

Primary Care Commissioning Committee

Date: Tuesday 30th April

Time: 9:00 -10:45

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 6

Report title: New GP Contract 2019/20

Report Author: David Moss, Head of Primary care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

Update the committee on the implications of the new GP contract for BNSSG CCG and its Primary Care providers.

2. Recommendations

The Primary Care Commissioning Committee is asked to recognise:-

- the national updates to the 2019/20 GP contract
- how the CCG has engaged with general practice since its publication
- Recognise the agreed local principals for signing off a PCN
- and agree the CCG governance to sign off PCN registrations

3. Executive Summary

The new five year GP contract was published Friday 29th March 2019. The new contract marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan. It will mean much closer working between networks and their Integrated Care System.

This paper sets out the principles and process for BNSSG agreeing primary care network footprints as a first building block of an STP/ICS and the material differences in the new contract in funding, service offer and joint working between practices.



4. Financial resource implications

A full summary of the financial investment across different elements of the new GP contract is presented in this month's April finance paper.

5. Legal implications

The nationally mandated network agreements will set out the legal relationship between GP partnerships/providers.

The CCG will issue the full variation to the national contract when available from NHS England.

6. Risk implications

Provider PCN registrations do not cover BNSSG population requiring CCG and LMC to need to broker further conversations to ensure full population coverage.

7. Implications for health inequalities

Non to note

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Non to note

9. Implications for Public Involvement

Commissioners will work with practices to ensure communications to patients are robust, ensuring patients are aware of where and when they can access services across a PCN.

Agenda item: 6

Report title: New GP Contract 2019/20

1. Background

The new five year GP contract was published Friday 29th March 2019. The new contract marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan. It will mean much closer working between networks and their Integrated Care System.

The new 5 year contract directs significant new resources to primary care to support resilience and accelerate working together. It will ensure general practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities. This will enable:-

- Ownership at a level where people know their patients/population, know each other well enough to work together to deliver services.
- Supporting new service delivery and joined-up care, for both physical and mental health, across a wider primary care team.
- Building on what the CCG has achieved over the last few years through clusters and localities
- Supporting mobilisation of the new model for community services
- Laying the foundation for wider system transformation

2. Key national updates

a. PCN's

PCN contract will be introduced from 1 July 2019 as a Directed Enhanced Service (DES). It will ensure general practice plays a leading role in every PCN and mean much closer working between networks and their Integrated Care System. This will be supported by a PCN Development Programme which will be centrally funded and locally delivered.

By 2023/24, the PCN contract is expected to invest £1.799 billion nationally, or £1.47 million per typical network covering 50,000 people. This will include funding for around 20,000 more health professionals including additional clinical pharmacists, physician

associates, first contact physiotherapists, community paramedics and social prescribing link workers. Bigger teams of health professionals will work across PCNs, as part of community teams, providing tailored care for patients and will allow GPs to focus more on patients with complex needs.

It is intended there will be a new shared savings scheme for PCNs so GPs benefit from their work to reduce avoidable A&E attendances, admissions and delayed discharge, and from reducing avoidable outpatient visits and over-medication through a pharmacy review.

i. Network agreements

Each PCN will need to sign a mandated network agreement which sets out how the parties will work together.

ii. DES

The Extended Access DES will move from unilateral practice delivery to PCN delivery on 1st July 2019. This will allow patients to access services outside of core hours from different sites within the PCN and not just their own practice as happens now.

iii. 7 national service specifications

Five of the seven new national derived PCN services are planned to start by April 2020. These include:

- structured medication reviews
- enhanced health in care homes
- anticipatory care (with community services)
- personalised care
- supporting early cancer diagnosis.

The other two start by 2021: cardio-vascular disease case-finding and locally agreed action to tackle inequalities.

b. Clinical Negligence Scheme for General Practice (CNSGP)

A new state backed indemnity scheme will start from April 2019 for all general practice staff including out-of-hours.

c. QOF

Improvements to the Quality and Outcomes Framework (QOF) to bring in more clinically appropriate indicators such as diabetes, blood pressure control and cervical screening.



There will also be reviews of heart failure, asthma and mental health. In addition there will be the introduction of quality improvement modules for prescribing safety and end of life care.

d. IT developments

Additional funding of IT which will allow both people and practices to benefit from the latest digital technologies. All patients will have the right to digital-first primary care, including web and video consultations by 2021. All practices will be offering repeat prescriptions electronically from April 2019 and patients will have digital access to their full records from 2020.

