

- To:
- GP practices
 - Primary Care Networks
 - ICSs:
 - clinical leads
 - accountable officers
 - Regions

NHS England
Wellington House
London
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30 September 2022

Dear Colleagues,

Primary Care Networks: Network Contract Directed Enhanced Service from October 2022

Explanatory note

1. NHS England (NHSE) has today published a variation to the Network Contract Directed Enhanced Service (DES) which takes effect from 1 October 2022. This implements the arrangements set out in the letter of [26 September 2022](#) which are intended to increase the roles that PCNs can recruit to, help build additional PCN capacity and ease PCN workload.
2. The amended DES introduces changes to the following areas, as set out in detail below:
 - a. Introducing further flexibility into the Additional Roles Reimbursement Scheme (ARRS) including the addition of a GP assistant role to help reduce administrative burden for GP teams, and a digital and transformation lead role to support patients and practice teams to optimise digital tools and embed transformation.
 - b. Retiring or deferring to 2023/24 four Investment and Impact Fund (IIF) indicators, worth £37m, and allocating this funding to PCNs via a monthly PCN capacity and access support payment, for the purchase of additional clinical services or workforce to increase access to core services this winter.
 - c. Reducing the thresholds of two IIF indicators and changing the definition of a further two IIF indicators to make them easier to achieve.
 - d. Removing the personalised care requirement for all clinical staff to undertake the Personalised Care Institute's e-learning refresher training for shared decision making (SDM) conversations.

- e. Making changes to the anticipatory care requirements to support PCN capacity over the winter, and to reflect the revised national approach of phased implementation of this model of care from April 2023.

3. Full details are at Annex A below.

Participation

4. Practices already signed up in 2022/23 will automatically participate in the updated 2022/23 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 October 2022 to seek approval of those changes.
5. If a practice wishes to sign up to, or opt out of, the DES, it must inform its commissioner by 30 October 2022. The commissioner 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 commissioner by 30 October 2022 in accordance with the process set out in the DES Specification and Guidance.

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Annex A

Updates to the ARRS

1. Introduce a general practice assistant (GPA) role in the ARRS. The role will offer clinical and administrative support to GPs, freeing up clinical time to focus on patient care. The role will be subject to a maximum reimbursement equivalent of an Agenda for Change Band 4 level and the outline will be based on the Health Education England (HEE) competency framework.

PCNs can immediately start recruiting to the role, predominantly through trainee positions. Staff can be trained in-practice, with on-the-job training and development led by GPs, in line with the role outline. Trainee GPAs will also have the opportunity to complete [HEE's structured, accredited training route](#), aligned to the competency framework, equipping them with formal certification of their learning.

2. Introduce a digital and transformation lead, to support increased access to care for patients, by supporting the adoption and/or optimisation of new technology and other initiatives to improve the care offer, and enabling PCN staff to work more effectively to support the sustainability of general practice services. The role will be capped at one per PCN and maximum reimbursement will be equivalent to an Agenda for Change band 8a. It will include delivery of a combination of the following responsibilities:
 - a. Improve adoption and/or optimisation of new technology to enhance patient access and experience and increase PCN productivity
 - b. Build relationships and facilitate collaboration between practices and the wider system to support the delivery of care to patients (including shared appointments between practices to aid delivery of enhanced access)
 - c. Lead an improvement approach to change including building capability for quality improvement within the PCN and system wide approaches to problem solving
 - d. Review and improve the PCN's digital maturity
 - e. Use data, and improve data quality to:
 - i. understand demand, capacity and activity and drive improvements in:
 1. patient experience of access

2. operational efficiency including better matching capacity to need
3. staff experience at work.
 - ii. support population health management
 - iii. support understanding of the type and intensity of support/training needs of the PCN and coordinate this support, including through OD programmes
 - iv. facilitate clinically led innovation and the effective adoption of improvement initiatives, including integrated working at neighbourhood and/or place level to improve access to services for patients.
3. Increase the current cap on hiring advanced practitioners (APs) through the ARRS, from one per PCN to two (double for those with over 100,000 patients). APs are able to supervise members of the multidisciplinary team (MDT) and see undifferentiated patients, supporting workload reduction from GPs.
4. Reimburse training time for nursing associates to become registered nurses who work in general practice, enabling PCNs to develop their nursing workforce and providing a career path for nursing associates. For April 2023 onwards, we will also consider support for senior nurses within PCNs.
5. Increase the ARRS maximum reimbursement rates for the second half of 2022/23 to account for the Agenda for Change uplift.
6. Remove the minimum 0.5 FTE restriction on clinical pharmacists once they have completed their required 18-month training course or have been granted equivalence/exemption from the PCPEP pathway.
7. Contractually permit equivalent entry routes to PCPEP for pharmacy technicians. This will formalise the exemptions that PCPEP apply to some pharmacy technicians who already have the requisite skills.

Updates to the PCN service specifications

8. Update the anticipatory care requirements to better reflect system-level work on anticipatory care. Replace the current specification with:
 - a. 8.9.1. ICSs have responsibility to design and plan anticipatory care for their system.

- b. 8.9.2. PCNs must contribute, working with other providers with whom anticipatory care will be delivered jointly, to ICS-led conversations on the local development and implementation of anticipatory care.
9. Remove the personalised care requirement for all clinical staff to undertake the Personalised Care Institute's 30-min e-learning refresher training for SDM conversations.

Updates to IIF incentives

10. Defer the following indicators to 2023/24:
- a. ACC-02: Number of online consultation submissions received by the PCN per registered patient.
 - b. EHCH-06: Standardised number of emergency admissions on or after 1 October per care home resident aged ≥ 18 .
 - c. IIF ACC-08: Percentage of patients whose time from booking to appointment was two weeks or less.
11. Retire IIF ACC-05: By 31 March 2023, make use of GP Patient Survey results for practices in the PCN to (i) identify patient groups experiencing inequalities in their experience of access to general practice, and (ii) develop, publish and implement a plan to improve patient experience and access for these patient groups, taking into account demographic information including levels of deprivation.
12. In total, the above equals £37m of funding to be released to PCNs as a PCN Support Payment. The PCN Support Payment will be paid on a monthly basis and will be based on the PCN's Adjusted Population. In line with the reinvestment commitment relating to IIF earnings, the PCN capacity and access support payment must be used to purchase additional workforce and increase clinical capacity to support additional appointments and access for patients.
13. Amend the thresholds of the following indicators to better reflect operational realities:
- a. IIF CVD-02: Increase in percentage of registered patients on the QOF Hypertension Register: This indicator is closely linked to IIF CVD-01 which recognises PCNs for following up elevated blood pressure readings to confirm or exclude hypertension. Reduce the 22/23 thresholds to from 0.6/1.2 to 0.4/0.8 percentage point increase.
 - b. IIF PC-01: Percentage of registered patients referred to a social prescribing service. Reduce 22/23 thresholds from 1.2%/1.6% to 0.8%/1.2%.

14. Amend the wording of the following IIF indicators based on feedback from the first half of the year to make them easier to achieve:

- a. CAN-01, which recognises PCNs for ensuring that lower gastrointestinal fast-track referrals for suspected cancer are accompanied by a faecal immunochemical test or FIT – change permissible time between FIT result and referral from seven to twenty-one days.
- b. CVD-04, which recognises PCNs for referring patients with high cholesterol for assessment for familial hypercholesterolaemia – expand list of success criteria to include diagnoses of secondary hypercholesterolaemia, genetic diagnoses of familial hypercholesterolaemia, and assessments for familial hypercholesterolaemia, in addition to referral for assessment for familial hypercholesterolaemia.