
briefing

AIMS

Primary Care Networks: What you need to know

GP contractors across England have been holding their breath awaiting the launch of the Primary Care Network Directed Enhanced Service contract (DES) following the announcement of the 2019/20 GP contract changes in January.

With the launch of the DES, the required Network Agreement and supporting guidance on 29 March 2019, many will be asking “what now?” We provide some answers to various questions to try and demystify some core queries and concerns you may have.

What are the registration requirements for practices wanting to participate?

Practices wishing to establish a PCN must (by the 15th May 2019):

- Give their ODS codes and identify their collective network patient list size. Note: For this purpose, the network considers its collective patient size as at the 1st January 2019.
- Enter into the “core parts” of the pro forma Network Agreement.
- Map clearly the network area.
- Nominate a Clinical Director.
- Nominate a practice (called the “Nominate Payee”) from within the PCN which will receive all DES funding that is payable to the network.

Commissioners will confirm that:

1. the PCN registration requirements are met; and
2. there is full network coverage in their locality no later than the 31st May 2019.

If these are not achieved, then a process of local discussion between commissioners, practices and the LMC will take place.

These timescales are tight, is there any leeway?

Yes. Despite initial concerns, the BMA and NHS England have reached a sensible position on the pre-requisites. While most should be achievable by the 15th May deadline, the necessity to enter into a Network Agreement was causing concern as any network is going to need to consider its objectives and operating model before moulding the Network Agreement to suit. Indeed, all PCNs should consider “function before form”.

With this in mind, it has now been agreed that practices need only sign up to the core elements of the Network Agreement by the 15th May 2019. They will then have up to the 30th June 2019 to finalise the full agreement. Even then, if agreement has not been reached the commencement of the DES will be delayed until agreement is reached.

How is the Network Area mapped?

The underlying principle behind a network area is set out in the PCN DES. This reiterates a point made in the five-year framework for reforming the GP contract to implement the NHS Long Term Plan.

It states that:

“Each Primary Care Network must have a boundary that makes sense to: (a) its constituent practices; (b) to other community based providers who configure their teams accordingly; and (c) to its community.”

While logical, there is clearly the possibility of conflict between these three limbs. As it stands, it is unclear which of these three limbs prevails, but it is likely to be the case that practices will seek to determine the network area that they believe works best for them. Commissioners will then need to consider the same and in doing so, and pursuant to the DES, they will be under an obligation not to unreasonably withhold or delay their consent.

We expect further guidance on the issues will ultimately be released.

What does the DES specification specifically cover?

Other than identifying the registration requirements, the initial DES specification (which will run until March 2020) will focus on the establishment of PCNs and some initial workforce possibilities. In its simplest form, the specification is broken down into:

Infrastructure: identifying:

- the Nominated Payee that will receive network money;
- the need for the Network Agreement;
- the need to appoint a Clinical Director; and
- the need to establish record sharing arrangements.

Workforce: Identifying the workforce that can be engaged to work across the PCN which will be funded (whether in whole or part) via the DES. Initially, the categories of staff where funding is available are: (i) social prescribers; and (ii) clinical pharmacists.

Extended Hours Access (OOH): this will become the responsibility of the PCN to deliver (whether themselves or via appropriate sub contract arrangements).

Note: the improved access scheme is to drop into the DES as soon as possible but no later than 2021

It is stressed that this is an initial specification. This will evolve over time so as to realise the relevant commitments made in the NHS Long Terms Plan. This will include, an increasing level of workforce funded via the DES (to include primary care paramedics and advanced nurse practitioners) and, we suspect, elements such as digital access.

Available funding?

We provide a succinct table identifying the available funding:

Funding type	Amount
Network Engagement Funding	£1.76 per patient
Network Administration Funding	£1.50 per patient
Workforce Funding	Clinical pharmacist 70% of WTE – max £37,810
	Social Prescriber 100 % of WTE – max £34,113
	Clinical Director 25% of GP WTE – max £34,379
Extended Hours Access	£1.45 per patient
Improved Access Scheme (<i>when moved to PCN</i>)	£6 per patient

Of the above mentioned funding, all will be recurring per year. The Network Engagement Funding will be the only element not paid to the PCN. This will be funding paid directly to each individual practice that is a member of a PCN under the Statement of Financial Entitlements.

What does the pro forma Network Agreement cover?

The Network Agreement itself is split into two. The front end of the agreement sets out the nationally negotiated terms that are not capable of being changed (although many, such as the decision making provisions, can be supplemented).

The back end of the agreement sets out the terms that are to be locally determined to reflect each PCNs specific operating needs and wants. Some of the key elements of the Network Agreement are:

National terms	Locally determined terms
Term and duration	Service split
Termination	Financial arrangements
Overarching principles and objectives	Workforce arrangements
Exit routes (expulsion and voluntary)	Governance and decision making (supplemental provisions)
Meetings and decision making	Dispute resolution (supplemental provisions)
Dispute resolution	Exit routes (supplemental provisions)
Confidentiality and data protection	Date handling

What should I be careful of?

As a starting point, we are a big advocate of ensuring that PCNs consider their **function before they form**. The BMA's PCN handbook sets out a range of useful potential operating models but each PCN should be asking themselves two core questions: (i) What will be our objectives? and (ii) Operationally, how will we deliver on the DES requirements (including how do we want to engage any additional workforce)?

Once the answers to these questions are known, then we would recommend stress testing the proposed operating model to ensure that it does not throw up issues in terms of (and this is just an indicative list of core issues):

- VAT
- NHS Pensions
- Liability
- Data handling

If it transpires that the operating model does cause issues, then appropriate amendments can be made. Once this is agreed, then the legal paperwork (including the elements of the Network Agreement that are locally determined, all data sharing and processing arrangements and (where relevant) sub-contracting arrangements) can be created.

Will the PCN evolve over time?

Undoubtedly yes. While we suggest items to be careful of, it is clear that the DES specification will develop (not least as the intention is that others working in the community may join up to the network).

With this in mind, the operating model, Network Agreement and all ancillary arrangements are likely to be quite fluid, evolving as the network develops and changes.

How can we help?

Fixed price expert support for practices

- Choosing the right operating model
- Considering potential pros and cons
- Drawing up the Network Agreement
- Considering and drawing up appropriate employment or sub-contracting arrangements
- Understanding data-handling obligations and requirements within a PCN

Delivered by primary care experts Mills & Reeve, our support is priced on a **pence per patient** rate and is designed to assist you and your fellow network practices. Get in touch to discuss how we can help.

For more information, please contact BMA Law at 0300 123 2014 or info@bmalaw.co.uk

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This resource has been created by the expert legal team at our partner firm Mills & Reeve.

Find out more on their website www.mills-reeve.com