HowbeckHealthcare
Primary Care Innovation

UNDERSTANDING THE PRIMARY CARE NETWORK (PCN) REQUIREMENTS AND ENTITLEMENTS

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Introduction

In theory it should be quite straightforward to determine what a PCN is required to deliver (the contractual requirements) however in practice this is not as easy as you would imagine. There are two reasons why defining what a PCN has to do is complex:

1) The PCN Directed Enhanced Service (DES) documentation describes Requirements and Entitlements; however, these do not necessarily correspond (see below).
2) Whilst the requirements and entitlements are described as being the PCNs, most need to be delivered by the practices that make up the PCN.

The purpose of this document is to help practice and PCNs to understand the requirements and entitlements.

The blurring of the PCN DES and the GMS contract boundaries

It is important to recognise that by signing up to the PCN DES, practices are in effect agreeing that the DES requirements are part of the GMS contract. In the early days of the PCN DES it was easier for practices to identify what they needed to do, however understanding the requirements by looking at the PCN DES separately from the GMS contract is now very difficult. NHSE have consciously blurred the edges between:

- The GMS Contract
- The PCN DES
- Quality and Outcomes Framework (QOF)
- The Investment and Impact Fund (IIF)

In short, practices need to understand what they are required to deliver in the GMS Contract, the PCN DES, QOF and the IIF.

Practices need to be aware that delivering the IIF will not mean that they have delivered the service requirements, and vice versa.

It is really important to understand that by signing up to the PCN DES practices are signing up to a number of contractual requirements (see below), some of these requirements are measured (and incentivised) through the IIF, others are not. Other IIF elements are 'entitlements' and not requirements. **To be clear practices must deliver the requirements but 'may' deliver the entitlements.**

There is a deliberate plan to use the IIF as an incentive scheme to deliver service changes (improvements) that are highlighted in both the GMS contract and the PCN DES. This plan is in part based on the principle of peer pressure but is also to promote working at scale. It seems likely that over time the QOF requirements / incentives will diminish whilst the IIF requirements / incentives will increase.

The Requirements

These are the formal PCN DES requirements. Many of these are not monitored through the IIF and it is therefore unclear how delivery will be monitored and what sanctions will be in place should the PCN not deliver. Some of these requirements are monitored and incentivised through the IIF. The table below summarises the requirements.

There are a number of different documents that describe the requirements and entitlements. The most important of these is the PCN DES Specification, this is updated each year (the latest version is dated 31st March 2022.

https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-Network-Contract-Directed-Enhanced-Service-contract-specification-2022-23-primary-care-network-requireme.pdf

The Contractual Requirements for 22/23 (referencing the PCN DES specification)

Scheme / Reference	Summary of Requirements	Dates	Are there corresponding IIF indicators	Notes
Participation Requirements + PCN Organisational Requirements Section 4 + 5	These are the same as the initial PCN requirements, for example there is a requirement to have a CD in place.	01/04/22		It may be worth checking that these are still in place – for example the relevant data sharing agreements (5.1.2.f) Management of conflicts of interest (5.3.3) Timeframes for sharing of PCN data between members (5.4.2)
ARRS Section 7.	Requirement and Entitlements are the same as before. Requirements are that a PCN must record the ARRS employed or contracted in the NWRS. PCN must complete a workforce plan using national Template. Updated 22/23 Plans Indicative 23/24 plans PCN notified of Unclaimed Funding (based on 31/08/22 returns).	 31/08/22 31/10/22 30/09/22		The ARRS is more of an entitlement than a requirement, however there is a link between the contractual requirements and the ARRS (for example the Social Prescribing requirements). Note the MH practitioner entitlement (50%) funding. Maximum reimbursable rates remain the same.
Extended Hours and Enhanced Access Section 8.	Extended Hours until 30th September. Enhanced Access from 1st October. Detailed requirements are in the PCN DES specification. Enhanced Access Plan to be submitted. Work with commissioner to agree plan	 31/07/22 01/08/22 – 31/08/22		

