Dear colleagues,

**Primary Care Networks: Network Contract Directed Enhanced Service from April 2023**

**Explanatory note**

1. NHS England (NHSE) has today published an updated [Network Contract Directed Enhanced Service (DES) Specification](#) which takes effect from 1 April 2023. This implements the arrangements set out in the letter of 6 March 2023 which set out the requirements of General Practice and PCNs, with the goal of improving patient experience and satisfaction.

2. The updated specification introduces these principal changes to the following areas:
   - the Investment and Impact Fund (IIF) – streamlined to 5 key clinical indicators, with funding repurposed to support patient access and experience; and
   - the Additional Roles Reimbursement Scheme (ARRS) – given further flexibility, and with two new reimbursed roles.

3. Full details are at Annex A.

**Participation**

4. Practices already signed up in 2022/23 will automatically participate in the updated 2023/24 DES. This means that PCNs with no changes to their membership or information do not need to submit any sign-up information to their commissioner to continue to participate. PCNs with changes must notify the commissioner by 30 April 2023 to seek approval of those changes. All
participating practices must agree a variation to incorporate the specification into their contracts.

5. If a practice wishes to sign up to, or opt out of, the DES, it must inform its commissioner by 30 April 2023. 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 April 2023 in accordance with the process set out in the DES Specification and Guidance.

NHS England
Changes to Investment and Impact Fund

1. The following changes will be made to the IIF in 2023/24:

   • the number of indicators will be reduced to five to support a small number of key national priorities: flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator. The value of these indicators will be £59m;

   • the remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and being assessed and/or seen within the appropriate timeframe (for example same day or within 2 weeks where appropriate);

   • 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023/24; and

   • the remaining 30% of the total funding, equating to £73.8m, will be assessed against ‘gateway criteria’ at the end of March 2024 by ICBs and paid to PCNs for demonstrable and evidenced improvements in access for patients.

2. The Learning Disability Health Checks Indicator will be amended by adding a requirement to record the ethnicity of people with learning disabilities.

3. Clinicians are encouraged to continue to use FIT tests for patients with signs of systems of suspected colorectal cancer, including those with rectal bleeding, in line with the British Society Gastroenterology and Association of Coloproctology of Great Britain and Ireland guidance.

4. Additional support will be provided where practices are struggling to access tests. This will involve setting up a national ‘supply chain’ escalation system that any GP practice can contact if local supply issues arise. In addition, support is available from the regional cancer alliance to fund FIT kits where needed.

Increased flexibility of ARRS

5. In 2023/24 the following changes will be made to the ARRS:
• increasing the cap on Advanced Practitioners from two to three per PCN where the PCN’s list size numbers 99,999 or fewer, and from three to six where the PCN’s list size numbers 100,000 or over;

• reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners;

• including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners;

• introducing apprentice Physician Associates as a reimbursable role;

• removing all existing recruitment caps on Mental Health Practitioners, and clarifying that they can support some first contact activity.

• amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

6. During 2023/24 the ARRS will be reviewed to ensure that it remains fit for purpose and aligned to future ambitions for general practice.

Changes to the PCN service specifications

7. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.