

23<sup>rd</sup> June 2020

Dear Colleagues

### PCN DES: Update

NHS England has announced that 98% of GP practices in England have chosen to participate in the PCN DES for 2020/21; within Surrey and Sussex LMCs area there have been no changes in practice participation or PCN configuration for this year.

This letter describes the arrangements PCNs and practices need to consider and develop over the next quarter, as part of the DES specification

### Enhanced Health in Care Homes (EHCH)

In terms of next steps, PCNs do need to plan for the commencement of the PCN DES Enhanced Health in Care Homes specification on 1<sup>st</sup> October 2020, although the work that practices are undertaking in relation to the local Care Homes LCSs should represent significant preparation for this.

Under the DES specification, the key dates are:

**31<sup>st</sup> July 2020:** PCNs should agree with their CCGs which Care Homes each PCN will have responsibility for: these are known as 'PCN Aligned Care Homes'.

If this alignment is not agreed, CCGs would then have the right to allocate Care Homes to PCNs.

In either case, PCNs and CCGs are expected to consider:

- Where the home is located geographically in relation to member practices and PCNs
- The existing GP practice registration of care home residents
- What contracts already exist between the CCG and GP practices and Care Homes to provide support to the Care Home
- Existing relationships between Care Homes and GP practices

People who are currently resident in a Care Home can be supported to register with a practice in the aligned PCN, if this is not already the case, although ultimately patients are entitled to register with the NHS GP of their choice, and, if they live within the practice area, practices should accept a registration application. The PCN DES guidance states patients (or their representatives) should be advised of the benefits of the EHCH service and that they will not receive the service if they do not register within the aligned PCN

Local Medical Committees for  
Croydon, Kingston & Richmond, Surrey,  
East Sussex and West Sussex

The White House      T: 01372 389270  
18 Church Road      F: 01372 389271  
Leatherhead  
Surrey KT22 8BB      [www.sslmcs.co.uk](http://www.sslmcs.co.uk)

Each Aligned Care Home should have an identified lead GP (or GPs) whose responsibility is for the Enhanced Health in Care Homes specification service requirements.

In addition, PCNs should have a 'simple plan' in place with local partners in terms of how the specification will operate. Who these partners are may vary depending on the type of Care Homes, as LD residential homes are also covered by the LCN DES specification. Community and Mental Health Services will have a mirror requirement in their Standard Contract to require the development of a simple plan for how the service will operate. Practices can expect the engagement and support of local partners and if this is not forthcoming the PCN Clinical Director should raise this in the first instance with their CCG Primary Care Contracting Team; Community Service Trusts are receiving additional investment under the NHS Long Term Plan and should provide staff to support EHCH service development.

**30th September 2020:** PCNs should work with community service providers [who once again have a mirror requirement in their contract] to establish a Multidisciplinary Team [MPT] to deliver the Enhanced Health in Care Homes service requirements; the MDT should also be in a position to assist in the development of personalised care and support plans for Care Home residents. PCN CDs should expect support from their Community service provider and should not proceed with the establishment of MDTs without their engagement

**By 31<sup>st</sup> March 2021:** the PCN should have established protocols between the Care Home and system partners for:

- Information sharing
- Shared care planning
- Use of shared care records
- Clear clinical governance

Some of this will already be in place, and once again Community and Mental Health providers have mirror requirements in the Standard Contract to do the same.

**From 1<sup>st</sup> October 2020:** delivery of the Enhanced Health in Care Home specification.

**Existing Coding:** practices should ensure that the fact that a patient lives in a PCN Aligned Care Home is recorded with a SNOMED code, either:

160734000 – Lives in a Nursing Home  
394923006 – Lives in a Residential home

In addition, the following codes will be relevant to the operation of the Investment and Impact Fund (IIF) when this is implemented – this is currently deferred until 1<sup>st</sup> October 2020:

- Patients on the learning disability (LD) register
- Learning Disability annual health checks for patients on the LD Register
- Seasonal flu vaccination for patients aged 65+
- Patients referred for social prescribing

This coding is important for payment purposes.

**Care Home Premium [Bed Fund]:** 'Bed Fund' payment is £10 per month [£120 in a full financial year] but for 2020/21 will be paid at £7.50 per month from 1<sup>st</sup> August 2020 – 31<sup>st</sup> March 2021 for service delivery from 1<sup>st</sup> October 2020, but recognising the planning required for this. The CQC maintains data on bed numbers within services registered as care home services with nursing (CHN) and care home services without nursing (CHS) within the CQC Care Directory.

**Structured Medication Review (SMRs) and Medicines Optimisation:** The implementation of this service specification has been deferred until 1<sup>st</sup> October 2020, and further details are not anticipated until late summer.

