North & South Essex
Local Medical Committees Ltd

Network Contract DES 2022/23

A Guidance Document for Practices

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Introduction

Introduction	Guidance
● The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024. For 2022/23, the Network Contract DES Directions come into force on 1 April 2022 and, following participation in the DES, the requirements on practices and Primary Care Networks (PCNs), as outlined in the Network Contract DES specification, will apply from that date. ● The guidance within the link on the right, provides supporting information for commissioners and practices. It does not take precedence over the Network Contract DES Specification. ● The ongoing COVID-19 situation and COVID-19 vaccination programme is placing substantial pressures on general practice, and we are very grateful to all colleagues for the work they are doing to respond swiftly and professionally. NHS England has announced a number of changes to the Network Contract DES for 2022/23, as set out in General practice contract arrangements in 2022/23. The Network Contract DES and this guidance reflect those changes.	Network Contract DES Contract guidance for 2022/23 in England
*For further introduction information, please go to page 3 in the guidance link, above right.	

Participation process

Participation process	Guidance
● From April 2022 onwards, all Core Network Practices of Previously Approved PCNs will automatically participate in the 2022/23 and subsequent year's Network Contract DES, and any in-year variations unless a Core Network Practice chooses to opt out of participation. An opt-out and opt-in window will apply from the date of publication by NHS England and NHS Improvement of the Network Contract DES Specification or any Network Contact DES Variation. For the 2022/23 Network Contract DES, this opt-out and opt-in window will apply until 30 April 2022 and allows for: a. Core Network Practices to opt-out of the 2022/23 Network Contract DES following automatic participation; or b. Non-participating practices wishing to participate to opt-in to the 2022/23 Network Contract DES. ● In the event of an in-year variation to the Network Contract DES, all Core Network Practices will automatically participate in the variation unless they choose to opt out, in which case they must do so within a 30 calendar day window from the date of publication by NHS England and NHS Improvement of the variation. Any variations to the Network Contract DES will be made nationally by NHS England and NHS Improvement; local variations to the Network Contract DES Specification, including to the requirements or financial entitlements, must not be made. ● A Network Contract DES Participation and Notification of Change Form is available here.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the participation process, please go to pages 3 to 5 in the guidance link, above right.	

PCN unwilling to accept a practice as a Core Network Practice

PCN unwilling to accept a practice as a Core Network Practice	Guidance
● Where a practice wishes to participate in the Network Contract DES but is unable to find a PCN to join, commissioners will have the ability as a last resort to allocate a practice to a PCN as a Core Network Practice. It is not anticipated that this will happen on a regular basis as it is expected that disagreements over joining a PCN should be managed through mediation, supported by the commissioner and the Local Medical Committee (LMC). ● Where agreement cannot be reached through mediation, in order to ensure maximum population coverage through the Network Contract DES, a commissioner may allocate the practice to a PCN, with the full engagement of the LMC, in line with the process as set out in section 4.6 the Network Contract DES Specification.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information on a PCN unwilling to accept a practice as a Core Network Practice, please go to page 5 in the guidance link, above right.	

Role of Commissioners and LMCs in reconfirming PCN establishment

Role of Commissioners and LMC in reconfirming PCN establishment	Guidance
● Commissioners and LMCs will need to work together to ensure all practices who wish to join or continue their participation in the Network Contract DES are included within a PCN. Commissioners and LMCs will also need to work with PCNs to ensure that 100 per cent of registered patients are covered by network services, for example by commissioning a local contractual arrangement (see section 4). This may require discussion and mediation between the relevant PCN grouping and practice(s). ● Commissioners will: a. Liaise with the relevant Integrated Care System (ICS) to ensure each PCN Network Area continues to or does support delivery of services within the wider ICS strategy. b. Engage with LMCs and bring practices together to resolve issues to ensure 100 per cent population coverage is maintained. c. Engage with LMCs to aid a practice's participation in the Network Contract DES where the practice is unable to find a PCN. d. Reconfirm or approve practice participation in the Network Contract DES as part of a PCN, ensuring that the participation requirements have been or continue to be met. e. Have oversight of PCN footprints to ensure these make long term sense for service delivery and in the context of the GP contract framework. f. Support PCN development via investment and development support outside of the Network Contract DES.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on roles of commissioners, LMCs and establishing local agreements, please go to page 5 in the guidance link, above right.	

