Primary Care Networks
Frequently Asked Questions (FAQs)

Contents

Establishment of PCNs

What is a primary care network (PCN)?

A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks would normally be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.

In Leeds, 18 PCNs have now been registered with NHSE:

Armley

Beeston

Central North

Chapeltown

Cross Gates

Holt Park

Burmantofts, Harehills & Richmond Hill

LSMP & the Light

LS25 & LS26

Middleton

Morley & District

Otley

West Leeds

Seacoft

Wetherby

Woodsley

Yeadon

York Road

What are the core characteristics of a PCN?

The core characteristics of a PCN are:

- Practices working together and with other local health and care providers, around natural local communities that geographically make sense, to provide coordinated care through integrated teams
- Typically a defined patient population of at least 30,000 and tend not to exceed 50,000
- Providing care in different ways to match different people's needs, including flexible access to advice and support for 'healthier' sections of the population, and joined up care for those with complex conditions
- Focus on prevention and personalised care, supporting patients to make informed decisions about their care and look after their own health, by connecting them with the full range of statutory and voluntary services
- Use of data and technology to assess population health needs and health inequalities; to inform, design and deliver practice and populations scale care models; support clinical decision making, and monitor performance and variation to inform continuous service improvement

- Making best use of collective resources across practices and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups.

What if some practices are not included in a network, either through choice or through being left out?

Every practice has the right to join a Primary Care Network in its CCG, but the Network Contract DES remains voluntary. In the highly unlikely event that a practice doesn't want to sign-up to the Network Contract DES, its patient list will nonetheless need to be added into one of its local Primary Care Networks to ensure all patients have access to network services. That PCN then takes on the responsibility of the Network Contract DES for the patients of the non-participating practice through a locally commissioned agreement. The practice remains responsible for delivering core contract services to its registered list.

Funding and contracting

Workforce-related contracting or funding questions are answered here.

What funding has been assigned to PCNs and practices who are signed up to a PCN?

Nationally £1,799 billion will be made available to GP practices in PCNs via the Network Contract DES by 2023/24 as well as an additional £14,000 each year that a typical practice will receive from April 2019, in return for their initial and then continued active participation in a Primary Care Network. 100% geographical coverage of the Network Contract DES is expected nationally by 1 July 2019. PCNs will need to sign up to the Network Contract Directed Enhanced Service to be able to benefit from the investment to be allocated through it.

Summary of Network Contract DES Finances

Payment details and allocation	Amount	Practice /PCN	Payment timings
Core PCN Funding	£1.50 per registered patient per year	PCN	Monthly in arrears from July 2019 The first payment to be made on or by end July 2019. Please note that payments relating to April – June have been made to the Federations i.e. continuing existing arrangements. Subsequent payments will be made monthly in arrears so the August 2019 payment to be made by the end of August 2019.

Payment details and allocation	Amount	Practice /PCN	Payment timings
Clinical Director contribution	£0.514 per registered patient to cover July 2019 to March 2020 (equating to £0.057 per patient per month)	PCN	Monthly in arrears from July 2019. First payment to be paid on or by end July 2019 and thereafter on or by the last day of each month.
Practice participation funding	£1.76 per weighted patient per year	Practices	The payment will be payable from 1 July 2019 following commissioner approval and will be backdated to 1 April 2019.
Staff reimbursements Clinical pharmacists Social prescribing link workers	Actual costs to the maximum amounts per the Five-Year Framework Agreement, paid from July 2019 following employment	PCN	Monthly in arrears Payment claimable following start of employment. Reimbursement payable on or by the last day of the following month (for example, July 2019 payment to be made on or by end August 2019)
Extended hours access	£1.45 per registered patient, the remaining £.045p will be in practices PMS?GMS baselines	PCN	Monthly in arrears First payment made for July to be made on or by end of July 2019. Subsequent payments made on or by the end of the relevant months. For example, the August 2019 payment to be made on or by end August 2019.

