Enhanced Access to General Practice services through the Network Contract DES

FAQs

July 2022

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1. The service

1.1 Why is a new enhanced access service approach needed?

The new arrangements aim to remove variability across the country by putting in place a more standardised and better understood offer for patients. They will bring the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently into the offer and support Primary Care Networks (PCNs) to use the Enhanced Access (EA) capacity for delivering routine services. It provides an opportunity to develop a better blend of appointment modes including taking advantage of a more digitally enabled offer, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services including, screening and vaccination

1.2 What are the new standard contract hours for enhanced access from 1 October 2022?

As set out in the Network Contract DES (8.1.27), PCNs will be required to provide enhanced access appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

1.3 What are PCNs required to do from April 2022 to prepare for introducing enhanced access?

From 1 April 2022, in preparation for delivery of the service, a PCN - working collaboratively with the commissioner - must produce an Enhanced Access Plan. The draft Enhanced Access Plan must be submitted to the commissioner for agreement on or before 31 July 2022, by the method the commissioner will indicate. The draft Enhanced Access Plan must set out how the PCN is planning to deliver Enhanced Access from October 2022.

The Network Contract DES Specification sets out the preparatory requirements.
From 1 April 2022 until 1 October 2022, PCNs will be required to deliver the extended hours access requirements, at which point this service will be replaced by the enhanced access service.

1.4 What needs to be included in the Enhanced Access Plan?

The draft Enhanced Access Plan (8.1.17) must set out how the PCN is planning to deliver Enhanced Access from October 2022 and include the PCN's intentions in relations to the following matters:

- how the PCN plans to or has engaged with their patient population and will or has considered patient preferences, including consideration of levels of capacity and demand, supported by primary care transformation support;
- what mix of services will be provided during the Network Standard Hours;
- what appointment types and channels will be available to patients during the network standard hours, including how the PCN will meet the requirement to ensure a reasonable number of appointments for face-to-face consultations are available;

- what the proposed staffing or skill mix will be to deliver services during the network standard hours;
- proposals for how the PCN will deliver the necessary system interoperability to support delivery of Enhanced Access;
- where the PCN intends the site location(s) to be situated for patients to access in person face-to-face services where required and in line with patient need, taking account of reasonable travel times for local patients as agreed with the commissioner; and
- any planned sub-contracting arrangements in respect of the Enhanced Access.

1.5 Is extended hours access and enhanced access different and are PCNs required to provide extended hours as set out in the Network Contract DES in addition to the requirements of enhanced access?

Yes. The two services are separate and distinct with differing requirements and funding arrangements. From 1 April 2022 until 30 September 2022, PCNs will still need to deliver the extended hours commitments as set out from section 8.1.1 to 8.1.14 of the Network Contract DES Specification.

The new enhanced access arrangements as set out from section 8.1.15 of the Network Contract DES Specification will come into force from 1st October 2022 but with preparatory work required from April to September 2022.

1.6 Does this mean every practice has to be open evening and weekends?

No. The changes do not mean that every practice has to be open every evening and weekends. The service is at a PCN level and for the PCN to develop services that best reflect local needs.

1.7 Is there any flexibility in how a PCN provides the capacity?

We understand that flexibility in how a PCN provides the capacity is important so that services can be tailored to meet the needs of the local population. The EA service requirements have been designed to allow this. This includes making sure that, where some appointments are delivered outside of the network standard hours and are currently well utilised, that PCNs can flex their offer to meet patient need locally.
Where this is the case and agreed by the commissioner, the Network Standard Hours will still need to be provided.

It is for the PCN to determine, based on discussions with their commissioner and patient engagement:

- the exact mix of in person face-to-face and remote (telephone, video or online) appointments,
- how many appointments are for emergencies, same day or pre-booked (including screening, vaccs and imms) and

- which services should be available when and what skill mix is needed to deliver these.

Some provision can be offered within core hours where evidence demonstrates this is needed and in agreement with the commissioner. This provision can be counted towards the enhanced access capacity[1] and can be weighted to where it is most needed e.g. more appointments may be offered at busy times and through numerous hubs with different skill mix, some offering same day appointments others delivering planned care such as . screening services.