Establishing local arrangements with a PCN for delivery of network services for patients of a practice not participating in the Network Contract DES

Key considerations

Key considerations	Guidance
● Commissioners are required to ensure that that any patients of a practice that is not participating in the Network Contract DES have access to network services. ● In those instances where a practice has chosen not to sign up to the Network Contract DES and a commissioner is required to secure network services for the patients of that practice, a commissioner may contract with any other suitable provider for the delivery of network services, such as another PCN or a community services provider. Commissioners must, subject to procurement rules, initially seek to offer the provision of the network service to another Previously Approved PCN via a local agreement. If no Previously Approved PCN is suitable, the commissioner, subject to procurement rules, may offer the network service to any suitable provider and, for the avoidance of doubt, any other suitable provider would not include the practice that has opted out of the Network Contract DES. In commissioning any suitable provider, this must not be on terms better than those set out in the Network Contract DES (including any additional funding) nor divide the service into smaller components. Non-PCN providers commissioned to deliver network services will not be eligible for the Network Participation Payment.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the key considerations, please go to pages 6 to 8 in the guidance link, above right.	

Payments under a local agreement

Payments under a local agreement	Guidance
● In respect of payments under the local arrangement, the simplest approach would be for the commissioner to consider replicating or clearly referring to the relevant payment provisions in section 10 of the Network Contract DES Specification but calculated with reference, where appropriate, to the registered patient size of the non-DES practice. These could include payments that reflect: a. Core PCN funding; b. extended hours access; c. enhanced access d. care homes premium; e. clinical director funding; f. leadership and management payment; and g. PCN Capacity and Access Support Payment	Network Contract DES Contract guidance for 2022/23 in England
*For further information on payments under a local agreement, please go to pages 8 and 9 in the guidance link, above right.	

Duty of co-operation

Duty of co-operation	Guidance
● To support co-operation between all practices in delivering PCN related services to their patients, regardless of whether or not a practice is participating in the Network Contract DES, the GMS and PMS Regulations require all practices to: a. co-operate with Core Network Practices of PCNs who are delivering the Network Contract DES services/activities to the collective registered population and as required engage in wider PCN meetings with other PCN providers; b. inform their patients, as required, of changes to PCN services/activities; c. support wider co-operation with other non-GP provider members of the PCN; d. as clinically required, support the delivery of PCN services/activities, be party to appropriate data sharing and data processing arrangements, that are compliant with data protection legislation; and e. share non-clinical data with members of the PCN to support delivery of PCN business and analysis, following a process that is compliant with data protection legislation.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on duty of co-operation, please go to page 9 in the guidance link, above right.	

PCO Organisational Requirements
Membership of a PCN, network area and crossing commissioner boundaries

Membership of a PCN, network area and crossing commissioner boundaries	Guidance
● Under the Network Agreement, PCN membership is divided into two categories – Core Network Practices and other PCN members. Core Network page Practices are the practices participating in the Network Contract DES3 . Any other organisations party to the Network Agreement are known as PCN members and may include other providers, such as a GP Federation, community or secondary care trust, community pharmacy, community or voluntary sector provider, and GP practices who are not participating in the Network Contract DES or who are not Core Network Practices of the PCN. ● The Core Network Practice membership of a PCN must cover a Network Area that aligns with a footprint that would best support delivery of services to patients in the context of the relevant ICS. The Network Area must also: a. cover a boundary that makes sense to: i. the Core Network Practices of the PCN; ii. other community-based providers which configure their teams accordingly; and iii. the local community; b. cover a geographically contiguous area; c. not cross ICS boundaries except where: i. a Core Network Practice's boundary or branch surgery crosses the relevant boundaries; or ii. the Core Network Practices are situated in different ICSs.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on membership of a PCN, network area and crossing commissioner boundaries, please go to pages 9 to 11 in the guidance link, above right.	

PCN organisational or Core Network Practice membership changes

PCN organisational or Core Network Practice membership changes	Guidance
● A PCN may seek approval of a change to its Core Network Practice membership as part of the participation process following publication of the 2022/23 Network Contract DES Specification or an in-year variation. This change will be signed off as part of the process for practices confirming participation in the Network Contract DES, as outlined in section 2 of this guidance (and section 4.8 of the Network Contract DES Specification). ● Changes to Core Network Practice membership of a PCN can only take place outside of this window in exceptional circumstances as set out in sections 6.6 to 6.9 of the Network Contract DES Specification and with the approval of the commissioner.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on PCN organisational or Core Network Practice membership changes, please go to page 11 in the guidance link, above right.	

