

- To:
- GP practices
  - Primary care networks
  - Integrated care systems:
    - clinical leads
    - accountable officers

NHS England  
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Dear colleagues,

## Primary care networks: Network contract directed enhanced service from April 2024

### Explanatory note

1. NHS England has today published an updated [Network contract directed enhanced service \(DES\) specification](#) and associated guidance, which take effect from 1 April 2024. These implement the arrangements for primary care networks (PCNs) within wider [arrangements for the GP contract in 2024/25](#).
2. The updated specification introduces these principal changes to the following areas:
  - a. Giving PCNs more staffing flexibility by including enhanced nurses in the Additional Roles Reimbursement Scheme (ARRS), giving PCNs and GPs more flexibility by removing all caps on all other direct patient care roles, and clarifying role requirements for Physician Associates to reflect [latest guidance](#).
  - b. Supporting practices and PCNs to improve outcomes by simplifying the service requirements – while the enhanced access specification will remain as a separate specification with the arrangements unchanged in 2024/25, the remaining 8 PCN service specifications will be replaced by one simpler overarching specification.
  - c. Helping practices and PCNs provide improved patient experience by increasing the capacity and access payments (CAPs) which will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment. It can be paid in up to 3 tranches, reflecting the 3 domains;
  - d. Simplifying the PCN clinical director role specification by articulating the following key responsibilities:
    - co-ordination of service delivery

- allocation of resources
  - supporting transformation towards Modern General Practice
  - supporting the PCN role in developing integrated neighbourhood teams
- e. Rolling the PCN clinical director and PCN leadership and management funding (£89 million combined) into core PCN funding to give £183 million in total. This is intended to provide PCNs with greater autonomy and to allow PCN clinical directors to lead their PCN in the way that best suits local arrangements.
3. Full details are at Annex 1 of the [GP contract arrangements letter](#).
4. The [Data sharing agreement and data processing agreement non-mandatory templates](#) have been updated for 2024/25 to reflect updated technical and legislative references, and are available for PCNs to use. The mandatory [Network agreement](#) has been updated to allow PCNs to collaboratively deliver vaccinations to their patients, if they choose to do so.

## Participation

5. Practices already signed up in 2023/24 will automatically participate in the updated 2024/25 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 2024 to seek approval of those changes. All participating practices must agree a variation to incorporate the specification into their contracts.
6. If a practice wishes to sign up to, or opt out of, the DES, it must inform its commissioner by 30 April 2024. 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 2024 in accordance with the process set out in the DES specification and guidance.

## NHS England

## At a glance guide to contract changes

<b>Policy change</b>	<b>Amended specification section</b>	<b>Amended guidance section</b>
Replacing 8 current specifications with a single overarching specification that sets out the core missions and purpose of PCNs	New section 8.1	New Part A guidance
Simplify and reduce the requirements of the clinical director role	Redrafted section 5.3	5.6.1 – 5.6.3
Rolling the clinical director and PCN leadership and management funding (circa £45 million) into the core PCN funding to give £183 million in total	Redraft to Table 1 in 10.4.3	Redraft to Table in 10.1.2
Reduce the IIF indicators from 5 to 2 (retaining the indicators on learning disability and FIT testing)	Removal of indicators in Annex D	Tables from 12.8 onwards amended
Redirect funding from the other 3 indicators (flu and access) into the CAP	Redraft to Table 1 in 10.4.3	Redraft to Table in 10.1.2
Simplify CAP payment criteria	Redrafted 10.4A	Section 11
<p>A more flexible ARRS</p> <ul style="list-style-type: none"> <li>• Include enhanced nurses in the roles eligible for reimbursement.</li> <li>• Allow recruitment of other direct patient care, non-nurse and non-GP MDT roles, if agreed with the ICB</li> <li>• Remove caps on all other direct patient care roles</li> <li>• As we lift the cap on mental health practitioner roles, we will leave funding arrangements to be agreed locally by ICBs</li> <li>• Clarify role requirements for Physician Associates</li> <li>• Allow reimbursement of training time for personalised care roles undertaking training or apprenticeships to obtain a level 3 occupational standard</li> </ul>	7.3. and role requirements in Annex B	N/A
End PCN reallocation of unclaimed funding	Deletion of 7.5.5 – 7.5.12	N/A
Improve workforce data collection	5.4.9 & 5.4.10	7.1.6