3. CCG Engagement with General Practice

The CCG engaged its membership forum to talk to practices ahead of the publication of the full national guidance. This allowed a discussion with CCG, LMC and One Care to tease out questions and obtain clarity where possible. The CCG has kept a list of Frequently Asked Questions (FAQ's) which has been iterated throughout the publication of new guidance.

When the full guidance was published on 29th March 2019 a slide of deck (appendix 1) of how BNSSG CCG would take forward the new contract with general practice was taken to three road shows in Bristol, North Somerset, and South Gloucestershire on 9th, 10th and 11th April respectively.

The roadshow was a joint session with the CCG and LMC which intended to: -

- highlight the key implications of the new contract guidance
- set out the strategic context for PCNs locally
- inform practices of the local principles, registration and governance process to confirm authorisation of PCNs
- set out how the CCG and LMC can support practices
- address questions from practices

4. Principles

The CCG used the roadshows to set out the principles for signing off PCNs with the intention to support practices to align themselves. The principles are now widely recognised as follows:-

- Serving the local population in a way that makes sense for that population

- Be contiguous, with no practice being left behind
- No smaller than 30,000 but bigger than 50,000 where locally agreed
- Participate fully as a core part of the wider locality (may require some change to locality boundaries)

5. Governance

The CCG have set out and shared the governance arrangements for signing off Primary Care Networks (PCNs). These are as follows:-

- Joint CCG Area Team Directors and LMC meeting on 20th May to review registrations ensuring 100% coverage
- CCG Executive Team meeting review on 22nd May 2019
- By 31 May 2019 the CCG will confirm to PCNs that registration requirements have or have not been met.
- 22nd May – 12th June the CCG and LMC to work with individual networks to address any challenges
- Resubmission of registration requirements where needed by 14th June
- 25th June Primary Care Commissioning Committee to confirm Primary Care Network registrations
- If the CCG is unable to approve a Primary Care Network by 30th June, the CCG and LMC will meet with PCN leaders to agree next steps

6. Financial resource implications

A full summary of the financial investment across different elements of the new GP contract is presented in this month's April finance paper.

7. Legal implications

The nationally mandated network agreements will set out the legal relationship between GP partnerships/providers.

The CCG will issue the full variation to the national contract when published by NHS England.

8. Risk implications

There is a risk provider PCN registrations do not cover BNSSG population requiring CCG and LMC to need to broker further conversations to ensure full population coverage.

9. Implications for health inequalities

Non to note

10. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Non to note

11. Consultation and Communication including Public Involvement

Commissioners will work with practices to ensure communications to patients are robust, ensuring patients are aware of where and when they can access services across a PCN.

12. Recommendations

The Primary Care Commissioning Committee is asked to recognise:-

- the national updates to the 2019/20 GP contract
- how the CCG has engaged with general practice since its publication
- Recognise the agreed local principals for signing off a PCN
- and agree the CCG governance to sign off PCN registrations

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Appendices

Appendix 1 – BNSSG CCG New GP contract Roadshow slides

Glossary of terms and abbreviations

CNSGP	Clinical Negligence Scheme for General Practice – GP insurance to practice
PCN	Primary Care Networks – group of GP practices providing health services together for a specific population

DES	Directly Enhanced Services – additional commissioned opening hours outside of 8.00am - 6.30pm
STP	Sustainability and Transformation Plan - A system health plan
QOF	Quality Outcome Framework – Nationally commissioned quality indicators which if delivered generate an income for GP practices



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

GP Contract Workshop

Aims and Objectives for the Evening

- To highlight the key implications of the new contract guidance
- To set out the strategic context for PCNs locally
- To inform practices of the local principles, registration and governance process to confirm authorisation of PCNs
- To set out how the CCG and LMC can support practices
- To address questions from practices

