Publishing Approval Reference 000429

Primary Care Networks: Frequently Asked Questions

Updated May 2019

PCN set up and governance

1. **Is there any flexibility to waive the 30,000 bottom list size requirement for PCNs?**
   A PCN is defined as GP practice(s) and other providers serving an identified Network Area with a minimum population of 30,000 people. PCNs will typically serve populations between 30,000 to 50,000, but in setting the network area, consideration should be given to the future footprint which would best support delivery of services to patients in the context of the broader Integrated Care System (ICS) or Sustainability and Transformation Partnership (STP).

   In exceptional circumstances, commissioners may 'waive' the 30,000 minimum population requirement where a PCN serves a natural community which has a low population density across a large rural and remote area.

2. **Can a PCN exceed 50,000 people?**
   PCNs will not tend to exceed 50,000 people. This is not a strict requirement and commissioners may agree to larger PCNs. In such circumstances, the PCN may organise itself operationally into smaller neighbourhood teams that cover population sizes between 30,000 to 50,000.

3. **Will the primary care network size be measured based on weighted list size or registered list size?**
   It will be based on registered populations i.e. number of people.

4. **Will CCGs be required to make the final decision on PCNs and what happens if a group of practices can't get the 30,000 list size required?**
   CCGs will have the responsibility for approving the registration requirements by no later than Friday 31 May 2019 (except for the small number of CCGs without delegated authority where the task will remain with the NHS England local team). During June 2019, CCGs and LMCs will work to resolve any outstanding issues to ensure full population coverage by the end of June. Commissioners can also discuss issues with the NHS England regional team.

   The network area must cover a boundary that makes sense to (a) constituent members; (b) other community-based providers, who configure their teams accordingly; and (c) the local community and would normally cover a geographically contiguous area.

5. **Can groups of practices refuse to work with other practices to form a PCN?**
   Practices will make the initial proposal to CCGs describing how they wish to work together in networks. They will need to ensure their PCN footprint makes

sense for service delivery, normally geographically coterminous, not just past relationships and performance.

Commissioners are responsible for ensuring 100% PCN coverage for their area and may not approve a PCN's registration request if this has not been achieved.

6. **Do PCNs have to stay within the local authority boundaries?**
   This is not a requirement. However, PCNs should ensure their boundaries make sense to their members, other community-based providers (including local authorities) and the local community.

7. **What is the difference between a primary care network and Primary Care Home (PCH)?**
   Primary Care Home is one model for working as a PCN that has been adopted in a number of areas. Alongside others, PCH sites have played a role in informing national PCN policy. Existing PCH sites can continue with their current approach, providing it is consistent with the Network Contract DES and local CCG/STP/ICS primary care strategies. It may be that some other PCNs forming across the country decide to use the PCH model to support them as they develop; others will adopt different approaches.

8. **We have heard of some CCGs who have already developed a number of templates locally. Is it ok for us to use these templates and adapt them as needed or shall we draft our own?**
   Regarding the network agreement, it is clearly set out what can be amended and what needs to remain unchanged. This is a mandated agreement however there is opportunity to supplement or vary certain elements.
   Other resources that CCGs have confirmed they are happy to share can be found on the PCN page within the FutureNHS platform, which contains a range of resources to support PCN development. Please email england.pcn@nhs.net if you would like access to this platform – we are keen to encourage people involved in PCN development to sign up and share learning.

Funding and contracting

9. **Will PCNs of less than 50,000 people get a smaller allocation of start-up funding?**
   With the exception of funding under the Additional Roles Reimbursement Scheme, funding for the Network Contract DES will be on a per registered patient basis. As such, each PCN will receive the bulk of payments in accordance with the number of patients registered with their constituent GP practices.

   The Additional Roles Reimbursement Sum will be allocated based on the PCN's weighted population. The basis of the weighting is still to be confirmed.

10. **Are the payments for Network Participation, clinical director and workforce all payable from CCG Primary Medical Care allocations?**
    Yes, all funding apart from the £1.50 per head payment will be payable from CCG Primary Medical Care Allocations. The £1.50 per head is from general CCG allocations.

