Network Contract Directed Enhanced Service

Guidance for 2019/20 in England

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Network Contract Directed Enhanced Service

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This document replaces version 1 of the guidance published on 29 March 2019. Version 2 includes the following new/amended sections:

- Section 5: Financial entitlements, nominated payee and payment information
- Section 6: Extended hours access
- Section 7: Practices and PCNs crossing CCG boundaries

Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

Contents

Section 1: Introduction

As part of *Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan* general practice takes the leading role in every primary care network (PCN) under the *Network Contract Directed Enhanced Service* (DES).

The Network Contract DES Directions will begin on the 1 April 2019 and, following sign-up to the DES, the requirements on GP practices (outlined in section 4 of the Network Contract DES specification) will apply from 1 July 2019. It will remain in place, evolving annually until at least 31 March 2024. The first year of this DES covered by this document lasting until 31 March 2020 will be a development year, with the majority of service requirements being introduced from April 2020 onwards. The success of a PCN will depend on the strengths of its relationships, and in particular the bonds of affiliations between its members and the wider health and social care community who care for the population. Non-GP providers will be essential in supporting delivery.

Chapters 1, 4 and 6 of *Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan* provide significant detail on the Network Contract DES, the Additional Roles Reimbursement Scheme and the national network services. This guidance is intended to supplement this information.

The Network Contract DES specification sets out requirements on GP practices signing up to the Network Contract DES. This guidance does not take precedence over the Network Contract DES specification.

Section 2: Role of Commissioners and Local Medical Committees (LMCs) in PCN formation

Commissioners[1] and LMCs will need to work closely and in partnership to support PCN formation and development at a local level in order to ensure 100 per cent geographical coverage.

Commissioners and LMCs will need to work together to ensure all practices who wish to sign up to the DES are included within a PCN. Commissioners and LMCs will also need to work with PCNs to ensure all patients are covered by a PCN. This may require discussion and mediation between the relevant PCN grouping and the practices(s).

Commissioners will:

- Liaise with the relevant Integrated Care Integrated Care System (ICS) or Sustainability and Transformation Partnership (STP) to ensure each PCN Network Area supports delivery of services within the wider ICS/STP strategy.
- Identify any issues with the proposed PCNs, both within individual PCN submissions, and when considering their registered population area as a whole.
- Engage with LMCs and bring practices together to resolve issues to ensure 100 per cent population coverage is achieved.

[1] Clinical Commissioning Groups (CCGs) and where applicable, NHS England Regional Teams.

- Approve the submission, ensuring that the registration requirements have been met and that all PCN footprints make long term sense for service delivery and in the context of the GP contract framework.
- Support PCN development via investment and development support outside of the DES.

During June 2019, this collaborative working will focus on resolving any issues and supporting practices in forming PCNs and signing-up to the DES. LMCs will bring practices in their area together, mediate where required and help ensure 100 per cent coverage.

Commissioners and LMCs should seek to minimise disruption to any pre-existing PCNs that have already been locally agreed with their commissioner and wider partners, if these PCNs also satisfy the Network Contract DES criteria.

Commissioners should maintain accurate records of all approvals and rejections and will be required to demonstrate if requested, the rationale for their decision.

Section 3: Network infrastructure

3.1 Network Agreement

A national Network Agreement has been developed to support the Network Contract DES and PCNs will be required to use it.

The Network Agreement sets out the collective rights and obligations of GP providers within the core of the PCN and is required to claim its collective financial entitlements under the Network Contract DES. It also sets out how the practices will collaborate with non-GP providers which make up the wider PCN.

PCNs will be required to submit an initial Network Agreement by 15 May 2019, as part of the registration process for the Network Contract DES (see section 2). The information PCNs are required to have agreed and completed within their Network Agreement as part of the registration process is explained further in the Network Contract DES specification.

Thereafter, in relation to the Network Agreement, PCNs will be required to:

- By 30 June 2019, complete the schedules to the Network Agreement and confirm to the commissioner that the completed Network Agreement has been signed by all GP practices in the PCN;
- As required – vary the Network Agreement to update the workforce schedule (at the points at which the PCN is ready to recruit) and other service delivery schedules (including those for the new service specifications when implemented from either April 2020 or April 2021); and
- From the date of sign-up to the Network Contract DES for any PCNs signing up post 1 July 2019.

Where PCNs decide to seek advice related to the Network Agreement, these costs will not be covered under the Network Contract DES nor by commissioners at a local level.

3.2 Clinical Director

The Clinical Director should be a practicing clinician from within the member practices able to undertake the responsibilities of the role and represent the PCN's collective interests. It is most likely to be a GP but this is not an absolute requirement. The post should be held by an individual (or individuals if they are job-sharing the role) from within the PCN, not be a shared role between PCNs. The Clinical Director should not be employed by a commissioner and provided to the PCN.

PCNs may wish to consider rotating the Clinical Director role within a reasonable term.

3.2.1 Role of Clinical Director

A national outline of the key responsibilities in included in Network Contract DES Specification (see section 4.4.2 of the DES specification).

3.2.2 Appointment of Clinical Director

It will be the responsibility of the PCN to agree who their Clinical Director will be. The selection process will be for the PCN to determine but may include:

- Election - nomination and voting;
- Mutual agreement between the members;
- Selection – via application and interview for example; or
- Rotation within a fixed term (this could equally apply against the above processes).

The Clinical Director is to be agreed by the PCN by 15 May 2019 and their name submitted to the commissioner as part of the Network Contract DES registration timetable.

3.2.3 Conflict of interest

PCNs and Clinical Directors will be responsible for manging any conflicts of interest, taking account of what is within the best interests of the PCN and their collective patients. They will need to consider how best to manage inappropriate behaviour which negatively impacts on PCN member relationships or delivery of care to patients.

3.3 Data and analytics

3.3.1 Data sharing agreements

A data sharing agreement template will be provided in due course. PCNs will need to ensure they complete the template accordingly to support service delivery.

Confirmation that appropriate data sharing agreements have been entered into is a requirement of the Network Contract DES registration.

3.3.2 Network Dashboard

There will be a 'Network Dashboard' from April 2020 which will include key metrics to allow every PCN to see the benefits it is achieving for its local community and patients.

The dashboard will include information on population health and prevention, urgent and anticipatory care, prescribing and hospital use. Information will also cover metrics for the seven-new national network service specifications.

NHS England and GPC England will work with key stakeholders during 2019 to develop the dashboard.

