

# **Sessional GPs and Primary Care Networks: Opportunities and engagement**



General practice  
and PCN support

## Background

Primary Care Networks have been established as part of the 2019 GP contract agreement. Networks are formalised via a PCN DES, and therefore contracted by Commissioners with GP practices, and therefore all those working in the practice, not just contractor GPs, will be impacted. This means that Sessional GPs have an important role to play in the work within the PCN and constituent practices.

This guidance aims to provide advice to GPs, practices, PCNs, LMCs and Federations on engaging with Sessional GPs and ensuring they are represented in the PCN sphere and in PCN discussions.

## Sessional GP and PCN engagement/representation

LMCs, Federations, practices and others should encourage and enable Sessional GPs to use their skills through engaging with PCN workstreams.

**Practice representation at PCNs:** Depending on decision making rules agreed in Schedule 1 to the Network Agreement, networks may decide to create a 'board' to make decisions and co-ordinate the work within the PCN. How the 'board' is constituted is up to the network and its members to decide. A practice could choose to be represented at this group by a salaried GP working in their practice.

**Sessional representation at PCNs:** Whilst PCNs will not have the resources to create significant new infrastructure and will have to work within the budget allocated to them, different staff groups can work and be represented at PCN level. This can be done in a number of ways, for example via an open forum/open meeting of the PCN 'board', via having all staff groups represented on the PCN 'board' or (for the more developed PCNs) having forums or subgroups for different staff groups to provide input into decision making.

The PCN could include locum GPs, or groups of locum GPs, as non-core members of the PCN (although it will be important for them to understand any legalities around this), thus ensuring that locum GPs are recognised as members of the PCN. When this happens, locums and groups of locums should ensure they know what they are signing up to and what each party is bringing to the arrangement.

There is an expectation for practices and PCNs to engage and consult with their staff on elements that will impact them – not just directly via service changes, but also around the general change to the way Primary Care operates.

## Opportunities for Sessional GPs within PCNs

**Clinical Director:** The clinical director can be any clinician engaged in clinical work within the PCN area. This means it can be a contractor GP, salaried GP, locum GP, portfolio GP or any other qualified clinician.

**New responsibilities:** The new additional staff roles linked to the PCN will require supervision and/or a first point of contact for each practice. This is a role that any GP can undertake and might provide an opportunity for Salaried GPs to take on more varied responsibilities.

**Clinical leadership:** Practices within a PCN are likely to work together on developing or redesigning specific care pathways. Sessional GPs with particular skills or interests could lead on specific areas of work on behalf of the PCN.

**Service delivery:** Practices may deliver existing or new community based services working across the PCN. For instance, practices may collaborate on delivering care for patients with diabetes or other long term conditions through a specialised service. Similarly they may establish new community based services working in partnership with secondary care clinicians. Sessional GPs with a particularly special interest could be involved in these services, working for all practices within the PCN.

### **Employing Sessional GPs within PCNs**

**Clinical Directors** may be employed or engaged via another method. Where a Clinical Director is employed, we recommend that they are employed on terms no less favourable than the model Salaried GP contract.

**Salaried GPs:** Over time, it may be possible for PCNs (depending on their legal structures) to employ or engage GPs directly. Where this is the case, we recommend that they are employed on terms no less favourable than the model Salaried GP contract.