Scheme / Reference	Summary of Requirements	Dates	Are there corresponding IIF indicators	Notes
Medication Review and Medicines Optimisation Section 8.2	Identify and prioritise PCN patients who would benefit from a SMR. Offer and deliver as above. Work with CCG to optimise the quality of local Prescribing of: • Antimicrobial Meds • Meds that cause dependency • Lower carbon inhalers • Meds of low priority.		A number of IIF Entitlements relate to this requirement. There are also other Medicines entitlements in the IIF.	Requirement dependent on PCN Pharmacist capacity.
Enhanced Health in Care Homes (EHCH) 8.4	Deliver the CCG EHCH specification. The CCG Specification covers all the PCN DES specification requirements with additional local requirements. The PCN DES payments are integrated into the CCG scheme.		There are four IIF indicators relating to the Care Home requirements.	Must reference the CCG scheme to deliver the full service requirements.
Early Cancer Diagnosis. 8.5	Review referral practices for suspected cancers. Work with partners to improve NHS Cancer screening uptake. Adopt and embed FIT tests and use tele dermatology. Develop and implement a plan for prostate cancer assessment Review use of non specific symptoms pathways.		There is one Cancer indicator in the IIF, but this doesn't relate to the requirements.	The key is to work with partners – including other PCNs.
Social Prescribing Service 8.6	PCN patients must have access to a Social Prescribing Service.		One IIF indicator based on referral numbers.	The specification doesn't include required activity but this is in the IIF.
CVD Prevention and Diagnosis. 8.7	Improve diagnosis (NICE guidance). Improve blood pressure checks. Improve AF identification. Improve CVD prevention. Review CVD intelligence tools. Support system pathway development. Improve levels of diagnostic capacity for ABC testing. Ensure information sharing with Pharmacies are in place. Identify patients at high risk of FH. Ensure Statin NICE guidance is followed. Support early identification of heart failure.		There are 6 CVD indicators. These all relate to the requirements in the PCN DES specification.	

Scheme / Reference	Summary of Requirements	Dates	Are there corresponding IIF indicators	Notes
Tackling Neighbourhood Health Inequalities 8.8	Deliver the LD Medicals requirements. Deliver SMI Medicals requirements. Record ethnicity of all patients. Appoint a Health Inequalities lead. Identify and deliver a Health Inequalities priority (lots of detail on what and how).	Feb 2022	2 IIF indicators: LD medicals and Ethnicity recording.	These requirements were in last years specification but many PCNs have not delivered these.
Anticipatory Care 8.9	PCNs must support ICS' to develop plans and then be part of the delivery.	ICS led plans late 2022. Delivery from April 23		Wait for the ICS leadership to contact the PCN re this requirement.
Personalised Care 8.10	PCN must work with partners to develop and implement a plan to improve SP access. Extend SP offer. All clinical staff to undertake PCI on-line training course. Undertake Shared Decision-Making Audit.	Plan Sept 2022 Delivery Oct 22. March 23 Sept 22 March 23		These are new requirements.

The Entitlements

The PCN DES Specification sets out the entitlements.

1) Additional Roles Reimbursement Scheme.

The scheme is now well understood by practices. PCNs and Practices are actively encouraged to utilise all the ARRS funding. The funding has increased as planned and the maximum reimbursable amount has been inflated in line with the agreed NHS pay uplift (please note that this uplift is higher than the GMS staff uplift).

2) The Investment and Impact Fund (IIF).

As previously referred to, the IIF is an incentive scheme which incorporates a number of the PCN DES requirements but also includes other service changes. Our estimate is that the IIF contains 36 indicators of which 24 are PCN DES requirements (as set out in the PCN DES) and 12 are indicators that are not requirements but are in effect an optional incentive scheme in the same way the QOF is. To make this even more complex, some IIF indicators relate to GMS requirements!

