

# Network Contract Direct Enhanced Service (DES) Draft Outline Service Specifications

Sheffield  
LMC



## Sheffield LMC's Position Statement January 2020

Further to our comments on the content of the Network Contract Direct Enhanced Service (DES) Draft Outline Service Specifications published by NHS England (NHSE) on 23 December 2019 (<https://www.sheffield-lmc.org.uk/website/IGP217/files/SLMC%20Response%20to%20Network%20Contract%20DES%20Draft%20Specs%20Jan20.pdf>), Sheffield LMC members have now met to discuss these proposals and release a further statement.

*We deplore the content and negative impact that the draft specifications would have on the delivery of care to patients and general practice in particular. We cannot support the draft Network Contract DES in its current format and find it unacceptable to the profession. We are greatly concerned that the damage caused by such a publication has irreversibly affected the credibility of Primary Care Networks (PCNs) in the eyes of all concerned.*

Our reasons are set out below.

### GENERAL PRACTICE

The development of PCNs was heralded as an opportunity to collaborate on health and social care in the community on the back of a well-received report from Nigel Watson, sponsored by the Department of Health and Social Care, exploring the ways of reducing workload and stabilising general practice whilst strengthening the partnership model and increasing the workforce.

We do not see any statement within the draft specification that addresses:

- i) The universally recognised need to reduce workload in general practice.
- ii) The universally agreed need to increase GP recruitment and retention.
- iii) A sustained increase in investment in general practices that will stabilise these structures to allow the progress of primary care changes.
- iv) The need to adequately fund a prolonged change-management agenda.

Although many agree with the aims and sentiments of delivering patient-centred care at scale in a more integrated and collaborative manner, it has become abundantly apparent that the draft Network Contract DES specifications will deliver none of this. Again and again our members re-iterate the major problems:

1. Underfunding in relation to clinical delivery and the re-imburement scheme will result in practices paying to deliver services. This is undeliverable with the current partially-funded Additional Roles Reimbursement Scheme (ARRS).
2. Underfunding of Clinical leads. The proposals will take senior clinicians away from clinical activity into managerial roles, leaving fewer GP appointments with no remuneration and no backfill.
3. No recognition in the funding formula for the significant extra workload these proposals will impose on practice managers and administrative staff.
4. Performance management. Clinical leads will be expected to performance manage non-general practice related activity.

5. Increased workload. The draft DES specification will dramatically increase workload and this is irrespective of the “left shift” that our Integrated Care System (ICS) is planning of hospital care into the community.
6. Integration agenda. Although this is a practice-based, voluntary contract its main focus is away from the delivery of general practice. The agenda needs to re-focus on the stabilisation of general practice and primary care outcomes for patients.
7. Training. Many of the proposed new staff will require supervision during their training and once they are working. This has not been factored into either the DES or the training programmes developing ARRS staff.
8. Disinvestment from locally commissioned services. The current proposals will result in funding shifting from current focus onto PCN delivery. The obvious example is the Care Homes DES that is considered by NHSE to be wholly deliverable through the ARRS with no extra funding required. CCGs will disinvest from their Care Homes Locally Commissioned Service (LCS), threatening the stability of practices.

## **ALLIED HEALTH PROFESSIONALS**

We raise concerns as to the impact the draft specifications will have on morale and recruitment of professionals to the ARRS. It is clear that this draft is universally unpopular and rejected by most GPs and this will send a significant message to those considering a career in primary care. It is also clear that the DES is not a five year settlement but an annual negotiating round that can and will be detrimental to recruitment into these roles.

We expect this and future negotiations around the DES to make it more difficult to recruit in future years and, therefore, harder to deliver many of the specifications.

## **CONCLUSION**

We call into question the credibility of the current proposals as they will significantly increase the workload on our GPs, Practice Managers, practices, PCNs, Clinical Directors and suggested Clinical leads. They will reduce delivery of core general practice to the detriment of patient care. They are woefully underfunded suggestions that should be rejected outright, with greater focus on funding and stabilising general practice alongside an adequately resourced change-management agenda.

We were encouraged by investment into primary care and working more closely with our social care and third sector partners, however, this should never be to the detriment of trying to deliver high quality general practice.

We consider these proposals significantly threaten the delivery and fabric of general practice and so cannot support them until they re-focus on the stabilisation and development of general practice through proper funding, workload reduction and creating an environment that will attract medical students into a career in primary care.

**DR ALASTAIR BRADLEY**  
**Chair**