Section 4: Workforce and Additional Roles Reimbursement Scheme

4.1 Additionality rules, baseline and early recruitment

4.1.1 Additionality principles and baseline calculation

Workforce additionality will be measured on a 2018/19 baseline established as at 31 March 2019 as set out the Network Contract DES Specification.

Commissioners will be surveyed during May/June 2019 to determine the number of staff employed across the five roles as at 31 March 2019, providing support to practices within the CCG and locally funded. The survey will be sent out via NHS England Regional teams with accompanying guidance and will be used to inform the workforce baseline for each PCN, which will be agreed with the commissioner as part of the Network Contract DES registration process. PCN reimbursement claims under the Additional Roles Reimbursement Scheme will be assessed against this baseline.

A failure to submit information or the provision of inaccurate workforce information is a breach of the Network Contract DES specification and may result in commissioners withholding reimbursement pending further enquiries. Reimbursement claims will be subject to validation and any suspicion that deliberate attempts have been made to subvert the additionality principles will result in a referral for investigation as potential fraud.

The additionality rule is intended to protect existing commissioner investment into primary care as well as expand capacity. It will not be possible for commissioners to stop funding staff identified in the baseline exercise on the grounds that these could instead be funded through PCN reimbursement. CCGs will be required to maintain existing funding for the baseline staff levels.

4.1.2 Early recruitment into five roles

No reimbursement will be made in 2019/20 for physiotherapists, physicians associates and paramedics under the Additional Roles Reimbursement Scheme.

Although reimbursement for physiotherapists and physicians associates will begin in April 2020, PCNs will want to consider the timing of their recruitment plans to ensure

that they take full advantage of the funding available to them. Any physiotherapists and physicians associates who are employed after 1 April 2019 will not be eligible for reimbursement until April 2020. As such, PCNs will need to employ these staff at the PCN's own expense until this time. However, as these staff will be above the 31 March 2019 baseline they will be considered additional from that point. The same applies to paramedics from April 2021.

Reimbursement will only be made up to the individual PCN Additional Roles Reimbursement Scheme cap from 2020.

In 2019/20, where PCNs have:

- made efforts to recruit to the clinical pharmacist and social prescribing link worker roles but have been unable to recruit; or
- can demonstrate it already has access to a full complement[2] of clinical pharmacists or social prescribing link workers; and

with agreement of the commissioner, they can substitute between numbers of clinical pharmacists from social prescribing link workers or vice versa.

4.2 Role descriptions and terms and conditions

Employers of staff recruited under the Additional Roles Reimbursement Scheme will determine what terms and conditions, including salary, they offer new staff and may consider using Agenda for Change bands as a guideline. In doing so, they will wish to take a fair approach with regards to remuneration relative to other staff already working within and across the PCN GP member practices.

Employers will decide the actual job descriptions of their own staff, bearing in mind the role requirements outlined in the Network Contract DES Specification and the new service specifications to be implemented nationally from April 2021 (see section 6.2 of this guidance).

Reimbursement will apply up to the Additional Roles Reimbursement Scheme cap and applies to salary only, not to additional hours or recruitment and retention premia agreed in addition.

Decisions to amend terms and conditions of employment for existing staff is a matter for the employer following due process.

4.3 Reimbursement Arrangements

The Additional Role Reimbursement Scheme arrangements for 2019/20 will be an introductory year, transitioning to a weighted capitated sum from 2020/21.

PCNs will not wish to make short term gains to the detriment of longer term sustainability and development of the network, taking into account how services are delivered by wider members of the PCN beyond the practices as well as the changes to the Additional Roles Reimbursement Scheme from year two.

[2] Full complement is equivalent to 1 clinical pharmacist or 1 social prescribing link worker per 50,000 population.

From April 2020/21, each PCN will be allocated a single combined maximum sum under the Additional Roles Reimbursement Scheme. This sum will be calculated on a weighted capitation basis (to be confirmed during 2019). PCNs will be able to claim up to this maximum sum each year, in line with the rules set out in the Network Contract DES Specification.

In determining the most appropriate mix of these staff roles, PCNs should take into account the requirements as set out in the DES and the delivery of the seven national services to be introduced from 2020 and 2021 respectively (see section 6.2 of this guidance).

NHS England and GPC England will develop and agree any further guidance for the Additional Roles Reimbursement Scheme as part of the 2020/21 contract discussions.

4.4 Clinical pharmacists

A minimum of 0.5 WTE should apply to the clinical pharmacists employed via the Network Contract DES. This is to ensure the clinical pharmacist is able to access timely national training and can deliver continuity of care whilst working across multiple providers within the PCN.

Clinical pharmacists being employed through the Network Contract DES funding will either be enrolled in or have qualified from an accredited training pathway that equips the pharmacist to be able to practice and prescribe safely and effectively in a primary care setting (currently, the Clinical Pharmacist training pathway[3,4]) and in order to deliver the key responsibilities of the role. NHS England will be arranging a funding mechanism to allow all clinical pharmacists to access and complete an accredited training pathway that equips the pharmacist to achieve this.

Upon completing the training pathway, the clinical pharmacist receives a ‘Statement of Assessment and Progression’ which details the learning undertaken, and confirms the assessments they have passed. This documentation is available in both hardcopy and electronic format. In addition to this the learning provider hosts a protected section of their website which captures the learning of the Clinical Pharmacists participating in their training, which can be utilised as evidence of training need to any current or future employer.

This training requirement can be met with pre-existing qualifications / experience on the basis that it meets the learning objectives of the current accredited training pathway funded by NHS England. The training will be modular and clinical pharmacists are only required to undertake the training they need to complete the portfolio requirements. This accreditation of prior learning should be undertaken by the supervising senior clinical pharmacist and Clinical Director for the PCN.

[3] CPPE Clinical Pharmacists in General Practice Training Pathway https://www.cppe.ac.uk/career/clinical-pharmacists-in-general-practice-education#navTop
[4] CPPE Medicines Optimisation in Care Homes Training Pathway https://www.cppe.ac.uk/career/moch/moch-training-pathway#navTop

4.4.1 Guidance on Supervision of Clinical Pharmacist

All clinical pharmacists will be part of a professional clinical network and will always be clinically supervised by a senior clinical pharmacist and GP clinical supervisor. The following supervision must be in place for senior clinical pharmacists and clinical pharmacists:

- Each clinical pharmacist will receive a minimum of one supervision session per month by a senior clinical pharmacist[5];
- The senior clinical pharmacist will receive a minimum of one supervision session every three months by a GP clinical supervisor; and
- All clinical pharmacists will have access to an assigned GP clinical supervisor for support and development.

