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3. Your PCN
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Changes

• Five Year Forward View
• Ten high-impact actions
• NHS Long Term Plan
• New five year GP contract
• Primary care networks (PCNs) 1 July 2019
• Network contracts (DES)
• Integrated care systems (ICS) by April 2021
Triple aim of Five Year Forward View

• Improve health and wellbeing
• Better quality for all patients through care redesign
• Better value for taxpayers in financially sustainable system

“If general practice fails, the NHS fails” – Simon Stevens
The NHS Long Term Plan

- Funding
- GP contract
- Workforce
- Integrated care
- NHS organisations
- Online consultations
- Health inequalities
- Cancer
GP contract

• GP practices are expected to sign up to networks covering 30-50,000 patients. Where a practice chooses not to be part of a PCN they must ensure their patients are offered the services by an appropriate PCN.

• These network services will sit alongside practices' existing GMS, PMS or APMS contracts (their “core contracts”)

• Practices in networks will be funded through a designated single fund through which all network resources will flow.
GP contract (continued)

• Some local enhanced services commissioned by CCGs will be moved into network contracts rather than deals with individual practices – supplementary network services

• The QOF has undergone significant changes - with a new quality improvement element which requires evidence of working in collaboration with the network (end of life care and prescribing)

• Standards, funding and procurement of GP vaccinations and immunisation will be reviewed with the goal of improving uptake.
Primary care networks are small enough to give a sense of local ownership, but big enough to have impact across a 30-50K population.

They will comprise groupings of clinicians and practice teams sharing a vision of improved care of their population.

PCN vision

- Practices as teams of teams
- Personalisation and improved outcomes
- Informed and enabled patients
- Integrated primary care service
- Digitally enabled working
- Growing motivated and enabled staff
- Aligned incentives
## Future model

<table>
<thead>
<tr>
<th>Level</th>
<th>Population</th>
<th>Purpose</th>
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</table>
| Neighbourhood | ~30-50k    | • Strengthen primary care  
                   • Network practices and other out-of-hospital services  
                   • Proactive & integrated models for defined population |
| Place     | ~150-500k  | • Typically borough/council level  
                   • Integrate hospital, council & primary care teams/services  
                   • Develop new provider models for ‘anticipatory’ care |
| System    | 1+m        | • System strategy & planning  
                   • Develop accountability arrangements across system  
                   • Implement strategic change and transformation at scale  
                   • Manage performance and £ |
| Region    | 5-10m      | • Agree system ‘mandate’  
                   • Hold systems to account  
                   • System development  
                   • Intervention and improvement |
Key dates

- **15 May 2019**: Network contract application submitted to CCG confirming member practices, clinical lead, patient coverage, list size and nominated payee
- **31 May 2019**: CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
- **June 2019**: CCGs and LMCs jointly work to resolve any issues – mediation where required to ensure 100% coverage
- **1 July 2019**: Network contract DES goes live
- **July 2019 – March 2020**: Future operational preparedness
- **July 2019 – March 2022**: New workforce reimbursed
Your PCN
Questions we should be able to answer

- What the PCN is called
- The practices who are part of the network
- Names of the clinical director(s)
- Management lead
- How/when we meet
- How decisions are made
- What funding is available and where
- How we deliver extended hours
QOF changes

• Quality and outcomes framework (QOF) April 2019 changes
• 28 indicators worth 175 points in total (31% of the current scheme) now retired from April 2019
• Of these 175 points, 101 points will be recycled into 15 more clinically appropriate indicators
• Exception reporting has been replaced with a personalised care adjustment
• Number of QOF points available unchanged at 559:
  – Clinical 379
  – Public health 106
  – Quality improvement 74
• The value of a QOF point in 2019/20 is £187.74
From April 2019 practices are required to:

• Provide new patients with full online access to prospective data from their patient record
• Reserve appointments for NHS 111 clinicians (not lay call handlers) to book patients into

From 2020 PCNs will be required to:

• Complete a “dashboard” to show performance, eg on waiting times (details to be provided)
New network services

During 2019 and 2020, NHS England and GPC England will develop seven service specifications at network level:

April 2020
- Structured medications reviews and optimisation
- Enhanced health in care homes
- Anticipatory care
- Supporting early cancer diagnosis
- Personalised care

April 2021
- CVD prevention and diagnosis
- Tackling neighbourhood inequalities.
Workforce