11. **Will commissioners be required to amend all existing enhanced services to be commissioned at a network level or will this be for local discretion?**
    Paragraph 4.2 of the Network contract DES Specification states:
    "With agreement between the commissioner and the PCN, commissioners may develop and commission local Supplementary Network Services[1] as an agreed supplement to the Network Contract DES, supported by additional local resources. So as to not impact upon the national reporting and requirements set out in the Network Contract DES, these local supplements should be via a separate local incentive scheme (LIS) and, as would be expected, in discussions with the LMC. This will minimise additional reporting requirements for commissioners if varying the national specification. The Network Contract DES specification must not be varied locally and commissioners are not able to increase or reduce the basic requirements nor reduce the national funding pursuant to this Network Contract DES specification."

    It will be for local commissioners to consider, and agree with their practices, whether there are current local incentive schemes that could more appropriately be delivered by primary care networks in future.

12. **Will a PCN of 30,000 people get the same workforce resource entitlement as that of a much bigger PCN – say 100,000 people? If so, then it may seem to make sense for that PCN to split into four smaller PCNs so they get three times the resources.**
    In 2019/20, a PCN with a population between 30,000 to 100,000 will be able to claim the relevant percentage reimbursement for one whole time equivalent (WTE) clinical pharmacist and one WTE social prescribing link worker. For any network above 100,000 the entitlement is to two WTEs of each.

    From April 2020, each PCN will be allocated a single combined maximum Additional Roles Reimbursement Sum based on weighted capitation. The basis for this weighting is to be confirmed in 2019. This sum can be flexibly deployed by the network within the rules of the scheme to support the PCN workforce. Any clinical pharmacists transferred from either the Clinical Pharmacist in General Practice Scheme and Medicines Optimisation in Care Homes Scheme will need to be accounted for within this sum.

[1] Supplementary Network Services would be services commissioned locally, under separate arrangements and with additional resource, building on the foundation of the Network Contract DES.

The reimbursement arrangements for 9 months in 2019/20 will not be a legitimate justification for proposing a particular size of network. CCGs will only agree PCN footprints which make sense for service delivery and by April 2020 all reimbursement will be available on the basis of network size.

13. **How will the existing NHS England Clinical Pharmacist in General Practice Scheme be subsumed into the Network Contract DES?**
Section 4.4.2 (page 11) of the Network Contract DES Guidance sets out the rules for transferring clinical pharmacist(s).

The enhanced service specification for the Clinical Pharmacist in General Practice Scheme is currently being updated. It will be published in due course.

14. **Will practices have to apply to transfer a clinical pharmacist employed under the NHS England Clinical Pharmacist in General Practice Scheme?**
No formal application is required. GP practices and PCNs will need to agree to transfer the clinical pharmacist's post to become a PCN workforce resource and in accordance with the transitional arrangements. The clinical pharmacist being transferred should be appropriately consulted and the PCN will need to ensure the role meets the requirements set out in paragraph 4.5.15 in the Network Contract DES Specification.

GP practices should inform the commissioner of the transfer when making the first payment claim under the Network Contract DES. Commissioners will be required to complete a template to inform NHS England. Details of this will be communicated separately.

15. **Where clinical pharmacists are already in post in practices/PCNs at a higher band, will consultation be required on lowering the banding to ensure equity for all new clinical pharmacists being employed under this scheme?**
Decisions to amend terms and conditions of employment for existing staff is a matter for the employer following due legal process. However, it may be necessary for job descriptions to be amended to reflect role requirements outlined in the Network Contract DES and arrangements to support their working across the PCN.

For those clinical pharmacists to be employed using funding from the Network Contract DES, the eligible maximum pay against which the 70% reimbursement will apply is the sum of (a) the weighted average salary for the specified Agenda for Change band; plus (b) the associated employer on-costs and are set out in the publication. PCNs can employ staff on higher bandings but will only be able to claim the salary plus on-costs up to the specified maximum reimbursable amount for that job role. It will be for employers to determine what salary is offered.

16. **For 2019/20, funding for new roles is 70% for one WTE clinical pharmacist per PCN and 100% for one WTE social prescribing link worker per network. When will reimbursement be made available to PCNs and will CCGs manage the process?**
    Reimbursement is available from 1 July 2019 onwards and at the point at which a new person is appointed to one of the identified roles. The appointment will need to satisfy the criteria set out in the Network Contract DES and be within the PCNs allocated reimbursement limit.

