

**DDLMC WEBINAR ON PCN DES 13th May 2020**

At the webinar yesterday we promised we would circulate the FAQs and slides. I also thought it would be worth trying to summarise what Kath and I had said as we have had some feedback that some people were even more confused after the webinar than before. I’m sorry that we left you confused but that does illustrate where we are with the PCN DES during these very strange times.

As an LMC we tabled a motion, which was unanimously passed, at the special LMC conference in March demanding that the decision be deferred to allow GPC to carry out some financial modelling. Unfortunately, despite lobbying from GPC this has not happened and NHSE have pressed ahead, which is why we are left in this unsatisfactory situation. The final motion at that conference was a vote about whether the LMCs collectively wanted GPC to reject the PCN DES in total. This motion was passed by a majority, but you should note:

* The special conference was called after the initial proposed specification of the PCN DES (which was watered down significantly just before the conference).
* This motion was based on the second iteration of the specification which has been subsequently amended again.
* The LMC conference gives a mandate to GPC to negotiate with NHSE but as we saw before Christmas NHSE make the final decision about what is on offer.
* So, while this is useful background the decision that practices need to make is based on what we know.

As you know, as am LMC we are not normally afraid of giving you a strong recommendation on issues having presented you with the facts, in order that you can then make an informed decision. What we were trying to do yesterday was present you with the facts that we do know, but also making you aware that there are undoubtedly some unknowns. And the fact that different LMCs around the country are coming out with such diametrically opposed opinions illustrates how difficult this is. We do understand that there were still a number of outstanding “we don’t knows”.

We were faced with a stark decision about the advice we gave. We could either speculate on what we thought and give you a firm yes or no (as some LMCs have chosen to do). But if our speculation proved wrong you would then rightly come back and criticise us for telling you something that was not correct. So, we made a conscious decision to try and present the facts as we know them but also tell you the unknowns to enable you to try and make an informed decision. And of course, there is another variable which is how well your PCN has been working up to now. It is not possible for us to really comment on that in detail because we haven’t been living and breathing it like you have but in general we have seen a lot of collaborative working and it would be a shame to unpick some or all of that good work by one or all of the practices opting out.

In summary as we said yesterday on balance at this stage the risks (predominantly structural and financial) are probably just outweighed by the benefits, particularly as there is the backstop of a future opt out when changes to the specs are announced.

**FAQs:**

**Are we certain that the funding for the work requested is enough to cover the cost of providing the services?** In a word NO we are not sure because at the moment the contractual ask is not clear. It’s impossible to model accurately the costs of the delivery of something when we don't yet know what the something is.  The funding is reasonably clear (see slides) but the final specifications aren’t.

**How do we sign up to PCN DES, by when and do we have an opt out?** Each practice needs to make a decision and if you decide you don’t want to continue you need to opt out **by 31st May 2020** by notifying the CCG. If you do nothing you will be assumed to wish to remain in the DES. There will be an annual opt-out window going forward (Mar 2021 being the next one) but you also have the assurance of an automatic opt-out if they introduce new/revised specifications before 31st March 2020. **This is a safety net** as at the point some of the unknowns do become known you will have further options to opt out. Technically you could opt back in again (there will be an annual opportunity) but you would need to find a PCN that would accept you and that could prove tricky if you had been in, then opted out and then wanted to opt back in.

**If we are entering a variation in our core contract to participate in the DES, is it as easily reversed as you indicated in the webinar?** Yes. This is not new; it is how DES contracting has always worked. So, for example if you had previously offered the old extended hours DES (before it became part of the PCN DES) then that was enacted as a contract variation which you could have reversed if you then decided to opt out.

**Can you explain the ask and funding for the Care Homes part of the DES?** This is probably the area that has caused the greatest confusion as there are a number of elements to it:

* Funding;
  + ARRS. The roles funded by the additional roles reimbursement are envisaged to be a large proportion of the workforce that delivers this service. As stated elsewhere these are 100% funded up to a max of £7.131 per patient.
  + £60 per registered bed from Oct 2020 to Mar 2021. (this equates to £120 per year or £10 per month).
  + NHSE have stated that they expect CCGs to keep the existing Care Homes LES funding within primary care. This has been guaranteed in the existing LES until the end of September but we are still waiting for the detail of what this might look like going forward.
* The Ask:
  + Aligned Care Homes with PCNs. This work is going on at the moment by the CCG to meet the July 2020 deadline.
  + An MDT approach including both PCN and Community Health Service contracted input.
  + Each Care home to have a named clinical lead (these are the exact words so could be interpreted to be GP, ANP etc) which could be drawn from PCN or Community Provider.
  + The outline DES spec as part of the wider [Enhanced Health in Care Homes](https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf) programme has been published (to start in October) but there may be some local variations depending on CCG ask/funding. EHCH includes learning disability care homes.

**What are the implications of not signing up?** Perhaps the most obvious is the loss of income and the rest of the implications are less clear cut but include: The CCG will commission PCN delivered services for your patients from elsewhere, which is a loss of influence, collaboration will be more difficult if you are not part of the PCN, going forward more enhanced services are likely to be commissioned from PCN rather than practices (e.g. BoS/LCSF), it could be difficult to align with a PCN in the future if you do wish to re-join, unless there is a large scale opt out (which looks unlikely in Derbyshire) PCNs will remain flavour of the month with NHSE and CCG and as a single practice you may be increasingly isolated.

**What about Extended Hours Access DES and Extended Access?** The Extended Hours Access DES which is now reimbursed at £1.45 through the PCN DES and the Extended Access scheme introduced 2 years ago (at £6 per patient and delivered through various models) remain unchanged for 2020/21. We already knew that the latter is likely to be amalgamated into the PCN DES with effect from April 2021 but have not seen any further detail yet. A reminder that you will have an opt out option when these specs are published.

**How will Structured Medication Reviews affect dispensing practices?** The full SMRs specification has yet to be published but this is separate to any work that dispensing practices may already do. If practices are already doing these then the additional funding/staff resources under the DES can be diverted elsewhere.

**Is the Investment and Impact Fund the future of QOF?** No, IIF and QOF are two different things. QOF is GMS/PMS, IIF is part of the DES. Therefore, in principle, any monies attached to IIF will be used to deliver PCN activity. The introduction of IIF has been suspended for now and the money that was allocated for it has been allocated to PCNs as a 27p per patient PCN Support payment, to cover until October, when further information will follow.