The ratio of senior to junior clinical pharmacists should be one to five, and in all cases appropriate peer support and supervision must be in place.

Flexible and innovative approaches to the formation of clinical networks can be adopted and promoted to enhance collaboration/integration across healthcare interfaces.

4.4.2 Transitional arrangements from Clinical Pharmacists in General Practice Scheme or Medicines Optimisation in Care Homes Scheme

4.4.2.1 Clinical Pharmacists in General Practice Scheme

NHS England is giving notice of the withdrawal of the current *Clinical Pharmacists in General Practice Scheme* effective from 30 April 2019. This reflects the agreement reached between NHS England and GPC England, as part of the GP contract reforms, to subsume this scheme into the Network Contract DES.

The withdrawal of the scheme will mean that any practice who applied before 31 March 2019 and has not had approval from the commissioner, will no longer be eligible. Similarly, after the 30 April 2019, any practice who had received approval under the scheme, but who has not yet appointed a clinical pharmacist (i.e. have a signed contract of employment in place) will also no longer be eligible to do so.

Table 1 summarises the scenarios and sets out the arrangements for transferring from the *Clinical Pharmacists in General Practice Scheme* to the Network Contract DES. It also confirms the additionality position for the clinical pharmacist(s) in each of the scenarios.

Investment and Evolution (paragraph 1.29 on page 14) confirmed the only exception to the additionality principles would be existing clinical pharmacists reimbursed under either the *Clinical Pharmacists in General Practice Scheme* or *Medicines Optimisation in Care Homes Scheme*. As such, GP practices and their PCNs will be able to transfer **all** clinical pharmacists employed via the *Clinical Pharmacists in General Practice*

[5] This does not need to be a senior clinical pharmacist within the PCN but could be part of a wider local network, including from secondary care or another PCN.

Scheme to receive reimbursement under the Network Contract DES providing that the clinical pharmacist(s) were:

- already employed and in post prior to the baseline as set at 31 March 2019 (see section 4.5.3 of the Network Contract DES Specification); AND

- will be working across the PCN, as part of the PCN workforce, and carrying out the same duties as described in section 4.4.15 of the Network Contract DES Specification; AND

- the transfer takes place before 30 September 2019.

In transferring more than one clinical pharmacist, PCNs will need to be mindful that the Network Contract DES reimbursement arrangements will be changing from year two to a weighted capitation sum. The weighted capitation sum will provide a single combined maximum reimbursement sum covering all five staff roles, including any pharmacists transferred from the current national scheme. The PCN will have the flexibility to decide how many of each of the reimbursable staff they wish to engage from within their Additional Roles Reimbursement Sum.

In addition to the commitment to support transfer of all clinical pharmacists employed under the current national schemes, NHS England will also honour the commitments made in good faith, to support those practices who have already undergone the approval process, been successful and will have appointed a clinical pharmacist on or before 30 April 2019 (see scenario 2 in Table 1 below).

GP practices who have clinical pharmacists employed under the *Clinical Pharmacists in General Practice Scheme* may choose not to transfer them to the Network Contract DES and instead, to continue the employment of their clinical pharmacist(s) under the terms for the existing scheme. The GP practice will continue to receive tapered funding as set out in this scheme, following which there will be no further national funding for their role.

Table 1: Transfer arrangements and additionality position against six scenarios

Scenario	Transfer arrangements	Additionality position
1. Clinical pharmacist(s) employed under current scheme and in post prior to 31 March 2019.	Practice(s) can either: • transfer clinical pharmacist(s) as a part of the PCN workforce, or • continue employment of clinical pharmacist(s) on current scheme and allow funding to taper (after which point the practice(s) will need to cover the costs themselves as no national funding will be available). If transferring the clinical pharmacist(s), this must take place on or before 30 September 2019. Thereafter, PCNs will not be able to transfer and claim funding for the clinical pharmacist(s) under the Network Contract DES. PCNs transferring more than one clinical pharmacist(s) should be mindful of the	These clinical pharmacists will be included in the baseline. Providing the clinical pharmacist(s) is/are transferred prior to 30 September 2019 then they will count as

	reimbursement arrangements changing from year two to a weighted capitation sum (as outlined above) and that those transferred will need to be counted within this sum. PCNs **will be** able to claim, in addition to those clinical pharmacist(s) transferred, one additional WTE clinical pharmacist under the Network Contract DES (or two additional WTEs if PCN is over 100,000), subject to the weighted capitation. Practices with any clinical pharmacist(s) in post, but for whom national funding under the Clinical Pharmacist in General Practice Scheme ceases during the period April to June 2019 will need to cover the costs themselves until reimbursement can be claimed under the Network Contract DES.	an exception to the additionality principles and be eligible for funding under the Network Contract DES.
2. Clinical pharmacist(s) approved and appointed by 30 April 2019 but clinical pharmacist was not in post under current scheme as at 31 March 2019. (Note: appointed in this context means that the clinical pharmacist has a signed contract of employment)	For those practices who have undergone the approval process and received approval from the commissioner, NHS England will honour the commitment where: 1. approval was received from the commissioner on or before 31 March 2019; AND 2. the practice has appointed a clinical pharmacist and they have a signed contract of employment in place before 30 April 2019, even if they are due to start in post thereafter. Where the above two circumstances are met, then the practice will receive funding under the terms of the *Clinical Pharmacist in General Practice Scheme.* They will be able to transfer a single clinical pharmacist to the Network Contract DES from 1 July 2019 as part of the PCN workforce. If more than one clinical pharmacist is in this position in a PCN they will be able continue the employment under the *Clinical Pharmacists in General Practice Scheme* and either: o allow the funding to taper and after which point the practice(s) can continue the employment of the clinical pharmacist as part of their practices' team and cover the costs themselves as no national funding will be available; OR o transfer the clinical pharmacist(s) to become part of the PCN workforce under the Network Contract DES in future years (from April 2020) if feasible within the PCNs additional roles reimbursement sum. NOTE: For 2019/20, PCNs will only be able to transfer one WTE clinical pharmacist, in line with the	As the clinical pharmacist is/are not in post by 31 March 2019 they will all count as 'new' (i.e. will not be in the baseline).

