



YORLMC position statement: Draft PCN Outline Service Specifications

The premise that covers all of the draft service specifications is that there will be no direct funding to deliver them and funding will only be delivered through the Additional Roles Reimbursement Scheme. Elements of the five draft service specifications are over prescriptive or apply a 'one size fits all' approach which could lead to unnecessary workload and detract from other elements of day to day Primary Care.

Year 1 has shown that the Additional Roles Reimbursement Scheme is felt by many PCNs and CDs to be too rigid with relatively low caps on salary reimbursement levels making the recruitment and future retention of skilled staff difficult. Most GPs and practices to date have seen no impact through additional roles. As a result, in many areas the year one allocations will be significantly underspent, with only limited additional staff in post, and there is a risk this will repeat in future years. Even if the additional roles are fully appointed and trained in 20/21 they will need time to embed and the risk of unrealistic timescales is that work will default to GPs and Practice Nurses. Aside from Social Prescribers, practices will be funding at least 30% of the salaries for the additional staff and we must not lose sight that the key objective of this contract is to stabilise and support General Practice.

It is YORLMC's belief that this is a critical time for the five year agreement for contract reform. Radical amendment of the draft service specifications is required along with a review of other elements of the five year contract that are not working. YORLMC has called for consideration to be given to delaying the introduction of the specifications for a further 12 months to allow PCNs to get additional staff embedded into practice and make strong links with other organisations in preparation for their introduction. If expectations of the service specifications remain unrealistic and unachievable PCNs will become demoralised and disengaged; they will be unable to access impact and investment funds, undermining the commitment to Primary Care investment, and feel they have no option but to withdraw from the DES.

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