Sundays are not a mandatory part of the new DES EA offer (they are currently part of the extended access service commissioned by CCGs), but if there is patient demand for Sunday services (as expressed through local engagement), with commissioner approval, there may be some capacity delivered on Sunday that would count as part of the mins per 1000 PCN adjusted population required each week.

Whilst the Network Contract DES sets out the requirements of the Enhanced Access service, there is no restriction on developing a service that exceeds the minimum service requirements, including number of minutes/1000 patients. PCNs are encouraged to maximise the value of the contract, ensuring the best possible service to patients, and best value for money for taxpayers is achieved.

1.8 Can a proposal for delivery be shared? i.e. some delivered by the PCN and others by a GP federation using a subcontracting arrangement?
Yes. The delivery and approach to meeting the service requirements in keeping with the DES is completely down to PCNs. They can choose various models to achieve this. For example, if a PCN does not want to directly provide all or part of the Enhanced Access service it can sub-contract this to another provider. The commissioner should work with other PCNs to ensure there is a cohesive patient offer and that the service can be accessed by all the PCN's population

1.9 Does each PCN in an area have to provide Saturday appointments 9-5pm? Can neighbouring PCN's provide full cover for 9-5pm (and cover for each other)?
Yes. Each PCN must deliver services 9am-5pm on a Saturday as this is part of Network Standard Hours (Network Contract DES 8.1.27)). However local arrangements can be made for PCNs to subcontract some or all of their service to other providers or work with others across a larger footprint, which could include a neighbouring PCN. In that situation they will need to deliver the full 60 mins per 1000 PCN Adjusted Population for all the PCNs population.

[1] based on the number of minutes of EA a PCN must provide each week using the formula of 60 minutes per 1000 PCN Adjusted Population

1.8 What proportion of hours can commissioners approve during core hour provision?

This is down to each commissioner as it will depend on local factors, but we would expect to see the great majority provided outside core hours.

1.9 Will reception staff be needed?

Having reception staff as part of the service is not an enhanced access requirement in the DES. It will be down to the provider and consideration of their own risk assessment policies (including for example lone workers) to determine if they wish to employ a receptionist to manage onsite admin and other duties.

1.10 Do appointments need to be available for NHS111 to book into outside of same day?

No, the requirement is only for PCNs to make available any unused on the day during the network standard hours slots from 6.30pm on weekday evenings and between 9am-5pm on Saturdays, unless it is agreed with the commissioner that the timing for when these unused slots are made available is outside of these hours. It is not expected that patients seeking a specialist appointment type (such as for a cervical smear) would be booked into a same day EA appointment through the NHS 111 route, although these types of appointments should be available for online booking where appropriate.

1.11 Will there be a national requirement to provide a minimum number of 111 slots in the enhanced service?

No, NHS111 will only have access to any 'on the day' unused appointments during the network standard hours.

1.12 Are Bank Holidays included?

A PCN may offer services on a bank holiday if they wish and with agreement of the commissioner but it is not a contractual requirement.

As is currently the case under the Network Contract DES Extended Hours access service, if a PCN were to miss a proportion of the EA minutes in a week, for example as a result of a bank holiday, they should agree with their commissioner how to make this up and will need to provide these appointments within a two week period (unless otherwise agreed with the commissioner).

The proportion of capacity that needs to be provided will depend on how much was planned on the day of the bank holiday. So, whilst the minimum network standard hours on a Monday that need to be covered are 1.5hrs, the PCN may be providing 5 hrs capacity on that day and would need to re-provide the full five hours within the next two weeks.

1.13 Can practices continue to provide EA capacity to just their own patients for certain periods of Enhanced Access

From 1st October 2022, the extended hours DES ceases to exist and is replaced by Enhanced Access.

