BMA

# PCN scenario: A four practice PCN in the South West

This scenario is modelled on an actual PCN in the South West of England, using data provided by the PCN, and information from the GP contract agreement for 2019/20 and 20/21. The scenario shows the income at PCN level, the members of the ARRS workforce the PCN will recruit, how it will deliver the PCN service specifications, and the impact that all of these will have on practice workload.

Taken with NHS England's ready reckoner, this scenario should assist PCNs in planning for the next year, and give an idea of how the PCN workforce might be structure to deliver the service specs for greatest impact.

British Medical Association
bma.org.uk

# PCN scenario: A four practice PCN in the South West

| Practice | Weighted list size | Registered list size |
|---|---|---|
| P1 | 13,500 | 13,500 |
| P2 | 11,500 | 11,500 |
| P3 | 5,500 | 5,000 |
| P4 | 3,000 | 2,700 |
| **Total** | **33,500** | **32,700** |
| **CH beds** | **260** | |

## PCN funding:

ARRS entitlement: (£7.131 x 33,500): **£238,874**

ARRS expense: **£237,788**
(£1,086 left toward another member of staff, or return to pot for pool)

Broken down as follows:
- 1 clinical pharmacist (1 x £55,670)
- 2 social prescribers (2 x £35,389)
- 2 physiotherapists (2 x £55,670)

PCN core funding: (£1.50 x 32,700): **£49,050**

CD funding entitlement: (£0.722 x 32,700): **£23,609**

Ext Hours funding: (£1.45 x 32,700): **£47,415**

Care Home premium: (£60 x 260): **£15,600**

IIF funding: Share of pot dependent on achievement – illustrative purposes based on *half* achievement £40.5m x (32,700 /60,331,000) = **£21,951**

**Total income: (excluding ARRS)** **£161,112 (for CD role, management costs, clinical oversight, extended hours, and IIF)**

**In addition to the above funding, there is funding at ICS/STP level to support organisation development through the PCN Development Programme.**

## PCN workload from service specifications

### Enhanced Health in Care Homes service

- 0.3 FTE Clinical Pharmacist per week spent in care home
- 0.5 FTE Physiotherapist per week spent in care home
- 0.2 FTE Social Prescriber per week spent in care home
- 0.3 FTE district nurse per week spent in care home
- Clinical lead time – 2 hours weekly. It is also important to note that the above reduces the time practice staff currently spend in care homes. Estimate half of existing CH visits will be removed – total current visits = 20/week = 10 hours GP time. Therefore, estimate saving of 3 hours GP time.

### Structure Medication Reviews service:

– 0.5 FTE Clinical Pharmacist per week (0.3 of which is from the EHCH service)

### Earlier Diagnosis of Cancer service

– 0.1 FTE Clinical Pharmacist per week (for audits)
– 0.1 FTE non-clinical lead per week
– 0.1 FTE clinical lead (GP or nurse oversight of service specification, and coordination of peer review as part of current practice clinical meetings). In addition to this, there are two QOF QI meetings supported by QOF funding.

### General clinical oversight of PCN services

– 0.025 FTE GP time per week (ie 1 session per month) – practice PCN lead, funded through the PCN core funding

## Workforce and workload impact

Therefore 0.4 FTE Clinical Pharmacist, 1.8 FTE Social Prescriber, 1.5 FTE Physiotherapist, dedicated to supporting practices with their normal workload, which will take workload away from GPs and nurses where appropriate, eg:

– First contact MSK project taking 4 pts/hr releases 225 GP appointments = 37 hours
– Meds reviews by 0.4 FTE Clinical Pharmacist = 15 hours
– Social prescribers – effect unquantifiable

Estimated total GP face-to-face workload reduction = 55 hours, some of which may be spent on more complex patient needs and longer appointments that only GPs can provide.

### Other impacts

– Practice funding will increase (GS up 4%, QOF up 3.8%, Network Participation Payment)
– PCNs will see benefit from closer working (and workload sharing) from community healthcare team (to take over some of the workload associated with care homes) and also from using the Improving access funding/appointments for additional routine appointment capacity.

**British Medical Association**
BMA House, Tavistock Square, London WC1H 9JP
bma.org.uk



BMA 20200103