	PCN's entitlement under the Network Contract DES, (or two WTEs if PCN is over 100,000). From year two, PCNs will be able to transfer and claim funding for additional clinical pharmacist(s) under the *Network Contract DES* but should be mindful of the reimbursement arrangements changing from year two to a weighted capitation sum (as outlined above) and that those transferred will need to be counted within this sum.	
3. Clinical pharmacist(s) approved under current scheme but not appointed before 30 April (Note: appointed in this context means that the clinical pharmacist has a signed contract of employment)	Notice is being given to the withdraw the current *Clinical Pharmacist in General Practice Scheme* for new staff effective from 30 April 2019. After this date any practices with approval under the current scheme who have not yet appointed (have a signed contract of employment in place) will no longer be eligible to do so. Transfer arrangements are therefore not applicable as practices will no longer be eligible under the Clinical Pharmacist in General Practice Scheme. The PCN will be able to claim one WTE clinical pharmacist under the Network Contract DES (or two WTEs if PCN is over 100,000).	N/A
4. Practice(s) who have not yet had approval to their application under the current scheme before 31 March 2019	Notice is being given to withdraw the current *Clinical Pharmacist in General Practice Scheme* for new staff. No further approvals will therefore be issued. Transfer arrangements are therefore not applicable as practices will no longer be eligible to recruit under the Clinical Pharmacist in General Practice Scheme. The PCN will be able to claim reimbursement for one WTE clinical pharmacists under the Network Contract DES (or two WTEs if PCN is over 100,000).	N/A

Clinical pharmacists may have been employed under the Clinical Pharmacists in General Practice Scheme and be shared between a group of practices. In this circumstance, if the group of practices are not within the same PCN - following the registration process - but would like to transfer the clinical pharmacist(s) into the

Network Contract DES then they will need to decide:

- whether the clinical pharmacist(s) become a WTE resource within one of the PCNs; OR

- in discussion with the commissioner, agree to share the clinical pharmacist(s) on a reasonable WTE basis.

4.4.2.2 Medicines Optimisation in Care Homes Scheme

The *Medicines Optimisation in Care Homes Scheme* will come to an end on 31 March 2020. The clinical pharmacists employed under this scheme and in post as at 31

March 2019 will be included in the baseline taken as at 31 March 2019 and will also be an exception to the additionality rules for the purposes of the Additional Roles Reimbursement Scheme. PCNs may claim reimbursement under the Additional Roles Reimbursement Scheme rules for any care homes clinical pharmacist who transfer to work across the PCN during 2019/20 The expectation is that upon the end of the current national scheme, these clinical pharmacists will be employed under the terms of the Network Contract DES to support delivery of the national service specifications.

In relation to pharmacy technicians employed via the Medicines Optimisation in Care Homes Scheme, NHS England will work with Health Education England during 2019 to explore the opportunities for them for working across PCNs. Further information will be provided in due course.

4.4.3 Social prescribing link workers

NHS England will be publishing further supporting guidance and information to help PCNs introduce the new role of social prescribing link workers into their multi-disciplinary teams.

Section 5: Financial entitlements, nominated payee and payment information

5.1 Financial entitlements

By 2023/24, £1.799 billion will flow nationally through the Network Contract DES - or £1.47 million per typical network covering 50,000 people.

Financial entitlements under the Network Contract DES reflect a blended payment as set out in the Network Contract DES Specification (see section 5 of the DES specification).

Table 2 provides a summary of the payments that will be made to the PCNs nominated payee on a monthly basis in arrears and line with local payment arrangements. All Network Contract DES payments are inclusive of VAT, where VAT is applicable.

Table 2: Summary of Network Contract DES Financial Entitlements

Payment details and allocation	Amount	Allocations	Payment timings
1. Core PCN funding	£1.50 per registered patient[i] per year (equating to £0.125 per patient per month)	CCG core programme allocations	Monthly in arrears[ii] from July 2019 The first payment (to be made on or by end July 2019) will cover the period 1 April to 31 July. Subsequent payments will be made monthly in arrears[ii] so the August 2019 payment to be made by the end of August 2019.

2. Clinical Director contribution	£0.514 per registered patient[i] to cover July 2019 to March 2020 (equating to £0.057 per patient per month)	PMC allocations	Monthly in arrears[ii] from July 2019. First payment to be paid on or by end July 2019 and thereafter on or by the last day of each month.
3. Staff reimbursements • Clinical pharmacists • Social prescribing link workers	Actual costs to the maximum amounts per the Five-Year Framework Agreement, paid from July 2019 following employment	PMC allocations	Monthly in arrears[ii] Payment claimable following start of employment. Reimbursement payable on or by the last day of the following month (for example, July 2019 payment to be made on or by end August 2019)
4. Extended hours access	£1.099 per registered patient[i] to cover period July 2019 to March 2020 (i.e. equating to £0.122 per patient per month) Note: This amount is pro-rata from £1.45 over 12 months.	PMC allocations	Monthly in arrears[ii] First payment made for July to be made on or by end of July 2019. Subsequent payments made on or by the end of the relevant months. For example, the August 2019 payment to be made on or by end August 2019.

[i]based on the patient numbers as at 1 January immediately preceding the financial year. For example, the 1 January 2019 patient figures are used for the 2019/20 financial year.

[ii]as per local payment arrangements (to account for where CCGs/Regions do not have a payment run on the last day of the month)

All costs – for both the Practice and Network Contract DES - apart from the £1.50 per head payment, will be payable from CCG Primary Care Medical allocations[6]. The £1.50 per head is from CCG core allocations[7]. This payment is a recurrent extension of the existing support scheme for 2017/18 and 2018/19 and was set out in the December 2018 NHS planning guidance.

In addition to the payments made to the PCNs nominated payee under the terms of the Network Contract DES, practices participating in the Network Contract DES will be entitled to the Network Participation Payment (as set out in the Statement of Financial Entitlements). This payment is £1.761 per weighted patient per year, equating to £0.147 per patient per month. The numbers of weighted patients are based on the weighted contractor population taken as at quarter 4 immediately preceding the

[6] These were revised on 20 March 2019, available at the following link, along with a letter providing commentary: https://www.england.nhs.uk/publication/gms-contract-settlement-and-allocation-changes-2019-20-to-2023-24-letter-from-ed-waller/

[7] Details available at the following link: https://www.england.nhs.uk/publication/ccg-allocations-2019-20-to-2023-24-core-services/

financial year (i.e. at 1 January in the preceding financial year). For example, the 2019/20 weighted contractor population figure will be that for quarter 4 in the 2018/19 financial year i.e. at 1 January 2019.

