



PCN Entitlements 2021-22

A Guidance Document for Practices

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Additional Roles Reimbursement Scheme (ARRS)

Additional Roles Reimbursement Scheme (ARRS)	Guidance
<ul style="list-style-type: none"> ● A PCN is entitled to funding as part of the Network Contract DES to support the recruitment of new additional staff to deliver health services. The new additional staff recruited by a PCN or provided under contract as a service from a third-party organisation are referred to in the Network Contract DES Specification as "Additional Roles" and this element of the Network Contract DES is referred to as the "Additional Roles Reimbursement Scheme". Where the Additional Role is provided by a third-party organisation under a contract of service: <ol style="list-style-type: none"> a. the PCN must ensure that the specification of the service incorporates the requirements set out in Annex B; b. any obligation in section 4.7.1 and Annex B of the PCN should be read as an obligation that the PCN must procure that the third-party organisation carries out that obligation. 	Contract specification 2021/22 - PCN Requirements & Entitlements
<ul style="list-style-type: none"> ● Each PCN will be allocated an Additional Roles Reimbursement sum each year, based upon the PCN's weighted population share of the total Additional Roles Reimbursement Scheme funding. To ensure consistency and fairness in allocations, the basis for weighting is the same as for global sum (i.e. Carr Hill Formula). 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. Each PCN's Additional Roles reimbursement Sum will use the Contractor Weighted Population as at 1 January of the financial year preceding and be calculated as follows: <i>PCN's weighted population share = PCN's weighted population divided by total England weighted population.</i> <p>The Additional Roles Reimbursement Sum for any given year would be calculated as follows: <i>PCN's Additional Roles Reimbursement Sum = PCN's weighted population share X total national workforce funding</i></p> <p>The Additional Roles Reimbursement Scheme payments will continue to be processed manually by commissioners and not be calculated automatically via CQRS. A PCN is required to use the national mandatory online claim portal for all workforce claims. This claim form is to be completed and submitted on a monthly basis in accordance with the instructions from the commissioner. Commissioners are to inform PCNs as soon as possible where claim forms should be returned to. As of 1 April 2021, the portal will be the only way to claim reimbursement under the ARRS.</p>	Network Contract DES Guidance 2021/22
<p><i>*For further information on ARRS, please go to pages 33-41, 58, 59 and 70-94 in the top guidance link. And pages 18-28 and 37-38 in the bottom guidance link</i></p>	

ARRS Maximum Payable

Table 1: ARRS maximum reimbursements amounts per role 2021/22

Role	AfC band	Ann. max reimbursable amount per role ^[1]	Ann. max reimbursable amount per role plus <u>inner HCAS</u>	Annual maximum reimbursable amount per role plus <u>outer HCAS</u>
		£	£	£
Clinical pharmacist	7-8a	56,829	65,660	63,010
Pharmacy technician	5	36,114	43,581	41,714
Social prescribing link worker	Up to 5	36,114	43,581	41,714
Health and wellbeing coach	Up to 5	36,114	43,581	41,714
Care coordinator	4	29,726	35,916	34,577
Physician associate	7	54,841	63,673	61,022
First contact physiotherapist	7-8a	56,829	65,660	63,010
Dietician	7	54,841	63,673	61,022
Podiatrist	7	54,841	63,673	61,022
Occupational therapist	7	54,841	63,673	61,022
Trainee Nursing Associate	3	26,188	31,921	31,038
Nursing Associate	4	29,726	35,916	34,577
Paramedics	7	54,841	63,673	61,022
Advanced Practitioner ⁽²⁾	8a	62,705	71,536	68,886

*[1] The maximum reimbursable amount is the sum of (a) the weighted average salary for the specified AfC band plus (b) associated employer on-costs. These amounts do not include any recruitment and reimbursement premiums that PCNs may choose to offer. If applicable, the on-costs will be revised to take account of any pending change in employer pension contributions. The maximum reimbursement amount in subsequent years will be confirmed in line with applicable AfC rates.

[2] The Advanced Practitioner reimbursement tier is only applicable to Clinical Pharmacists, First Contact Physiotherapists, Occupational Therapists, Dieticians, Podiatrists and Paramedics.

