

Heartbeat

Special Edition

GP Contract Agreement: The Primary Care Network DES

Primary Care Networks are a core part of the new contract. They will consist of a grouping of GP practices within a coherent geographical area, typically covering a population of 30-50,000 patients.

By July 2019, it is expected that all areas within England will be covered by a Primary Care Network. Over the coming years PCNs will be supported in developing an expanded primary care team, with member practices also working alongside other organisations such as Community Trusts and the voluntary sector, in order to help alleviate workload pressures on practices and allow GPs to concentrate on the most complex patients.

These Networks can be structured in a number of ways, with the decision on how a respective Network operates down to agreement between its practice membership.

They should be small enough to still provide the personal care valued by both patients and GP practices, but large enough to have impact and economies of scale through deeper collaboration between practices and others in the local health and social care system.

DES Specification

A specification outlining the full requirements of the DES will be published in March 2019. This will be agreed between the GPC England and NHS England and will set out what practices and Networks need to do under the DES.

- An initial timetable for early action by all practices is provided later in this newsletter. When signing up to the DES, Networks will need to make brief submission to their CCG outlining: The names and the ODS codes of the member practices;
- The PCN list size, i.e. the sum of its member practices' lists as of 1 January 2019;
- A map clearly marking the agreed PCN area;
- The initial PCN Agreement signed by all member practices;
- The single practice or provider that will receive funding on behalf of the PCN; and
- A named Clinical Lead/ Director from within the GPs of the PCN (additional funding is provided for this role – see below).

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

In some areas it might be that practices find it hard to work together but PCN membership will require a closer working relationship than in the past. If this happens hopefully the LMC and CCG can help practices to see that this is the professional thing to do to support patient care. The PCN is an extension of the practices and that is why it is a DES.

Ultimately, as with other contract changes, the commissioner does have the power to sign off the contract and will want to see all patients within its area covered. It would be reasonable for a practice to be able to appeal should that be necessary, and that should be done before 1 July, after which funding starts to flow to the PCN.

The GPC is developing guidance for PCNs/ practices on governance structures etc., and these will be available shortly.

Funding

Funding under the DES will be paid to a nominated practice within the Network as set out within the respective Network Agreement (with the exception of the Network Engagement funding which will go direct to practices) and will consist of several income pots:

- Network Engagement Funding

Practices will receive an additional payment for engagement with the Primary Care Network Scheme, via the Statement of Financial Entitlement (SFE). This is the only funding that is paid directly to practices for participation in the DES.

- Network Administration Payment

There will be a recurrent payment of **£1.50** per patient as an entitlement for networks from CCG central allocations, to assist in the general administration costs of the Network. Precisely how this funding is utilised will be for the Network collectively to decide. This becomes a Network financial entitlement from 1 July 2019. This will be based in future years on the agreed Network list size as at 1 January. This payment is a recurrent extension of the existing £1.50 per head support scheme set out in the December 2018 NHS planning guidance.

- Workforce

The DES provides for workforce reimbursement for the Network on a 70/30 split (including on-costs), covering a number of specified health professions and designed to allow the Network to build up an expanded primary care team. For practical purposes, and to enable Networks to be fully up and running before the scheme fully develops, for the first year of the DES (2019/20) every network of at least 30,000 population will be able to claim **70% funding as above for one additional whole time equivalent (WTE) clinical pharmacist** and **100% funding for one additional WTE social prescribing link worker**. Beyond 100,000 network size, the 2019/20 reimbursement scheme doubles to two WTE pharmacists and two social prescribers; with a further WTE of each, for every additional 50,000 network population size.

The scope of the extra workforce extends each year –

2019 Clinical Pharmacists and Social Prescribing Link Workers

2020 Physician Associates and First Contact Physiotherapists

2021 First Contact Community Paramedics

- Clinical Lead and Funding

Each PCN is a membership 'organisation; with the members being the practices. Each Network will decide who will be the Clinical Director, chosen (Usually) from the GPs within the Network. How this is done is up to the members. Some Networks may appoint a 'temporary' lead whilst further discussions are held on filling the role more permanently. Networks may elect or appoint from within the membership. Posts may be time limited and subject to re-election/ appointment. You might benefit from independent help with this.

A total of £31m of funding will be available to fund the clinical lead post for each network on a basis of 0.25 WTE per 50,000 pts, at national average GP salary (including on-costs). This will be provided on a sliding scale based on Network size (rising to £45m by year 2023/24).

- Extended Access

From 2019/20 the requirements and funding of the Extended Hours DES will be transferred to Networks. This will provide approximately **£1.45** per patient. Following an Access Review in 2019, a more coherent set of access arrangements will start being implemented in 2020, including transferring the £6 per patient funding under the GPFV Improving Access scheme to Networks. It will be expected that extended access will be available to 100% of the PCN population.

It is likely NHSE/CCG will expect that this will be provided for by the PCN practices i.e. not a wider/larger federation but it is for the practices in the PCN to decide how this will be done. There is no exclusion of provision at a larger federation, but there needs to be some thought about this as the primary purpose of agreeing on a size for PCNs between 30k and 50k is that services remain largely local, around natural communities.

If a practice in your PCN doesn't sign up the DES, practices have to provide that practices' hours in addition to their own. This needs to be discussed by practice before joining the PCN as you will want a fair share of workload and support. Naturally there will be some areas where there will be issues and it will be for member practices to decide how best the extra workforce can be deployed to support the PCN in achieving this.

IN some areas NHSE have been suggesting it must be provided for in every practice across the PCN i.e. a hub model may not be acceptable. The BMA say this is not true. The expectation is that where practices currently provide it, the money flows through the PCN for the practices, where that is not the case, PCNs will need to decide how best to deliver that and delivering at a different level to the practice is very much an option available.

- Services

From 2020 there will be the potential for additional funding for new services in line with the aims set out in the NHS Long Term Plan. These will be phased in gradually over the next 5 years and will cover:

1. Medications Review and Optimisation
2. An Enhanced Health in Care Homes Service
3. Anticipatory Care
4. Personalised Care
5. Supporting Early Cancer Diagnosis
6. Cardiovascular Disease Prevention and Diagnosis
7. Inequalities

Network Agreement

Each Network will need a Network Agreement agreed by all the practices. It will outline what decisions the Network has made about:-

- How practices work together
- Which practice will deliver what
- How funding will be allocated between practices
- How the new workforce will be shared and who will employ them
- Any other agreements made between the practices for example pooling of funding etc.

The agreement should be reviewed and updated annually as new services, workforce and funding becomes available under the contract. A template and guidance are currently under development by the GPC/ NHSE and will be issued in March alongside the DES specification.

An Example of Funding for a Network

Based on a Network of 40,000 population made up of 5 practices.

£

60,000 from £1.50 per patient entitlement

43,500 from £1.45 per patient Extended Hours funding (Qtrs. 2, 3, 4 only)

27,503 from 0.2 wte Clinical Director (note 0.25 per 50,000 population) pass on costs

37,810 (max) from 1 clinical pharmacist (including on costs at 70%) pass on costs

34,113 (max) from 1 social prescriber (includes on costs) pass on costs

203,000 Total for 2019. Of this sum £103,500 is for Network decisions

Expenditure in 2019 will include 30% (including on costs) for Clinical Pharmacist (approx. £16,000) and additional resource to cover 100% of population for extended hours (varied depending on arrangements in each Network).

Cheshire LMC has produced a plain English guide to the new contract and this has been distributed to all practices via Practice Managers. A copy is also available on the LMC web site. We intend to update this as further details emerge from negotiations. The BMA/GPC will also be issuing further guidance and fact sheets during March and April.