PCN Organisational Data Service (ODS) information and Change Instruction Notice Form

PCN Organisational Data Service (ODS) information and Change Instruction Notice Form	Guidance
● Where changes to PCN membership or nominated payee have been approved by the commissioner, the commissioner must complete and submit the ODS Change Instruction Notice Form. This form must be completed and submitted at the earliest opportunity and by no later than the last working day on or before the 14th day of each month, in order for the change to be actioned by the end of that month in the payment systems. In so doing, commissioners should have due regard to local payment arrangements and the timings implications of this when submitting an ODS Change Instruction Notice. Where the ODS Change Instruction Notice Form is not submitted by the monthly deadline, commissioners may be required to follow a manual exception process (i.e. manual payment reconciliation) to ensure the correct payments are made – see page 12 in the guidance link on the right).	Network Contract DES Contract guidance for 2022/23 in England
*For further information on PCN Organisational Data Service (ODS) information and Change Instruction Notification Form, please go to pages 11 and 12 in the guidance link, above right.	

Network Agreement

Network Agreement	Guidance
● The Network Agreement sets out the collective rights and obligations of a PCN's Core Network Practices and is required to enable PCN claims of the financial entitlements under the Network Contract DES. It also sets out how the Core Network Practices will collaborate with non-GP providers which make up the wider PCN. ● PCNs will continue to be required to use the national mandatory Network Agreement and its Schedules to support the Network Contract DES. The mandatory sections of the Network Agreement cannot be amended, except in those instances where the Network Agreement states that wording in a specific clause may be replaced with wording to reflect agreement which the PCN has reached. ● Core Network Practices are required to ensure that PCN arrangements and agreements reached in the Network Agreement are updated to take account of any changes to the Network Contract DES specification. This would include how new services will be delivered, and for any other changes such as when new workforce is recruited. ● 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.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of the Network Agreement, please go to page 13 in the guidance link, above right.	

Recording agreements reached with local providers

Recording agreements reached with local providers	Guidance
● In 2020/21, each PCN was required to agree with local community services providers, mental health providers and community pharmacy providers how they would work together. The collaboration agreements reached with these local providers must be documented in Schedule 7 of the PCN's Network Agreement. ● As set out in the Network Contract DES Specification, PCNs must update Schedule 7 of their Network Agreement to set out: a. the specifics of how the appropriate service requirements (those which require joint working with community services providers, community mental health providers and community pharmacy) under the Network Contract DES or other services deemed appropriate will be delivered through integrated working arrangements between PCNs and other providers; and b. how providers will collaborate, including agreed communication channels, agreed representatives, and how any joint decisions will be taken. ● Commissioners should use reasonable endeavours to facilitate the agreement of arrangements, or any subsequent amendment to the arrangements, between the local community services provider(s) and the PCN.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of recording agreements reached with local providers, please go to page 13 in the guidance link, above right.	

Clinical Director

Clinical Director	Guidance
● 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.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the Clinical Director role, please go to pages 13 and 14 in the guidance link, above right.	

Data and analytics

Data and analytics	Guidance
● Each PCN is required to have in place appropriate data sharing and, where appropriate, data processing arrangements between members of the PCN and any sub-contractors as required. These arrangements must be in place prior to the start of the activity to which they relate. The Data Sharing Agreements and Data Processing Agreement non-mandatory templates are available for PCNs to use.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on Data and analytics, please go to pages 14 and 15 in the guidance link, above right.	

Network Dashboard

Network Dashboard	Guidance
● The Network Dashboard was introduced during 2020/21 and will evolve each year, in line with feedback from users and the availability of new information to populate it. To access the Dashboard, please either register on the Insights Platform, or login in using your existing Insights Platform account. A user guide is available to help navigate the dashboard. ● The dashboard includes key metrics to allow every PCN to see the benefits it is achieving for its local community and patients and is intended to support local quality improvement. It will enable effective benchmarking between practices within PCNs, and between comparable PCNs, and will be accessible, on request, to all commissioners, providers and arms-length bodies working in health and social care. ● These indicators will be displayed alongside contextual information for each PCN – for example the size, density and relative level of deprivation of their population.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of the network dashboard information, please go to page 15 of the guidance link, above right.	

Core Network Practice with sites in different PCNs

Core Network Practice with sites in different PCNs	Guidance
● When a Core Network Practice of a PCN (PCN 1) is looking to sub-contract services/activities to a different PCN (PCN 2) for a proportion of their registered population (for example where it holds a single contract but delivers services from multiple sites, such as a branch surgery), PCN 1 should give careful consideration to how the patients - to whom PCN 2 will provide PCN services/activities - will be identified. This is particularly important where those patients are under a single registered list under a single primary medical services contract. ● Identification of patients for whom PCN 2 will provide PCN services/activities may, for example, be the patients who usually access care at a GP practice site within PCN 1. The GP practice should also take care not to do anything that could mean that a cohort of registered patients were treated differently e.g. a GP practice should not tell specific patients that they can only access PCN services/activities from sites in PCN 2. This is important as the practice needs to ensure that it does not breach any of the practice's obligations to patients set out in its core primary medical services contract.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the Core Network Practice with sites in different PCNs, please go to pages 15 to 17 of the guidance link, above right.	