We understand that some PCNs are interested in a model for Enhanced Access delivery where each practice within the PCN predominantly delivers EA services to its own registered patients. While it is up to PCNs to design their own model for how they will deliver Enhanced Access, including for example what each practice within the PCN will be responsible for delivering, PCNs must be aware of the following:

- EA appointments must be available to all of the PCN's patients, and all practices must be able to book into the EA appointments
- In an EA model where service delivery was being divided up across practices and/or providers, the service delivered to patients must meet the requirements of the DES. For example:
    - Patients must be able to access EA appointments across the full Network Standard Hours (e.g. a model where patients of one practice could only access EA services on one day of the week, for example via their own practice, would not meet the terms of the DES)
    - There must be a mix of services (including routine and planned care, and use of the MDT) across all EA appointments offered
    - Any available EA appointments across the PCN must be made available to all PCN patients, regardless of which practice the patients are registered with (e.g. a PCN patient in need of an EA appointment should not be limited to available appointments being delivered by their registered practice, and available EA appointments should not be reserved for patients of one practice)
    - The EA service delivered must feel like a cohesive, "one service" approach to patients.

A PCN could choose to subcontract elements of the service but as mentioned above would have to ensure that a completely cohesive service is delivered.

1.14 What type of services need to be provided in the 60 minutes per 1000 PCN adjusted population?

The DES sets out the specific things which a PCN needs to consider in their EA service (8.1.29), including that it must be:

- a mixture of in-person face-to-face and remote (telephone, video or online) appointments, provided that the PCN ensures a reasonable number of appointments are available for in-person face-to-face consultations to meet the needs of their patient population, ensuring that the mixture of appointments seeks to minimises

inequalities in access across the patient and

- delivered by a multi-disciplinary team of healthcare professionals employed or engaged by the PCN's Core Network Practices, including GPs, nurses and Additional Roles and other persons employed or engaged by the PCN to assist the healthcare professional in the provision of health services and

- may be for emergency, same day or pre-booked appointments

Within those parameters there is scope for PCNs to tailor their service offer to meet patient need, including length of appointment time.

PCNs should utilise population health management and capacity/demand tools as well as looking at local data together with seeking the views of patients as they develop their service.

In developing the service offer, PCNs need to agree with the commissioner the blend of appointment types which would best meet the needs of their patient population, and they should be able to show how recent patient engagement has informed their proposals.

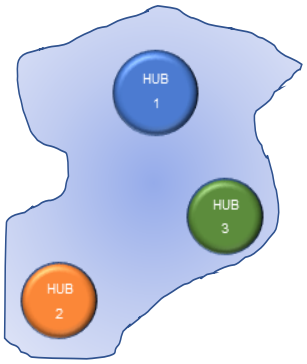
EXAMPLE of capacity spread

PCN covering 60,000 patients will need to deliver min of 60 hours of clinical appointments per week

The network standard hours are 15.5 hours a week and it has decided to work from three hubs across the PCN footprint with a mix of GP, nurse and ARRS capacity offering pre booked and same day appointments

In hub one, on a Monday that would represent three clinical hours of appointments and could be split with two GPs doing the appointments or a GP and a nurse or other configuration based on addressing local needs

	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL
HUB 1	3	1.5	1.5	3	6	12	27
HUB 2	6	3	3	3	3	0	18
HUB 3	3	0	3	0	3	6	15



1.15 Is there access to current GPAD data at practice/PCN level?

Yes. Practice and PCN GPAD data are now available to all practices and PCNs. In addition, PCNs should engage with their commissioner for any evidence of current service delivery as part of their preparation work.

1.16 Could a PCN repurpose an entire EA session to do e.g. a COVID-19 clinic or do they need to always offer routine bookable alongside that?

Extended access capacity (under both the Network Contract DES and the CCG commissioned services) can be used to deliver COVID-19 vaccination clinics (including the COVID-19 vaccination), but PCNs, providers and commissioners must ensure that there is a blend of types of appointments available across enhanced hours periods to meet overall patient need.

1.17 If a practice's patient engagement does not demonstrate a requirement/need for all day Saturday does the PCN still have to provide it?

Yes. It is part of the network standard hours and standardised offer for all. PCNs can choose which services they put on and when, including more planned care services, such as vaccinations and screening services.

1.18 How long should appointment slots be?

Appointment slots should be tailored to meet local population needs and will vary depending on the type of appointment being offered.

1.19 Would home visits be counted as face to face in extended hours?

No, home visits would not normally be counted or offered unless the commissioner has agreed to local arrangements to do so.

1.20 What is the balance of face to face and remote or routine v same day required?

PCNs should work with their commissioners and other current providers to build up a picture using existing data and information to understand current capacity/demand and population health requirements. They will also need to engage with patients to understand their needs. This will help PCNs determine what mix of services, appointment types and workforce will be needed and should be provided during the Network Standard Hours.

1.21 Are group consultations permissible under the Enhanced Service contract from October?

Yes, they are. In August 2020, NHS England and NHS Improvement with the BMA jointly published guidance on developing more accurate general practice appointment data, which introduced an agreed definition of an appointment. https://www.england.nhs.uk/wp-content/uploads/2020/08/gpad-guidance.pdf. This sets out that if practices are working off a block or a list of appointment activity with multiple patients, including for example care

home consultations as part of care home rounds, home visits or group appointments, each patient should be counted as a single appointment. So, if there were six patients in a group appointment lasting one hour, this should be recorded as six appointments.

When calculating the contribution of group appointments to the minutes per 1000 of PCN adjusted population, it is the clinician's time that contributes, and not the total patient time. Therefore, in the example above, the contribution to the total EA service would be 60 minutes.

1.22 What level of Consultation/engagement does the PCNs need to do and what constitutes a significant change to current EA delivery?

The Network Contract DES Specification requires PCNs, from April to October 2022, to work with the local commissioner on the EA plan, to engage with patients on what service delivery will look like and assist the commissioner to satisfy its duties in respect of public and patient engagement.

The level of engagement necessary to comply with these requirements very much depends on the extent of changes to the services in the local area. There must be discussion of patient engagement with commissioners. This will inform PCNs of the actions expected of the PCN by the commissioner and so provide assurance to the PCN that it will have complied with both the Network Contract DES Specification requirements on patient engagement on EA and also the core GP contract requirements on patient participation.

NHS England has previously provided commissioners with guidance on satisfying engagement requirements - https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf. Although aimed at commissioners, the guidance provides practical information that may be useful to PCNs including helpful principles for engagement and participation.

1.26 Why are Sundays not part of the EA service requirements?

As part of developing the requirements for the EA service, a decision was made nationally not to include Sunday has not been included as part of the network standard hours as there was less demand for services on this day compared to weekday evenings and Saturday.

Sundays are not therefore a mandatory part of the new DES EA offer (they are currently part of the extended access service commissioned by CCGs). If there is patient demand for Sunday services (as expressed through local engagement) there may be some services on a Sunday in keeping with patient preference as part of the capacity provided through the 60 mins per 1000 PCN adjusted population.

1.23 Is there a requirement to facilitate walk-in appointments?

No. It is not a contractual requirement to run a specific walk-in service and we would expect the PCN team to manage this situation appropriately, should it arise, to ensure that any

walk-ins were correctly signposted to the most appropriate service which may include offering to book in to an enhanced access appointment or contacting 111 for example.

1.24 Is there a requirement for a certain number of hubs or practice sites per PCN?
No. The sites at which face-to-face services are to be provided should be at locations convenient to access for patients registered with the PCN. It is for the PCN to work with its CCG and local population to determine where the best place for hubs are, and to analyse current location under the CCG commissioned service.

1.25 In terms of sites, does it have to be the same site for every Saturday, or can it rotate around a PCN?
A PCN would need to work with the commissioner if there was a plan to rotate the sites to ensure that patient communication was clear and 111 were able to be updated appropriately.

1.26 Can we target our services to support one demographic group or one particular practice population?
PCNs must deliver services that are available to all the PCNs population and be accessible to all. PCNs will need to consider this in developing their service model.

1.27 Can a proposal for delivery be shared? i.e. some delivered by the PCN and others by a GP federation using a subcontracting arrangement?
Yes. The delivery and approach to meeting the service requirements in keeping with the DES is completely down to PCNs. They can choose various models to achieve this. For example, if a PCN does not want to directly provide all or part of the Enhanced Access service it can sub-contract this to another provider. The commissioner should work with other PCNs to ensure there is a cohesive patient offer and that the service can be accessed by all the PCN's population

2. Contracting

2.1 Can a PCN opt out of part of Network Contract DES e.g. the Enhanced Access (EA) service and what happens if a PCN does not fulfil all the EA requirements?
No. When a practice signs up to the Network Contract DES, all elements of the DES must be provided. A PCN cannot opt out of any part of the DES or offer a reduced service including for the enhanced access service. The PCN may choose to sub-contract delivery of the EA service to another provider if it wishes (see also Q1.27 and Section 4).

Commissioners will be responsible for monitoring delivery of the requirements, and if a PCN identifies it will be unable to deliver any of the DES requirements then they should seek support from their commissioner, as set out in the Network Contract DES.

For example, if a PCN is unable to provide the required EA minutes in a week, perhaps as a result of a bank holiday, they should agree with their commissioner how to make this up and will need to provide these appointments within a two week period (unless otherwise agreed with the commissioner).

2.2 Where practices are not signed up to the DES is it the commissioner's / CCG's responsibility for putting in place alternative arrangements?

Yes. This is the case for all services under the DES - if a practice is not signed up, the commissioner must ensure that network services are provided for patients at that practice. The commissioner should work with other providers to ensure there is a cohesive patient offer.

3. Commissioner

3.1 What is the role of commissioners in the preparation and service requirement phases?

Commissioners will need to:

- Provide support to PCNs/practices to enable them to complete plans e.g. share intelligence/knowledge/data of existing CCG services/models of delivery, support patient engagement
- Assure and sign off PCN plans
- Ensure PCN plans form part of a cohesive ICS approach
- Support the PCN's practices in engaging with and informing their patients about changes to EA services
- Support practices in transition from current EA services
- Commission services from practices not part of EA DES
- Provide support to PCNs for necessary IT to deliver specification e.g. OC/VC and interoperable appointment books

3.2 Where commissioners are delivering in excess of the 60 min/1000/week, is there a requirement for the current level to be maintained?

As set out in the DES guidance Document template (england.nhs.uk) it is expected that, where areas already have additional patient services in place locally, commissioners will make arrangements for these to continue (and any changes would be subject to local engagement). Where current levels of capacity or funding as provided under the CCG Extended Access Service at 30 September 2022 exceed the minimum requirements for Enhanced Access set out in the Network Contract DES Specification, commissioners will be expected to ensure that these capacity and funding levels under the CCG Extended Access Service are maintained going forward.

3.3 Will any national/regional reporting be put in place to monitor delivery of EA from October?

As is already the case, it will be for commissioners to put in place the type of reporting they require to ensure PCNs are meeting the DES requirements.

4. Subcontracting

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4.1 If 4 PCNs are subcontracting to the same provider can they submit 1 plan to the CCG, and can the CCG discuss proposal with all 4 PCNs together rather than separately.

This would need to be agreed between the PCNs and commissioner.

4.2 PCNs aren't legal entities so who would hold the sub-contract if using another provider for EA? How would this work in practice?

A PCN can choose to sub-contract delivery of the EA service, as it can with other services under the GP contract. A PCN would need to decide on the contracting model which best suits its individual circumstances, but this could be done via a lead practice model or with each of the practices in a PCN holding an agreement with the sub-contracted provider.

4.3 Can you advise what will happen to GP Federations who may no longer hold an eligible contract to be a nominated payee for their PCN when the changes to enhanced access come into force?

The arrangements under the Network Contract DES continue to require that the nominated payee must hold a primary medical services contract. We are aware of the situation for GP Federation nominated payees and are working towards being able to continue this through any nominated payee arrangements.

We are working with a number of payment systems to automate all Network Contract DES-related payments to Primary Care Networks, and thus enable any legally constituted organisation to act as a PCN nominated payee. When implemented, this change will enable all Network Contract DES-related payments to be paid automatically via the PCSE Online system, irrespective of the identity of the nominated payee.