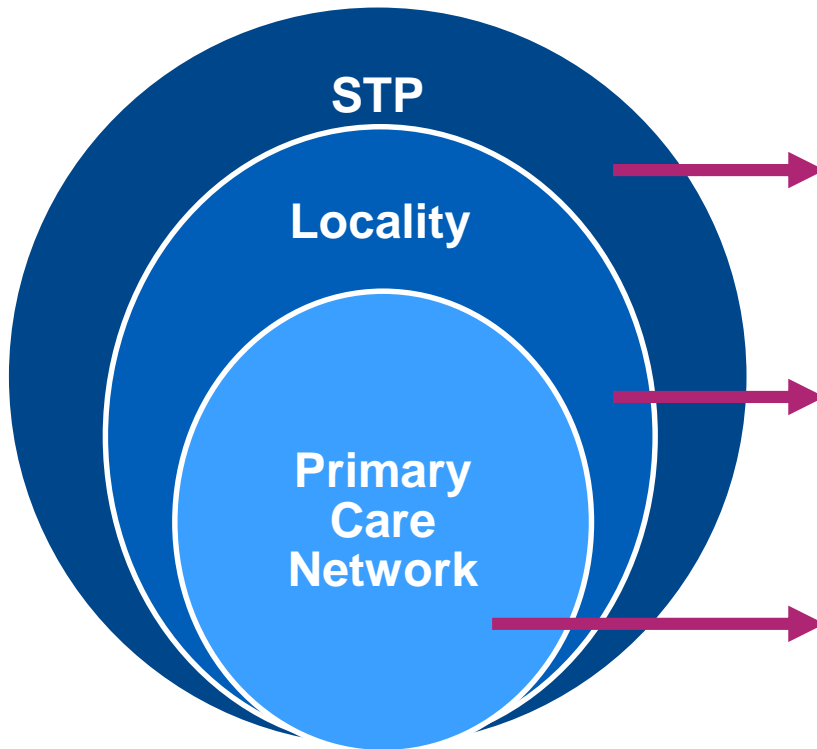
GP Contract Workshop

Item No.	Time	Agenda Item
0	18:00	Registration Tea and Coffee on Arrival
1	18:10	Welcome and Introduction
2	18:15	Contract Guidance Presentation
3	18:45	LMC Overview
5	19:00	Panel Q&A
6	19:45	Next Steps
7	20:00	Close

Primary Care Networks (PCNs) are a Great Opportunity...

- Providing stability within a five year framework
- Directing significant new resources to primary care to support resilience and accelerate working together
- Enabling ownership at a level where people:
 - know their patients/population
 - know each other
 - can work together and get stuff done
- Supporting new service delivery and joined-up care, for both physical and mental health, across a wider primary care team
- Building on what we've achieved over the last few years through clusters and localities
- Supporting mobilisation of the new model for community services
- Laying the foundation for wider system transformation

...Forming the Building Blocks of Integrated Care



Long term plan	Function
Integrated Care System (ICS)	Strategic
Integrated Care Partnerships (ICP) Provider Alliance	Planning and coordination across providers
Primary Care Networks	Resilience Local Delivery Shared Resource

PCNs a Foundation for Future Radical Transformation...

- 7 national specifications
- Foundation for delivery of locality priorities in BNSSG:
 - Integrated frailty service
 - Integrated mental health service
 - Community mobilisation
- Shifting the balance to delivery of an integrated locality urgent care service through provider alliance
- National impact and investment fund
 - significant move towards more care happening in the community with a share in savings

“A Primary Care Network cannot exist without its constituent practices, but its membership and purpose goes much wider. The NHS Long Term Plan sets out a clear ambition to deliver the ‘triple integration’ of primary and specialist care, physical and mental health services and health and social care.”

Investment & Evolution p30-31

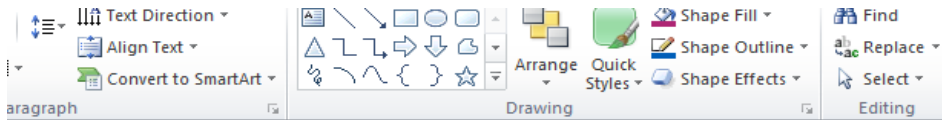
Locally Agreed Principles

PCNs should be self determined:

- Serving the local population in a way that makes sense for that population
- Be contiguous, with no practice being left behind
- No smaller than 30,000 but bigger than 50,000 where locally agreed
- Participate fully as a core part of the wider locality (may require some change to locality boundaries)

GP Contract 2019/20

Overview



Documentation

<https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

APMS and PMS

- General Medical Services (GMS) contract for 2019/20 re-negotiated
- Changes applied to PMS and APMS guidance published
<https://www.england.nhs.uk/wp-content/uploads/2019/03/implementing-the-19-20-gp-contract-changes-to-apms-pms.pdf>
- Equitable and consistent approach to uplifting PMS and APMS
- Global sum payment per weighted patient increases from £88.96 to £89.88
- A ready-reckoner will be developed which GMS practices can use as a rough guide to estimate the change in their funding as a result of the contractual changes in 2019/20
- Quality and Outcomes Framework – the pound per point value increases from £179.26 to £187.74 as a result of the Contractor Population Index (CPI) adjustment; and selected V&I uplift

