



VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Primary care networks—cause for celebration or concern?

Helen Salisbury *GP*

Oxford

The 2019 GP contract has been announced, and the main news is that we can have more money—but only if we start working together in bigger units.

GPs are being encouraged to join up with neighbouring practices so that, between us, we have a registered list of 30 000-50 000 patients. NHS England says that these networks will “enable greater provision of proactive, personalised, coordinated and more integrated health and social care.”¹ The exact details about how we’ll work this magic are still being finalised.

A previous attempt to get such clusters of practices going in England seems to have fizzled out, but this time money is attached. The idea is that we’ll group together to employ additional staff, such as pharmacists, social prescribers, physios, and paramedics, and some of the costs will be reimbursed. In case this carrot isn’t tempting enough, there’s also a stick: the funding that we currently get for covering extended hours will now be channelled through the networks. So, unless practices can afford to lose that money, they really have no choice.

The timescale is short: we’re meant to submit our network arrangements to the clinical commissioning group by the end of April and be ready to go live by 1 July, which is when the money will start to flow. Some of this money is earmarked to pay for one day a week of a lead clinician for each network, and these people will need to be selected and their clinical hours backfilled. Admin staff will be also be needed, and many other details will need to be finalised (bank accounts, network contracts) before we’re up and running.

Networks have got off to a shaky start in our city: intense discussions are going on about which practices will group with

which others. There’s a worrying possibility that practices perceived as being in the least good shape financially, or run by people who are hard to work with, will be left like Billy No Mates at the edge of the field, with no one to play with. Our clinical commissioning group doesn’t yet know how this will be solved.

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I have many unanswered questions. We expect that funding for locally enhanced services will in future reach us through the network, so what happens if the network partners aren’t equally willing or able to provide these services? More immediately, where exactly are we supposed to find these vital extra clinical workers?

The cynic in me sees networks as a way of whittling away the value and autonomy of our traditional partnerships as, over time, more and more of our funding comes from these new structures. The pragmatist in me is just intensely weary at the thought of the extra meetings this is going to take to set up. I’m trying to prod the optimist into life.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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1 NHS England. Primary care networks. <https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/>.

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