We estimate this new process will go live in October 2022 (date TBC). Please continue to maintain your existing processes for payments under the Network Contract DES to PCNs. If you have questions, please email england.gpcontracts@nhs.net.

4.4 What are the VAT issues for PCNs subcontracting with Primary Care Providers at scale e.g. Federations?

Information on the contract network DES and VAT has been published by NHS England.

4.5 What is being done about the NHS Pension Scheme access implications as a result of federations no longer holding an APMS contract (for extended access)?

NHSEI is aware of the situation and we are working with DHSC and NHS BSA to work through the implications and ensure that PCN flexible models of employment are able to access the NHS Pension scheme where appropriate. Currently, access to the Scheme may also be granted on a time-limited basis to 31st March 2023 if employers meet one of the scenarios set out on BSA's website.

4.6 Do PCNs need to undertake a competitive procurement if they wish to sub contract Enhanced Access services under the Network Contract DES?

Certain healthcare providers, such as NHS Trusts, are subject to procurement law (mainly the Public Contracts Regulations 2015) when they award contracts. This may require a competitive procurement process to be undertaken to identify the contractor and this may include the award of sub-contracts.

GPs have not previously considered themselves subject to the Public Contracts Regulations on the basis that they are private for-profit businesses and therefore they are not "bodies governed by public law". This has never been challenged in UK Courts and therefore appears to be generally accepted. It is unlikely that PCNs, as unincorporated associations of GP practices, will be treated any differently.

4.7 Will NHS England be providing a sub-contracting template?

We understand some PCNs may have developed sub-contracting arrangements using the DES as this basis for these. We are working with NHS Confederation to develop a template, which will be available shortly on the EA Futures page.

4.8 Can the NHS Standard Contract be used to subcontract the access requirements?

No. The NHS Standard Contract must not be used to sub-contract requirements of the Network Contract DES, and neither should the template sub-contract published by NHS England for use with the NHS Standard Contract. Neither are designed for or fit for that purpose. The NHS Standard Contract is not designed to be used as a sub-contract. This is covered in the 2022/23 NHS Standard Contract Technical Guidance.

5. Finance

5.1 What is the funding for each PCN and how is this calculated?

Between 1 April 2022 and 30 September 2022 PCNs are entitled to £0.720 multiplied by the PCN's registered list size at 1st January 2022 for Extended Access (equating to £0.120 per patient per month).

For example, a PCN with a list size of 50,000 at 1st January 2022 is entitled to 50,000 multiplied by £0.72 which equals £36,000 for April to September 2022.

Between 1st October 2022 and 31st March 2023 PCNs will be entitled to £3.76 multiplied by the PCN's Adjusted Population at 1st January 2022 for Enhanced Access (equating to £0.62 per PCN Adjusted Population per month).

5.2 What is the distribution of the funding?

The current funding streams will continue until September 2022, with PCNs receiving £0.72 (half of £1.44 annual funding) per registered population for extended hour part of the DES and the CCGs receiving £3 per weighted head of population for their extended access.

From October 2022 these two services and their funding steams will be combined with PCNs delivering an enhanced access service to its patients. PCNs will receive for the last six months of the financial year £3.76 per head of PCN adjusted population. This figure is more than the first six months funding because from 1 October 2022 funding has been increased by 2.5% over 21/22 to reflect population growth projections plus estimated inflation forecasts. PCN adjusted populations have been calculated by weighting the PCN registered list by the CCG primary medical care formula

PCNs can find an indication of the their 22-23 income including for Extended Access and Enhanced Access by using the *General Medical Services (GMS) & Primary Care Networks (PCN) – practice and PCN income ready reckoner* (published here NHS England » GP Contract 2022/23 financial information). This ready reckoner also includes PCN Adjusted Populations for 1st January 22 based on PCN membership at 1st January 22.

Example:
Taking the illustrative example of a PCN with a registered list 50,000:

- If its PCN Adjusted Population is 52,000 at 1st January 2022, the PCN will receive 52,000 multiplied by £3.764 which equals £195,728 for October 2022 to March 23.

- If instead its PCN Adjusted Population is 48,000 at 1st January 2022, the PCN will receive 48,000 multiplied by £3.764 which equals £180,672 for October 2022 to March 2023.