5.2 Network Contract DES nominated payee and payment information

The following paragraphs in the Network Contract DES Specification set out the factual points regarding who can hold the Network Contract DES and be the nominated payee:

- Paragraph 2.1 – “GP practices signing-up to the Network Contract DES must hold a registered patient list and be offering in-hours (essential services) primary medical services. The practice or provider nominated will be known as the ‘nominated payee’.”

- Paragraph 4.4.1 – “Have a single practice or provider (who must hold a primary medical care contract) to receive payments on behalf of the PCN.”

- Paragraph 5.2 – “Payments under the Network Contract DES will be made into the bank account of the single nominated practice or provider (who holds a GMS, PMS or APMS contract). It is the responsibility of the PCN to inform the commissioner of the relevant details. The PCN will include in the Network Agreement the details of arrangements between the nominated practice or provider receiving the payments and may indicate the basis on which that nominated practice or provider receives the payments on behalf of the other practices, e.g. as an agent or trustee.”

While not explicitly set out in the Network Contract DES Specification, bullet 5.2 above confirms that the nominated payee would be required to be party to the primary care network’s (PCN) Network Agreement. This is because the Network Agreement forms the legal agreement between the constitute members of the PCN. It will set out how the PCN has agreed to use the DES funding to support delivery and how the PCN has agreed the funding will be apportioned between the members within the network. A national Network Agreement has been developed to support the Network Contract DES and PCNs will be required to use it.

5.2.1 Nominated Payee – who is eligible?

Unlike the requirements over who can hold the Network Contract DES, the nominated payee does not have to hold a registered list and be delivering an essential primary medical services contract. The nominated payee must, however, hold a primary medical services contract (GMS, PMS or APMS) and be party to the Network Agreement.

An APMS provider (including a provider who holds a hybrid NHS Standard Contract that is delivering primary care services under a Schedule 2L arrangement) can therefore be a nominated payee, even if they do not hold the Network Contract DES. As such, it is possible that a GP Federation holding an APMS contract for extended access or improved access (or another reason), could be nominated as the payee if all

the core PCN GP practices agree. It also means that the same GP Federation could be nominated to be the payee for more than one PCN.

There are a few considerations that PCNs and commissioners should be mindful of in nominating a non-GP Practice APMS provider (i.e. a provider who does not hold the APMS contract for delivery of essential primary medical care services). See section 5.2.4 below.

5.2.2 Network Contract DES Payments

Payments will **not be automated** via the Calculating Quality Reporting Service (CQRS) in 2019/20. Commissioners will therefore be required to make manual payments to the nominated payee, using the relevant national subjectives and other finance system codes (see section 5.2.3), as follows:

1. where the nominated payee is a GP practice setup within NHAIS[8] (also known as Exeter), the commissioner will be required to process payments via a manual variation to NHAIS; OR
2. where the nominated payee is a non-GP practice APMS provider the commissioner will make local payment arrangements.

The PCN's nominated payee will be required to sign up and submit the monthly claims via Tradeshift https://www.sbs.nhs.uk/supplier-einvoicing. Tradeshift is an online e-invoicing platform which NHS England is introducing to all suppliers. Tradeshift allows registered suppliers to upload their own invoices direct to the portal and track progress of the payment. It reduces payment times, cuts out postage and makes the whole process more efficient.

From April 2020, we plan for NHAIS to be amended so that networks can nominate for automated payment any organisation that can receive funds on their behalf under the Network DES, whether or not they hold a primary care contract. However, if it subsequently emerges that this is not possible, commissioners may need to continue using local manual payment arrangements to pay these nominated payees.

5.2.3 National subjective and finance system codes for Network Contract DES

This section sets out the relevant subject and finance system codes that commissioners will be required to use.

Table 3: National subjectives and finance system codes for use from 1 July 2019

Payments	Paycode	APMS/ GMS/ PMS	Paycode Description	Subjective code
Network Participation Payment	PARTIA	A	C&M-APMS *PCN DES Participation*	521610XO
	PARTIG	G	C&M-GMS *PCN DES Participation*	521610XW
	PARTIP	P	C&M-PMS *PCN DES*	521610YD

[8] Or Primary Care Support England (PCSE) when this replaces NHAIS.

			Participation	
Core PCN funding	PCNSUA	A	C&M-APMS *PCN DES PCN support*	521610ZE
	PCNSUG	G	C&M-GMS *PCN DES PCN Support*	521610ZI
	PCNSUP	P	C&M-PMS *PCN DES PCN Support*	521610ZL
Clinical Director contribution (population-based payments)	CLINDA	A	C&M-APMS PCN DES Clinical Director	521610YE
	CLINDG	G	C&M-GMS PCN DES Clinical Director	521610YI
	CLINDP	P	C&M-PMS PCN DES Clinical Director	521610YN
Staff reimbursements	CPHARA	A	C&M-APMS *PCN DES Clin Pharmacist*	521610UD
	CPHARG	G	C&M-GMS *PCN DES Clin Pharmacist*	521610UE
	CPHARP	P	C&M-PMS *PCN DES Clin Pharmacist*	521610UO
	SPRESA	A	C&M-APMS *PCN DES Soc Prescribing*	521610VD
	SPRESG	G	C&M-GMS *PCN DES Soc Prescribing*	521610VE
	SPRESP	P	C&M-PMS *PCN DES Soc Prescribing*	521610VI
Extended hours access	EXTHDA	A	Extended Hours Access DES (APMS)	521610UN
	EXTHDG	G	Extended Hours Access DES (GMS)	521610V8
	EXTHDP	P	Extended Hours Access DES (PMS)	521610VW

Table 4: National subjectives and finance system codes for physiotherapists and physician associates for use from 1 April 2020

Payments	**Paycode**	**APMS/ GMS/ PMS**	**Paycode Description**	**Subjective code**
Staff reimbursements	PHYSIA	A	C&M-APMS *PCN DES Physiotherapist*	521610VO
	PHYSIG	G	C&M-GMS *PCN DES Physiotherapist*	521610WD
	PHYSIP	P	C&M-PMS *PCN DES Physiotherapist*	521610WE
	PASSOA	A	C&M-APMS *PCN DES Physician Assoc*	521610WI
	PASSOG	G	C&M-GMS *PCN DES Physician Assoc*	521610WO
	PASSOP	P	C&M-PMS *PCN DES Physician Assoc*	521610XA

Table 5: National subjectives and finance system codes for paramedics for use from 1 April 2021

Payments	Paycode	APMS/ GMS/ PMS	Paycode Description	Subjective code
Staff reimbursements	HOMRRA	A	C&M-APMS *PCN DES Home/RR paramedic*	521610XD
	HOMRRG	G	C&M-GMS *PCN DES Home/RR paramedic*	521610XE
	HOMRRP	P	C&M-PMS *PCN DES Home/RR paramedic*	521610XI

5.2.4 Payment considerations

The following sets out a number of considerations for commissioners and networks with regards to who is nominated the payee and how payments will be processed.