Are the payments for Network Participation, clinical director and workforce all payable from CCG Primary Medical Care allocations?

Yes, all funding apart from the £1.50 per head payment will be payable from CCG Primary Medical Care Allocations. The £1.50 per head is from general CCG allocations.

Will commissioners be required to amend all existing enhanced services to be commissioned at a network level or will this be for local discretion?

It will be for local commissioners to consider, and agree with their practices, whether there are current local incentive schemes that could more appropriately be delivered by primary care networks in future. In Leeds, this will include the extended access service provided across the city.

What contracting forms will be available to PCNs to enable them to deliver services / employ staff, receive funds?

The Network Contract will be implemented as a Directed Enhanced Service (DES) for GP practices. It will start from 1 July 2019, subject to primary care networks having met the registration requirements and been approved by their commissioner.

Who will hold the Network Contract and which bank account needs to be used?

The Network Contract will be a Directed Enhanced Service held by GP practices, and underpinned by a Network Agreement between them. Practices with an in-hours (essential) primary medical care contract will be eligible to sign-up to the DES as part of their network. PCNs must nominate a lead practice or organisation to host the bank account. Locally, these organisations include SELGP Group (for their members only) or Leeds GP Confederation. Full details are in the Confederation offer information, previously sent to practices (also available on our website).

Is there a cost for hosting the bank account?

Both SELGP group and the Confederation will charge 2% of whatever income they hold on the PCNs' behalf. The Confederation has committed to return any underspend. Further clarity will be in the MOU.

What is the notice period to withdraw money/services from the Confederation?

One month – this should be reasonable and allow a cut off point for funds received and invoices paid. Further clarity will be in the MOU.

Is there any guidance on CCGs providing £1.50 per registered patient for network development or can CCGs agree locally what we expect in return from the funding which will be on top of the DES?

This money is a PCN entitlement under the DES and can be used at the discretion of the PCN. For example, it could go into support such as business/ admin to support the CD and network set up. This includes continuing to fund all or some of the previous locality leadership roles, e.g. lead practice manager or practice nurse. It could also be used towards the additional 30% costs needed for the extra posts or to support transformation activities within the network.

What is the Network Participation Payment, when does it start and how much is it?

In addition to the payments made to the 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 (as set out in the Statement of Financial Entitlements). This payment equates to £1.76 per weighted patient and is payable from 1 July 2019 following a GP practice's sign-up to the Network Contract DES.

If a practice or practices that are members of a PCN sub-contract with a non-NHS body, such as a Federation, what are the VAT implications?

NHS England has published a VAT information note which can be found here.

In general, non-clinical supplies of service or staff provided by non NHS bodies attract non reclaimable VAT at 20%. However if a not for profit group (e.g a group of charities) simply wanted to share costs between each other and take advantage of economies of scale then to avoid paying for VAT Cost Share Agreements (CSAs) were created. The CSA enables the members of the agreement to avoid having to pay VAT arising from providing these services and sharing costs based on the following principles:

- Only direct costs (including an appropriate overhead charge) are charged – **NO** profit is ever made.
- The services are "public interest activities"
- 85% of the services provided/shared are directly necessary – so part of delivering clinical services (e.g we can't branch into buying a completely different industry and still share the costs)

The service is provided by the Confederation to its members only. Services provided between members are not covered.

What is the available funding for the extended hours access requirement within the Network Contract DES?

The practice level Extended Hours Access DES is being withdrawn effective from 30 June 2019. From July 2019, extended hours access will be delivered by PCNs and their GP member practices as part of the Network Contract DES.

Locally, networks can choose to deliver this service via the Confederation's citywide extended access service.

The full year funding under the Network Contract DES equates to £1.45 per registered patient per annum. In 2019/20 the funding cover quarters 2 to 4 and therefore equates to £1.099 per registered patient. On top of this payment of £1.45 per registered patient per annum through the Network Contract DES, practices will receive within their global sum payments around £0.50 per patient to cover the expansion in delivery to 100% of patients. Taken together, the two amounts would total a payment of approx. £1.95 (£1.45 plus £0.50) per registered patient per year.

