

The Network Contract Direct Enhanced Service

Benefits and challenges

Background

Primary care networks (PCNs) were introduced at the beginning of January 2019 as part of the NHS Long Term Plan, accompanied by significant additional investment.

The Network Contract Direct Enhanced Service (DES) underpins the role of PCNs in empowering general practice within the wider NHS and improving the range and effectiveness of primary care services.

As we approach the 31 May deadline for practices to make a decision about their involvement in the PCN DES, the PCN Network has produced this short briefing on the benefits and challenges of PCNs, to assist practices in making an informed decision.

Benefits

While there is nothing to stop practices working collaboratively together, being part of a PCN supports a more formal collaboration under a shared network agreement with access to a shared income stream. This presents PCNs with a range of opportunities:

Significant investment

The five-year GP contract is worth £3.4 billion by 2023/24, of which £2.4 billion will be invested directly into PCNs. This represents a significant investment into primary care. By opting out of the PCN DES, practices will lose access to several sources of funding that underpin new service and workforce developments – including the network participation payment element. Any services currently locally commissioned that are covered by a new national specification are highly unlikely to be separately commissioned by clinical commissioning groups (CCGs).



Additional staff

The new contract recognises the need to significantly invest in the wider primary care workforce. The introduction of the Additional Roles Reimbursement Scheme (ARRS) is the most significant financial investment, £1.13 million by 2023/24 on average per network. It will enable PCNs to build a diverse workforce (all funded at 100 per cent) to make general practice more resilient and support the delivery of the new service specifications, through a multidisciplinary integrated approach. We are encouraging PCNs to look at innovative employment models for these staff, including employment through partner organisations such as community trusts and ambulance trusts, where appropriate.

Primary care ‘at scale’

The DES seeks to formalise the structure and function of general practice working at scale. It provides a blueprint for a range of services to be delivered supported by a multidisciplinary workforce, and enables wider partnership-working across the health and care system, with opportunities for greater innovation to address local health needs. It places general practice at the heart of the system through PCN leadership, working collaboratively to redesign services in a neighbourhood-reflective way.

Stabilising general practice

The success of PCNs will rely on their ability to deliver sustainable general practice and provide the platform for wider system working and population health management. Practices will benefit from access to a wider range of support and resources, making use of the new funding and workforce as well as new ways of working (innovations that have occurred in response to COVID-19) to shore up practices to continue to deliver the services their population needs.

Challenges

We know from our members that the current PCN contract and specifications are not perfect and this has become evident in the management of the current COVID-19 pandemic. Representing PCN members, we will be asking NHS England and NHS Improvement (NHSEI) and the British Medical Association (BMA) to consider the following in their contract negotiations for 2021/22:

Delivery of the service specifications

Despite changes to the specifications earlier in the year, PCNs still have concerns about the finer detail, how they will be delivered and, more than ever, their ability to continue on the current timescales as COVID-19 pressures continue and they start the recovery phase. NHSEI has assured us that the specifications will continue to evolve as PCNs mature and any changes to the contract will be negotiated through the BMA.

Advancements made during COVID-19

We know the significant efforts that general practice has made during COVID-19 and, where it makes sense to keep them, we must maintain new ways of working. The expansion of remotely delivered services, new workforce roles, support for care homes and wider support for at-risk groups, to name a few, have created a new baseline from which PCNs must move forward. We need to consider how to capitalise on these benefits in future PCN policy and not regress into old ways of working.

Conclusion

The PCN Network believes that this is a significant opportunity for primary care (including general practice) to be at the forefront of redesigning and delivering a truly responsive service to meet the needs of local populations. We recognise the desire for uniformity across the country. However, an aim for a minimum effective standard could be viewed as a more productive approach, using the service specifications to drive innovation and quality improvement.

Opting out of the DES could risk general practice, through PCNs, losing influence within the system and nationally as we move towards a more integrated health and care system.

We believe that this is the time for general practice, and primary care, to grasp the opportunities provided through the DES to drive significant change and service improvement in response to the specific needs of its own local population.

If you would like to know more before making a final decision, please join our webinar on 27 May, 12:30–1:30pm, during which we will be talking to a range of colleagues from NHSEI, the BMA, CCGs and PCNs to get their perspectives and answer your questions. [Register online to join](#).



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About the PCN Network

The PCN Network has been established by the NHS Confederation to support primary care networks and to ensure they are effectively represented within the health and care system. Read more at www.nhsconfed.org/PCN-Network

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Wales and Northern Ireland. We represent over 500 members, including hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems. To find out more, visit www.nhsconfed.org

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