1. The nominated payee must be party to the Network Agreement (this could mean party to more than one Network Agreement if it is a GP Federation).

2. As outlined in section 5.2.2, payments will **not be automated via CQRS** and will require commissioners to make manual payments. Non-GP Practice APMS providers are not currently setup within NHAIS (also known as Exeter) and as such, this system cannot be used to process the payments. In 19/20, Commissioners will therefore need to put in place local payment arrangements to make payments to a non-GP Practice APMS provider.

   From April 2020, we plan for NHAIS to be amended so that networks can nominate for automated payment any organisation that can receive funds on their behalf under the Network DES, whether or not they hold a primary care contract. However, if it subsequently emerges that this is not possible, commissioners may need to continue using local manual payment arrangements to pay these nominated payees.

3. APMS contracts are time limited. In the event a non-GP practice APMS provider acting as a nominated payee no longer holds an APMS contract, then the nominated payee will need to be changed to be a provider who holds a GMS, PMS or APMS contract. In this circumstance, the PCN would also need to update their Network Agreement accordingly.

4. There are VAT considerations for the PCN if the APMS provider (e.g. GP Federation) charges any commission for their services in being the nominated payee. These charges would not be reimbursed by commissioners and would remain a liability for the PCN to manage. Further information on VAT is available in the Network Contract DES and VAT Information Note.

5.3 Frequently asked Network Contract DES payment questions

The following provides a list of frequently asked questions around the Network Contract DES payments. It also provides a summary of some of the information outlined above.

1. Can a GP Federation who holds an APMS contract for out-of-hours or improved access by a PCNs nominated payee?

   Yes, providing the GP Federation does hold an APMS contract, and all PCN core member practices agree, then they can be the nominated payee. The same applies if the APMS contract is part of a hybrid NHS Standard Contract as a Schedule 2L arrangement.

   In nominating a GP Federation, PCNs should be mindful that:
   - The GP Federation will need to be party to the Network Agreement.
   - In 19/20, payments will not be able to be made via NHAIS (Exeter) if the nominated payee is not setup in this system (this is most likely the case for any GP Federation). GP Federations who are the nominated payee will need to invoice for payment using the Tradeshift process (see above).
   - In the event a GP Federation no longer held an APMS contract then the nominated payee would need to be changed to be a provider who holds a GMS, PMS or APMS contract. In the event a GP Federation charges a commission to the network there are VAT considerations and these charges will not be reimbursed by the commissioner.

   Commissioners should be mindful that:
   - Payments must be made to the single nominated payee and the nominated payee must always hold a GMS, PMS, APMS contract.
   - In 2019/20, Commissioners will be required to make payments to the GP Federation using local payment arrangements.
   - Commissioners will be required to use the relevant national subjectives and other finance system codes and provide any information as required to support national reporting of primary medical care expenditure.
   - The commissioner will need to ensure relevant financial reporting information is provided to NHS England to monitor spend against the Network Contract DES – specifically where payments are not being made via NHAIS (Exeter).

2. Will payments be processed via CQRS?

   No. In 2019/20, Commissioners will be required to make manual payments paid via a variation to NHAIS notified on the monthly payment schedule where the nominated payee is a GP practice OR via local payment arrangements where the nominated payee is a non-GP practice APMS provider.

3. Will NHAIS (Exeter) identify the nominated payee for any Primary Care Network?

   No. Payments for 2019/20 will need to be made manually. The payments will need to be manually paid via a variation to NHAIS notified on the monthly payment schedule where the nominated payee is a GP practice OR via local payment arrangements where the nominated payee is a non-GP practice APMS provider.

4. Will NHAIS (Exeter) be able to support payments into two bank accounts for a GP practice that is nominated as the payee (i.e. one account for practice payments and one for network payments)?

   Not in 2019/20. Where a GP practice is the nominated payee, commissioners will be required to use a payment instruction notification via monthly payment schedule (the route for notifying PCSE) in order to process the payments.

   This will mean that the payments will need to be made into the bank account setup within NHAIS and the nominated payee GP practice cannot request payments be made into a different bank account.

5. Will NHAIS (Exeter) be set up to link practices within the same network and automatically generate the payments due to the PCN?

   No – see answer to question 2 above.

6. Some PCNs do not wish for payments to be made into the nominated GP practice's bank account but instead be paid into a newly established separate account. Is this allowed?

   In 2019/20, commissioners will be required to make payments into the bank account of a nominated GP practice as setup within NHAIS. This is because any GP practices who are nominated as the payee must be paid via a variation to NHAIS and commissioners cannot make alternative local payment arrangements.

7. Will the Network Participation Payment – due to individual practices – be an automatic payment via NHAIS (Exeter) – i.e. in the same way as the Global Sum payments?

   The Network Participation payment will not be an automated payment. The commissioner will be required to make the payment via a variation to NHAIS (Exeter).

   As this payment will be a set amount per patient per year, commissioners will be able to calculate what each practice is due over the 12-month period. Commissioners can then set the monthly payments up as a variation to NHAIS as 12 equal payments.

   In the event a practice no longer participates in the Network Contract DES, then the payments would need to be stopped.

8. The new pay codes have been established for payments to the network under the new contract i.e. APMS/GMS/PMS. As these payments will be paid to the PCN's nominated payee and not individual practices, which of these codes should commissioners make payments against?

   Commissioners will be required to code according to the type of contract held by the nominated payee, in order that NHAIS validations will function correctly.

9. Will there be a national claim form issued to support claiming reimbursement for workforce?

   NHS England will develop a national claim form and further information will be made available in due course.

10. Will there be any guidance on the process for handling payments for "Additional Staff Roles" e.g. process for setting staff baseline, what level of verification of payment will be needed?

    A survey of commissioners will be conducted to establish the baseline alongside information provided by the National Workforce Reporting Service (NWRS). Further guidance will be issued in May/June 2019 regarding the Additional Roles Reimbursement Scheme.