What are the requirements/model of delivery for PCNs to deliver the extended hours access appointments?

Provision of extended hours access appointments is a requirement of the Network DES from 1 July 2019. This is separate from the CCG commissioned extended access services in 2019/20. It will be up to your PCN to determine how this is provided to the registered population of the PCN as part of the Network Agreement but PCNs will need to ensure this service is offered to the entire PCN population. The exact model of delivery in each PCN may vary and could include:

- All practices in the PCN continuing to offer extended hours to its own registered list;

- One practice undertaking the majority of the extended hours provision for the PCN's population, with other practices participating less frequently (but that practice's registered patients can still access extended hours services at other sites);
- One practice offering extended hours to its own registered list and the other practices sub-contracting delivery for their respective patients.
- Delivery via the Confederation's citywide extended access service.

Regardless of the delivery model, the PCN should ensure that all network patients have access to a comparable extended hours service offer.

Each PCN's extended hours service offer will need to meet the specified requirements of the Network Contract DES as specified at section 4.3 of the Network Directed Enhanced Service Contract Specification 2019/20. The specification also clearly states at para 2.13 that practices must ensure they have in place appropriate data sharing arrangements and, if required, data processor arrangements prior to extended hours service delivery.

Payment for this element of the DES is made on a payment per registered patient. If your PCN is unable to offer this service to its entire population then it will be unable to take up the offer of the DES or the commissioner may withhold the both the relevant payment and core PCN funding.

Further information can be found in the Network DES Specification published at www.england.nhs.uk/gp/gpfv/investment/gp-contract

What happens if a PCN does not deliver the extended hours access requirements within the Network Contract DES?

The extended hours access requirements form part of the Network Contract DES and is not an optional service. PCNs not delivering the requirements set out within the Network Contract DES Specification will be in breach of the terms of the DES and commissioners may withhold payments in accordance with paragraph 4.6.1 and provisions B1 of the Network Service Specification.

PCN roles & employment

When will the Confederation have NHS pension access?

We are currently pursuing this. We are submitting a new application following the change to the Confederation Constitution to reflect practices as members rather than Federations as members on behalf of practices.

Do we have to employ staff into the five PCN roles at all and is there any flexibility about the roles?

You don't have to employ any of these roles but would not receive the funding for the salary contributions. The roles are nationally mandated as NHSE believe there is both a demand for, and supply of, people in these roles. The roles are matched to the seven new service specification so if

you don't employ the additional capacity in these roles, you would need to work out how the PCN would deliver the new services without the additional staff.

There is no flexibility to have, for example, a mental health worker instead of a physio or paramedic but each PCN can decide what 'quantity' of each role you need based on your population need and size.

How do we fund the 30% salary contribution costs?

It is for the PCN to decide and set out in the network agreement how the funding will be found. Options include:

- Each practices pays its proportion from the practice funds
- Each practice agrees to use the £1.76 practice participation fund for this purpose
- The PCN decides to use the £1.50 allocation

We've developed a calculator to help you explore different funding options; this has been sent to practices but is also available on our website.

Clinical directors

How have clinical directors been appointed?

Each PCN has been required to appoint a named accountable Clinical Director. The Confederation and the LMC have supported PCNs with the process of electing their Clinical Director. Details for each PCN are available here.

Clinical pharmacists

For 2019/20, funding for new roles is 70% for one WTE clinical pharmacist per PCN and 100% for one WTE social prescribing link worker per network. When will reimbursement be made available to PCNs and will CCGs manage the process?

Reimbursement is available from 1 July 2019 onwards and at the point at which a new person is appointed to one of the identified roles. The appointment will need to satisfy the criteria set out in the Network Contract DES and be within the PCNs allocated reimbursement limit.

A typical PCN in year one will have one pharmacist, unless they also have posts that transfer over from the national scheme. Is there going to be an issue with these being funded in year two?