Sub-contracting of clinical and non-clinical services or matters

Sub-contracting of clinical and non-clinical services or matters	Guidance
● Following an amendment to GMS and PMS Regulations5 , a sub-contractor to a practice or practices may be allowed to onward sub-contract a clinical matter that relates to the Network Contract DES. If, for example, practices have sub-contracted provision of clinical services to a GP federation, the sub-contract could now allow the GP federation to sub-contract the clinical services to another organisation with the prior written approval of the commissioner. The commissioner's approval will not unreasonably be withheld or delayed. ● A sub-contractor to a practice or practice(s) will be allowed to onward sub-contract a non-clinical matter that relates to the Network Contract DES where the prior written approval of the commissioner is given. The commissioner's approval will not unreasonably be withheld or delayed.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification on sub-contracting of clinical and non-clinical services or matters, please go to page 17 of the guidance link, above right.	

ARRS

Workforce planning and ongoing reporting

Workforce planning and ongoing reporting	Guidance
● Expanding the workforce is the top priority for primary care, and commissioners must support their PCNs to undertake recruitment under the Additional Roles Reimbursement Scheme to deliver this priority. ● PCNs are required to plan their future workforce requirements in order to support claims under their Additional Roles Reimbursement Sum each year. As set out in the Network Contract DES Specification, each PCN is required to complete and return to the commissioner by 31 August 2022 the workforce planning template, providing details of any updated recruitment plans for 2022/23 and by 31 October 2022 any updated indicative intentions through to 2023/24. The commissioner will confirm the plan with each PCN's Clinical Director and, once each plan is agreed, will share with NHS England and NHS Improvement Regional Teams by 30 September 2022 for 2022/23 plans, and by 30 November 2022 for indicative future plans.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on workforce planning and ongoing reporting, please go to pages 17 and 18 of the guidance link, above right.	

Additional Roles Reimbursement Sum

Additional Roles Reimbursement Sum	Guidance
● Each PCN will be allocated an Additional Roles Reimbursement sum each year, based upon the PCN's Contractor Weighted Population share of the total Additional Roles Reimbursement Scheme funding. 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.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the Additional Roles Reimbursement Sum, please go to pages 18 and 19 of the guidance link, above right.	

Ready Reckoner

Ready Reckoner	Guidance
● A ready reckoner is available to support PCNs to calculate their indicative Additional Roles Reimbursement Sum based on their PCN Contractor Weighted Population. Table 1, on page 19 within the guidance link on the right, sets out the indicative Additional Roles Reimbursement Sum allocations for different PCN sizes from 2022/23 to 2023/24. ● For 2022/23 the Additional Roles Reimbursement Sum will be calculated using £16.696 multiplied by the PCN Contractor Weighted Population as at the1 January 2022. The 2022/23 figures in Table 1, on page 19 within the guidance link on the right, are calculated using £16.696 per PCN Contractor Weighted Population. The figures for both years are calculated using the formula in section 7.2 and the January 2022 national population of 61,499,657.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the ready reckoner, please go to page 19 of the guidance link, above right.	

Entitlements not taken up under the Additional Roles Reimbursement Scheme

Entitlements not taken up under the Additional Roles Reimbursement Scheme	Guidance
● The Additional Roles Reimbursement Sum funding is only available to fund additional PCN workforce in line with the rules of the scheme. ● NHS England expects the funding under the Additional Roles Reimbursement Scheme to be used in full, on the terms set out in the Network Contract DES Specification and in this guidance, in each year of the scheme.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the entitlements not taken up under the Additional Roles Reimbursement Scheme, please go to page 20 of the guidance link, above right.	

Principle of additionality and baselines

Principle of additionality and baselines	Guidance
● To receive the associated funding through the Additional Roles Reimbursement Scheme, a PCN must show that the staff delivering health services for whom reimbursement is being claimed are additional and comply with the “principle of additionality” as set out in sections 7.2 of the Network Contract DES Specification. The additionality rule serves both to protect pre-existing local investment in primary care (e.g. by commissioners), as well as to expand capacity. It is not possible for Core Network Practices or commissioners to stop funding staff identified in the baseline exercise on the grounds that these could instead be funded through PCN reimbursement.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the principle of additionality and baselines, please go to pages 20 to 23 of the guidance link, above right.	