    PCNs will be required to make monthly claims for payment once the staff member is in post. They will be required to inform commissioners of any change to employment that would result in the payments being changed or ceased. PCNs will only be able to claim for 'additional' staff as outlined in the Network Contract DES Specification and commissioners will need to ensure the claims meet the additionality principles.

Section 6: Extended hours access

The following sets out the factual points regarding provision of extended access under the Network Contract DES requirements:

- Provision of extended hours access appointments are a requirement of the Network Contract DES from 1 July 2019.
- These hours are separate from the CCG commissioned extended access services in 2019/20.
- Provision of extended hours must be in accordance with the Network Contract DES Specification, as follows:
  - additional clinical sessions[9] (routine appointments including emergency or same day appointments), outside of PCN member practices core[10] contracted hours, to all registered patients within the PCN;
  - extended hours access appointments in opening hours which are held at times that takes into account patient's expressed preferences, based on available data at practice or PCN level and evidenced by patient engagement;
  - an additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week, calculated using the following formula[11]:

    additional minutes* = a network's aggregate CRP** ÷ 1000 × 30

[9] All appointments provided under the DES must be demonstrably in addition to appointments commissioned under the improving access arrangements.

[10] For PMS and APMS contractors within the PCN, extended access hours do not apply to any hours covered by core hours set out in their contracts. PCNs will be required to take consideration of this when agreeing the extended hours access offer to their registered patients. For GMS practices core hours are from 08:00 to 18:30.

[11] for a PCN with 50,000 registered patients this equates to a minimum of 25 hours per week)

*convert to hours and minutes and round, either up or down, to the nearest quarter hour
**contractor registered population (CRP) will be determined at 1 January 2019.

- extended hours access appointments by the PCN's member practices, or subcontracted appropriately, in continuous periods of at least 30 minutes on a regular basis in full each week, including providing sickness and leave cover; and
- a reasonable number of these appointments face-to-face, with the rest provided by telephone, video or online consultations or a mixture of these methods.

- PCN member practices must ensure that patients are aware of the availability of extended hours access appointments.
- Unless a GP practice has prior written approval from the commissioner, (specifically in respect of extended access and half day closures), no PCN member GP practice will be closed for half a day on a weekly basis.

6.1 Who can deliver Extended Access on behalf of the PCN

Where a GP practice has signed up to the Network Contract DES, they become contractually obliged to offer extended access to its registered patients via the PCN (which can be delivered by the practice or sub-contracted). This is in addition to any CCG commissioned extended access services.

Therefore, all patients should have access to extended hours services through the PCN, but it will be for the PCN to determine how that offer is made available to all its registered patients.

GP practices within a PCN are collectively responsible for the delivery of extended hours access. In the event the PCN does not deliver extended hours access, then paragraph 4.6.1 on page 25 of the Network Contract DES confirms: "Where a commissioner is not satisfied that a PCN is delivering extended hours access in accordance with the requirements of this Network Contract DES specification then it may withhold payment (Payment withheld in this context would be an appropriate proportion of the payments in relation to both extended hours access and Core PCN funding payments)." Further information is also provided in Paragraph B1 of Annex B.

PCNs have the flexibility, once providing extended access, to sub-contract those services to other providers in accordance with any sub-contracting provisions of the GP practices' primary medical services contracts.

6.2 Delivery models for PCN extended hours access appointments

It will be up to the PCN to determine the delivery model for the extended hours access appointments as part of the Network Agreement, but PCNs will need to ensure this service is offered to the entire PCN population. The exact model of delivery in each PCN may vary and could include:

- All practices in the PCN continuing to offer extended hours to its own registered list.
- One practice undertaking the majority of the extended hours provision for the PCN's population, with other practices participating less frequently (but those practices' registered patients still having access to extended hours services at other sites).
- One practice offering extended hours to its own registered list and the other practices sub-contracting delivery for their respective patients.
- The PCN subcontracting as a whole to another provider for its collective population.

Irrespective of the delivery model, the PCN should ensure that all network patients have access to a comparable extended hours service offer. PCNs should ensure that any sub-contracting arrangements are in accordance with any sub-contracting provisions of the GP practices' primary medical services contracts.

Each PCN's extended hours service offer will need to meet the specified requirements as set out in section 4.6 of the Network Contract DES Specification. The specification also clearly states at paragraph 2.13 that practices must ensure they have in place appropriate data sharing arrangements and, if required, data processor arrangements prior to extended hours service delivery.

6.3 Funding for the extended hours access in the Network Contract DES

From 1st July 2019, the funding associated with the Extended Hours Access DES will be incorporated into the Network Contract DES.

The full year funding under the Network Contract DES equates to £1.45 per registered patient per annum. In 2019/20 the funding cover quarters 2 to 4 and therefore equates to £1.099 per registered patient per annum.

On top of this payment of £1.45 per registered patient per annum through the Network Contract DES, practices will receive within their global sum payments around £0.50p per patient to cover the expansion in delivery to 100 per cent of patients. Taken together, the two amounts would total a payment of approx. £1.95 (£1.45 plus £0.50p) per registered patient per year.

This funding is in addition to funding the practice may already receive from the CCG for delivering their commissioned extended access services.

Section 7: Practices and PCNs crossing CCG boundaries

7.1 Practices that span CCG boundaries or large areas

Paragraph 3.7 of the Network Contract DES states:

"The Network Area must cover a boundary that makes sense to its: (a) constituent members (b) other community-based providers who configure their teams accordingly and (c) the local community, and would normally cover a geographically contiguous

area. PCNs would not normally cross CCG, STP or ICS boundaries, but there may be exceptions to this such as where the practice boundary, or branch surgery, crosses the current CCG boundaries."
There are a number of GP practices across the country who deliver essential services from multiple sites, which can be some distance from each other and/or span CCG boundaries.

From a contractual perspective, a GP practice that holds a single primary medical services contract will only be able to hold one Network Contract DES[12] as a variation to the core contract. This applies regardless of whether or not the single practice has multiple sites spanning large areas and/or CCG boundaries. This would mean the provider/practice being part of a single PCN and a core practice member of a single Network Agreement. A GP practice or a PCN could look to sub-contract services related to the Network Contract DES in accordance with the sub-contracting provisions in the relevant core contract(s). This could include, for example, using sub-contracting arrangement for services related to the Network Contract DES that are delivered at a practice's second site. Practices/PCNs looking to put in place sub-contracting arrangements should carefully consider the options available, some of which may be more complex than others.

