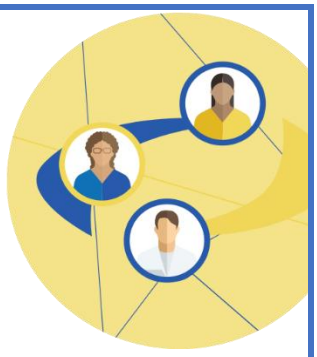
Bedfordshire & Hertfordshire Local Medical Committee Ltd

Working in partnership for excellence in General Practice



Network Contract DES (PCN DES) 2024/25
Contract specification – PCN requirements and entitlements

Below is a summary of the key changes to the PCN DES Contract Specification 2024/25, which can be found here. Please note that this is not an exhaustive list of all of the changes in the specification. Where appropriate we have added an LMC comment related to the specific change.

1.3 – The PCN DES now explicit states that a key aim for introducing PCNs was "to build greater resilience and leverage the benefits of working at scale for practices". It also stresses "the objective for PCNs to form 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."

LMC Comment: The idea of closer links with other partners has been around for PCNs since the early days. The fact that it is now being written in the specification might indicate that this will become more of a measurable aim in future years.

2.22 – Gives a definition of an Integrated Neighbourhood Team.

LMC Comment: The definition of a "neighbourhood level serving approximately 30-50,000 population" is a little surprising, as that was also the originally defined size of PCNs.

2.24 – Gives a definition of a Structured Medication Review

PCN Organisational Requirements
5.1.2.f) – There is a link to an updated template data controller/data processor agreement re patient record sharing.

5.3 – Clinical Director (CD)
The definition of the role of the CD has been substantially re-written and expanded. The CD is now explicitly accountable for:

- Ensuring that the PCN delivers the terms of the DES
- Effectively allocating funding and ARRS capacity in order to deliver the DES
- Deploying the Capacity and Access Support Payment (CASP) so that all practices are operating the Modern General Practice Model and working to improve patient experience
- Informing the ICB of PCN delivery against Local Capacity and Access Improvement Payment (CAIP) criteria
- Working to support the establishment of Integrated Neighbourhood Teams (INTs)

LMC Comment: This makes the CD a much more explicitly NHS-corporate role. The CD is required to manage and report on various aspects of PCN working. The CD is given a performance management role for PCN practices re Modern General Practice and improving patient experience.

5.3.1
Previously, the CD was required to be "accountable to the PCN members", now they are required to be "accountable" for various aspects of the PCN's work.

5.3.2.b)
Previously, the CD was required to be able to "represent the PCN's collective interests", now they are required to be able to "represent the needs of the PCN's patients".

LMC Comment: The CD role has been moved from being accountable to PCN members to being accountable to the ICB/NHS, and from representing the PCN's (practices') interests to representing the needs of the PCN's patients. CDs may wish to consider if they are comfortable with these changes to the role they signed up for.

The PCN DES 2024/25 has removed a number of explicit key requirements for CDs. These include:

- Strategic and clinical leadership for the PCN
- Strategic leadership for workforce development
- Completing the workforce planning template
- Representing the PCN at place-level clinical meetings and the ICS, contributing to the strategy and wider work of the ICS

LMC Comment: The CD has been given a more defined, and more 'managerial' role – see 5.3. Requirements for strategic and clinical leadership have been removed and CDs have been given responsibilities to deliver on specific NHS programmes. Some CDs might welcome the fact that they are not required to attend place and ICS meetings for the PCN.

5.4.9.-10.
PCNs are now required to submit NHSE Workforce Collections (Workforce Minimum Dataset) monthly.

<u>Additional Roles Reimbursement Scheme</u>
7.3.3-A-B
PCNs are now given some freedom to use ARRS funds to recruit "direct patient care, non-nurse, non-doctor MDT roles" with the ICB's agreement.

LMC Comment: Such roles also have to be different from those already allowed under ARRS. It is not clear what other roles a PCN might want. The roles that many PCNs do want to employ are doctors and nurses, and these are still explicitly not allowed.