Transfer of clinical pharmacists and pharmacy technicians

Transfer of clinical pharmacists and pharmacy technicians	Guidance
Transfer of clinical pharmacists from the Clinical Pharmacist in General Practice Scheme ● Any clinical pharmacists who were in post as at 31 March 2019 under the Clinical Pharmacist in General Practice Scheme were required to transfer to the PCN by 31 March 2020 in order to be eligible for funding through the Additional Roles Reimbursement Scheme and to be exempt from the PCN baseline. A further opportunity was also then made available between 1 April 2021 and 30 September 2021 for any clinical pharmacists still employed under this scheme on 31 March 2021 to transfer and be eligible for funding through the Additional Roles Reimbursement Scheme. Practices are responsible for fully funding any clinical pharmacist posts which have not transferred after the tapering of the Clinical Pharmacist in General Practice Scheme funding. **Transfer of pharmacists from the Medicines Optimisation in Care Homes Scheme** ● For all pharmacists (clinical pharmacists and pharmacy technicians) employed under the Medicines Optimisation in Care Homes (MOCH) Scheme, transfer to the PCN must have taken place by no later than 31 March 2021. A further opportunity is available between 1 April 2021 and 30 September 2021 for any MOCH pharmacists still employed under this scheme on 31 March 2021 to transfer and be eligible for funding through the Additional Roles Reimbursement Scheme. ● Where MOCH pharmacists do not transfer, commissioners are required to align the priorities of the ICS commissioned MOCH team to that of the Enhanced Health in Care Homes service requirements outlined in section 8.3 the Network Contract DES Specification.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of the transfer of clinical pharmacists and pharmacy technicians, please go to pages 23 and 24 of the guidance link, above right.	

Additional Roles Reimbursement Scheme claims process

Additional Roles Reimbursement Scheme claims process	Guidance
● Commissioners should ensure that any staff for which reimbursement is being claimed meet the requirements set out in section 10 of the Network Contract DES Specification. ● PCNs must use the mandatory online claim portal for all workforce reimbursement claims under the Additional Roles Reimbursement Scheme, in accordance with sections 10.1, 10.2 and 10.5 of the Network Contract DES Specification. Commissioners may ask PCNs for further evidence to support new workforce reimbursement claims, which may include: a. A signed contract of employment (can remove personal information where appropriate) clearly setting out the salary. b. A contract/agreement with a provider for the provision of services. c. A copy of a Network Agreement – if used as the basis for sub-contracting for services/staff.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the Additional Roles Reimbursement Scheme claims process, please go to pages 24 and 25 of the guidance link, above right.	

Additional Roles

Additional Roles	Guidance
● A PCN may employ or engage any one or more of the reimbursable roles in accordance with the details set out in section 7 and section 10 of the Network Contract DES Specification. Annex B of the Network Contract DES Specification sets out the minimum role requirements for each of the reimbursable roles from April 2022 and the associated requirements placed on PCNs.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the Additional Roles please go to page 25 of the guidance link, above right.	

Role descriptions and terms and conditions

Role descriptions and terms and conditions	Guidance
● 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 should 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 job descriptions of their own staff, ensuring they incorporate the minimum role requirements outlined Annex B of the Network Contract DES Specification and bearing in mind the abilities for the roles to support delivery of network services. ● Decisions to amend terms and conditions of employment for existing staff is a matter for the employer following due process.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information on the Roles descriptions and terms and conditions, please go to page 25 of the guidance link, above right.	

Clinical pharmacists

Clinical pharmacists	Guidance
● A minimum of 0.5 WTE should apply to the clinical pharmacists employed via the Network Contract DES only if the clinical pharmacist is still enrolled on an approved 18-month training pathway or equivalent. 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 practise and prescribe safely and effectively in a primary care setting currently, the Clinical Pharmacist training pathway and in order to deliver the key responsibilities of the role. NHS England and NHS Improvement will be arranging a funding mechanism to allow all clinical pharmacists to access and complete an approved training pathway that equips the pharmacist to achieve this.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on Clinical pharmacists, please go to pages 25 to 27 of the guidance link, above right.	