The Network Contract DES

Payment Details	Amount	Allocations	Payment made to	Payment timings
1. Core PCN funding	£1.50 per registered patient* per year (equating to £0.125 per patient per month)	CCG Core Allocation	Network's nominated account	<ul style="list-style-type: none"> Monthly in arrears from July 2019 The first payment (to be made on or by end of July 2019) will cover the period 1 April to 31 July. Subsequent payments made monthly in arrears
2. Clinical Director Contribution (population-based payments)	£0.514 per registered patient* per year to cover July 2019 to March 2020 (equating to £0.057 per patient per month)	Primary Medical Care Allocations	Network's nominated account	<ul style="list-style-type: none"> Monthly in arrears from July 2019 The first payment to be made on or by end of July 2019, and therefore on or by the last day of each month
3. Staff reimbursements <ul style="list-style-type: none"> Clinical Pharmacist Social Prescribing Link Worker 	Actual Costs to the maximum per the Five-Year Framework Agreement, paid from July 2019 following employment	Primary Medical Care Allocations	Network's nominated account	<ul style="list-style-type: none"> Monthly in arrears the following month Payment claimable following start of employment. Reimbursement payable on or by the last day of the <u>following</u> month (for example, July 2019 payment to be made on or by end August 2019)
4. Extended Hours Access	£1.099 per registered patient* to cover period July 2019 to March 2020 (equating to £0.122 per patient per month)	Primary Medical Care Allocations	Network's nominated account	<ul style="list-style-type: none"> Monthly in arrears First payment for July to be made by end of July 2019 Subsequent payments made monthly in arrears
Practice Network Participation Payment	£1.761 per weighted patient per year (equating to £0.147 per patient per month)	Primary Medical Care Allocations	Individual Practice Account	<ul style="list-style-type: none"> Monthly in arrears from July 2019 The first payment (to be made on or by end of July 2019) will cover the period 1 April to 31 July. Subsequent payments made monthly in arrears

GMS – Core Payment

Global Sum 2018/19	£88.96
OOH Opt Out Reduction (4.87%)	-£4.33
Net Global Sum 2018/19	£84.63
MPIG reinvestment into core contract	£0.39
Seniority reinvestment into core contract	£0.44
Inflation & Other Changes (net uplift)	£0.09
Global Sum 2019/20	£85.55
2019/20 Uplift per weighted patient (£)	£0.92
2019/20 Uplift (%)	1.09%

Funding

PCN's and additional posts #1

- Claims will be made via CQRS
- Payment into the designated account monthly
- **Core PCN funding** payment of £1.50 per registered patient as at 1 January 31 2019 (equating to £0.125 per patient per month).
- **Clinical Director** - payment of £0.51430 per registered patient for the period 1 July 2019 to 31 March 2020
e.g. a 40,000 PCN would receive £20,627 or a 50,000 PCN would receive £25,784

Funding

PCN's and additional posts #2

	National Guidance	Local Application (maximum reimbursement 2019/20)			
Primary Care Network Weighted Population Size	Number of each role eligible for reimbursement (max)	Number of each role eligible for reimbursement (max)	Clinical Pharmacists 70 % x £37,810 (from July 2019)	Social Prescribing Link Workers 100% x £34,113 (from July 2019)	Total Maximum reimbursement 2019/20
30,000	1	1	£19,850	£25,585	£45,435
50,000	1	1	£19,850	£25,585	£45,435
75,000	1	2	£39,701	£51,170	£90,870
100,000	2	3	£59,551	£76,754	£136,305
125,000	2	4	£79,401	£102,339	£181,740
150,000	3	5	£99,251	£127,924	£227,175

- PCNs should bear in mind that from 2020/21 reimbursement for workforce will be available up to a sum calculated on the basis of their weighted population

Funding

PCN's and additional posts #3

Extended hours DES 2019/20:-

- the current stand-a-lone extended hours access DES covers the period 1 April 2019 to 30 June 2019.
- For 2019/20 it is a payment of £1.099 per registered patient (equating to £0.122 per patient per month) under this DES for the period 1 July 2019 to 31 March 2020 and is paid monthly.