5.3 Why has the funding methodology changed from registered lists to adjusted populations?

Allocations for the current CCG-commissioned service are currently based on the CCG primary medical care formula (which is attached to the majority of the Extended access funding), and so with the transfer to PCNs the same approach will be taken. The Enhanced Access funding to PCNs is also based on these adjusted populations.

6. Digital Services/IT

6.1 Are there different digital requirements for enhanced access, compared to core hours services?

The IT requirements in the DES are designed to provide a consistent and more digitally enabled offer so that there is no difference in the digital maturity of the EA services and core hours. PCNs, supported by CCG GPIT teams, will increasingly use relevant functionality and systems in place to support different modes of consultation.

6.2 What work is going on to join different IT systems together, for example we have three different primary care systems in our area?

We are working with NHSD and suppliers to understand and work through each of these requirements and put into place a roadmap that addresses each. We will provide further updates as we go along. For example, the GP Connect Programme is looking at options to facilitate connections between general practice clinical systems including across practices and hubs.

7. Support offer

7.1 What support is available to help PCNs deliver the specification?

A series of webinars focused on supporting commissioners and PCNs prepare to deliver the new enhanced access (EA) service from October 2022 will take place from mid-May. PCNs can sign up via the Future NHS workspace. This site will also host relevant and supportive information such as guidance, FAQs, and webinar materials in one place as they become available.

8. Skill mix

8.1 What GP cover is required in the network standard hours?

In terms of GP availability, GP clinical cover should be provided across the Network Standard Hours as part of a wider multi-disciplinary team (MDT) to ensure that an appropriate blend of remote and face-to-face consultations can be provided in line with clinical needs and taking account of population demographics.

PCNs must ensure appropriate senior clinical cover and supervision are always in place for the multi-disciplinary team. This may be delivered by the appropriate clinician and may be offered remotely where there is more than one site in operation.

PCNs should have conversation with their commissioners about the existing service. This will involve reviewing current data on population health, patient demand and experience, staffing models, feedback from local patients and taking local insights. They will then be able to work with their commissioners to describe what a service offer could look like and from there the clinical model will start to emerge building on their knowledge of their usual practice/PCN operational role and how supervision and clinical governance is offered.

PCNs should be able to start to work out what is the need, where are GPs and other MDT members are needed and best supported to make sure that it is the best possible offer and safe service for their patients.

8.2 Are PCNs able to utilise staff employed via ARRS in enhanced access services?

Yes, staff currently employed or engaged by PCNs and reimbursed through the ARRS may be utilised in the enhanced access period, as long as they are continuing to deliver all the requirements of the relevant role outline set out in the Network Contract DES Specification and are working as part of a multidisciplinary team to deliver that care across in hours and enhanced access.

8.3 If two clinicians are working, do both their hours count towards extended hours?

Yes. All clinicians that are available to patients in extended access hours can be counted. (See example under Q1.14).

9. Miscellaneous

9.1 Will PCNs need to register with the CQC and do practices need to modify their current registration when they become a part of a PCN?

Only legal entities can register with CQC. If a provider collaborative, such as a PCN, is not a legal entity then it cannot carry on regulated activities and therefore it cannot be registered with CQC.

As such, in a situation where a PCN is not a legal entity, and the constituent providers are already registered with CQC for the regulated activities they will provide as part of the network (which will also include extended access services), they will not need to register again or separately in respect of being a constituent member of a PCN. However, it is advised that providers amend their 'statements of purpose' to accurately reflect the additional role(s) in service delivery they will assume as a participant member of a PCN.

However, in a situation where a new or currently unregistered provider organisation is to be formed and that organisation will have ongoing direction and control of any regulated activity as a part of a PCN, then this provider organisation would be required, as a legal entity, to register with CQC. New applications for registration can take up to 10 weeks to complete from when CQC accept the application to when CQC issue a notice of their

decision to register or a proposal to refuse. The timeframe will depend on the complexity of the application, the level of assessment and scrutiny required, and the availability of key information requested by the registration inspector.