**Developing a Primary Care Network (PCN) - some General Principles**

1. **Taking Time**

Although applications need to be in by 15th May, and approved by the end of May what is required for the application is clearly set out in the Guidance. Forming and agreeing the membership of your PCN should in most cases be relatively straight forward. The more difficult bit is agreeing and signing the network agreement. We can help you with this and will be running both some workshops and telephone surgeries (see below). It is important to recognise that the first year of a PCN is meant to be focusing on establishment rather than wholesale change.

1. **Practices are in charge**

The PCN process is intended to be empowering for practices. Once you have agreed the membership, you will need to decide what structure you prefer and who you want to work with. If this is with a Federation, then you need to determine what you wish to purchase and on what terms.

1. **The right size**

The guidance is clear that 30,000 to 50,000 is the optimum size. Of course, this won’t suit all settings, but this does need to be borne in mind. The right size is probably the right size to enable community services to be successfully configured around the membership of the PCN. Very large PCNs will be expected to operate a locality structure. Some thought needs to be put into whether it is better to be two or more PCNs than a single large PCN with two or more localities. Which gives the greatest advantage in reconfiguring services to the benefit of both patients and practices? Which is more practical in your healthcare community?

1. **Avoiding competition**

Competition between PCNs or between PCNs and Federations is unlikely to be productive. This needs to be considered when setting the relationship between PCNs and their most likely supporter, Federations. Care needs to be taken in making sure that these relationships are constructive and productive.

1. **Supporting Clinical Directors**

A key appointment that must be from within the clinical workforce of a PCN. In most cases this will be a GP. The role is defined in the Network Contract DES specification but remains a bit vague. We are very keen to support this group and hope that establishing a peer support group will be helpful. A provisional date for the first meeting of this peer support group has been arranged for the evening of Tuesday 21st May. We will be contacting Clinical Directors directly to arrange this. There is a lot to be gained by working together, both locally and across Kent and Medway, in sharing experiences and good practice, in learning together and avoiding professional isolation.

1. **Delivering a Strong and Influential Primary Care Voice**

Clinical Directors, whilst accountable to the PCN membership, will be a key part of the development of both Integrated Care Partnerships (ICPs) and the Integrated Care System (ICS). Both of these need strong consistent input from Primary Care. This needs to be as close as possible to grass roots General Practice.

1. **Gaining CCG Approval**

We believe that the CCGs will only be able to approve/confirm PCN applications once they have received all the applications in their area. This is in order to be able to confirm that there is 100% coverage, that the applications make geographical sense and that it is practical to reconfigure community services around their geography. The LMC will be helping the CCGs to resolve any problems to enable a comprehensive and sensible solution.