



**THE PRIMARY CARE NETWORK (PCN)**  
**CONTRACT DES**

**A Brief Guide for Practices**

**March 2019**



## **BACKGROUND**

- ❖ In the Long Term Plan for the Health Services in England Primary Care Networks (PCNs) are seen as the essential building blocks of every Integrated Care System (ICS).
- ❖ PCNs will consist of a grouping of GP practices with a coherent geographical area, typically covering populations of between 30,000 and 50,000 patients.
- ❖ PCNs will be supported in developing an expanded primary care team with practices working alongside other organisations and the voluntary sector.
- ❖ By July 2019 it is expected that PCNs will cover 100% of the patient population.

## **THE PRIMARY CARE NETWORK (PCN) DES**

- ❖ The DES is designed to support practices to develop and implement PCNs working in conjunction with neighbouring practices in the area.
- ❖ The DES will provide funding for practices to form and develop networks as well as additional workforce.
- ❖ Every practice has the right to join a PCN in its CCG area and to participate in the DES.
- ❖ Practices taking part in the DES will be entitled to receive an annual Network Participation Payment of £1.76 per weighted patient.
- ❖ The DES has three elements:-
  - National Service Specifications – the first of which will not commence until April 2020.
  - Network Financial Entitlements
  - Supplementary Network Services – these can be developed locally by CCGs and PCNs.
- ❖ The patients of a practice that does not want to sign up to the DES will be added to one of the local PCNs which will provide “Network” services to those patients and will assume an entitlement to the additional funding.
- ❖ CCGs working with LMCs must ensure that all practice lists are covered.
- ❖ A specification outlining the full requirements of the DES will be agreed between GPC England and NHS England.

## **REGISTERING FOR THE PCN DES**

- ❖ To be eligible for the DES a PCN needs to submit a completed Registration Form to its CCG by no later than 15<sup>th</sup> May 2019. As part of this approval process CCGs are required to secure a “pledge of support” from the leadership of the local ICS.
- ❖ When signing up to the DES, Networks will need to make brief submission to their CCG outlining:
  - The names and the ODS codes of the member practices;
  - The PCN list size, i.e. the sum of its member practices’ lists as of 1 January 2019;
  - A map clearly marking the agreed PCN area;
  - The initial PCN Agreement signed by all member practices;
  - The single practice or provider that will receive funding on behalf of the PCN; and
  - A named Clinical Lead/Director from within the GPs of the PCN (additional funding provided for this role).



- ❖ All the Network Contracts will be approved at the same time and by 31<sup>st</sup> May 2019. This ensures that every constituent practice of a CCG and 100% of the CCG's geographical area are included within the PCNs' boundaries.
- ❖ Provided that the registration requirements have been met and GMS/PMS/APMS Contracts have been varied to include the DES, PCNs can start receiving national investment from 1<sup>st</sup> July 2019.

## **STRUCTURE AND COVERAGE OF THE DES**

### **i) PCN Member Practices**

- Decisions about how networks are configured rests almost entirely with practices who can define their own structure subject to rules around size and geography.
- There are already a number of collaborative working arrangements between practices across Essex. Whilst these can form the basis of PCNs, they do not have to.
- Membership of a particular PCN cannot be imposed on a practice.
- No assumptions should be made about the appropriateness of current arrangements. It must be a positive choice on the part of each individual; practice underpinned by the signing of the PCN Network Agreement.
- The only exception to this is that CCGs have a responsibility to ensure that all willing practices can be part of a Network, and may need to intervene to ensure this happens.
- GPC and NHS England will work together to support CCGs and LMCs in resolving difficult issues.

### **ii) PCN List Size**

- A PCN will typically serve a population of between 30,000 and 50,000 people. Low population density across a large rural area is likely to be the only permissible exception to the 30,000 rule.
- The upper list size of 50,000 is indicative and not a strict requirement. In some cases Networks of more than 50,000 may already exist. In these cases discussions about the rationale behind the configuration should be discussed with commissioners prior to submitting a Registration Form.

### **iii) PCN Area**

- PCNs must have a boundary that makes sense to its constituent practices, community based providers who will need to configure their teams accordingly and the local community.
- Practice boundaries may overlap more than one Network but it would however be exceptional for a practice to join more than one network.



#### iv) PCN Clinical Director

- Each PCN must appoint a Clinical Director as its named, accountable leader, responsible for delivery.
- The Clinical Director will be accountable to member practices. This will be set out in the Network Agreement.
- The expectation is that the Clinical Director will be a GP from within the Network although any clinician working in the Network could apply. The members of the Network will agree the details of any appointment process.
- Current leadership roles cannot be assumed to map over to the role of Clinical Director. There needs to be a new appointment that has the demonstrable support of the majority of practices.
- Prejudicial conflicts of interest, eg. CCG Governing Body Membership/ICS leadership, should be avoided.
- The LMC could have a role locally in helping to agree the appointment process for Clinical Directors.

