

To:

Directors of Commissioning
Regional Heads of Primary Care Heads of
Primary Care
CCG Clinical Leads and Accountable
Officers

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Dear Colleagues

PRIMARY CARE NETWORKS: UPDATE TO COMMISSIONERS

Thank you for all your hard work to get primary care networks established and practices taking part in the Network Contract Directed Enhanced Service (DES). The DES has had a very positive reception and almost every practice in the country is taking part. This success owes much to the work and engagement by Clinical Commissioning Groups (CCGs) and regional teams. This letter provides an update on future developments for the Network Contract DES.

Development and introduction of network services

The *Investment and Evolution* document and Network Contract DES Guidance stated that, during 2019 and 2020, NHS England and the General Practitioners Committee (GPC) of the BMA will develop seven service specifications which will become core requirements within the Network Contract DES. There are five to be included within the 2020/21 Network Contract DES; Structured Medications Review and Optimisation, Enhanced Health in Care Homes, Anticipatory Care, Personalised Care and Supporting Early Cancer Diagnosis. A further two specifications – CVD Diagnosis and Prevention, and Health Inequalities – will be introduced for 2021/22.

NHS England is working with relevant stakeholders to develop draft specifications, prior to formal contract discussions with the General Practitioners Committee. We are drawing on a range of inputs, which includes:



- informal engagement with commissioners and Integrated Care Systems (ICS) leads who have already developed a service offer in line with the areas set out in Investment and Evolution and have experience or evidence to share. This process is ongoing, and we welcome examples of local practice (including local service specifications, evidence of impact, and examples of performance indicators or metrics) or comments to england.gpcontracts@nhs.net;
- the establishment of five expert working groups, covering each of the specifications to be introduced in 2020/21, to agree clinical priorities for each intervention and to test emerging propositions. These groups include representation from commissioners or systems, alongside GP representatives, charities and patient groups. The groups are meeting through August and September.

In addition, NHS England will shortly commission a return from each CCG to build a comprehensive picture of the locally commissioned services which are currently in operation covering the forthcoming national network service specifications. I would be very grateful for your support in completing this as fully as possible: doing so will ensure that we are better informed when designing the service specifications, so that we build as far as possible upon existing successful local interventions.

NHS England expects to share the draft specifications with stakeholders in the autumn, including representatives from CCGs and ICSs, before each specification is discussed during the annual GP contract negotiations from October to December 2019. Following negotiations, we expect to publish the final specifications by the end of February 2020 prior to implementation from 1 April 2020.

Network Dashboard and Impact and Investment Fund

In addition to the service requirements, changes in 2020/21 will include the introduction of the Network Dashboard and the Impact and Investment Fund which will complement service requirements. The service specifications will set minimum requirements within the DES. The dashboard will include measures of success to allow PCNs to benchmark their performance and monitor their delivery of the five service specifications.

The Impact and Investment Fund (IIF) is expected to provide additional funding to PCNs which go further and faster to deliver the national service specifications and provide an incentive for PCNs to reduce unwarranted demand on NHS services, including overprescribing and inappropriate A&E attendances. The IIF is expected to commence in April 2020, and will develop over the subsequent four years following further engagement and discussion. NHS England is developing proposals for the

first year of the operation of the IIF, ahead of formal contract discussions with GPC England.

Additional Roles Reimbursement

Guidance for additional roles reimbursement has been published. Full details are available at <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance/>. The guidance provides detailed advice on how CCGs should assess reimbursement claims from PCNs, including the principles for additionality. The guidance also sets out the actions that PCNs and CCGs are expected to take if they are not planning to use the full additional roles reimbursement funding in 2019/20, and clarifies that additional roles reimbursement funding cannot be used outside the terms of the DES (including, for example, higher levels of reimbursement or reimbursement for costs not specified in the DES).

For 2019/20, in the unlikely event that a CCG forecasts an underspend on its Additional Roles Reimbursement Scheme funding (as a result of PCNs failing to draw down their full entitlement), NHS England strongly encourages CCGs to put in place local schemes to share that unused financial entitlement across the other PCNs in the area to enable them to carry out further recruitment – on the terms set out in the Network Contract DES and in this guidance – above their 2019/20 entitlement (with those further additional posts then attracting national funding via the Additional Roles Reimbursement Sum for 2020/21). For 2020/21 and beyond, NHS England intends to discuss with GPC England and primary care commissioners the introduction of a national system of entitlements for PCNs to claim unused Additional Roles Reimbursement Scheme funding from other PCNs' unused entitlements within a CCG area. This would enable those PCNs which have made swift progress in recruiting to the additional roles set out in the Network Contract DES to bring forward further recruitment plans from the subsequent year.

