

SUMMARY OF PCN DES 1 MAY 2020

It is incredible to reflect that it was less than 12 months ago that we were supporting practices in the formation of PCNs across Derbyshire. None of us could have foreseen where we would be as the decision point for remaining signed up to the PCN DES approaches (31 May 2020). There have been a number of changes to the PCN DES specifications since the consultation paper was published by NHSE just before Christmas, culminating in the letter from Simon Stevens on 29 April 2020. In order to support practices decision making we have provided a consolidation of those changes and for simplicity we have broken it down into the decision, the offer, the ask and process requirements.

THE DECISION

By 31 May 2020, each practice must decide if they wish to remain signed up to the PCN DES. *Each practice needs to inform the CCG of its intentions to sign up or opt out by this date. Future years will see auto-enrolment.*

The next opportunity to opt out will be 31 March 2021 unless:

- There is an irreparable breakdown in PCN relationships or expulsion (subject to CCG agreement).
- There is any variation to the Network Contract DES Specification that is to take effect prior to the 31 March 2021, at which point there would be an opportunity to opt out.

THE OFFER

The funding (paid to PCN unless otherwise stated):

- Core PCN funding - £1.50 per registered patient per year
- Clinical Director contribution - £0.722 per registered patient per year
- Extended hours access - £1.45 per registered patient. (N.B approx. £0.50 per patient has been added to global sum to allow for 100% coverage)
- Care home premium £60 per registered bed (regardless of occupancy) for the period 01/08/2020 to 31/03/2021 *A locally commissioned service is offered from 15 May 2020 until 1 October 2020 and will cover the preparatory stage towards the PCN DES from 01/08/2020 to 30/09/2020.*
- PCN Support payment - £0.27 per weighted patient (01/04/2020 to 30/09/2020) (Additional funding TBN from October 2020 to cover 01/10/2020 to 31/03/2021)
- Network Participation Payment - £1.761 per weighted patient (paid to individual practices)
- ARRS Staff reimbursements – Actual costs (inc on costs) up to a max of £7.131 per weighted patient

The Additional Roles Reimbursement Scheme. This has been extended to 100% funding (up to the PCN maximum) of the following: Clinical Pharmacist, Pharmacy Technician, Social Prescribing Link Worker, Health and Wellbeing Coach, Care Coordinator, Physician Associate, First Contact Physiotherapist, Dietician, Podiatrist, Occupational Therapist. (From April 2021, paramedics and mental health practitioner roles will be added).

This is for additional staff (baseline established on 31/03/2019)

CCG Support. The CCG will:

- Support PCN development via investment/development support outside the PCN DES, through different ways including, but not be limited to:
 - Recruitment support from CCG staff including collective/batch recruitment across PCNs.
 - Brokering arrangements to support direct employment of staff by community partners, or rotational working across acute, community, mental health and community pharmacy.
 - Ensuring local NHS workforce plans support PCN intentions.
- Liaise to ensure each PCN supports service delivery within the wider JUCD strategy.
- Have oversight of PCN footprints to ensure these make long term sense for service delivery and in the context of the GP contract framework.

THE ASK

Duty of co-operation. All practices (regardless of whether they are signed up to PCD DES or not) are required to co-operate with other practices in their PCN area, inform patients of PCN services, support wider co-operation with other non-GP providers, enter in data sharing arrangements and share non-clinical data.

PCN Structures. The requirements to have a network agreement and clinical director remains extant. There will be a requirement to develop a PCN dashboard.

Workforce. By 31/08/2020, each PCN needs to complete and return the workforce planning template, setting out its ARRS recruitment plans and by 31/10/2020 indicative intentions through to 2023/24.

Care Homes. The Enhanced Health in Care Homes package requires PCNs to:

By 31 July 2020:

- Agreed the PCN's Aligned Care Homes with the CCG.
- Plan (with other providers where necessary) how the EHCH will operate.
- Support Aligned Care Home residents to be registered with a PCN practice.
- Ensure a lead **Clinician** is nominated/appointed.

By 30 September 2020:

- Work with other service providers to establish MDTs to deliver EHCH.
- have established arrangements for the MDT to develop personalised care and support plans with Aligned Care Homes residents.

As soon as is practicable, and by no later than 31 March 2021:

- Establish protocols with care home and other providers for information sharing, shared care planning, use of shared care records, and clear clinical governance.

From 1 October 2020:

- Deliver a weekly 'home round' for the PCN's Care Home residents:
 - Based on MDT defined clinical judgement (not every resident needs to be reviewed/seen weekly)
 - With consistency of staff in the MDT, save in exceptional circumstances.
 - With appropriate and consistent medical input from a GP or geriatrician.
 - Using digital technology to support the weekly home round.
- Through MDTs develop/refresh personalised care and support plans for all residents:
 - within seven working days of admission;
 - with the patient and/or their carer;
 - based on principles and domains of Comprehensive Geriatric Assessment;
 - drawn, where practicable, on existing assessments;
 - And make all reasonable efforts to support delivery of the plan;
 - identify and/or engage in locally organised shared learning opportunities;
 - support discharges from hospital and transfers of care between settings.

Extended hours access. No change

Structured Medication Reviews (SMRs) and Medicines Optimisation.

From the 1 October 2020, a PCN is required to:

- Identify and prioritise the PCN's Patients who would benefit from an SMR;
- Deliver a volume of SMRs determined/limited by PCN's clinical pharmacist capacity;
- Actively work with CCG to optimise the quality of local prescribing of antimicrobial medicines; medicines which can cause dependency; metered dose inhalers, where a lower carbon device may be appropriate; medicines of low priority.

Early Cancer Diagnosis. PCNs should make every possible effort to begin work on the Early Cancer Diagnosis specification from 1 April unless work to support the COVID-19 response intervenes.

Social Prescribing Service. A PCN must provide a social prescribing service to their collective patients by either directly employing Social Prescribing Link Workers or by sub-contracting the provision of the service to another provider.

PROCESS REQUIREMENTS

If you wish to remain signed up the PCN DES you do not need to do anything. If you do wish to opt-out, you need to notify the CCG by 31 May 2020.

Separate to this decision you need to complete the PCN Network Contract DES participation form 2020/21 which the CCG circulated on 28 April. This details any changes to the make up of your PCN.