**Extended Hours:** Delivering Extended Hours appointments to all patients registered with its member practices is integral to the PCN DES but the mode of delivery can be determined by the PCN, and may therefore, as examples, be arranged as:

- All practices within the PCN continuing to offer Extended Hours appointments individually to their registered patients
- Appointments being primarily delivered by one practice, to which all registered patients have access, with a more limited individual practice delivery
- One practice delivering all appointments with other practice(s) subcontracting delivery for their respective patients
- The PCN collectively subcontracting delivery of Extended Hours appointments to another provider

For practices in the SSLMC area the LMC and local CCG have agreed that practices should offer Extended Hours appointments, if they have the capacity to do so, taking into account the practice response to the Covid 19 emergency. However, over a transitional period, this element of the contract will need to be delivered again after discussion with the CCG and LMC, but it may be PCN member practices will wish to revisit their arrangements for doing so. For ease the requirements for delivering the Extended Hours appointments are below [representing Section 7.1.3 of the PCN Direct Enhanced Service Contract Specification 2020/21].

7.1.3. To provide extended hours access, a PCN must provide additional clinical appointments that satisfy all the requirements set out below:

- a. are available to all registered patients within the PCN;
- b. may be for emergency, same day or pre-booked appointments;
- c. are with a healthcare professional or another person employed or engaged by the PCN to assist that healthcare professional in the provision of health services;
- d. are held at times outside of the hours that the PCN Core Network

Practices' primary medical services contracts<sup>[1]</sup> require appointments to be provided otherwise than under the Network Contract DES. For the avoidance of doubt, if a Core Network Practice was required under a General Medical Services ("GMS") contract to provide core

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<sup>1]</sup> For practices with PMS and APMS arrangements, the additional clinical appointments provided in accordance with this Extended Hours Access requirement do not apply to any hours covered by core hours set out in the practice's primary medical services contracts. A PCN will be required to take consideration of this when agreeing the Extended Hours Access offer to the PCN Contractor Registered Population. For practices with GMS arrangements, core hours are from 08:00 to 18:30.

services at its premises until 6:30pm, the additional clinical appointments under this Extended Hours Access requirement could be provided after 6:30pm. If, however, another Core Network Practice in the PCN provided core services at its premises until 8pm, then:

- i. any additional clinical appointments provided after 6:30pm but before 8pm must not be provided at the later closing practice's premises (as these would not be additional hours appointments) but could be provided at the other practice's premises; and
  - ii. a proportion of the additional clinical appointments must be provided after 8pm;
- e. are demonstrably in addition to any appointments provided by the PCN's practices under the CCG Extended Access Services (if relevant);
  - f. are held at times having taken into account the PCN's patient's expressed preferences, based on available data at practice or PCN level and evidenced by patient engagement (if available);
  - g. equate to a minimum of 30 minutes per 1,000 registered patients per week, calculated using the following formula:

$$\text{additional minutes}^* = \frac{\text{the PCN list size}^{**}}{1000} \times 30$$

\*convert to hours and minutes and round, either up or down, to the nearest quarter hour

\*\*this is the total number of persons on the lists of patients of all Core Network Practices of the PCN as at 1 January 2020

- h. are provided in continuous periods of at least 30 minutes;
- i. are provided on the same days and times each week with sickness and leave of those who usually provide such appointments covered by the PCN; and
- j. may be provided face to face, by telephone, by video or by online consultation provided that the PCN ensures a reasonable number of appointments are available for face-to-face consultations where appropriate.

**Early Cancer Diagnosis (ECD):** Although this PCN DES service specification has not been deferred, the Covid19 emergency has meant it is unlikely the PCN and member practices will have had the capacity or opportunity to undertake significant work towards this specification, which is likely to be delivered in collaboration with or with the support of other organisations, such as the local Cancer Alliance.

As restoration progresses, practices will be in a position to give a higher priority to this DES service specification.

**PCN Network Agreement:** the LMC recommends all PCN member practices review their network agreements; the LMC would particularly suggest sections on:

1. Decision-making and voting, and
2. Financial arrangements for claiming for work undertaken (via the £1,50 CCG support fund) and distribution of unspent funds

are reviewed to ensure they reflect the wishes of all member practices.

This is a summary of the PCN DES requirements; the following specific references are available which provide detailed guidance:

- Network Contract DES Contract Specification 2020/21

<https://www.england.nhs.uk/publication/des-contract-specification-2020-21-pcn-entitlements-and-requirements/>

- PCN DES Guidance

<https://www.england.nhs.uk/publication/des-guidance-2020-21/>

- PCN DES Specification Early Cancer Diagnosis: Guidance

<https://www.england.nhs.uk/publication/des-early-cancer-diagnosis-guidance/>

- PCN DES Specification: Enhanced Health in Care Homes: Guidance

<https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf>