



## **GPC Contracts Roadshow Q&A - 26 February 2019**

### **Derbyshire/Nottinghamshire area**

Presenter: Dr Richard Vautrey

## **Primary Care Networks (PCN)**

### **How will PCNs help practices?**

Geographically every patient must be covered by a PCN. There will be some cases where a practice might fall into two PCN areas. It is up to the PCN networks to work together to resolve this

### **Does a practice need to be within a PCN?**

It's up to the practices within their area to resolve this however **every patient must be covered.**

### **PCN landscape if you are already in a Super partnership covering more than 50,000 patients**

Neighbourhood PCNs will need to create the correct culture for the patients but a larger umbrella organisation such as super partnership may sit above these.

### **How will pension contributions be administered?**

There are challenges at the moment with the government who are yet to finalise all the details for the employer pension contribution increase to 20.6%. The increase will be fully funded, but it is not yet clear whether this will be through a global sum or another medium.

### **Will PCNs need to factor in administration costs?**

Yes, PCNs will need to budget for administration costs out of the main funding allowance set. There will be no additional monies to support PCNs with this resource.

### **Pharmacy Year 2/3 in PCNs**

There is a set amount of monies as per the contract document. PCNs will have to decide how to use the money to expand and enhance your workforce as your PCN requires.

The information provided in this document is correct at the time of publication. Please see the Derby and Derbyshire LMC website for any revisions.



**Is the pay uplift for locums a mistake, given the need to encourage partnerships?**

It's up to the practices to set their costs/pay uplifts locally however everyone must be treated fairly

**Clinical Director Role within PCNs**

It is up to the PCNs to recruit a local GP for this role and the payment guidelines are set out within the contract document.

**Is there the current workforce to support the outlined PCN requirements and how can this be achieved in 10 weeks?**

The idea is to establish a PCN within year 1 and then build your workforce within the 5 years as the new staff are trained. PCNs should recruit to suit the needs of the population.

**Is there a potential for other commissioning to sit with a PCN?**

As CCGs move towards a more remote place, there may be opportunities to commission services to land with a PCN. The CCG will determine if a PCN or another service provider are best placed to meet the needs of the population it serves.

**Will there be future scope within PCNs to expand into other areas such as Mental Health?**

At present it is believed Mental Health services are being covered by other providers, although this can't be ruled out. It's important that PCNs focus their energy on using this new money for what it's intended to support with – Workforce expansion in the areas identified.

**Indemnity**

**Will GPs/Practices be covered for Indemnity in light of the changes?**

From 1 April the new state-backed indemnity scheme will be in place, run by NHS Resolution. All claims from that date will be covered but any retrospective claims will be covered by your previous provider. Either way you will be protected. Run off cover will be needed for those with the MDU scheme and GPs will still require MDO cover for example GMC investigations.

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## **IT and digital**

### **Will the push for all appointments to be made online disconnect certain populations?**

Practices must embrace and prepare for this change as patients will have an expectation to be able to book online however it is important to recognise that their maybe certain people who will still require appointments to be made via telephone or directly at the reception desk.

### **How will £6.00 extended access and £14.45 extended hours monies be used in the future?**

The £6.00 extended access £1.45 monies to be merged together in 2021. Practices will be able to benefit from these appointments acting as an extension to their usual surgeries

If a practice does not wish to be involved in offering extended hours, they must release their allotted funding to a neighbouring practice to act on their behalf.

We recognise GP cover for extended access can be a hard challenge at times and this is a flaw in the system.

### **Who can be a social prescriber?**

Anyone who has the signposting knowledge to direct patients to other services.

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