The voice of NHS leadership

To: NHS England and Improvement Primary Care Contracts Team

Dear Colleague

Thank you for the opportunity to respond to the PCN service specifications. As you know, we have been listening to Clinical Directors and others involved in PCNs since we started to establish our new PCN Network overseen by our NHS Primary Care team.

Our response has taken into account the view of our networks such as NHS Clinical Commissioners and the Mental Health Network as well as the clinical directors and others involved with PCNs. We will shortly be publishing a more detailed report on the wider needs of PCNs following a survey we recently conducted.

We strongly believe that this is an exciting time for primary care – to build on the progress made as through implementation of the GP Five Year Forward View; to build valuable local relationships that will underpin integrated pathways of care and to deliver a more holistic response to local health and care needs. However, we fear that with the amount of work involved in establishing PCNs, the limited time of Clinical Directors and the introduction of a new set of national requirements, we will lose the commitment and goodwill of the GP profession. Until we have a solid base upon which PCNs have been founded, we will not achieve the ambitions set out in the NHS Long-Term Plan.

The key themes we have identified in relation to the service specification are:

1) **Local flexibilities**
   The service specifications are presented as a standard, one size fits all approach, failing to recognise that each area has very different population health needs, demands and workforce and recruitment challenges. Therefore, we believe the specifications should be amended to allow for more flexibility in terms of national versus local requirements as well as a longer phasing of their introduction and timescales for full implementation. Through talking to clinical directors, we believe that the specifications need to be less prescriptive and enable PCNs to have more scope to determine 'how' and 'how fast' they deliver the specifications for their population. We recommend that the specifications be amended to allow PCN to select three of the five to focus on in the first instance, or to enable local decision making as to the delivery of each of the five.

2) **Time to develop relationships**
   Clinical directors realise the need to develop strong local relationships, across their PCN and with the wider health and care system. Their very limited hours and the demands of these service specifications do not always allow these relationships to be developed effectively, thereby

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placing the specification delivery and the wider visions for PCNs at risk. We therefore recommend steps be taken to enable clinical directors to focus more on the strategic relationship development needed rather than administrative and management tasks – see point 4 below.

3) **Funding**

Clinical directors are not clear on funding streams or other resources available to them and what they can expect to receive either directly or via the CCG/STP/ICS. There are deep concerns that these specifications are not deliverable within the funding available. We recommend funding and other resources available are made clearer as soon as possible in a format easily accessible to PCNs and that there is a comprehensive assessment of the delivery cost of the specifications as currently set out.

4) **Capacity**

Alongside the pressures on the time of the clinical directors, there is a concern that the wider workforce does not have the capacity to deliver the service specifications. This is heightened by the administrative demands of developing a PCN and managing these specifications. Therefore, we recommend additional administrative and management support is made available to PCNs as soon as possible. It should be made clear how this support is to be provided and by when, and what a PCN should be able to expect in times of capacity and skills.

5) **Recruitment and training challenges**

While the ARRS scheme intends to enable PCNs to recruit a wider workforce, many are struggling with recruitment and the cost and scarcity of skilled staff is proving to be a challenge. In addition, the need for the PCN to fund 30% of the costs of some of the posts is proving prohibitive, particularly when the overheads of recruitment, training and employment are taken into account. We recommend that PCNs are given extra support in recruiting to the new roles and that local CCGs/ICSs develop a plan to help those PCNs who are unable to recruit, over and above the steps outlined in the specifications.

6) **Lack of clarity on support offers**

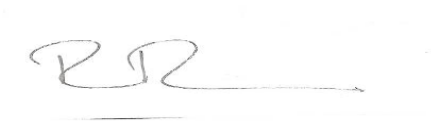
Clinical directors report a dizzying array of support offers made to them and they are not clear which are worthwhile, and which are not. It is essential that there is a trusted source of information, guidance and signposting for PCNs. This is, in part, what the NHS Confederation aims to achieve through its offer to PCNs and in collaboration with our national partners, NHS Clinical Commissioners, National Association of Primary Care, BMA and RCGP.

7) **Lack of reference to mental health**

The NHS Confederation's Mental Health Network adds that, patients with a long-term serious mental illness are not adequately considered within the service specifications despite being a population who stand to benefit from many elements such as standard medicine review and optimisation and the wider benefits of partnership working in PCNs. We recommend this be rectified as soon as possible or to be incorporated into the local flexibilities point made in 1) so the PCNs can focus on this population as needed.

We thank you again for the opportunity to comment on the specifications and we look forward to working with you to develop and support PCNs and clinical directors.

Kind regards



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