### **FUNDING STREAMS FOR PCNS**

- ❖ £1.76 per weighted patient for Network participation. (This is the only payment paid directly to practices).
- ❖ £1.50 per patient for Network development.
- ❖ £1.45 per patient for Extended Hours.
- ❖ Funding for 0.25 WTE for 50,000 patients for Clinical Lead. Equates to 51p per patient in 2019/20 and 69p per patient in 2020/21.
- ❖ 70% of workforce costs, including on costs.
- ❖ 100% of Social Prescribing costs, including on costs.
- ❖ From 2020: Potential additional funding for new services per Long Term Plan.
- ❖ From 2021: £6.00 per head for improving access.
- ❖ Transfer of LES funding to the Network? Not a requirement, needs discussion with LMCs and practices.

### **NETWORK AGREEMENT**

- ❖ PCNs will have a Network Agreement that must be signed by all constituent practices.
- ❖ The Network Agreement is to be discussed and agreed by the practices within the Network. It will outline what decisions the Network has made about:-
  - How they will work together.
  - Which practice will deliver what (for specific packages of care)
  - How funding will be allocated between practices (if appropriate).
  - How the new workforce will be shared (including who will employ them).
  - Any other agreements made between the practices (eg. Pooling of practice funding, etc.)
- ❖ The agreement may be updated year on year as new services, workforce and funding come online.
- ❖ A national template agreement is being developed for use by the end of March.



## **NETWORK GOVERNANCE**

- ❖ Networks operate along the lines of a membership organisation with members being practices.
- ❖ Each Network will decide who will be its Clinical Director.
- ❖ Networks decide how funding/workforce are deployed between practices in line with decisions about how services are organised.
- ❖ CCGs commission the Network to provide services via the DES. How the services are delivered across the Network is for the Network to decide.
- ❖ Other organisations could be invited to join the Network but it will be for the Network to determine how its governance structures account for this.

## **WORKFORCE – THE ADDITIONAL ROLES REIMBURSEMENT SCHEME**

- ❖ Creation of additional posts in five different primary care posts within Networks.
- ❖ Workforce will increase across the five years:-
  - Clinical Pharmacist, and Social Prescribing Link Worker (100%) 2019/20
  - First Contact Physiotherapist 2020/21
  - Physician Associate 2020/21
  - First Contact Community Paramedic 2021/22
- ❖ New workforce will be part funded recurrently at 70% including on costs, with 30% to be provided by the Network (apart from social prescribers which will be 100% funded by NHS England).
- ❖ Funding will be set nationally based on Agenda for Change scales, but no requirement locally to employ on AfC contract.
- ❖ Network to agree how the new workforce is employed (by practices, a lead practice, a federation or community trust on behalf of the Network, etc.)
- ❖ Network to agree how the workforce is deployed, in line with agreeing how services are configured.
- ❖ CCGs should ensure that the community workforce is aligned along the PCN geography.
- ❖ From 2020/21 each Network will be allotted a single combined maximum reimbursement sum covering all five staff roles.
- ❖ Each Network's share will be based on weighted capitation.
- ❖ Networks will have the flexibility to decide how many of each of the reimbursable staff they wish to engage.

## **DELIVERING NEW NETWORK SERVICES**

A number of network services will be developed in line with NHS England's Long Term Plan, and phased into the DES over the coming years.

### **2019**

- ❖ Extended Hours access integrated into Networks – same requirements as the DES, for 100% of Network population.



## 2020

- ❖ Structured medication review.
- ❖ Enhanced health in care homes.
- ❖ Anticipatory care (with community services).
- ❖ Personalised care.
- ❖ Supporting early cancer diagnosis.

## 2021

- ❖ Cardiovascular disease prevention and diagnosis, through case finding.
- ❖ Action to tackle inequalities.

The content, and associated service specifications for these, will be subject to annual negotiation with GPC England.

## **TIMETABLE FOR NETWORK CONTRACT DES INTRODUCTION**

<b>Date</b>	<b>Action</b>
Jan – Apr 2019	PCNs prepare to meet the Network Contract DES registration requirements
By 29 March 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early June	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract DES goes live across 100% of the country
July 2019– March 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"><li>▪ Year 1 of the additional workforce reimbursement scheme</li><li>▪ Ongoing support funding for the Clinical Director</li><li>▪ Ongoing £1.50 per head from CCG allocations</li></ul>
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

## **NEXT STEPS FOR PRACTICES**

- ❖ Practices should open discussions with colleagues and neighbours with regards to forming a PCN.
- ❖ The LMCs are available to help act as a facilitator and/or mediator in these local discussions if that is the wish of practices.
- ❖ Practices should familiarise themselves with the PCN guidance and associated requirements as and when it is published.
- ❖ Access the LMC's website. A dedicated page on the new contract has been created as a central source of advice: <https://www.essexlmc.org.uk/gp-contract-2019/>