

Primary Care Networks

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PCN Contract Update

Next Steps on General Practice Response to COVID-19' Letter from NHS England 19 March 2020

- Investment and Impact Fund deferred until at least second half of 20/21 and recycled into PCN Support Fund
- Funding for network DES 20/21 will continue to be available
- DES Specifications – Structured Medication Review and Medicines Optimisation Service postponed until at least October 2020
- Early Cancer Diagnosis specification should continue as planned unless Covid-19 response intervenes
- GP Support to Care Home Specification to continue as planned (next slide)
- Workforce under ARRS considered critical to Covid-19 response, recognising PCNs may need more time to consider workforce needs, delay to planning templates from June to 31 August. CCG requirement to redistribute unused funding deferred until September 2020.

PCN Contract Update

- All PCNs have been invited to reconfirm participation in the PCN DES for 2020/2021 with a deadline of 24 April 2020. No changes are anticipated. The re-registration will reflect any practice closures or changes in Clinical Directors that have occurred since July 2019.
- Extended Hours remains a requirement of the PCN DES and flexibility of how this is used during the Covid period has been indicated nationally
- Locally practices were assured that extended Hours would not be performance monitored and income would be protected for the quarter 1 20/21 period. Early discussions are in place as to what will be required to support practices from 1 July 2020 (Q2).

PCNs - Enhanced Health in Care Homes

‘Next Steps on General Practice Response to COVID-19’ Letter from NHS England 19 March 2020

- Enhanced Health in Care Homes Specifications continues
- Noted importance of delivering coordinated services to care homes
- Requirements continue in line with the dates set out in the 20/21 contract deal
- NHS E to ensure alignment with Covid-19 pathway
- Key deadlines therefore remain by 31 July 2020:
 - Care homes to be allocated to PCNs and agreed
 - PCNs to confirm they have appropriately coded residents
 - Specification goes live 1 October 2020
- Care Homes covid-19 cell in place co-ordinating overall care homes response
- National guidance is that the emphasis is on remote consultations for care homes during the covid response wherever possible

PCN Organisational Development

- 15/18 PCNs have submitted PCN OD proposals (deadline of 31st March) with a further 1 anticipated by end April
- Encourage PCNs to submit proposals where possible, however, priority is Covid response and where this is not possible funds to be committed for PCN programme
- Peloton leadership programme is being kept under review to establish whether it can be delivered later in the year and/or remotely
- Discussion planned at 23rd April PCN Clinical Directors meeting about sharing learning, impact of Covid on proposed activities and principles for 2020/2021

Investment and Impact Fund

As confirmed by NHS England on 31 March 2020 the introduction of the Investment and Impact Fund (IIF) has been postponed for at least six months. Nationally £16.25m of funding earmarked for the scheme has been recycled into a PCN support funding stream. This has been paid on the basis of a PCN's weighted population at 27p per weighted patient for the 6 month period 1 April – 30 September 2020. This equates to half the total IIF funding with the exception the flu immunisation payment for which activity was not anticipated to begin until September 2020.

Additional Roles

NHS England has confirmed that the Additional Roles Reimbursement scheme (ARRS) will continue as planned, noting that supporting practices to increase capacity is more important than ever at this time. The requirement for PCNs to submit workforce plans for 20/21 has been delayed until the end of August 2020. Indicative plans for 21/22 will be submitted at the end of October 2020. This will further ensure that PCNs can focus on their activity as a priority to build capacity.

Social Prescribing Link Workers have been described as being uniquely placed to support people whilst they are self isolating due to Coronavirus. NHS England have therefore suggested that PCNs can take steps to increase the number of social prescribing link workers by using the ARRS to recruit a team of SPLWs, work in partnership with the voluntary sector to deploy social prescribing link workers.

Locally 16/18 PCNs already sub contract their link workers through the voluntary sector. PCNs are being encouraged to recruit additional capacity where needed. This could be through fixed term posts accessing the funding for roles that may have suffered an initial delay in recruitment across the quarter 1 period.