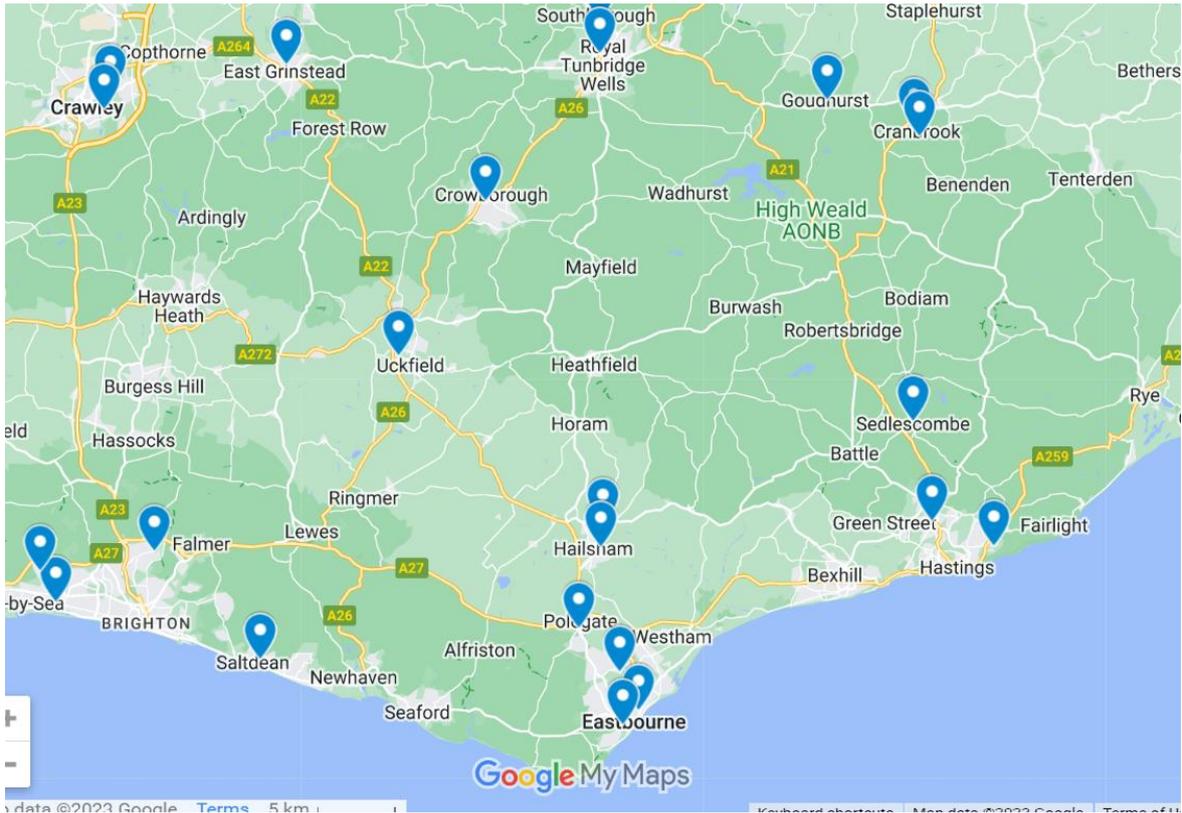
Single Point of Contact/OpCOMMUNITY

- 7.4 The Single Point of Contact (SPOC) for Family and Carers was launched as a pathfinder in April 2022. Now known as OpCOMMUNITY fitting with all the other national services. There are increasing numbers of people accessing this service; many cases involve children needing mental health support, maintaining position when transferring waiting lists and complex needs from the wider Armed Forces Community.
- 7.5 The AFN supports the whole of the Armed Forces community, but this is a focus on Families and Carers. It is part funded by NHS England. In the past 3 months the key themes were:
 - Housing
 - Special Educational Needs requirements
 - Transfers of care
 - Access to Child and Adolescent mental health services/Neurodiversity

- Support to access specific Health Services.

Veteran Friendly GP Practices

- 7.6 There has been an increase in contacts to the Network for support in applying for Veteran Friendly accreditation. In East Sussex 13 of the 51 practices are now accredited as veteran friendly and discussions are taking place between the Armed Forces Network team and the remaining practices to promote this. The target from NHS England is for 100% to have achieved this by March 2025. The Lead for this within each Practice does not have to be a GP so others (e.g., paramedics, nurses, etc) may take the required leadership. The Network GP/Lead Clinician, Dr Jeremy Carter has been visiting interested Practices and PCNs as well as targeting those Practices which have high numbers from the Armed Forces community but are not accredited. The AFN is also training several Social Prescribers. There are also awareness sessions planned for Practice Managers meetings. The AFN has provided training to Non-Medical Prescribers, Advanced Practitioners, School Nurses, Cancer Teams, Safeguarding, Equality and Continuing Health Care Teams to raise awareness under the Armed Forces Act 2021.
- 7.7 East Sussex has two further PCNs in the process of signing up which are:
- The Foundry Healthcare (Lewes)
 - Victoria (Eastbourne)
- 7.8 The PCNs which are outstanding are:
- The Havens
 - Bexhill
 - Seaford
- 7.9 Below is a map showing the location of Veteran Friendly GP practices in East Sussex.