17. **A typical PCN in year one will have one pharmacist, unless they also have posts that transfer over from the national scheme. Is there going to be an issue with these being funded in year two?**
    The PCN will need to fund the pharmacist that they transferred in from the national scheme out of their workforce reimbursement allocation in Year 2. The available workforce funding increases significantly in 2020/21 and over the course of the five years

18. **If you are in a PCN that has two existing pharmacists who were transferred over from the national scheme, by the end of year one you would have three pharmacists. Would it be accurate to suggest that in year two you would have to take this into consideration for the additional post that you can appoint in year two?**
    Yes, this will need to be considered, and inform decisions about recruitment in subsequent years.

19. **The pharmacist posts are not spread evenly across the country and our local finance teams are concerned that if a number of them transfer across we will have more cost pressures.**
    Practices and the employed pharmacists can choose whether to transfer the posts to the Network DES. For those who do not wish to be transferred, they can continue to claim funding via the national Clinical Pharmacist in General Practice scheme that they originally committed to. PCNs need to determine locally the optimum number of pharmacists (and staff in the other four roles) for the network. If they are transferred over, they will be part of the overall workforce sum, but it should be noted that the funding will be extending over the next five years.

20. **Is there any guidance on whether a PCN with a clinical director who is also a CCG board member would need to go through the conflict of interest route?**
    We will not be producing any further guidance on conflicts of interest. The existing principles in the conflict of interest guidance on the NHS England website would apply to primary care networks and the employment of clinical directors as it would do to any other CCG post.

21. **Is there any guidance on CCGs providing £1.50 per registered patient for network development or can CCGs agree locally what we expect in return from the funding which will be on top of the DES?**
This money is a PCN entitlement under the DES and can be used at the discretion of the PCN. For example, it could go into support such as business/ admin to support the CD and network set up. It could be used towards the additional 30% costs needed for the extra posts or to support transformation activities within the network.

22. **What is the Network Participation Payment, when does it start and how much is it?**
In addition to the payments made to the PCN's nominated payee under the terms of the Network Contract DES, practices participating in the Network Contract DES will be entitled to the Network Participation Payment (as set out in the Statement of Financial Entitlements). This payment equates to £0.147 per weighted patient and is payable from July 2019 following a GP practice's sign-up to the Network Contract DES.

23. **Why is the additional funding to deliver additional clinical areas included in 2020/21 but there is nothing for 2019/20?**
Funding under the Network Contract DES will not specifically be attached to the service specifications. In 2019/20 the funding supports the establishment of PCNs and the delivery of extended hours access appointments.

    The annual increase in Network Contract DES funding, including for the Additional Roles Reimbursement Scheme, is subject to agreeing seven national *Network Service Specifications* and their subsequent delivery. Five new service specifications start in April 2020, with a further two introduced in April 2021.

24. **Is there a job description for the Clinical Director?**
Section 4.4.2 of the Network Contract DES Specification sets out the requirements linked to the Clinical Director. Within this section, paragraph 4.4.2.d sets out the key role responsibilities. We do not intend to issue a national job description.

25. **Is there a suggested process for appointing the named Clinical Directors for each PCN? Would you suggest this is done by election or term of office for example?**
It is up to the network to determine the appointment process. Some information has been included in the Network Contract DES Guidance. The BMA guidance document (handbook) may also be a helpful resource.

26. **What is the requirement for practices to sign data sharing agreement before qualifying for any payments?**
PCNs will need to ensure that data sharing processes are in place prior to the commencement of delivery of network services. Paragraph 2.13 of the Network Contract DES Specification states that the PCN member "GP practices must also ensure they have in place appropriate data sharing arrangements and, if required, data processor arrangements (both using the

template to be provided), that are compliant with data protection legislation to support the delivery of extended hours access services prior to 30 June 2019."

27. **Do we know when the national data sharing agreement is likely to be released?**
    This is currently in development and will be agreed with GPC prior to release.

28. **What is the statutory form of a network, and who is accountable for the bank account to receive funding?**
    Each PCN must identify the single practice or provider (who holds a GMS, PMS or APMS contract) that will receive funding on behalf of the PCN. The PCN can't simply open a joint bank account.

29. **Can a CCG decide to whom they wish to distribute the Network Contract DES money?**
    No – a CCG cannot make the decision as to whom the Network Contract DES funding is to be paid to. The funding available under the Network Contract DES is an PCN entitlement and it is for the PCN to determine who the nominated payee will be (in line with the criteria set out in the Network Contract DES specification).