Network member practices will be required to manually input data into CQRS, until General Practice Extraction Service (GPES) (or any subsequent replacement system) is available to conduct electronic data collections.

Quality and Outcomes Framework (QOF)

- The **retirement of 28 indicators** (worth 175 points) which are either no longer in line with NICE guidance, have known measurement issues (usually because of low numbers at a practice level) or where the care described is now viewed as a core professional responsibility.
- The **introduction of 15 new indicators** (worth 101 points) to bring QOF into closer alignment with NICE guidance and Screening Committee recommendations, mainly on diabetes, blood pressure control and cervical screening. The rationale and changes to requirements are detailed in the appropriate clinical domain in Sections 3 and 4 of this document.
- Exception reporting has been replaced with a **Personalised Care Adjustment**. This will better reflect individual clinical situations and patients' wishes. There is a detailed explanation of the criteria for this and the associated recording requirements in Section 6.
- The introduction of a new **QOF Quality Improvement (QI) domain** (worth 74 points). The first two modules will be prescribing safety and end-of-life care. These topics are anticipated to change on annual basis.

Verification – Commissioners will require contractors to provide a copy of the QI monitoring template as written evidence that the quality improvement activity has been undertaken.

The reporting template is available from: - <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

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Clinical Negligence Scheme for General Practice (CNSGP)

1st April 2019, which will cover clinical negligence liabilities arising from NHS patient care that takes place on or after that date.

Information about the scheme can be found on the NHS Resolution website (www.resolution.nhs.uk), which will help you to understand more about CNSGP and what it covers.

Consideration should also be given to activities and/or services not covered by CNSGP which include non-NHS or private work, inquests, regulatory and disciplinary proceedings, employment and contractual disputes, and non-clinical liabilities.

Network Contract Directed Enhanced Service

PCN Registration Process

- Complete and return the registration form (Annex A of the Network Contract DES specification) to bnssg.pc.contracts@nhs.net by 15th May 2019.
- CCG will identify any issues with the proposed PCNs, both within individual PCN submissions, and when considering their registered population area as a whole.
- Engage with LMCs and bring practices together to resolve issues to ensure 100 per cent population coverage is achieved.
- The Network Area will be agreed with commissioners through the registration process, on behalf of the ICS or STP.
- CCG will liaise with Sustainability and Transformation Partnership (STP) to ensure each PCN Network Area supports delivery of services within the wider ICS/STP strategy.
- Commissioners will not unreasonably reject the proposed Network Area.

Principles to Meet Authorisation

- Serving the local population in a way that makes sense for that population
- Be contiguous, with no practice being left behind
- No smaller than 30,000 but bigger than 50,000 where locally agreed
- Participate fully as a core part of the wider locality (may require some change to locality boundaries)

Registration Confirmation Process - Key Dates

- Joint CCG Area Team Directors and LMC meeting on 20th May to review registrations ensuring 100% coverage
- CCG Executive Team meeting review on 22nd May
- By 31 May 2019 the CCG will confirm to PCNs that registration requirements have or have not been met.
- 22nd May – 12th June CCG and LMC to work with individual networks to address any challenges
- Resubmission of registration requirements where needed by 14th June
- 25th June Primary Care Commissioning Committee to confirm Primary Care Network registrations
- If the CCG is unable to approve a Primary Care Network by 30th June, the CCG and LMC will meet with PCN leaders to agree next steps

Key Dates - Post Registration

30th June – GP practice in a PCN will need to have: -

- signed up to the Network Contract DES through the Calculating Quality Reporting Service (CQRS) when available
- Written to commissioners formally stating the Network Agreement has been completed and is signed by all parties.

Mapping

Individual practices can log onto <http://www.healthgis.nhs.uk/> to obtain their own practice boundary. This will allow practices to determine if they collectively meet the requirement of having a contiguous boundary.

The CCG will support mapping for final registration forms. Proposed practices should email bnssg.pc.contracts@nhs.net listing the practices they would like mapped.

The earlier practices can request mapping the better, to prevent a last minute rush for mapping support for registration forms.