The available workforce funding increases significantly in 2020/21 and over the course of the five years, based on allocation per head of registered population. It will be reimbursed up to 70% of the salary.

Who will employ the pharmacists and how if the Confederation can't?

There are four ways of employing mandated staff that we can help with:

- The Confederation should be able to employ staff from December (pending a decision about NHS pensions). We will act as a central employer, hosting employment but staff would be deployed and managed within their respective PCNs. We have started to create the model to do this with associated costs. We will use our guiding principles of seeking economies of scale and being not for profit to ensure costs are minimal. We will work with PCNs to develop this further.
- Leeds Community Healthcare NHS Trust have offered to host employment, but staff would be deployed and managed within their respective PCNs. The cost of this option is 2% of the salary and would be underpinned by a service level agreement with each PCN.
- A practice in a PCN acts as the hosted employer. The legal framework for this is part of the overall legal support that the Confederation has arranged with Hill Dickinson.
- Another organisation (e.g. Community Pharmacy) could act as the hosted employer.

What skills/ training will be required of the PCN clinical pharmacists?

Section 4.4 of Network DES guidance says: PCN pharmacists are required to enrol on the CPPE training pathway (see FAQs for further information on this pathway). This is modular so those with some prior experience can just undertake the modules relevant to their learning needs. The training requirement can be met with pre-existing qualifications/experience on the basis that it meets the learning objectives of the current accredited training pathway – accreditation of prior learning should be undertaken by the senior clinical pharmacist and clinical director and educational supervisor

Social prescribers

The CCG has commissioned a new city-wide social prescribing service. How does this relate to the PCN social prescribing link worker roles?

The newly commissioned city wide service is provided by a consortium of third sector providers, led by Community Links. The consortium includes those providers who are delivering the current 3 social prescribing services that were commissioned by the 3 previous CCGs. The new service will commence in September 2019 and will provide 36wte social prescribers working closely with primary care. The Confederation is a strategic partner ensuring the model and its implementation is fit for purpose for general practice.

The PCN social prescribing link workers are in addition to those in the city wide service. Despite being funded through two different routes, it is important to ensure an integrated offer within PCNs that meets the needs of the local population.

Do we have to employ a social prescriber if we feel the city wide service is sufficient to meet our population's needs?

No, but you would not be able to access the funding for the PCN social prescribers as the money can only be used to employ a social prescribing link worker. There is an element of flexibility in what the PCN social prescribers can do, so you may feel having additional capacity to focus on, say, mental health – is the best approach in your PCN

Who would employ a social prescribing link worker?

As with the other mandated roles, PCNs have options:

- A lead practice can host the employment within a PCN
- The city-wide consortium led by Community Links, have offered to employ the additional PCN social prescribing link workers. These workers would be deployed locally back into the PCN but would benefit from the support of the city-wide service. Community Links will shortly be sending out the detail of how this would work / what it would cost.

PCN development support - national

What is the PCN development programme?

The PCN development offer will provide support to the system to meet policy commitments and enable the creation of effective and sustainable PCNs. It will have a focus on providing capacity to local teams and building capability in two key areas:

- Leadership development (including relationship management)
- Organisational development (including team development and change management) Delivery options for the development support offer are still being agreed.

What will the process be to access the development offer funding?

The process to access the PCN development support offer is still in discussion. However, it is likely that funding will flow to ICS/STPs for them to draw down specific development support from a nationally agreed framework based on their local needs.

Have LMCs been involved in decisions on how development funding will be allocated?

The national team have engaged with a range of stakeholders which has included local LMC representatives, regional teams, CCGs and primary care staff, including GP federations and practice managers in designing the primary care networks development programme

Is the support offer aimed at practices or all partners of a primary care network?

All practices and partners within a PCN, in line with local context and need.

Who will be providing the development support offer – will it be CSUs or an external provider?

Work is underway to determine the best way to deliver the development support needed by the system. It is likely that there will be a 'menu of support' covering a number of elements which will be provided by a variety of providers.