ARRS Maximum Payable

Table 2: ARRS maximum reimbursement amount for mental health practitioners 2021/22

Role	AfC band	Annual maximum reimbursable amount per band ^[3] £	Annual maximum reimbursable amount per role plus <u>inner HCAS</u> £	Annual maximum reimbursable amount per role plus <u>outer HCAS</u> £
Adult Mental Health Practitioner and CYP Mental Health Practitioner	5	18,057	21,790	20,857
	6	22,443	26,859	25,533
	7	27,421	31,836	30,511
	8a	31,352	35,768	34,443

* [3] The maximum reimbursable amount is 50 per cent of the sum of (a) the weighted average salary for the specified AfC band plus (b) associated employer on-costs (NHS Pension costs - 14.38%; and Employers' NI). These amounts do not include any recruitment and reimbursement premiums that PCNs may choose to offer. If applicable, the on-costs will be revised to take account of any pending change in employer pension contributions. The maximum reimbursement amount in subsequent years will be confirmed in line with applicable AfC rates.

Care Home Premium

Care Home Premium	Guidance
<ul style="list-style-type: none"> The payment is calculated on the basis of £120 (no change from 2020/21) per bed for the period 1 April 2021 to 31 March 2022. The number of beds will be based on Care Quality Commission (CQC) data on beds within services that are registered as care home services with nursing (CHN) and care home services without nursing (CHS) in England. The commissioner must arrange for payment to be made to the PCN on a monthly basis from 1 April 2021 at a rate of £10 (no change from 2020/21) per bed per month for the period 1 April 2021 to 31 March 2022 based on the number of relevant beds in the PCN's Aligned Care Homes. The commissioner must ensure that the number of beds on which payment is based is updated on a monthly basis in line with the CQC Care Directory. Payment will only be made where the commissioner is satisfied that the PCN or its Core Network Practices have comprehensively coded care home residents using appropriate clinical codes as follows: <ol style="list-style-type: none"> 160734000 – Lives in a nursing home; and 394923006 – Live in a residential home. 	<p style="text-align: center;"> Contract specification 2021/22 - PCN Requirements & Entitlements </p>
<ul style="list-style-type: none"> Payments to be made monthly by the last day of the month in which the payment applies and taking into account local payment arrangements. The Care Home Premium payments will continue to be processed manually by commissioners and not be calculated automatically via CQRS. These PCN payments are to be made to the nominated payee in accordance with section 10 of the Network Contract DES Specification and using the relevant national subjective and other finance system codes. 	<p style="text-align: center;"> Network Contract DES Guidance 2021/22 </p>
<p style="color: red;">*For further information on Care Home Premium, please go to pages 57 & 58 in the top guidance link. And pages 34 & 37-38 in the bottom guidance link</p>	

Clinical Director Payment

Clinical Director Payment	Guidance
<ul style="list-style-type: none"> ● A PCN must have in place a Clinical Director who: <ul style="list-style-type: none"> a. is accountable to the PCN members; b. provides leadership for the PCN’s strategic plans, working with PCN members to improve the quality and effectiveness of its delivery of the Network Contract DES; c. is a direct and integral component of the overall Network Contract DES; d. is a practicing clinician from within the PCN’s Core Network Practices; e. is able to undertake the responsibilities of the role and represent the PCN’s collective interests; f. works collaboratively with Clinical Directors from other PCNs within the ICS/STP area, playing a critical role in shaping and supporting their ICS/STP, helping to ensure full engagement of primary care in developing and implementing local system plans; ● The clinical director payment for the period 1 April 2021 to 31 March 2022 is calculated using a baseline equivalent of 0.25 WTE (1 WTE is £142,422 in 2021/22) per 50,000 PCN Patients (as at 1 January 2021). This equates to a payment of £0.73665 (£0.722 in 2020/21) per registered patient per annum (which equates to £0.061 per patient per month). 	<p>Contract specification 2021/22 - PCN Requirements & Entitlements</p>
<ul style="list-style-type: none"> ● The Clinical Director should be a practicing clinician from one of the PCN’s Core Network Practices, working regularly within the PCN (regardless of whether the clinician is directly employed, self-employed or engaged via a sub-contracting arrangement) and be able to undertake the responsibilities of the role, representing the PCN’s collective interests. It is most likely to be a GP, but this is not a requirement and can be any clinician including one of the PCN additional roles. The post should be held by an individual (or individuals if they are job-sharing the role) from within the PCN and should 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. A national outline of the key requirements is included in section 5.3 of the Network Contract DES Specification. The Clinical Director has overall responsibility for their key requirements and may, where appropriate, engage others within the PCN to aid in their delivery. 	<p>Network Contract DES Guidance 2021/22</p>
<p>*For further information on Clinical Director payments, please go to pages 20 to 22 and page 57 in the top guidance link. And pages 14 & 15 and page 33 in the bottom guidance link</p>	