Size of PCNs

- A PCN should be no smaller than 30,000 but could be larger than 50,000 if it makes sense and is agreed locally. Larger PCNs may then operationally organise themselves with smaller neighbourhood teams that cover population sizes between 30,000 to 50,000.
- The Network Area must cover a boundary that makes sense to its:
 - (a) constituent members
 - (b) other community-based providers who configure their teams accordingly and
 - (c) the local community, and cover a geographically contiguous area

Network Agreement

- 15th May - PCNs may also provide in their initial Network Agreement additional information in Schedule 1 relating to PCN meetings and decision-making but it is recognised that this may not have been fully agreed by 15 May submission date
- By 30 June 2019, PCNs must confirm to the commissioner that the fully completed Network Agreement has been signed by all PCN member GP practices and that the GP practices have entered into the appropriate data sharing (and, if relevant data processor arrangements) to support delivery of extended hours access services from 1 July 2019.
- A PCN will be considered to be established on the date this confirmation is provided to the commissioner.

Changes to PCNs

- CCG Approval required
- PCNs will be required to give commissioners at least 28 days' notice, providing as much information as possible on the changes, including any information required by the commissioner.
- Contract variation to confirm changes
- Enacted on the 1st of a quarter

The Contract

- The Network Contract DES is intended to be updated annually until at least 31 March 2024.
- The content in this contract specification will apply from 1 April 2019 until 31 March 2020
- With agreement between the commissioner and the PCN, commissioners may develop and commission local Supplementary Network Services
- CCG will send out formal contract variations for signature when nationally available

Patient Record Sharing

In line with data protection legislation honouring patient opt-out preferences.

a template data controller/data processor agreement and a template data controller/data controller agreement will be published separately in due course, for use as required.

Appropriate data sharing and, if appropriate, data processor, arrangements must be in place prior to the start of network service delivery (which means for extended hours access by 30 June 2019).

In 2019/20, the PCN should also work towards the collection, sharing and aggregation of data across the member practices to support benchmarking, identifying variation and capacity and demand.

Network Clinical Director

- Each PCN will be required to appoint a Clinical Director. This should follow a selection process either via appointment, election or both.
- Likely this role will be fulfilled by a GP but this is not an absolute requirement.
- The Clinical Director will work collaboratively with Clinical Directors from other PCNs within the ICS/STP area.
- Play a critical role in shaping and supporting their ICS/STP.
- Not be solely responsible for the operational delivery of services; this will be a collective responsibility of the PCN.
- The link between the PCN and local primary care research networks and research institutions.
- Will represent the PCN at CCG-level clinical meetings and the ICS/STP, including Locality Boards/ Provider Forums.

Sub Contracting Arrangements

The same statutory regulations or directions that underpin the member GP practices

Notify the commissioner, in writing, of their intention to sub-contract as soon as reasonably practicable and before the date on which the sub-contracting arrangement is intended to begin

The CCG asks this is done in writing via email on sending the registration form to bnssg.pc.contracts@nhs.net on 15th May 2019

Workforce and Requirements

- **Additional staff**, the Network Contract DES introduces a principle of ‘additionality’.
- 2018/19 baseline from the National Workforce Reporting System (NWRS) as at 31 March 2019 and a survey of commissioners during April 2019 according to subsequent guidance.
- Survey numbers of staff within these five roles being funded via local schemes regardless of who employs the staff or what body provides that funding.
- Staff employed within the five roles after 31 March 2019 (i.e. above the baseline set) will be eligible for reimbursement under the Network Contract DES

Pharmacists

Exception to this baseline, will be those clinical pharmacists employed via the national ***Clinical Pharmacist in General Practice Scheme*** or those pharmacists employed via the ***Medicines Optimisation in Care Homes Scheme***.

GP practices should transfer clinical pharmacists, employed prior to 31 March 2019, from the existing *Clinical Pharmacist in General Practice Scheme* and meet the requirements set out in this Network Contract DES specification by 31 September 2019, after which this exception will no longer apply.

For those pharmacists employed under the *Medicines Optimisation in Care Homes Scheme* transfer will take place after the scheme ends in March 2020

Actions for Practices

www.primarycare.nhs.uk closed 31st March 2019

1) The **General Practice Indicators (GPI)** and the **GPIT Digital Maturity Index Assurance Indicators** will both be moving into a new website:

www.primarycareindicators.nhs.uk

Contact new website enquiry support help desk by email to nelcsu.npphdsd@nhs.net

2) For the general practice annual electronic declaration (**eDEC**) and the general practice complaints collection (**K041b**) please register for a new user account by using this website: <https://datacollection.sdcs.digital.nhs.uk/>

3) For the general practice workforce census, from the 1st of April please register for a new user account to use the National Workforce Reporting System (**NWRS**) via this website: <http://www.nwrs.nhs.uk/>

Customer Contact Centre by email to enquiries@nhsdigital.nhs.uk

Community Mobilisation

CCG are working with the LAs, funders and 'Voluntary, Community and Social Enterprise' (VCSE) to develop a new approach to working with our communities with the VCSE as...