30. **If a practice or practices that are members of a PCN sub-contract with a non-NHS body, such as a Federation, what are the VAT implications?**
    NHS England has published a VAT information note which can be found here.

31. **What is the exact funding available to PCNs in 2019/20?**
    The table below outlines the payments to be made to PCNs under the terms of the Network Contract DES. In addition to these payment, practices participating in the Network Contract DES will be entitled to the Network Participation Payment (as set out in the Statement of Financial Entitlements).

Payment details	Amount	Allocations	Payment timings
PCN funding	£1.50 per registered patient* per year (equating to £0.125 per patient per month)	CCG core programme allocations	Monthly in arrears** from July 2019 The first payment (to be made on or by end July 2019) will cover the period 1 April to 31 July. Subsequent payments will be made monthly in arrears** so the August 2019 payment to be made by the end of August 2019.
Clinical Director contribution	£0.514 per registered patient* to cover July 2019 to	PMC allocations	Monthly in arrears** from July 2019.

(population based payments)	March 2020 (equating to £0.057 per patient per month)		First payment to be paid on or by end July 2019 and thereafter on or by the last day of each month.
Staff reimbursements • Clinical pharmacists • Social prescribing link workers	Actual costs to the maximum amounts per the Five-Year Framework Agreement, paid from July 2019 following employment	PMC allocations	Monthly in arrears** Payment claimable following start of employment. Reimbursement payable on or by the last day of the following month (for example, July 2019 payment to be made on or by end August 2019)
Extended hours access	£1.099 per registered patient* to cover period July 2019 to March 2020 (i.e. equating to £0.122 per patient per month)	PMC allocations	Monthly in arrears** First payment made for July to be made on or by end of July 2019. Subsequent payments made on or by the end of the relevant months. For example, the August 2019 payment to be made on or by end August 2019.

*based on the patient numbers as at 1 January immediately preceding the financial year. For example, the 1 January 2019 patient figures are used for the 2019/20 financial year.
**as per local payment arrangements (to account for where CCGs/Regions do not have a payment run on the last day of the month).

32. What is the available funding for the extended hours access requirement within the Network Contract DES?

The practice level Extended Hours Access DES is being withdrawn effective from 30 June 2019. From July 2019, extended hours access will be delivered by PCNs and their GP member practices as part of the Network Contract DES.

The full year funding under the Network Contract DES equates to £1.45 per registered patient per annum. In 2019/20 the funding cover quarters 2 to 4 and therefore equates to £1.099 per registered patient.

On top of this payment of £1.45 per registered patient per annum through the Network Contract DES, practices will receive within their global sum payments around £0.50 per patient to cover the expansion in delivery to 100% of patients. Taken together, the two amounts would total a payment of approx. £1.95 (£1.45 plus £0.50) per registered patient per year.

33. What are the requirements/model of delivery for PCNs to deliver the extended hours access appointments?

Provision of extended hours access appointments is a requirement of the Network DES from 1 July 2019. This is separate from the CCG commissioned extended access services in 2019/20. It will be up to your PCN to determine how this is provided to the registered population of the PCN as part of the Network Agreement but PCNs will need to ensure this service is offered to the entire PCN population. The exact model of delivery in each PCN may vary and could include:

- All practices in the PCN continuing to offer extended hours to its own registered list;
- One practice undertaking the majority of the extended hours provision for the PCN's population, with other practices participating less frequently (but that practice's registered patients can still access extended hours services at other sites);
- One practice offering extended hours to its own registered list and the other practices sub-contracting delivery for their respective patients.

Irrespective of the delivery model, the PCN should ensure that all network patients have access to a comparable extended hours service offer.

Each PCN's extended hours service offer will need to meet the specified requirements of the Network Contract DES as specified at section 4.3 of the Network Directed Enhanced Service Contract Specification 2019/20. The specification also clearly states at para 2.13 that practices must ensure they have in place appropriate data sharing arrangements and, if required, data processor arrangements prior to extended hours service delivery.

Payment for this element of the DES is made on a payment per registered patient. If your PCN is unable to offer this service to its entire population then it will be unable to take up the offer of the DES or the commissioner may withhold the both the relevant payment and core PCN funding.

Further information can be found in the Network DES Specification published at www.england.nhs.uk/gp/gpfv/investment/gp-contract

34. What happens if a PCN does not deliver the extended hours access requirements within the Network Contract DES?

The extended hours access requirements form part of the Network Contract DES and is not an optional service. PCNs not delivering the requirements set out within the Network Contract DES Specification will be in breach of the terms of the DES and commissioners may withhold payments in accordance with paragraph 4.6.1 and provisions B1 of the Network Service Specification.