- Additional role supplements started 1 July 2019:
  - 70% whole time equivalent (wte) cost of clinical pharmacist (band 7) (2019)
  - 100% wte cost of social prescribing link worker (band 5) (2019)
  - Clinical director (locum back fill) cover up to £34,379 (being 0.25 wte for a 50k patient PCN) (2019)
  - Other roles attracting reimbursement are physician associates and first contact physiotherapists (2020)
  - First contact community paramedics (2021)
  - Additional leadership and organisational development funding available via CCGs/STPs
Workforce

• Role outlines provided as a guide for networks - available within the Network Contract Directed Enhanced Service Contract Specification 2019/20 page 13
• 30% funding for pharmacist role can be taken from PCN pot of money OR the practice level engagement funds – network to decide
• To be eligible for workforce reimbursement, staff employed under the DES must be additional to the existing workforce employed by the network’s member practices.

By 2023 NHSE will have undertaken and published a full review to inform future options that could apply from 2024/25
# Funding

<table>
<thead>
<tr>
<th>Funding description</th>
<th>Value (19/20)</th>
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<tbody>
<tr>
<td>Network participation payment</td>
<td>£0.147 per patient per month *12 months</td>
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<tr>
<td></td>
<td>£1.761 per patient in 2019/20</td>
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<tr>
<td></td>
<td>*12 months</td>
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<tr>
<td>Network clinical director</td>
<td>£0.057 per patient per month *9 months from 1 July 2019</td>
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<tr>
<td></td>
<td>£0.514 per patient in 2019/20</td>
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<tr>
<td></td>
<td>*9 months from 1 July 2019</td>
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<tr>
<td>Core PCN funding</td>
<td>£0.125 per patient per month *12 months</td>
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<tr>
<td></td>
<td>£1.50 per patient in 2019/20</td>
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<tr>
<td></td>
<td>*12 months</td>
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<tr>
<td>Clinical pharmacist</td>
<td>Up to 70% of £37,810</td>
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<tr>
<td>Social prescribing link worker</td>
<td>Up to 100% of £34,113</td>
</tr>
<tr>
<td>Extended hours appointments</td>
<td>£0.122 per patient per month *9 months from 1 July 2019</td>
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<tr>
<td></td>
<td>£1.099 per patient in 2019/20</td>
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<tr>
<td></td>
<td>*9 months from 1 July 2019</td>
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<td>Around 50p into global sum from Q2</td>
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Next steps

• 2019/2020 is the preparatory year for PCNs
• PCNs will need to review population health data to fully understand patients’ needs workforce/services needed to meet them
• An opportunity to work differently with the patient at the centre
• Working with other providers including the acute and community trusts, mental health, social care and voluntary sectors for more joined-up care.
What does this mean for general practice teams?

It is up to each PCN to develop which could mean:

• Opportunities to work across sites – if required
• Opportunities for working differently and collaboratively
• Different ways of communicating and consulting with patients
• Development options based on PCN needs.
What does this mean for patients?

Patients should continue to receive current core services as delivered by their GP practice.

Patients may see options for new services which may not otherwise be offered by their practice. These could be run in nearby locations.

Ultimately the patient should receive a more joined-up service once PCNs are working with other organisations as part of the ICS.
Key documents

- The Primary Medical Services (Directed Enhanced Services) Directions 2019 and General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019 [here](#)
- Network Contract DES guidance [here](#)
- Network Contract DES registration form [here](#)
- Network agreement and schedules [here](#)
- VAT information note [here](#)
- GP contract [here](#)
<table>
<thead>
<tr>
<th>Maturity matrix domain</th>
<th>Our support</th>
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<tbody>
<tr>
<td>Organisational development</td>
<td>Team building, workforce planning, project management support. Sessions to agree purpose and ensure governance arrangements are robust.</td>
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<tr>
<td>Change management, quality and culture</td>
<td>Personal and team development training sessions, bespoke support, local workshops</td>
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<tr>
<td>Leadership development</td>
<td>Programmes for clinical directors, practice managers and network leads</td>
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<tr>
<td>Collaborative working (MDTs)</td>
<td>Workshops on new clinical and other roles, local support to embed roles</td>
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<tr>
<td>Social prescribing and asset-based community development</td>
<td>Events and workshops, bespoke local support</td>
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<tr>
<td>Population health management</td>
<td>Events, workshops and consultancy support</td>
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<tr>
<td>PCN clinical director development</td>
<td>Personal and team development, two-day intensive programme and Confident Leader programme</td>
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