

FAO:  
GP practices  
Primary Care Networks  
Regional Directors of Primary Care and Public Health  
CCG Clinical Leads and Accountable Officers

31<sup>st</sup> March 2021

## **PRIMARY CARE NETWORKS: NETWORK CONTRACT DIRECTED ENHANCED SERVICE FROM APRIL 2021**

### **EXPLANATORY NOTE**

1. Following discussion and agreement with GPC England, NHS England and NHS Improvement (NHSEI) has today published the revised Network Contract Directed Enhanced Service (DES) which takes effect from 1 April 2021. This implements the agreements set out in the letter of 21 January 2021 on *Supporting General Practice in 2021/22*.
2. The new Network Contract DES from 1 April provides some certainty for PCNs for the first part of 2021/22. It includes the promised increase in full-year funding for the Additional Roles Reimbursement Scheme (ARRS) from a maximum of £430m in 2020/21 to a maximum of £746m in 2021/22. We are making the scheme more flexible, including new reimbursable roles and inner and outer London weighting. However, the planned addition of four new PCN services will not take place until 1 October 2021 at the earliest, given the re-prioritisation required as a result of the COVID-19 pandemic and vaccination programme.
3. Under the Investment and Impact Fund (IIF), there will be six indicators which commence from 1 April, worth a total of £50.7m, which largely represent a continuation of the focus of the scheme in 20/21. These are described in more detail below. No further indicators will be introduced until 1 October 2021 at the earliest.
4. We announced on 11 March that we will provide further funding for PCN Clinical Director support from April to June 2021 to support the leadership and management of the COVID response, with PCNs eligible where at least one Core Network Practice is signed up to the COVID-19 Vaccination Programme Enhanced Service. The COVID Capacity Expansion Fund has also been extended from 1 April to 30 September 2021, and is worth an additional £120m for that six month period.



## *New reimbursable roles and improvements within the Additional Roles Reimbursement Scheme*

5. The new Network Contract DES includes a number of additional flexibilities within the ARRS, further supporting PCNs to maximise the engagement of additional staff.
6. PCNs are now able to claim reimbursement for paramedics through the ARRS. Paramedics in primary care are generally expected to work at Level 7 capability, but suitably experienced paramedics on a training pathway to that level may also be reimbursed if working as part of a rotational model with an Ambulance Trust.
7. From April 2021, every PCN will become entitled to a fully embedded WTE mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services. The role can be a registered mental health clinician at band 5-8a, as locally agreed, with 50% of the salary and employer NI/pension costs (up to the maximum amount for each banding) provided by the PCN and reimbursable through the ARRS and with the remainder funded by the community mental health provider. The full 1 WTE role must be embedded within the PCN. PCNs with a list size of fewer than 100k patients are eligible for reimbursement for one WTE MHP, with PCNs over 100k eligible for two WTE. PCNs may also choose to embed a children and young people Mental Health Practitioner with the agreement of the local secondary care provider of community mental health services, on the same basis as, and in addition to the adult MHP role. Staff funded in this way will be additional to those mental health practitioners and co-located IAPT practitioners already embedded within general practice. The new obligation on mental health providers will be set out in the 2021/22 NHS Standard Contract.
8. The ARRS also now includes the Advanced Practitioner designation which applies to the following PCN roles: Clinical Pharmacist; Physiotherapist; Occupational Therapist; Dietician; Podiatrist; and Paramedic. To be reimbursable at band 8a, the role must meet the minimum requirements and the additional responsibilities set out in the Advanced Practitioner role outlined in Annex B of the [Network Contract DES Specification](#). A limit of one WTE for PCNs with fewer than 100k patients applies (two WTEs for those PCNs larger than 100k patients). This takes the total number of reimbursable roles to 15.
9. An inner and outer London maximum reimbursement rate now applies to PCNs in the London Region for each of the additional roles.
10. A further window, between 1 April and 30 September 2021, is available to transfer any clinical pharmacists in post and funded under the *Clinical Pharmacist in General Practice Scheme* on 31 March 2021 to become part of the PCN's multi-disciplinary team.

11. This is a critical year for PCNs to expand their workforce. The NHS system planning requirement is for 15,500 WTE roles to be deployed by the end of 2021/22. Beyond an initial sum within CCG primary care allocations, CCGs will only be able to draw down on ARRS funding on the basis of PCN recruitment under the scheme: the onus is therefore on PCNs to make full use of their ARRS entitlements to ensure that general practice benefits from the funding available.

#### *Existing PCN Services*

12. The Enhanced Health in Care Homes service requirements are unchanged from 20/21. Minor updates have been made to the Early Cancer Diagnosis and Structured Medication Review service requirements to reflect evolving clinical policy. Updated guidance documents for both services are published as part of this contract package. As a result of the pandemic, there has been an overall reduction in both the number of people being referred urgently with suspected cancer and those being referred from cancer screening programmes. Delivery of the PCN service requirements, alongside the aligned QOF QI module on Early Cancer Diagnosis, will support primary care in responding to both the ongoing challenge posed by the pandemic, and to the opportunity provided by the NHS Long Term Plan ambitions for cancer.

#### *Investment and Impact Fund*

13. Following its commencement as part of the 2020/21 Network Contract DES, the Investment and Impact Fund (IIF) will continue in 2021/22. Six indicators worth a total of £50.7m will commence from 1 April, rewarding PCNs for delivery of seasonal influenza vaccination (for over 65s, patients aged 18-64 in a clinical at risk group, and children aged 2 to 3 years); Annual Learning Disability Health Checks and Health Action Plans; social prescribing referrals; and the mapping of appointment categories to new national categories.

14. Guidance to support the implementation of the IIF, including the appropriate mapping of appointment categories has been published as part of the contract package. No further IIF indicators will be introduced until 1 October at the earliest.

#### *Participation*

15. Practices already signed up in 2020/21 will automatically participate in the 2021/22 DES. This means that PCNs with no changes to their membership or information do not need to submit any sign-up information to their CCG to continue to participate. PCNs with changes must notify the commissioner by 30 April 2021 to seek approval of those changes.

16. If a practice wishes to opt out of the DES, it must inform its CCG by 30 April 2021. The CCG will work with the remaining practices in the PCN to consider the consequences, including whether the PCN remains viable. Similarly, if a practice wishes to opt into the DES, it must inform its CCG by 30 April 2021 in accordance with the process set out in the DES Specification and Guidance.

### *Conclusion*

17. PCNs are playing a vital role in the delivery of the COVID-19 vaccination programme, and the recovery from the pandemic. The changes agreed to the 2021/22 Network Contract DES are intended to provide further stability and support to PCNs. The additional arrangements for 2021/22 will be developed and communicated as soon as the response to pandemic allows, providing as much notice to practices as possible.

**NHS England and NHS Improvement**