**To all practices Surrey and Sussex LMCs**

 28th March 2022

Dear Colleagues

**PCN DES participation and Implications of withdrawing from the DES**

I am writing to all practices to give contractual advice in relation to withdrawal from the PCN DES from 1st April 2022, during the one-month period following the introduction of the2022/23 PCN DES specification. All practices have a contractual entitlement to withdraw from the DES, during this period, but if they do not do so are assumed by default to have opted into the DES for a further year.

In some years, such as October 2021, an amended PCN DES specification is introduced part way through the year, when a similar one month opt out is available, but there is no guarantee that such an in-year revision will occur.

Any practice which is considering opting out of the PCN DES should discuss this with their PCN CD, and can contact the CCG, and the LMC, at the earliest opportunity. Clearly withdrawing from the PCN DES has implications for both the practice involved and other PCN members, although it is an individual practice decision. This LMC advice, and a separate advice letter about List Closure application, is being circulated in the context of the GPCs recent ‘safer working guide’ which is available at: -

[Safe working in general practice (bma.org.uk)](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice)

**Process of Withdrawal**

If a practice withdraws from participation in the PCN DES they will no longer be responsible for delivering any of the PCN DES specifications. If any ARRS staff are directly employed by that practice, they will need to be TUPED into suitable employment with the continuing PCN, or other organisation undertaking PCN DES services, and HR advice should be sought. Alternatively, a practice can offer direct continuing employment, but in that case no ARRS reimbursement would be available.

Once a practice has withdrawn the remaining member practice will need to advise the CCG of their new configuration, membership, and PCN CD; as long as the normal criteria for a PCN continue to be met, this should cause no difficulties. If the withdrawal of a practice changed, for example, the PCN List size such that it falls below 30k, then the CCG and remaining member practices will need to look at the viability of the PCN and discuss other options.

However, once a practice has withdrawn, the CCG has a responsibility to ensure that practices registered population still have access to the PCN DES services. The CCG will therefore need to allocate the non-participating practices list of patients to a PCN and in most cases this is likely to be to the PCN the practice has left, which will therefore then have a responsibility for delivering PCN DES services to that population.

The withdrawing practice has no responsibility for delivering such services, but it does have a contractual ‘Duty of Cooperation’ with any continuing PCN to provide such information as is needed to enable the PCN to deliver services. Thus, for example, the practice would need to provide information on how to book appointments under the Extended Hours/Access Specification and where these are held. It may also be appropriate to provide lists of patients suitable for MDT meetings, and other data sharing, signing a data sharing agreement. It would also be open to the non-participating practice to permit ARRS staff to be deployed there, although no supervision or oversight would be expected.

These arrangements would need to be worked through on a cooperative basis; the aim would be to ensure a safe delivery of care, but with no responsibility for doing more than providing information and data access for the non-participating practice.

**Financial Implications of Withdrawal**

Once a practice is no longer delivering the PCN DES, they will no longer receive the £1.76 Network Participation Payment. All other PCN DES payments are received through the PCN, and the non-participating practice would not, unless other local arrangements were negotiated, be entitled to any distribution of such income, for example, in relation to the £1.50 “CCG” payment or IIF achievement. It would be open to a practice to discuss IIF achievement targets with PCN members but this would be a local and discretionary exercise, as, even if a practice is not signed up to the PCN DES it could still be a PCN member, like any other non-practice provider, but not a Core Network Practice.

Although a non-participating practice’s list will be allocated to a PCN other organisations delivering the PCN DES, CCGs will need to make local financial arrangements as PCNs capitated payments are mostly calculated by reference to an aggregate of its Core Member Practice, which will not include this allocated list. This will include core PCN funding, the Extended Hours (and from 1st October 2022) Enhanced Access payment, Care Homes premium and PCN CD funding. The CCG will also be responsible for reviewing ARRS workforce funding to support the delivery of PCN DES services to the non-participating practice’s patient list. Any PCN CD governance role will not extend to the non-participating practice, except by local agreement.

There are no financial contributions to be made to the PCN by the non-participating practice.

**Other considerations**

Practices should consider both the expectations of the 2022/23 PCN DES specification, particularly in relation to newer requirements for 2022/23 and the Access Specification to be in place from 1st October 2022, as well as other ongoing workload.

Current arrangements in relation to the ARRAS personnel have allowed a significant increase in PCN deployed patient-facing practitioners which has been an opportunity to support practice patient care workload. It has also however created a significant additional, unresourced, workload for many GPs without proper arrangements for supervision and oversight. It remains challenging that ARRS remuneration is not being incorporated into Global Sum.

I hope this guidance is helpful; please contact the LMC if there are any queries.

With best wishes



Dr Julius Parker

**Chief Executive**