What do you mean by values and behaviours on your leadership development support?

This is about giving teams the space to discuss the sort of environment that they would like to work in, what values are important to them so that local teams can develop a culture whereby staff feel valued and supported and are aligned with the values of the NHS. By behaviours we mean leading by example, whatever role you may be in, it is about treating others with dignity and respect.

Many ICSs have recognised that much of the PCN maturity matrix (especially stages 2 and 3) is dependent on developing population health management skills and capability. Will there be any provision for this in the support offer?

Support is already being provided to ICSs to help them build population health management capabilities to turn data into actionable insight for primary care networks and integrated teams. The learning from this early work is being bought together to provide a range of practical resources and further advice and support. To access the practical guidance and learning to date, please email england.STGPHM@nhs.net to join the PHM Network.

Are there opportunities for networks to help improve workforce health and wellbeing (which might be challenging at practice level), and is this something that would be supported as part of the development support offer?

Yes, this is integral to the development offer that is being developed based on feedback from the recent workshops and is exactly where we want to focus resources.

How will the time for care programme be used going forward to support the OD and QI skills to be developed across general practice? Will the programme be continued beyond March 2019, and in what context?

The Time For Care Programme is continuing in 2019/20 and beyond. The programme will continue to focus on quality improvement and change management working with practices, groups of practices and PCNs depending on local need.

PCN development support – local

This section is currently being developed

IT, information governance & estates

How can I ensure interoperability between existing practices to share files and data between within PCN?

Interoperability is key to the success of PCNs. Practices and practitioners should be able to readily and easily share information, files and data between themselves via safe, secure IT networks. It is important that software across the given PCN has the capacity to read the records it is required to. Updating software can be costly and take time. Practices and emerging PCNs should look to confirm whether their systems are interoperable early on and to engage with NHS England and NHS Digital IT leads to discuss requirements.

What is the requirement for practices to sign data sharing agreement before qualifying for any payments?

PCNs will need to ensure that data sharing processes are in place prior to the commencement of delivery of network services. Paragraph 2.13 of the Network Contract DES Specification states that the PCN member "GP practices must also ensure they have in place appropriate data sharing arrangements and, if required, data processor arrangements (both using the template to be provided), that are compliant with data protection legislation to support the delivery of extended hours access services prior to 30 June 2019."

Do we know when the national data sharing agreement is likely to be released?

This is currently still in development. Locally, PCNs can access support via Hill Dickinson.

Will PCN clinical directors and the new workforce roles be provided with laptops and mobile phones?

Any IT equipment required should be ordered through the GP IT Team. PCNs will be responsible for the cost of new equipment.

How can estates and technology adapt to enable more flexible working arrangements across a PCN?

Practices should assess whether they are maximising efficiencies across their estate. Best use should be made of digital options and all available space across the network and partners, including LCH. Some examples include:

- Ensure consulting rooms are not 'allocated' to particular GPs or consultants. Flexible use of rooms by support staff and clinicians increases the utilisation of space over time;
- Consider the introduction of online / Skype / telephone consultations where appropriate to reduce the need for patients to attend surgery premises. Such consultations in a smaller dedicated admin room would free up other allocated clinical consultation rooms for those with greater need.

In Leeds, the Confederation is part of a citywide IT futures group to help ensure that we have an overview of what is happening in and planned for Leeds, as well as to ensure that primary care IT needs are taken into account in these developments.

Is there any allocated capital funding to support estate alterations to deliver PCNs?

NHS England has not allocated any specific central capital grant funding to support the delivery of PCN estates. Practices and PCNs are encouraged to get in touch with the CCG, STP, or other suitable healthcare estate funding body to identify opportunities to utilise existing estate, or to discuss accessing other NHS funding sources.

Locally, the Confederation is working with Leeds City Council on a primary and community estates strategy that takes into account the needs of PCNs.

More information

If you have any other questions or need more information about any of these, please use the form on our website or email us