MOCH pharmacists

MOCH pharmacists	Guidance
● Where any MOCH pharmacists remain, PCNs will be expected to make operational use of the pharmacist's experience in relation to Care Homes as outlined in the **Enhanced Health in Care Homes** section further down in this document, and in section 8.3 of the Network Contract DES Specification. This will include: a. supporting care homes with local policies and procedures, training, vaccinations and provide support for any challenges the home may have, including: b. ordering and storage of medicines to reduce waste c. supporting care planning and comprehensive geriatric assessments (CGA) structured medication reviews d. link-in to community services, acute trusts and mental health services e. supporting weekly care home rounds, working with the MDT f. working with the wider MDT (including external organisations) to support the delivery of Enhanced Health in Care Homes.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of MOCH pharmacists information, please go to pages 27 and 28 of the guidance link, above right.	

Further guidance and supporting information

Further guidance and supporting information	Guidance
● Supporting guidance providing further information to help PCNs employ or engage Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Co-ordinators is available at: a. Social prescribing link workers - https://www.england.nhs.uk/publication/social-prescribing-link-workers/ b. Health and Wellbeing Coaches - https://www.england.nhs.uk/publication/health-coaching-summary-guide-and-technical-annexes/ c. Personalised Care Institute - https://www.england.nhs.uk/personalisedcare/supporting-health-and-care-staff-to-deliver-personalised-care/personalised-care-institute/ ● PCNs employing or engaging one of the Allied Health Professionals must consider the qualifications, experience and capabilities when determining which job description is utilised for the role and considering the minimum role requirements set out in Annex B of the Network Contract DES Specification. Further information: a. on capabilities is available at (while this document refers to the MSK framework, the capabilities have been written for all AHPs): https://www.csp.org.uk/system/files/musculoskeletal_framework2.pdf; b. https://www.england.nhs.uk/ahp/ahps-in-primary-care-networks/	Network Contract DES Contract guidance for 2022/23 in England
*For more information on the further guidance and supporting information that is available, please go to pages 28 and 29 of the guidance link, above right.	

Current Extended Hours Access service and future Enhanced Access

Current Extended Hours Access service and future Enhanced Access	Guidance
● Section 8.1 of the Network Contract DES Specification sets out the requirements for: **a**. delivery of the **current extended hours access** and undertaking the preparatory requirements for Enhanced Access from 1 April 2022 to 30 September 2022. **b**. and delivery of **Enhanced Access from 1 October 2022** onwards. ● Where a practice has signed up to the Network Contract DES, it becomes contractually obliged to offer extended hours access, **and from 1 October 2022 enhanced 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 from 1 April 2022, and then enhanced access services from October 2022, through the PCN, but it will be for the PCN to determine how that offer is made available to all its registered patients. ● For **extended hours access (until October 2022),** 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: **a**. 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 **b**. a proportion of the additional clinical appointments must be provided after 8pm. ● For **enhanced access (from October 2022),** the Network Standard Hours will cover 6.30pm-8pm during the week. As above, where a Core Network Practice is required under a General Medical Services (GMS) contact to provide core services at its premises after 6.30pm, the patients of that practice must also have access to enhanced access appointments, and the enhanced access appointments must be in addition to the appointments offered as part of that practice's core hours service offer.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on current Extended Hours Access service and future Enhanced Access, please go to pages 29 to 33 of the guidance link, above right.	

Essex LMCs message: PCN Enhanced Access

Essex LMCs message: PCN Enhanced Access

Dear Colleagues,

There has been a great deal of discussion and anxiety over the specification for PCN provided Enhanced Access, due to begin in October 2022. There is a real danger that NHSE will attempt to further extend not just the hours but the workforce to a point where staff welfare and patient safety are at risk. Networks should continue to prioritise the sustainability of general practice and the provision of high-quality, safe services to patients and not be pressurised into undeliverable working patterns by micro-management from any source.

PCN Enhanced Access

*The planned transfer of current ICS-commissioned enhanced access services was delayed as a result of the COVID-19 pandemic and delivery will now start from October 2022, with preparatory work from April 2022.

*PCNs will be expected to provide a range of general practice services during enhanced access network standard hours (6.30-8pm weekday evenings and 9am-5pm on Saturdays), including vaccinations.
*There is no additional requirement to deliver services on Sundays, however PCNs will be able to provide a proportion of enhanced access outside of these hours, for example early morning or on a Sunday, where agreed with the commissioner.
*PCNs will be required to provide 60 minutes per week per 1,000 patients, weighted using ICS primary medical care weighted populations.
*Funding will be **£7.46** per weighted patient.

LMC Advice on this issue

It is for PCNs to prepare a coherent plan for enhanced access, which considers the needs of their population and the available workforce. PCNs have a key role to play in the coming reorganisation of the NHS in England and so it would be absurd for commissioners to attempt to micro-manage this service and all parties need to accept that flexibility at PCN level, as highlighted in point 3 above, is essential for the success of network service provision.

