GP Contract

and

PCN Documentation Summary 2024 / 2025

April 2024

Introduction

The purpose of this document is to provide a short commentary on the recently published PCN documentation and the implications of these on the GP Contract for 24/25. We have not sought to summarise the content; our aim is to highlight the key issues for consideration by practices and PCNs.

Understanding the process for changing the GP Contract and the PCN DES

It is important to remember that the processes for changing the GMS Contract and the PCN DES are different.
For the **GMS Contract**, the process is:

- **The issuing of a contract letter highlighting the planned changes:** This was done on the 28th February 2024.
- **The issuing of the detailed contractual changes**: Some of these (QOF changes) were issued in the suite of documents published on the 28th March 2024.
- **The issuing of the Contract Variation notices to be signed off by practices**: The variation orders have to be produced by the NHSE legal advisors and therefore this lags behind the issuing of the contract specifications. The variation orders apply to the GMS contract and not the PCN DES, as the DES is a standalone scheme.

For the **PCN DES** the process is:

- **The issuing of a contract letter highlighting the planned changes:** This was done on the 28th February 2024.
- **The issuing of a revised PCN DES specification and supporting documents:** These documents were issued on the 28th March 2024 and this commentary relates to these which include the requirements in the Capacity and Access Support Payment (CASP). It should be noted that unlike the GMS Contract, the DES does not require a variation order as the DES is technically a voluntary scheme for practices.

Understanding the new (changed) requirements in the PCN DES

The new (24/25) PCN DES documentation was issued on the 28th March (the last working day before the start of the new year!). The rush to get the paperwork out before the start of the year is illustrated by the inclusion in some documents of the tracked changes workings and the inability of some of the links to work.

The Key Documents

1. The Cover Note

NHS England » Cover note: primary care networks: Network Contract Directed Enhanced Service from April 2024
The start point for understanding is the Cover Note, this summarises the changes.

2. The Changes to the Network Agreement

NHS England » Variation to the Network Contract Directed Enhanced Service Mandatory Network Agreement
This sets out the changes required in the Network Agreement. The key element is the need to document the PCNs approach to Vaccinations.

3. The 24/25 Adjusted Population Figures

NHS England » Network contract DES – primary care network adjusted populations spreadsheet
This spreadsheet documents the new (24/25) Adjusted Population figures. This method of calculating a practices population is different from both the Registered Practice Population and the Weighted Practice Population. The Adjusted figure is used to calculate some PCN payments – most critically this figure is used to calculate the Enhanced Access Activity and Payment rates. It is important to note both the changes to the overall PCN Adjusted Population figure and the Practice Adjusted Population figures make up the total.

4. The PCN DES Contract Specification

NHS England » Network Contract DES: Contract specification 2024/25 – PCN requirements and entitlements
NHS England » Network Contract DES 2024/25: part B guidance: non-clinical
NHS England » Network contract directed enhanced service – guidance for 2024/25 in England – part A: clinical and support services (section 8)

These are the key documents – the main specification has been produced and updated each year, and as in previous years, it is a weighty tome (112 pages). This is the PCN Bible and should be used as the reference document for queries and clarifications.

This year there are two new guidance documents (A+B) which support the specification, these documents seem to replace:

- The large PCN DES guidance document that has been issued previously and,
- The various Service Specification documents.

The annex documents should be read where the requirement in the specification has been changed (highlighted in yellow in the document) The key changes are:

New Aim.1.3 Page 3. The first thing to note in the new document is an important clarification of the aims of the PCN strategy:
"A key aim for introducing PCNs was to build greater resilience and leverage the benefits of working at scale for practices. This remains a key aim, as does the objective for PCNs to forge closer links between practices, the broader health and care system and a diverse range of partners in their communities, including the voluntary sector and patient groups for the benefit of patients. Primary care networks form an important part of wider Integrated Neighbourhood Teams ("INTs")".
This aim is reiterated in the changes to the role description for the PCN Clinical Director (CD) and in the revised Service Requirements (A+B).

New CD Requirements 5.3 Page 21. This is new, the wording is important, the CD is accountable, on behalf of member practices, for:

- ensuring that the PCN delivers the requirements set out in this Network Contract DES for its registered population, including by;
    - effective allocation of funding and Additional Roles Reimbursement Scheme capacity across the Network to deliver the requirements of this Network Contract DES; and
    - deployment of the Capacity and Access Support Payment to ensure that all constituent practices are operating the Modern General Practice Access Model and are continuously working to improve patient experience.
- informing the Commissioner of PCN delivery against the Local Capacity and Access Improvement Payment (CAIP) criteria; and,
- working with local partners to support establishment of INTs and ensure PCN participation within its INT.

This definitely moves the PCN CD into a more active Performance Management role and therefore it is vital that the practices are made aware that by signing up the DES, practices are signing up to the revised role for the CD. The key question is how will this role be monitored and success (or otherwise) measured?