Federations

35. **Is it possible for a federation to hold a PCN contract on behalf of many practices?**
    Eligibility for the Network Contract DES is for GP practices who hold a registered patient list and offer in-hours (essential services) primary medical services. A federation not holding an in-hours (essential services) primary medical services contract and registered list would not be eligible to hold the Network Contract DES. However, a PCN may decide to use a federation to provide a set of services and would be able to contract with them to do so.

36. **For PCNs who do not have a federation above them, is a 'mini federation' at PCN level the answer? Perhaps there is some NHS England guidance coming out on this to ensure the legal structure of PCN is correct from the start?**
    It is up to the PCN how it will deliver services for its population. It may decide to work with other PCNs or providers such as a GP Federation to do things like training a broader workforce, create shared operational systems and quality improvement approaches including the use of locally owned data, support the delivery of collective back office functions etc.

PCN development support

37. **Our challenges are with acute and community services that are covered by one provider who is very financial challenged. This provider covers a number of CCGs and currently does not wish to work with us. Are the national team sharing information and plans with the wider sector and secondary care, and do we know what drivers are there for them to become a part of a PCN?**
    In all STPs and ICSs, organisations across the system will need to work together with PCNs to enable delivery of integrated care. NHS England and NHS Improvement corporate and regional teams are working with systems to support this. For PCNs to be successful, they will need strong local partnerships with community, acute, mental health, local authority and voluntary services to deliver care to local populations.

Estates

38. **How can estates and technology adapt to enable more flexible working arrangements across a PCN?**
    Practices should assess whether they are maximising efficiencies across their estate. Best use should be made of digital options and all available space across the network and its primary care partners, for example Community Trusts. Some examples we have seen of PCNs making good use of their joint estate include:
    - Ensure consulting rooms are not 'allocated' to particular GPs or consultants. Flexible use of rooms by support staff and clinicians increases the utilisation of space over time;
    - Consider the introduction of online / Skype / telephone consultations where appropriate to reduce the need for patients to attend surgery

premises. Such consultations in a smaller dedicated admin room would free up other allocated clinical consultation rooms for those with greater need.

- In more rural areas, clinical support staff might look to rotate between practices to reduce the required travel distance for patients or run initial consultations via video-screen from practice to practice. This will require flexibility in the estate to support multiple activities in any given consultation room, but will reduce the overall floorspace required across the PCN.

39. How can a PCN ensure any estate alterations are of a high quality and in line with regulations?

NHS England requires that all NHS buildings and facilities are compliant with building regulations and clinical guidance. Contact your CCG to obtain this guidance, or england.gppremisesfund@nhs.net.

In the event that a review of estate highlights the need for new / extended facilities, a robust tender process must be undertaken to identify an appropriate developer/building contractor. If you are making any structural internal alterations to your premises, you should consider whether you need to have the work inspected on completion by your Local Authority building regulations officer. Access to NHS capital is controlled. Any plans must be underwritten by confirmed funding sources before approval of works can be offered.

40. Is there any allocated capital funding to support estate alterations to deliver PCNs?

NHS England has not allocated any specific central capital grant funding to support the delivery of PCN estates. Practices and PCNs are encouraged to get in touch with the CCG, STP, or other suitable healthcare estate funding body to identify opportunities to utilise existing estate, or to discuss accessing other NHS funding sources.

41. What support can I get from NHS England to develop my existing estate?

NHS England can offer advice and support on a range of primary care estates and development matters including (but not limited to) leases, GP reimbursements, access to funding, procurement, town planning, and project delivery. Contact your CCG in the first instance, or england.gppremisesfund@nhs.net for further information.

42. How can I ensure interoperability between existing practices to share files and data between within PCN?

Interoperability is key to the success of PCNs. Practices and practitioners should be able to readily and easily share information, files and data between themselves via safe, secure IT networks. It is important that software across the given PCN has the capacity to read the records it is required to. Updating software can be costly and take time. Practices and emerging PCNs should look to confirm whether their systems are interoperable early on and to engage with NHS England and NHS Digital IT leads to discuss requirements.

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Please email england.pcn@nhs.net with any additional questions and a member of the team will be in touch.