A GP should be available either remotely or on site to provide advice and support during enhanced access. Services should be clinically appropriate, set by clinicians in discussion with patients where this is required. The PCN should decide on the type of appointment offered, based on historic clinical need, and there is no fixed percentage or level of face-to-face consultation.

The LMC will support any PCN which believes its plan for Enhanced Access has been unfairly challenged by the commissioners (ICSs), and we will, if necessary, attend any negotiation meeting.

Dr Brian Balmer

Medication Reviews and Medicines Optimisation

Medication Reviews and Medicines Optimisation	Guidance
● Further guidance related to the implementation and delivery of requirements relating to this service have been published. The Network Contract DES Specification sets out that PCNs must have due regard to that separate guidance in delivery of the service requirements.	Network Contract DES Contract guidance for 2022/23 in England
*For more information on Medication Reviews and Medicines Optimisation, please go to page 33 of the guidance link, above right.	

Enhanced Health in Care Homes

Enhanced Health in Care Homes	Guidance
Relationship of DES to Enhanced Health in Care Homes Framework ● The Network Contract DES and requirements for relevant providers of community physical and mental health services within the NHS Standard Contract establish a consistent, national, model for the Enhanced Health in Care Homes (EHCH) service. Commissioners, PCNs and other providers should consider these requirements as a minimum standard. The Enhanced Health in Care Homes requirements remain of vital importance during the COVID-19 pandemic, to support the organisation and delivery of a coordinated service to care home residents, many of whom will be at very high risk of a severe negative impact (directly or indirectly) from COVID-19. Good practice is described in the EHCH Framework which will support implementation of a mature EHCH service.	Network Contract DES Contract guidance for 2022/23 in England
*For more information on Enhanced Health in Care Homes, please go to pages 33 to 35 of the guidance link, above right.	

Early Cancer Diagnosis

Early Cancer Diagnosis	Guidance
● Primary care has a vital role to play in system-wide improvement efforts to increase the proportion of cancers diagnosed early, supporting the NHS Long Term Plan ambition to diagnose 75% of cancers at stages 1 and 2 by 2028. The ECD service requirements for PCNs seek to improve referral practice and screening uptake through network level activity. Further guidance related to the implementation and delivery of requirements relating to the PCN service, including guidance on the appropriate page 35 management of suspected cancer referrals during the COVID-19 pandemic, is available here. ● There is also an early cancer diagnosis support pack available here.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information for early cancer diagnosis, please go to page 35 of the guidance link, above right.	

Social prescribing service

Social prescribing service	Guidance
● 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	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information for social prescribing service, please go to pages 35 and 36 of the guidance link, above right.	

Cardiovascular Disease (CVD) Prevention and Diagnosis

Cardiovascular Disease (CVD) Prevention and Diagnosis	Guidance
● CVD is the leading cause of death worldwide and is strongly associated with health inequalities (the most deprived quintile of the population is four times more likely to die from CVD than the least deprived). Hypertension is the most prevalent risk factor, and the focus of this service in 2021/22 which from April 2022, will be expanded to incorporate detection and management of atrial fibrillation (AF) and addressing cholesterol in the context of CVD risk, including detection and management of familial hypercholesterolaemia (FH). ● Further guidance related to the implementation and delivery of requirements relating to this PCN service is available here.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information for social prescribing service, please go to page 36 of the guidance link, above right.	

Tackling Neighbourhood Health Inequalities (TNHI)

Tackling Neighbourhood Health Inequalities (TNHI)	Guidance
● Since October 2021, PCNs have been required to improve delivery of annual learning disability health checks and action plans for patients over 14, improve recording of patients with a severe mental illness and delivery of comprehensive physical health checks, record the ethnicity of all PCN registered patients (where provided) and appoint a health inequalities lead for the PCN. ● PCNs will have met further milestones in December 2021 and February 2022 to identify a population experiencing inequality in health provision and/or outcomes, agree with the commissioner an approach to engagement and tackling the unmet needs of the population, and from 1 March 2022 begin ongoing delivery of its planned intervention. This requirement continues through 2022/23. ● Best practice guidance has been published to help inform and support implementation and delivery of these requirements.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information for tackling neighbourhood health inequalities (TNHI), please go to page 36 of the guidance link, above right.	

Anticipatory Care

Anticipatory Care	Guidance
● There are new requirements around Anticipatory Care for 2022/23. ICSs have lead responsibility for the co-ordination of Anticipatory Care but PCNs will need to contribute to ICS-led conversations on the local development and implementation of Anticipatory Care working with other providers with whom Anticipatory Care will be delivered jointly.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information for anticipatory care, please go to page 36 of the guidance link, above right.	