Integrated Care Board/System and the Armed Forces Act 2021

7.10 NHS Sussex is ensuring it is working in line with the Armed Forces Act 2021 where ‘Due Regard’ for the Armed Forces Community is undertaken. It has:

- ensured that the Act is part of its working practice, with the Armed Forces community taken into account,
- as an employer has ensured the Armed Forces community is included within its recruitment policy, health and wellbeing policy and special leave allocations.

7.11 The Public Health and the Health Informatic Teams are working together across Sussex, Kent and Medway to develop a phased development of needs assessments, population health and information using the new census data as it becomes available. The aim is to ensure that the Armed Forces community becomes part of the general population health management. In East Sussex 12% of the local population is from the Armed Forces community and of this 4.6% are veterans (3.8% is the England average). In addition, 39% of schools have a regular service child within them with more having reservist or veteran children. This is particularly important as the new Act is relevant for healthcare, housing and education.

7.12 The next annual conference will be held on 31st October 2023 when the Lord Lieutenant of East Sussex will be in attendance to present awards to the Service Champions. The conference usually has over 250 delegates and includes market stalls from both local and national organisations supporting

the Armed Forces community and provides an excellent networking opportunity.

8. Conclusion and next steps

- 8.1 The continued development and sustainability of PCNs is critical to improve the care and support patients across Sussex receive. NHS Sussex will continue to focus on the following key areas to support the on-going development by providing:
- time and support for implementation, including organisational development and leadership support, and
 - meaningful monitoring, and a support offer for developing networks.
- 8.2 Underpinning all of this will be the continued focus to recruit more GPs and fund activities across these footprints. If PCNs meet national expectations, patients benefit from access to a wider range of services through a stabilised general practice. This includes better use of medications, less reliance on hospital care and improved links with other services in the community.
- 8.3 The ICB is about to launch a five-year review of the PCN performance to date. The review will consider PCN priorities, alignment to the SDP strategic vision and will provide assurance on delivery of the key PCN services.

Appendix A – ARRS Roles Descriptions

Care Coordinators -

Care Coordinators play an important role within a PCN to proactively identify and work with people, including the frail/elderly and those with long-term conditions.

Clinical Pharmacists -

Clinical pharmacists work in primary care as part of a multidisciplinary team in a patient facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas.

Pharmacy Technicians -

Pharmacy Technicians play an important role within General Practice and complement the work of Clinical Pharmacists through utilisation of their technical skillset.

Dieticians -

Dietitians are healthcare professionals that diagnose and treat diet and nutritional problems, both at an individual patient and wider public health level.

First Contact Physiotherapist -

First Contact Physiotherapists (FCPs) are qualified autonomous clinical practitioners who can assess, diagnose, treat and manage musculoskeletal (MSK) problems and undifferentiated conditions and – where appropriate – discharge a person without a medical referral.

General Practice Assistant -

As part of the wider team in general practice, General Practice Assistants provide a support role, carrying out administrative tasks, combined in some areas with basic clinical duties.

Health and Wellbeing Coaches -

Health and Wellbeing Coaches (HWBCs) will predominately use health coaching skills to support people with lower levels of patient activation to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goals.

Mental Health Practitioner -

Mental health and wellbeing practitioners (MHWPs) provide evidence-based interventions and co-ordinate care plans for adults with severe mental health problems.

Nursing Associate -

The Nursing Associate is a new support role in England that bridges the gap between healthcare support workers and registered nurses to deliver hands-on, person-centred care as part of the nursing team.

Occupational Therapist -

Occupational therapists (OTs) support people of all ages with problems resulting from physical, mental, social, or development difficulties.

Community Paramedic -

Community Paramedics are trained in all aspects of pre-hospital emergency care, including acute problems such as cardiac arrest and major trauma.

Podiatrist -

Podiatrists are healthcare professionals who have been trained to diagnose and treat foot and lower limb conditions.

Social Prescribing Link Worker -

Social prescribing enables all primary care staff and local agencies to refer people to a link worker. Link workers give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning.

Physician Associate -

Physician Associates (PAs) are healthcare professionals with a generalist medical education who work alongside doctors providing medical care as an integral part of the multidisciplinary team.

Advanced Practitioner -

Advanced Practitioners work at level 7 across the four pillars of advanced practice – clinical, management & leadership, research & education, and offer multiple benefits to the health service and the population.