Data Sharing Agreement

A data sharing agreement template, developed in conjunction with GPC England, has now been published and is available at <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-data-templates/>. PCNs can use this template as the basis for an agreement around data sharing processes across the different providers within a network. CCGs need to be assured that a Data Sharing Agreement is in place where data sharing is required for providing services across a network.

Recording PCNs in CQRS

CCGs have been contacted by NHS Digital to begin recording Primary Care Network membership within the Calculating Quality Reporting Service (CQRS).

Commissioning organisations are required to create PCN clusters for their areas during August 2019. This will be the main way Primary Care Network participation and membership will be recorded at CCG, Regional and National level whilst work is underway to create Organisation Data Service (ODS) codes to PCNs.

It is important that every CCG completes this recording to give comprehensive data about PCN membership. Details about this collection are available here:

<https://digital.nhs.uk/services/general-practice-gp-collections/service-information/primary-care-networks>. Reporting will be available on CQRS to all commissioning organisations.

To support the ongoing work to create PCN ODS codes, commissioners are asked to consider with their PCNs the naming convention guidance and PCN postal address attached at Annex A. ODS requires organisations adhere to these naming conventions. As commissioners are currently working to record PCNs in CQRS, this provides the opportunity to ensure that PCN names meet these conventions.

Yours sincerely

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Annex A: guidance on naming conventions for the Organisational Data Service codes

Background

NHS England and Improvement have been working with NHS Digital [Organisation Data Service \(ODS\)](#) to put in place arrangements to support issuing ODS codes to Primary Care Networks.

ODS codes and reference data are integral to nearly all health and social care systems and processes and are relied upon for data flow, analytics and performance management. As well as supporting immediate payment and data flow requirements for PCN, ODS codes will also support ongoing mapping of GP practices and other providers to PCNs and future requirements.

A number of PCNs have already requested ODS codes to support other functionality, such as obtaining an nhs.net mail account.

In order to support the national work underway, PCNs will be required to adhere to the naming conventions used within ODS to enable codes to be issued. PCNs will also be required to provide a valid UK address. NHS England and Improvement are therefore seeking support from commissioners to ensure PCN names meet these naming conventions.

PCN Clustering in Calculating Quality Reporting Service

Calculating Quality Reporting Service (CQRS) includes local functionality to support creating and recording membership of PCNs. Commissioners are being asked to use this functionality to support mapping GP practices to PCNs.

To ensure PCNs are established using a suitable name and to avoid duplication of work, it is proposed that commissioners consider this guidance when inputting PCN information into the CQRS. This will aid the national work being undertaken to allocate ODS codes to PCNs and reduce the need for altering PCN names at a later date, if they do not meet the naming conventions.

Further information on how to create PCNs in CQRS is available at: <https://digital.nhs.uk/services/general-practice-gp-collections/user-support-and-training/cqrs-user-guides/primary-care-networks-user-guidance>

Organisation data service requirements

Naming conventions

To comply with the naming conventions required by ODS, PCN names will need to meet the following requirements:

- Include as a suffix the letters 'PCN'.
- Be limited to a maximum of 40 characters, including the suffix of 'PCN'.
- PCN names need to be as unique as possible and not simply be numbered to

differentiate between them, (i.e. avoid use of 'North' or 'PCN1'). Introducing a geographic element to the name may help (i.e. 'Barking & Dagenham North PCN', rather than just 'North PCN').

If required, numbering PCNs whilst including the CCG area name should be acceptable, as they should still be nationally unique names (i.e. 'Durham Dales (1) PCN' and 'Durham Dales (2) PCN' etc.

- We recommend expanding acronyms for clarity (i.e. WACA, APL) if the 40-character limit allows. The PCN acronym is acceptable as the expansion of PCN will be included in ODS role reference data.
- Standard practice would be to use 'and' in organisation names if required, but '&' can be used in the PCN name if it is reaching/exceeding the 40-character limit

Postal address

Each PCN will be required to provide a valid UK address to enable the ODS system to validate the setup against the Royal Mail database. In addition to being used as part of the ODS validation process, this address will be published alongside the PCN name in both ODS and NHS Choices, and may be used for any mail correspondence purposes. PCNs are therefore advised to consider which PCN member's address would be the most suitable.

The information required is as follows:

- Organisation name (PCN)
- Address 1
- Address 2
- Town/City
- Postcode

Please could commissioners collect this information from their PCNs. Further information will be sent out via NHS Digital regarding how to submit the information to support the PCN ODS coding work.

Queries

If you have any queries regarding the requirements for PCN names or information about ODS, please contact exeter.helpdesk@nhs.net including 'ODS PCN query' in the subject line.

If you have any queries regarding the Network Contract DES, please contact england.gpcontracts@nhs.net