

# Summary of the Primary Care Network (PCN) Directed Enhanced Service (DES)

Sheffield  
LMC



**Duration 1 April 2019 to 31 March 2024**  
**Requirements start 1 July 2019**

## **Section 2**

### **FIRST YEAR**

- This will be the establishment of PCN structures such as Boards and Clinical Directors and employment of Prescribing Clinical Pharmacist and Social Prescriber.
- CCG to establish a workforce baseline as at 31 March 2019.
- Written agreements submitted through CQRS (when available).
- Data-sharing agreements established between practices (Templates awaited).
- PCN establishment can be delayed beyond 1 July if agreements not completed.
- £1.76 (weighted) added to global sum once sign-up to PCN DES.
- Changes to the PCN structure require 28 days' notice and then commence from the next quarter.

## **Section 3**

### **PRIMARY CARE NETWORK**

- Minimum size 30,000 but exceptional cases considered.
- Commissioners will generally only approve 30-50,000.
- Single practice PCNs will eventually have to join with other statutory health bodies.
- Initially no need to collaborate with other providers.
- Area will need to be geographically contiguous.

## **Section 4**

### **REQUIREMENTS**

- The CCG may add locally commissioned services but CANNOT alter the national DES contract or its requirements.

#### *4.4 Infrastructure*

Need:

- A nominated payee practice.
- A signed agreement by all practices.
- A Clinical Director in post.
- A data sharing agreement.

#### *Clinical Director Role*

- PCN will appoint and the Clinical Director will be accountable to the PCN (4.4.2a).
- It should be a clinician from within the PCN.

- Clinical Director will:
  - Work with other Clinical Directors to develop local system plans.
  - Assess PCN skill mix and workforce strategy.
  - Develop local initiatives.
  - Facilitate research.
  - Represent the PCN.
  - Develop Conflict of Interest advice.

#### *Data Sharing/Collection*

- To allow read/write access to records.
- Data collection to review gaps in service, capacity, benchmarking.
- Engaging with patients.

#### *4.4.5 Sub-contracting*

- Allowable but the commissioner has to approve.

#### *4.5 Workforce*

- Extra staff have to meet “Additionality” requirement.
- 31 March 2019 = Baseline.
- Additional staff have to meet PCN activity, not individual practice activity.
- Current Clinical Pharmacist scheme is an exception to Additionality.
- Have to claim fees monthly.
- The new staff require review and appraisal.
- Pharmacists will be prescribers.
- Social Prescribers will take referrals from the whole team.
- Referrals to Social Prescribers need to be SNOMED coded.

#### *Extend Hours*

- Additional clinical sessions have to be outside core hours.
- Need to ask Patient Participation Group (PPG) re hours proposed.
- 30 mins per 1k patients (and provided in blocks of 30 mins).
- Can be provided by member practices.
- A reasonable number are face-face. Can be telephone/video/Skype.
- Can be with any healthcare professional or supervised other staff.

#### *4.6.8*

- A practice signing up to the PCN DES cannot close for a half day.

## **Section 5**

### **NETWORK FINANCIAL ENTITLEMENTS**

- These are available once the PCN has signed up through CQRS. They are based on registered list size.
- They will be paid into one nominated bank account.
- Clinical Director funded pro-rata at 0.25 WTE per 50,000 patients (WTE = £137.516) paid at end of month.
- Core funding £1.50 per registered patient at 1 January 2019. Starts 1 July 2019 backdated to 1 April 2019.
- Workforce funding 2019/20 70% reimbursement for Clinical Pharmacist, 100% for Social Prescriber. The posts may be interchangeable with approval from commissioner.

- Clinical Pharmacists will have completed or be undergoing - funded by NHS England (NHSE) - a training programme on safe, effective prescribing in primary care. Accreditation of prior learning approved by the supervising senior clinical pharmacist and Clinical Director. Clinical Pharmacist will require supervision at least every 3 months by GP along with GP support and development.
- Future workforce reimbursement (2020 onwards) will be on a weighted capita basis and PCNs will be allocated a combined maximum sum under the Additional Roles Reimbursement Scheme.
- Extended Hours Access - based on registered patient list. £0.45 in global sum and £1.45 into PCN account. PCN payment starts 1 July 2019. This can be provided by individual practices or the PCN.

## **Section 6**

### **MONITORING**

- Commissioners will monitor services through National Health Application and Infrastructure Services (NHAIS).
- Network member practices will initially report manually through CQRS until electronic data collection available.
- PCNs will use SNOMED codes.

### **REQUIREMENTS FOR REGISTRATION OF PCN BY 15 MAY 2019**

1. Practice names and ODS codes.
2. PCN list size at 1 January 2019.
3. Name of Clinical Director.
4. Details of PCN nominated bank account.
5. Map of network area.
6. Initial Network Agreement (further guidance to be issued).

Withdrawal from the PCN agreement by any practice is possible but requires at least 3 months notification to the commissioner who will consider, with LMC input, the best way forward.

### **FUTURE YEAR REQUIREMENTS OF PCN DES**

- Collaborating with other community services to offer local coordinated health and social care will be a requirement.
- From April 2020:
  - Structured medication reviews and optimisation (over-medication, antibiotics, asthma COPD, frailty, care homes, multiple medications).
  - Enhanced health in care homes (proactive and reactive care led by named GP and nurse practitioners).
  - Anticipatory care (target patients at high risk of unwarranted health outcomes). Will require further guidance and South Yorkshire and Bassetlaw Integrated Care System (ICS) input.
  - Supporting early cancer diagnosis (support high uptake of screening, identifying high risks of cancer, appropriate and timely referrals). PCNs may need to target specific populations and work with ICS to improve bottlenecks.
  - Personalised care (shared decision-making, self-management, personal care budgets).
- From April 2021:
  - CVD prevention (primary prevention and optimisation of treatment).
  - Tackling Neighbourhood inequalities.