COMMERCIAL BANKING

PRIMARY CARE NETWORKS YOUR QUESTIONS ANSWERED

Supporting General Practice | Primary Care Networks

Established in 2019, Primary Care Networks (PCNs) were designed to enable GP practices to work collaboratively at scale and achieve economies by doing so. This collaborative arrangement between GP practices and others within the health sector typically serves patient populations of between 30,000 – 50,000 and, to date, 98% of practices in England have signed up to a PCN.

GP practices should be in the same geographical area so that they can coordinate and deliver services to meet the needs of their patient population. This has been evident during the Covid 19 vaccine rollout where the pre-existing groupings have been able to mobilise plans locally.

Is there a prescribed structure for Primary Care Networks?

No, there isn't a prescribed form a PCN must take and there are a variety of models across the country.

The basic form of a PCN is a loose arrangement between the GP practices, known as the "Lead Practice" model. One practice within the Network takes on responsibility for receipt of Network funding into its bank account (Nominated Payee) and employment of the Network employees.

GP Federations across the country saw this as an opportunity to strengthen their role within primary care and also provide much needed support and infrastructure. Many PCNs have used already established GP Federations to be both the Nominated Payee and the employer of the multi-disciplinary staff.

There are many legal and financial issues that have arisen as a result of Networks, including the sharing of liability and risk and VAT.

What about the Primary Care Network DES?

GP practices that established a Network which fit the criteria specified would then be required to participate in the Direct Enhanced Service (DES). The DES sets out several strands of funding for collaboration, workforce expansion and service provision to be awarded and delivered across the Network.

The money promised for Networks is guaranteed until 2024 including:

- funding for an additional 20,000 staff
- funding for the Clinical Director
- part funding for a Fellowship Scheme and a Training Hub
- a recurrent £1.50 per patient for participating in a Network
- £30m of recurrent funding for the provision of extended hours, NHS 111 and extended access
- access to an investment and impact fund.

Why do I need a Network Agreement?

The Network Agreement sets out the contractual framework that binds the practices together. It should adequately set out how the Network is going to deal with the following issues:

- decision making, governance and collaboration arrangements
- arrangements regarding the delivery of different packages of care
- the agreement for distribution of funding between the practices
- arrangements regarding the employment of the expanded workforce
- internal governance arrangements (appointment processes, decision making, process, etc).

LLOYDS BANK

Who is the Clinical Director and what do they do?

Each PCN is required to have an accountable Clinical Director, who must be a practicing clinician from within the Network. The Clinical Director's responsibility is to provide leadership for the Network's strategic plans and work with the GP practices and the wider health economy to improve the quality and effectiveness of the Network's delivery of the DES.

It is expected that Clinical Directors will work collaboratively with Clinical Directors from other Networks within their Integrated Care System (ICS) area. Together they will play a critical role in shaping and supporting their ICS, in so far as primary care is concerned, and developing and implementing local systems plans.

It should be emphasised that the Clinical Director is not solely responsible for the operational delivery of Network services and that this is the responsibility of the whole Network. The Clinical Director does however have overall responsibility for the following:

- Provision of strategic and clinical leadership for the Network.
- Ensuring that Network employees have the right mix of skills for the needs of Network patients.
- Working with the GP practices within their Network, the wider health sectors, the Commissioner and other Networks to develop and deliver local programmes for the improvement of health outcomes and ensuring these initiatives are coordinated.
- Developing relationships with clinical leaders and wider participants in the health care arena.
- Facilitating participation of the Network in research studies and working collaboratively with research networks and institutions.

Neha Shah is a partner in the primary care team and Sam Hopkins is the head of Real Estate at Capsticks Solicitors, working with and advising GP practices, GP Federations and Primary Care Networks to provide ongoing advice and support. Visit our website https://www.capsticks.com/our-expertise/primary-care to find out more about how we can help.

What is the Additional Roles Reimbursement Scheme?

The Additional Roles Reimbursement Scheme (ARRS) is being made available to Networks as a means to introduce non-traditional GP roles into practices. The aim is to have a multi-disciplinary team supporting general practitioners at a clinical level both in order to make available a wider range of clinical services at practice level and also to ease the burden on general practitioners.

Initially in 2019, the intention was for the following roles to be made available (staggered over three years):

- clinical pharmacist
- paramedic
- physiotherapist
- physician associate
- social prescriber.

The first four roles were to be 70% funded and the Social Prescriber (or Link Worker) role was to be 100% funded.

However, for various reasons – possibly including the appetite of practices to take on the additional roles which required part-funding – by 2020 the additional roles became 100% reimbursed (at the Agenda for Change rates) and the list of roles which would fall into the ARRS was expanded to include:

- pharmacy technicians
- care co-ordinators
- health coaches
- dietitians
- podiatrists
- occupational therapists
- mental health professionals.

The changes to the funding have had a huge impact on practices' willingness to hire under this scheme, with Networks reporting possibly 100 + people being employed under this model.

Overall, PCNs are being seen as the future of primary care delivering the national agenda of working at scale, and also transitioning care, where possible, into the community setting. PCNs will play an important role in the development of ICSs and give primary care a voice in the wider health sector.

Please contact us if you would like this information in an alternative format such as Braille, large print or audio.

If you have a hearing or speech impairment you can use Relay UK. More information on the Relay UK Service can be found at: **relayuk.bt.com/**

BB60645 (04/21)