If a primary medical services provider holds multiple primary medical services contracts, then each of those contracts can be varied individually to include the Network Contract DES – providing each contract meets the eligibility requirements for the Network Contact DES as set out in section 2 of the Network Contract DES Specification. Where a single provider holds multiple eligible contracts and each contract has a separate site from which services are delivered, it is possible for each contract/site to relate to a different PCN so the single provider could be part of more than one PCN and be a core practice member of more than one Network Agreement.

7.2 PCNs that span two CCGs

Typically, PCNs will not cross CCG boundaries. However, there may be circumstances where this occurs, and commissioners will be required to agree locally if this is appropriate.

The GP practice members of the PCN will have their individual contracts varied to include the Network Contract DES by their respective commissioners. Commissioners will also need to agree the appropriate proportion of Network Contract DES funding relating to their respective registered populations to be paid to the PCN's nominated payee and work collaboratively, as required, to monitor delivery of the Network Contract DES requirements.

Section 8: Future requirements

8.1 Non-GP Providers

[12] Where they meet the eligibility requirements for the Network Contact DES as set out in section 2 of the Network Contract DES Specification.

PCNs will increasingly need to work with other non-GP providers, as part of collaborative primary care networks, in order to offer their local populations more personalised, coordinated health and social care.

To support this, the Network Contract DES will be amended from 2020/21 to include collaboration with non-GP providers as a requirement. The Network Agreement will be the formal basis for working with other non-GP providers and community based organisations.

Commissioners should consider how other services could be aligned with the PCN footprints in future.

8.2 Network Service Specifications

A key component of the Network Contract DES will be the development and implementation of seven national service specifications, as outlined in chapter 6 (pages 40-47) of *Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan*.

These services specifications will evolve over time and will support delivery of specific primary care goals set out in the *NHS Long Term Plan*. They will be focussed on areas where primary care can have significant impact against the 'triple aim' of:

- improving health and saving lives;
- improving the quality of care for people with multiple morbidities; and
- helping to make the NHS more sustainable.

During 2019 and 2020, NHS England and GPC England will develop the seven service specifications, working with a range of relevant stakeholders[13] and prior to agreeing them with GPC England as part of the annual contract changes. The service specifications will set out standard processes, metrics and intended quantified benefits for patients and will become key requirements of the Network Contract DES. Table 6 provides a summary.

Table 6: National service specifications to be implemented over the next two years

Implemented from	Service Specifications	Outline
April 2020	Structured Medications Reviews and Optimisation	PCN members will support direct tackling of the over-medication of patients, including inappropriate use of antibiotics, withdrawing medicines no longer needed and support medicines optimisation more widely. It will also focus on priority groups, including (but not limited to): • asthma and COPD patients;

[13] Stakeholders include RCGP, relevant voluntary sector partners, patients, care home residents and local system leaders.

		• the Stop Over Medication for People with learning disabilities or autism programme (STOMP); • frail elderly; • care home residents; and • patients with complex needs, taking large numbers of different medications.
	Enhanced Health in Care Homes	PCN members will support implementation of the Vanguard models tested between 2014/15 and 2017/18. The aim of this service will be to enable all care homes to be supported by a consistent multi-disciplinary team of healthcare professionals, delivering proactive and reactive care. This team will be led by named GP and nurse practitioners, organised by PCNs.
April 2020	Anticipatory Care	PCN GP practices and other member providers will work collaboratively to introduce more proactive and intense care for patients assessed as being at high risk of unwarranted health outcomes, including patients receiving palliative care. The Anticipatory Care Service will need to be delivered by a fully integrated primary and community health team. To support this, from July 2019 community providers are being asked to configure their teams on PCN footprints. The requirements will be developed across the country by ICSs, and commissioned by CCGs from their PCNs. NHS England will develop the national requirements for the essential contribution required under the Network Contract DES.
	Supporting Early Cancer Diagnosis	The *NHS Long Term Plan* commits to delivering personalised care to all cancer patients by 2021, ensuring that every person with cancer has the best possible care and quality of life, and that system resources are utilised effectively. PCNs will have responsibility for doing their part, alongside the Cancer Alliances and other local partners, and this will be reflected in the service specification. GP practices are likely to have a key role in helping ensure high and timely uptake of

		screening and case finding opportunities within their neighbourhoods. PCNs will have a key role in helping to ensure that all their GPs are using the latest evidence-based guidance to identify people at risk of cancer; recognise cancer symptoms and patterns of presentation; and make appropriate and timely referrals for those with suspected cancer. Alongside the service within the Network Contract DES, a QOF Quality Improvement module will be developed for national use in 2020/21 to help practices and PCNs understand their own data, and work through what they can do to achieve earlier diagnosis. This may require direct engagement with particular local groups of their community where there is the greatest opportunity for making a difference, as well as working with their local ICS to tackle diagnostic bottlenecks.
	Personalised Care (as part of the NHS Comprehensive Model)	The Comprehensive Model of Personalised Care has six main evidence based components: • shared decision-making; • enabling choice (including legal rights to choice); • personalised care and support planning; • social 'prescribing' and community -based support; • supported self-management; and • personal health budgets and integrated personal budgets. This model will be developed in full by PCNs under the Network Contract DES by 2023/24. The minimum national activity levels for all elements of the model will increase gradually over time in line with increases in capacity. As part of the national requirements, PCNs will need to contribute to their ICS plan and the ICS will also need to set out what it is doing locally, given some of the services are best delivered within a framework of wider local coordination and support.
	CVD Prevention and Diagnosis	PCNs will have a critical role in improving prevention, diagnosis and management of

April 2021[14]		cardiovascular disease. The Testbed Programme will test the most promising approaches to detecting undiagnosed patients, including through local pharmacies, as well as managing patients with high risk conditions who are on suboptimal treatment.
	Tackling Neighbourhood Inequalities	This service will be developed through the Testbed Programme. Through drawing on the existing evidence and programme, some of which is summarised in Chapter 2 of the *NHS Long Term Plan* and its annex on wider social goals, the testbed cluster will seek to work out what practical approaches have the greatest impact at the 30,000 to 50,000 neighbourhood level and can be implemented in PCNs. The specification will include good practice that can be adopted everywhere, tailored to reflect the specific context of PCN neighbourhoods.

[14] Implemented following testing of the best delivery model through the Testbeds Programme.