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LETTERS

PRIMARY CARE NETWORKS

Primary care networks: the risk of "mission creep" calls for focused ambition

Luisa Pettigrew *NIHR doctoral research fellow*, Nicholas Mays *professor of health policy*

Department of Health Services Research and Policy, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1H 9SH, UK

Our research[1 2] aligns with Wilson and Lewis's recent editorial[3] and with previous commentaries[4] that emphasise the well intentioned, but potentially overambitious, hopes for primary care networks.

Positive impact seems plausible as a result of increasing organisational size, but it is not guaranteed. Unintended consequences frequently occur. Clinical outcomes or patient experience do not necessarily improve and might deteriorate. Diseconomies of scale can emerge. It can take decades for large scale interorganisational collaborations to mature and function effectively. Collaborations labelled as "successful" are often so because they had focused and measurable goals, such as improving diabetic care or vaccine uptake, as well as dedicated support, including timely data, IT dashboards, managers, financial incentives, and academic input.[1 2]

Delivering the directed enhanced service will require primary care networks to build relationships with the wider health system, including sustainability and transformation partnerships, clinical commissioning groups, GP federations, training hubs, local authorities, community providers, social care providers, patient groups, and the third sector. These relationships are important. But "mission creep" by primary care networks—and importantly by others seeing primary care networks as the way to solve a multitude of problems—risks overwhelming and disengaging them.

Primary care networks should be ambitious, but they need to be focused. At first the focus should be on the specifications of the directed enhanced service and local priorities, defined by the primary care networks themselves. Some networks will excel and become the "poster boys" of success. Most, however, will quietly keep on doing their best to make the most of the new funding stream, with practices learning to work with each other and new staff. They will need breathing space and probably longer than the five year timeline of the directed enhanced service to deliver, at least some of, the wider ambitions.

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Full response at: https://www.bmj.com/content/366/bmj.l5311/rr.

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3 Wilson T, Lewis R. Primary care networks: well intentioned but overambitious. *BMJ* 2019;366:l5311. 10.1136/bmj.l5311 31488421

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luisa.pettigrew@lshtm.ac.uk