7.3.3 – This allows a PCN to have a second ARRS Mental Health Practitioner (MHP) at up to 100% reimbursement, in addition to an MHP 50% funded by the local mental health provider.

LMC Comment: This additional flexibility might be welcomed by some PCNs but many PCNs have found it impossible to coordinate with their local mental health provider for the recruiting of the first, 50/50 MHP.

7.3.9. – This allows a PCN to recruit an Enhanced Practice Nurse. The Minimum Role Requirements for an Enhanced Practice Nurse can be found in Annex B. 18.

The PCN DES 2024/25 has removed paragraphs dealing with the identification and redistribution of Unclaimed ARRS Funding. There is now no scope to redistribute any Unclaimed ARRS Funding.

<u>Service Requirements</u>
8.1 – Core PCN service requirements
The PCN DES 2024/25 now explicitly states that PCNs have four key functions:

- Supporting and improving resilience and care delivery at PCN and practice level

- Improving health outcomes and health inequalities
- Targeting resource and efforts
- Collaboration with non-GP providers to provide better care, as part of an INT

LMC Comment: Elements of these key functions should be read alongside the CD roles at 5.3., e.g. working to improve patient experience, and INTs.

The following individual Service Requirements have formally been removed from the PCN DES 2024/25 but most of them are referred to, usually in a more stripped down form, elsewhere in the DES specification

- Medication Review and Medicines Optimisation – but see 2.2.24 and 8.1.9.a)
- Enhanced Health in Care Homes – but see 8.1.9.c)
- Early Cancer Diagnosis – but see 8.1.6.c)-d)
- Social Prescribing Service – but see 8.1.9.b)
- Cardiovascular Disease (CVD) Prevention and Diagnosis – but see 8.1.6.b)
- Tackling Neighbourhood Health Inequalities – but see 8.1.16
- Anticipatory Care
- Personalised Care

Network Financial Entitlements

10.4.3 –

- Core PCN Funding now incorporates what was previously Core PCN Funding, Clinical Director Payment, and PCN Leadership and Management Payment. There is minimal, or no, change to each of these funding streams giving a total of £2.916 per patient.
- Enhanced Access payment has risen slightly from £7.578 to £7.674 (+1.3%)
- The Care Home Premium is unchanged at £120.
- The Capacity and Access Support Payment has risen from £2.765 to £3.248 (+17.5% - funded by the movement of £46m from IIF to Capacity and Access Payment)

10.4A. – This sets out the processes whereby the PCN CD should report to the ICB when the PCN has met the set assessment criteria in order to claim the PCN's Capacity and Access Improvement Payment (CAIP). The CAIP is set at a maximum of £1.392 x PCN's Adjusted Population if all criteria are met.

LMC Comment: The assessment criteria for the CAIP have been standardised and are the same for all PCN's, delivering on NHSE identified priorities. We understand that NHSE is providing ICBs with a standardised reporting template for CAIP. We have not yet seen this. If you believe that your PCN has already met some of the CAIP assessment criteria, contact the ICB and ask them how you can report on this to trigger the relevant CAIP payment.

10.5.9 – The maximum reimbursement amounts for ARRS staff have been increase since last year. Rates for Trainee Nursing Associates, Enhanced Practice Nurses, and an additional MHP have been added to the tables.

LMC comment: Whilst it is true that the overall national ARRS funding pot for 2024/25 has been uplifted by 2%, this DOESN'T translate to a 2% increase in the PCN per head payment per registered population for ARRS for 2024/25. This is likely due to an increase in population and the use of PCN adjusted population to distribute the funds to PCNs. Therefore, the PCN per head payment per registered population for ARRS for 2024/25 is a 0.984% increase compared to the previous financial year. PCNs need to be aware of this anomaly when considering any pay increases for ARRS staff.

10.6.3 – The specification acknowledges that the IIF points have reduced from 262 to 58. They continue to be worth £198 a point. The remaining IIF Indicators are listed in Annex D.

Annex B3
The training requirements for the following ARRS staff have been clarified and updated: Social Prescribing Link Worker; Health and Wellbeing Coach; Care Coordinator.
B.18 is the Minimum Role Requirements for an Enhanced Practice Nurse.