Core PCN Funding

Core PCN Funding	Guidance
<ul style="list-style-type: none">• The Core PCN Funding for the period 1 April 2021 to 31 March 2022 is calculated as £1.50 (no change to 2020/21) multiplied by the PCN registered list size (equating to £0.125 per patient per month). The Commissioner must provide the Core PCN Funding from its CCG core allocations as per the NHS Operational Planning and Contracting Guidance 2020/21.	Contract specification 2021/22 - PCN Requirements & Entitlements
<ul style="list-style-type: none">• Payments to be made monthly by the last day of the month in which the payment applies and taking into account local payment arrangements. The PCN Core Funding payments will continue to be processed manually by commissioners and not be calculated automatically via CQRS.	Network Contract DES Guidance 2021/22
<p>*For further information on Clinical Director payments, please go to page 57 in the top guidance link. And pages 33 & 34 and page 37 in the bottom guidance link</p>	

Extended Hours Access

Extended Hours Access	Guidance
<ul style="list-style-type: none"> Where a 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). 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. The additional clinical appointments provided by a PCN are to be held at times that take account of patient's expressed preferences and are outside the hours that the PCN Core Network Practices' are required to provide as part of their primary medical services contracts. This means that if a Core Network Practice was required under a General Medical Services (GMS) contract to provide core services at its premises until 6:30pm, the additional clinical appointments could be provided after 6:30pm. If, however, another Core Network Practice in the PCN provided core services at its premises until 8pm, then: <ol style="list-style-type: none"> any additional clinical appointments provided after 6:30pm but before 8pm must not be provided at the later closing practice's premises (as these would not be additional hours appointments) but could be provided at the other practice's premises; and a proportion of the additional clinical appointments must be provided after 8pm. The extended hours access payment for the period 1 April 2021 to 31 March 2022 is calculated as £1.44 (£1.45 in 2020/21) multiplied by the PCN registered list size (equating to £0.120 per patient per month). 	<p style="text-align: center;">Contract specification 2021/22 - PCN Requirements & Entitlements</p>
<ul style="list-style-type: none"> On top of this payment and 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 approximately £1.94 (£1.44 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. Extended Hours Access payments are automated via the CQRS. 	<p style="text-align: center;">Network Contract DES Guidance 2021/22</p>
<p style="color: red;">*For further information on Clinical Director payments, please go to pages 41 to 45 and page 57 in the top guidance link. And pages 28 to 30 and pages 34 and page 37 in the bottom guidance link</p>	

Investment & Impact Fund (IIF)

Investment & Impact Fund (IIF)	Guidance
<ul style="list-style-type: none"> ● A PCN is entitled to additional funding by virtue of the Investment and Impact Fund (“IIF”). Subject to adherence of met provisions, a PCN is entitled to the following payments in relation to the IIF: <ul style="list-style-type: none"> a. Achievement payments in respect of any indicators identified as being eligible for in year payment b. Achievement payments in respect of listed indicators A PCN acknowledges that: <ul style="list-style-type: none"> a. it will earn points based on its performance in relation to the IIF indicators b. every Indicator has been allocated a certain number of points c. it will earn a number of points for each Indicator between zero and the maximum number of points allocated to that Indicator d. there are a total of 225 points (194 points in 2020/21) across all Indicators and e. each point is worth £200.00 (£111.00 in 2020/21). 	<p>Contract specification 2021/22 - PCN Requirements & Entitlements</p>
<ul style="list-style-type: none"> ● The details on how the IIF operates and associated payments can be found in Section 10.6 and Annexes C and D of the Network Contract DES Specification and the separate IIF guidance previously issued by the LMC. <p>NB: The total pot for IIF this year is £150m. £2.47 is essentially an amount per registered patient (£150m divided by the registered population of England i.e. 60,606,345). It is paid based on achievement of points – each point is worth £200 (a maximum of 225 points). There will be a prevalence and list size adjustment to IIF.</p>	<p>Network Contract DES Guidance 2021/22</p>
<p>*For further information on IIF payments, please go to pages 63 to 67 and pages 97 to 100 in the top guidance link. And page 34 in the bottom guidance link</p>	