To illustrate this:

PC – 01	Percentage of registered patients referred to a Social Prescribing service.	Is the metric used to measure that each PCN has met its requirement to have access to a SP service.
ACC - 02	Number of online consultation submissions received by the PCN per registered patient.	Is not a PCN DES requirement but this is the metric used to measure the GMS contract requirement that patients can undertake on-line consultations.
ACC- 08	Percentage of patients whose time from booking to appointment was two weeks or less.	This is not a PCN DES requirement or a formal GMS requirement but is a metric used to measure the perceived quality of service.

It is important to recognise that the IIF is an incentive scheme designed to reward practices for achieving set targets. As stated above, some of these targets are actual requirements anyway (therefore the IIF is the payment mechanism for these targets) whereas other IIF elements are genuinely 'optional'. It should also be noted that the IIF also includes financial incentives for schemes for which practices are already separately funded for – e.g. The learning Disability Medicals Scheme.

Monitoring the IIF

- The full details of the IIF are contained in Annex D (page 124) of the PCN DES Specification.
- This is a useful one-page narrative summary.

https://www.england.nhs.uk/wp-content/uploads/2022/03/IIF-2022-23-summary.pdf

- ***Our recommendation for monitoring the performance of the PCN and the constituent practices is to use the Ardens Manager National Contract Dashboard.***

3) Statutory Financial Entitlements.

The detailed Financial Entitlements (excluding the IIF) are included as section 10 in the PCN DES specification. The summary list is below, the exact financial sums are dependent on list sizes.

Financial Entitlement	Amount	Notes
Network Participation Payment	£1.761 per *Contractor Weighted Population.*	This is included in the practices GMS payment; therefore this is not identified as a separate funding stream, but practices would lose this from their GMS payment if they left the PCN DES.
Clinical Director Payment	£0.061p *per Registered Patient* per month	Figure is based on an estimated average GP salary.
Core PCN Funding	£1.50 multiplied by the *PCN Registered List.*	
Extended Hours / Enhanced Access.	Extended Hours payment is O.72p per PCN *Registered List.* Enhanced Access is £3.764 multiplied by the PCNs *Adjusted Population* (for the 6 months from October 22). FYE is £7.46	
Care Home Premium	£120.00 per bed per year	This may be incorporated into the CCG Care Home Scheme.
PCN Leadership and Management Payment	£0.699p per year multiplied by the PCN *Adjusted Population*	This fund was new last year and has been maintained.
ARRS	£16.696 multiplied by the PCN *Weighted Population*	

Important note!

There are three different patient number figures used for calculating the financial entitlements – each will be a different figure:

- ***Registered List Size –*** *refers to the number of patients registered with practices in the PCN.*
- ***Contractor Weighted List Size –*** *refers to the number of patients registered with practices in the PCN adjusted by the Global Sum Allocation Formula.*
- ***PCN Adjusted Population –*** *refers to a weighted population figure derived from the CCG primary medical care allocation formula.*

Maximising the opportunities of the entitlements – what practices need to do

Our most important piece of advice is that practices need to see the PCN requirements and entitlements (in particular the IIF) as part of their practice core requirements. There was a tendency in the early days of the PCN for some practices to think that the PCN was a less important 'add on' and that there was a separate PCN administration and leadership who would ensure that what needed to be done, was done.

It is now inevitable that the changes to what practices are required to deliver will be delivered through the PCN DES and / or the IIF.

It is therefore really important that as we approach the start of the new business year every practice needs to fully understand:

1) The changes to the GMS contract – these are likely to be less next year and in subsequent years as the focus shifts to the PCN.
2) The changes to the PCN contract specifications including the changes to the ARRS and the nine Service Specifications.
3) The IIF
4) QOF
5) Local Quality and Service Schemes.
6) Changes to regulatory requirements (CQC etc)
7) Collaborative schemes – e.g. Covid vaccinations (these are not strictly speaking PCN schemes).

This is a useful guide: GP contract changes England 2022/23 (bma.org.uk)

Our advice is that Partners and Practice Managers need to recognise that anything badged as PCN or IIF is in reality now a critical part of the practice business, and that the role of any PCN management or admin function is to support the practices and to facilitate the delivery by practices of the above. The practices working as a PCN will only succeed if the individual practices understand what they need to do and deliver this.