- An equal partner in provider alliance as part of provider board
- Aligned to localities
- Working as a coordination point for our work with VCSE
- Acting as an anchor for other VCSE who want to and are able to work with us
- Supporting local communities with their health and wellbeing

This will:

- support PCNs when they begin to develop their social prescribing link workers in 2019/20
- Support PCNs to fulfil requirement in the contract, to work in partnership as part of a shared plan for social prescribing
- Provide a more sustainable approach with our partners at locality level to ensure communities are healthy, well and independent

Employment

- Staff delivering the additional network services may be employed by a member of the PCN, or another body (e.g. GP Federation, voluntary sector provider, Local Authority or Trust).
- The employer remains responsible for all costs (including taxes and where applicable VAT) and liabilities relating to the employment of staff and PCNs should set out in the Network Agreement if and how any costs and liabilities will be shared.
- The nominated payee will be required to submit a monthly claim.
- Commissioners will need to carry out audit appropriately and PCNs will need to co-operate fully in providing the relevant information

Extended Hours Access

an additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week, calculated using the following formula:

$$\text{additional minutes}^* = \text{a network's aggregate CRP}^{**} \div 1000 \times 30$$

* convert to hours and minutes and round, either up or down, to the nearest quarter hour

** contractor registered population (CRP) will be determined at 1 January 2019.

(for a PCN with 50,000 registered patients this equates to a minimum of 25 hours per week);

a reasonable number of these appointments face-to-face, with the rest provided by telephone, video or online consultations or a mixture of these methods

The CCG can provide registered populations and weighted populations by practice as at 1st January 2019 to support planning

Reporting

Network member practices will be required to use the relevant SNOMED codes, as published in the supporting Business Rules on the NHS Digital website (<http://www.hscic.gov.uk/qofesextractspecs>) to record:

- a. Social prescribing offered
- b. Social prescribing declined
- c. Referral to social prescribing service
- d. Clinical pharmacists' consultations
- e. Clinical pharmacists' medication reviews
- f. Clinical pharmacists' care home visits

Details as to when and if automated collections are available to support this ES will be communicated via the HSCIC

The PCN must make available to commissioners any information under the Network Contract DES, which the commissioner needs and the PCN either has or could be reasonably expected to obtain.

7 National PCN Specifications

Five of the seven start by April 2020:

- structured medication reviews
- enhanced health in care homes
- anticipatory care (with community services)
- personalised care
- supporting early cancer diagnosis.

The other two start by 2021: cardio-vascular disease case-finding and locally agreed action to tackle inequalities.

The CCG will actively review LES arrangements in light of new national PCN specification developments. Local Enhanced Services arrangements will be changed appropriately.

As previously stated the CCG will seek to continue commission services at a locality level as appropriate

Improved Access (IA)

- One Care Ltd contract extension to provide IA until 1st July 2019
- The CCG want to work with new PCNs to support the continued delivery of a locality level model for IA within the new PCN contractual framework.
- Local IA delivery needs to align with integrated locality urgent care model.
- National review of 'Improved Access' and 'Extended Access' planned.
- Nationally IA will transition to PCNs by latest **of April 2021.**

Summary

- PCNs are a foundation for delivery of locality priorities in BNSSG:
 - Integrated frailty service
 - Integrated mental health service
 - Community mobilisation
- Practices to complete and return the registration form and any sub contracting arrangement to be sent to bnssg.pc.contracts@nhs.net by 15th May 2019
- By 30th June 2019 every practice will need to be:
 - signed up to the Network Contract DES through the Calculating Quality Reporting Service (CQRS)
 - Written to commissioners formally (bnssg.pc.contracts@nhs.net) stating the Network Agreement has been completed and is signed by all parties (PCN considered established on receipt).
- CCG, LMC and STP assurance and sign off process by end of May 2019
- CCG will seek to continue to commission services at a locality level as appropriate
- Register your practice with the three new websites