The new documentation makes a number of references to the requirement for the PCN to participate within an Integrated Neighbourhood Team. This reflects the wording and sentiments in the Fuller Stocktake. We believe that it is vital that PCN CDs and Managers seek urgent clarification from local commissioners on the INT development plans and what is expected from the PCN and practices, there is a big difference between participation and leading!

Workforce Submission. 5.4.9 Page 23. The document includes the requirement to submit workforce data. It is important that PCNs and Practices understand this requirement and are clear what is done where. It is likely that workforce data will be a critical tool for Practice / PCN contract management in the future.

Service Requirements. **8. Page 41.** This is a new section (previously contained within the Service Specifications) This should be studied in conjunction with the two Annex documents. This section sets out the four key functions of a PCN:

- *Co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level;*
- *Improve health outcomes for its patients through effective population health management and reducing health inequalities;*
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- *Target resource and efforts in the most effective way to meet patient need, which includes delivering proactive care;*
- *Collaborate with non-GP providers to provide better care, as part of an integrated neighbourhood team.*

These aims are to be delivered through four 'required' approaches, each of these approaches is supported by details of what PCNs are required to do!

- Supporting and improving resilience and care delivery
- Improving health outcomes and reducing health inequalities
- Targeting resource and efforts
- Collaboration with non-GP providers to provide better care.

It is important to recognise that these approaches to deliver the aims are requirements and not entitlements with funding (IIF etc) attached. Many PCNs are already doing innovative and effective work to meet the aims but others may not be. Our advice is to 'badge' the various streams of work your PCT is doing against the above headings whilst also recognising that it is unclear how these requirements will be assessed (or even if they will be assessed).

Local Capacity and Access Improvement Payment. 10.4 page 59. This is a key element of the DES this year, given the reduction in IIF indicators etc. The Scheme details are set out clearly as is the role of the CD in signing off the statement of achievement in order to secure the 30% element of the funding.

It is important that practices and the PCN are clear about the requirements of the three elements of the CAIP and what constitutes delivery. The CD's role in signing this off is stressed, and it must be noted that the document says that a number of PCNs will be externally audited to check whether the submissions are correct!

"*When applying the assessment criteria, the PCN Clinical Director must apply the criteria across all Core Network Practices of the PCN. When all the assessment criteria relating to an improvement have been met across all Core Network Practices. When all the assessment criteria relating to an improvement have been met across all Core Network Practices, the PCN can notify the commissioner through submission of the CAIP payment form and thereby request payment.*"

Other Changes

Social Prescribing and Care Co-ordinator Training Requirements. B3 Page 79.
It is important to note the training requirements and the ability to use ARRS funding to cover the undertaking of this training.

Enhanced Practice Nurse B18. Page 111.
This role is now allowed as a role for ARRS funding, it is important to understand that the EPN criteria must be met.

The Funding.10 Page 52
Details of the changes to the Funding Arrangements are set out in the document, set out below are some highlights:

- **Core funding** (£1.50p in 23/24), **CD funding** (0.73p in 23/24) and **Leadership and Management Support funding** (0.68p in 23/24) is rolled into one funding pot without any increase. The funding is difficult to calculate as the population criteria are different but basically each PCN gets the same, but this will increase if your population has.
- **ARRS funding** goes up by 0.98% - £22.67p to £22.89 per Weighted Patient. An increase of 1% but we would presume that this will be uplifted based on the changes to AfC rates.
  Note the sum will increase if your weighted patient population increases, but of course the potential to use this increase will be limited by the staff already in post etc.
- **Care Home Premium**. As now, (no increase). It is important to look out for any changes in local Care Home Schemes and the Care Home Bed numbers.
- **PCN Capacity and Access Support Payment** goes up from £2.77 to £3.25 (Adjusted Population).
- **PCN Capacity and Access Incentive Payment** goes up from £1.19 - £1.39 (Adjusted Population).
- **IIF**, goes down from £0.95p to 0.21p.
  The combination of the changes to the IIF and the CAIP appear to be a reduction of circa 1% of course this is based on full achievement so given that it should be easier to hit the CAIP than the IIF (in full) it may be an increase in real terms.

Our normal 'Health' Warnings

- This document seeks to highlight the changes in the recently published PCN documents.
- The paragraphs in red reflect our views and therefore these are our opinions of the impact and what practices and PCNs need to consider. These views are deliberately focussed on the impact on practices and PCNs and we have no doubt our ICB and system colleagues will present alternative perspectives which may be helpful.
- We will inevitably have missed some of the implications (or because we aim to get our thoughts out quickly) we may have got some things wrong, therefore we would welcome your thoughts and views – we will update this paper when further is known.

Mike Pyrah
Howbeck Healthcare
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