



Countdown to PCN live date: 24 days to go

JUNE 2019

With just 24 days to go before the official “go live” on 1 July and new questions about the operational detail arising every day, it’s getting harder to see how everything will be ready in time to achieve the promise of full coverage across the country.

The latest guidance from NHS England is designed to help, but while we would urge you to read all 29 pages, we thought that busy managers might appreciate a summary of the essential points.

Section 5: Financial entitlements, nominated payee and payment information

- Remember that an existing bank account must be used to receive PCN funds for the current year. The nominated payee GP practice cannot request that payments are made into a different bank account.
- The nominated payee must be a party to the network agreement, but does not have to be one of the core PCN GP practices, if those core practices agree.
- Payments will not be automated via the Calculating Quality Reporting Service (CQRS) in 2019/20. Commissioners will therefore be required to make manual payments to the nominated payee, using the relevant national subjectives and other finance system codes as posted in last week’s news. The payments will be processed via a manual variation to NHAIS (Exeter).

As this payment will be a set amount per patient per year, commissioners will be able to calculate what each practice is due over the 12-month period. Commissioners can then set the monthly payments up as a manual variation to NHAIS as 12 equal payments.

In the event a practice no longer participates in the network contract DES, then the payments would need to be stopped.

Section 6: Extended hours access

- Provision of extended hours access appointments are a requirement of the network contract DES from 1 July 2019.
- These are additional clinical sessions (routine appointments including emergency or same day appointments), outside of PCN member practices’ core contracted hours, available to all registered patients within the PCN, and defined as:
 - extended hours access appointments in opening hours which are held at times that take into account patients’ expressed preferences, based on available data at practice or PCN level and evidenced by patient engagement;
 - an additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week with a reasonable number of these appointments face-to-face, and the rest provided by any mix of telephone, video or online consultations.

- 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 per annum.
- 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 £0.50p per patient to cover the expansion in delivery to 100 per cent of patients. Taken together, the two amounts would total a payment of approx. £1.95 (£1.45 plus £0.50p) per registered patient per year.
- These hours are separate from the CCG commissioned extended access services in 2019/20.
- PCN member practices must ensure that patients are aware of the availability of extended hours access appointments.
- Unless a GP practice has prior written approval from the commissioner (specifically in respect of extended access and half day closures), no PCN member GP practice will be closed for half a day on a weekly basis.

Section 7: Practices and PCNs crossing CCG boundaries or spanning large areas

- The GP practice members of the PCN will have their individual contracts varied to include the network contract DES by their respective commissioners.
- Commissioners will also need to agree the appropriate proportion of network contract DES funding relating to their respective registered populations to be paid to the PCN's nominated payee and work collaboratively, as required, to monitor delivery of the network contract DES requirements.
- From a contractual perspective, a GP practice that holds a single primary medical services contract will only be able to hold one network contract DES as a variation to the core contract. This applies regardless of whether or not the single practice has multiple sites spanning large areas and/or CCG boundaries. This would mean the provider/practice being part of a single PCN and a core practice member of a single network agreement.
- A GP practice or a PCN could look to subcontract services related to the network contract DES in accordance with the subcontracting provisions in the relevant core contract(s). This could include, for example, using subcontracting arrangement for services related to the network contract DES that are delivered at a practice's second site. Practices/PCNs looking to put in place sub-contracting arrangements should carefully consider the options available, some of which may be more complex than others.

How can we help?

We hope you found this summary useful.

We are working with a number of PCNs and their local commissioners not just to meet the initial deadlines for the establishment of networks, but to ensure that all participants – member practices, clinicians, wider practice teams and patients – understand and are engaged with the aims of the network.

Beyond that, we can help with the wider engagement and planning that will be necessary to create the extended networks of primary care, community services, the voluntary sector and social care envisaged by the NHS Long Term Plan.

But we recognise the scale of the challenge and the practical, operational and cultural hurdles that will need to be addressed – as well as the different states of readiness of networks in different areas of the country.

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To find out how PCC can help you, your practice or your network, email enquiries@pcc-cic.org.uk