Personalised Care

Personalised care	Guidance
● There are new requirements around Personalised Care for 2022/23. PCNs must work with commissioners to improve their social prescribing programme and their use of shared decision making and keep the effectiveness of those measures under review. Full details are in the Network Contract DES Specification and further guidance is available here.	Network Contract DES Contract guidance for 2022/23 in England
*For clarification of information for personalised care, please go to page 37 of the guidance link, above right.	

Financial entitlements

Financial entitlements	Guidance
● Financial entitlements under the Network Contract DES reflect a blended payment as set out in section 10 of the Network Contract DES Specification. ● Table 2 on page 37 within the guidance link on the right, provides a summary of the Network Contract DES financial entitlements payable to the PCNs nominated payee. All Network Contract DES payments are inclusive of VAT, where VAT is applicable.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on financial entitlements, please go to pages 37 to 40 of the guidance link, above right.	

Network Contract DES nominated payee

Network Contract DES nominated payee	Guidance
● 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: a. Paragraph 2.2.10 – "the "**Nominated Payee**" refers to a practice or organisation that receives payment (on behalf of the PCN) of the applicable financial entitlement set out in this Network Contract DES Specification." b. Paragraph 10.1.1 – "A practice participating in the Network Contract DES acknowledges that payments made under the Network Contract DES are dependent on the Core Network Practices of a PCN working together to deliver the requirements of this Network Contract DES." c. Paragraph 10.1.6 – "The commissioner must ensure that payments due to a PCN set out in this Network Contract DES are made into the bank account of the Nominated Payee. The PCN must inform the commissioner of the relevant payment details of its Nominated Payee. The PCN will include in the Network Agreement the details of arrangements with the Nominated Payee and may indicate the basis on which the Nominated Payee receives the payments on behalf of the other practices, e.g. as an agent or trustee." ● The nominated payee must be party to the PCN's 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 PCN.	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the Network Contract DES nominated payee, please go to pages 40 and 41 of the guidance link, above right.	

Network Contract DES Payments

Network Contract DES Payments	Guidance
Automated payment arrangements through PCSE Online ● Five PCN payment calculations – the Core PCN Funding, Clinical Director, Leadership and Management, Care Home Bed Premium, Enhanced Access (replacing Extended Hours Access from 1st October 2022) are automated via the PCSE Online. ● The NPP will be processed directly by PCSE Online and paid directly to GP Practices from 1st November 2022. ● PCSE Online will calculate these six payments using the PCN ODS reference data towards the end of each month. Commissioners should ensure that any changes to the PCN ODS reference data are submitted using the PCN ODS Change Instruction Notice by the last working day on or before the 14th day of each month, so as to ensure the changes take effect prior to the PCSE Online payment calculation date. These changes will take effect in the subsequent month. In the event a PCN ODS Change Instruction Notice is completed after the 14th day of a month, then changes will not take effect until 2 months later (payment reconciliations will be part of the process).	Network Contract DES Contract guidance for 2022/23 in England
*For further information on the Network Contract DES payments, please go to pages 41 to 44 of the guidance link, above right.	

Frequently Asked Questions

Frequently Asked Questions
● A set of Frequently Asked Questions for the Network Contract DES has been published by NHS England and will be updated periodically throughout the year.

Supplementary documents

Supplementary documents
● The following documents were released by NHSE in October 2022: • Cover note for GPs and Commissioners: Network Contract Directed Enhanced Service from April 2022 • Network Contract Directed Enhanced Service – Contract specification 2022/23 – PCN Requirements and Entitlements • Subcontract for the provision of services related to the Network Contract Directed Enhanced Service 2022/23 • Network Contract Directed Enhanced Service – Guidance for 2022/23 in England • Network Contract Directed Enhanced Service – CVD Prevention & Diagnosis: supplementary guidance • Network Contract Directed Enhanced Service – Early Cancer Diagnosis Support Pack • Network Contract Directed Enhanced Service – Personalised Care: Social prescribing; shared decision making; digitising personalised care and support planning • Network Contract Directed Enhanced Service – Frequently asked questions 2022/23 • PCN adjusted populations spreadsheet • Network Contract Directed Enhanced Service – Investment and Impact Fund 2022/23: Updated Guidance • Impact and Investment Fund (IIF) 2022/23 – One page summary for primary care teams: What do I need to do? • Network contract directed enhanced service indicators and SNOMED codes

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