Network Participation Payment

Network Participation Payment	Guidance
<ul style="list-style-type: none"> • Payments are made to a PCN's 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 (NPP) - as set out in the General Medical Services Statement of Financial Entitlements and Network Contract DES Specification. This payment is £1.761 (the same as in 2020/21) 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 financial year (i.e. at 1 January in the preceding financial year). For example, the 2021/22 weighted contractor population figure will be that for quarter 4 in the 2020/21 financial year i.e. at 1 January 2021. 	<p style="text-align: center;">Contract specification 2021/22 - PCN Requirements & Entitlements</p>
<ul style="list-style-type: none"> • The NPP will be paid monthly in arrears on or before the last day of the month following the month in which the payment relates (i.e. payment for April will be made on or before the end of May). Where a practice is a Core Network Practice of a Previously Approved PCN and the first payment is paid after April 2021, the first payment will be backdated to include payments due from 1 April 2021. Where a practice is a Core Network Practice of a new proposed PCN after 1 April 2021, the practice will only be entitled to receive the NPP for the months for which it is actively participating in the Network Contract DES. 	<p style="text-align: center;">Network Contract DES Guidance 2021/22</p>
<p style="color: red;">*For further information on Network Participation payments, please go to pages 6 to 17 in the top guidance link. And page 35 in the bottom guidance link</p>	

Social Prescribing Service

Social Prescribing Service	Guidance
<ul style="list-style-type: none"> ● A PCN must provide the PCN's Patients with access to a social prescribing service. To comply with this, a PCN may: <ol style="list-style-type: none"> a. directly employ Social Prescribing Link Workers; or b. sub-contract provision of the service to another provider, in accordance with this Network Contract DES Specification. ● In addition to the reimbursement of 100 per cent of actual WTE equivalent salary and employer on costs (pension and national insurance contributions), where a PCN does not employ a Social Prescriber Link Worker and sub contracts the delivery of the social prescribing service, a PCN may claim a contribution towards additional costs charged by the sub-contracted provider for the provision of the social prescribing service. A PCN may claim a contribution of up to £200 (no change from 2020/21) per month (£2,400 per year) for each whole WTE. 	<p style="text-align: center;">Contract specification 2021/22 - PCN Requirements & Entitlements</p>
<ul style="list-style-type: none"> ● A PCN must provide a social prescribing service to their collective patients. This service can be provided by either directly employing Social Prescribing Link Workers or by sub-contracting the provision of the service to another provider. Regardless of which option a PCN chooses to deliver, the PCN should be employing or engaging at least some Social Prescribing Link Worker resource in accordance with section B3 of Annex B of the Network Contract DES Specification. For Social Prescribing Services sub-contracted by a PCN to another provider, PCN may claim a contribution towards additional costs charged by the sub-contracted provider. A PCN may claim a contribution of up to £200 per month (£2,400 per year) for each WTE that the sub-contracted provider has apportioned to the PCN related activity. The overall contribution claimed cannot exceed £200 per month, the total amount claimed must not exceed the maximum reimbursable amount for a social prescribing link worker and must be within the PCN's Additional Roles Reimbursement Sum. PCNs may wish to ensure that any sub-contracting agreement explicitly states the relevant costs (or WTE equivalent) as a copy may be requested by commissioners as evidence to support a reimbursement claim. 	<p style="text-align: center;">Network Contract DES Guidance 2021/22</p>
<p style="color: red; text-align: center;">*For further information on Social Prescribing Service payments, please go to pages 50, 60 and 73 to 79 in the top guidance link. And pages 33, 35 & 36 in the bottom guidance link</p>	

GMS Ready Reckoners

GMS Ready Reckoners	Guidance
<p>The (GMS) Ready Reckoners are produced by NHS England and NHS Improvement in partnership with the BMA General Practitioners Committee (GPC) and are intended to provide an indication of the changes in income streams that may affect a GMS practice and Primary Care Network (PCN).</p>	<p>(GMS) Ready Reckoner 2020/21</p>
<p>The Ready Reckoners have three tabs:</p> <ol style="list-style-type: none">1. About the Ready Reckoners - to provide a guide and useful information on current year payment figures2. A calculator - for indicative funding amounts3. ARRS maximum reimbursement details	<p>(GMS) Ready Reckoner 2021/22</p>



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