LMCs will be aware that the updated PCN (primary care network) DES (directed enhanced service) speciation was published at the start of this month.

Whilst the BMA’s GPCE (GP committee England) continues to support the principle of the DES – independently contracted practices collaborating, alongside other local NHS providers, to provide services which are designed to support local communities – and given the realities of the unagreed [contract changes](https://www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-changes-england-202223) brought in by NHSEI (NHS England and NHS Improvement) for 2022/23, we felt it prudent to ensure that practices are fully aware of their options relating to the DES. Some may decide the imposed additional requirements – ie changes that GPCE did not agree to – increase workload beyond safe working limits for both staff and patients.

We fear that the newly added demands within the PCN DES are a risk to patient and practice staff safety in terms of potentially unmanageable/unsafe workload and burnout. At the conclusion of contract negotiations for 2022/23, which ended without agreement, we stated that proposals from NHSEI did not adequately address the issues and concerns raised by our negotiators. We continue to believe that greater resources are required to safely support practices and patients across England.  These imposed changes likely increase work for already exhausted practice staff, clinicians and, especially, GP contractors.

Following the full release of the DES specification for 2022/23, and subsequent concerns raised at the GPCE contract webinars, we approached NHSEI to seek further clarification and propose practical solutions that would alleviate the concerns of the profession and any potentially negative impact from the unagreed changes.

This included:

  increasing the flexibilities around the ARRS to allow practices and PCNs greater freedom to recruit according to their local need and workforce availability

o   allowing PCNs to retain unspent ARRS funding to support specified PCN activities, eg transformation, management and quality improvement

  a relaxation in the interpretation of the Enhanced Access requirements, eg for specified times of delivery, especially 9-5 delivery on a Saturday, and the requirement for GP availability throughout the Extended Access period

  allowing PCNs to opt out of parts of the DES that they do not feel they can safely deliver within the workforce compliment they have

o   with commensurate funding withheld so these services can be separately commissioned by CCGs/ICSs

o   allowing practices to act if they felt overstretched or that patient safety was being compromised.

Despite countless members of the profession telling us flexibility is what they desperately need in order to manage patient care in the safest way possible, NHSEI have told us they are unable to accept any of our entirely reasonable requests.

With this in mind, practices will need to carefully consider the DES changes for 2022/23 and how this may impact them going forward. In particular, the incoming Enhanced Access requirements from October 2022 and the expanded service offer.

This will be particularly acute in areas where ARRS (Additional Roles Reimbursement Scheme) recruitment continues to be difficult, and practices are seeing minimal to no benefit in terms of assistance with additional workload.

Practices should take into account safe working levels from both a workload / staffing and patient perspective, bearing in mind the [BMA’s safe working guidance](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice).  In some areas the ARRS will be providing direct support for practices that have struggled to recruit traditional general practice clinical staff. However, in others, the service requirements and additional administrative burden of the DES may outweigh the benefit that they see if increases in existing staff capacity are not possible.

**PCN DES opt out window**

Practices who do not wish to continue participating in the PCN DES have until 30th April 2022 as part of the current annual opt-out window, with additional 30-day windows following any in-year changes to the enhanced service specification. Practices must inform the local commissioner if this is their decision **before** the stated deadline. It’s important to note that opting out during a specified window is not a breach of contract.

Opting out would free practices from the requirement to deliver the PCN DES. They could then choose to focus on the delivery of core general practice to their registered patients if that is what they believe to be the safest and best way to organise the services they provide to their local patient community. This would of course mean not receiving the funding that comes with participation in the DES. Practices should consider also notifying patient participation groups of their reasons for choosing to opt out so that this can be clearly communicated.

If choosing to opt out of the DES, a practice will also need to be removed from the respective Network Agreement.  The process for this is set out in paras 60—70 of the [Network Agreement](https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-network-agreement/) and the commissioner should be informed of the change via the [PCN DES participation form](https://www.england.nhs.uk/publication/network-contract-des-participation-and-notification-form-2022-23/).

Should the opt-out option be utilised, there are a number of factors that practices and commissioners will need to consider:

Funding

Practices would lose the £1.76 per patient payment for PCN engagement, which is paid via the SFE (statement of financial entitlements), and any share of the £1.50 per patient ‘Core Network Funding’ that they may have received via the PCN.  They would also lose access to IIF (investment and impact fund) monies and any enhanced access funding that practices may have previously received (either via the former Extended Hours DES, or local Enhanced Access schemes). All enhanced access funding and requirements have now moved to PCNs.

Staffing

Practices will lose access to ARRS staff, such as clinical pharmacists, paramedics etc, though those staff may continue to provide PCN-level service to practice populations via the remaining PCN, without the practice having any input or control as to how this is done.

If practices are struggling to recruit core practice staff, eg GPs/nurses, it should be noted that they may face competition for subsequent recruitment of any wider primary care team roles from the remaining PCN.

Practices will also need to consider any employment liabilities that they may have with regards to ARRS staff, especially if they act as a lead employer within the PCN.  These will vary on a practice-by-practice basis and will require appropriate legal and HR advice.

Local impact

Commissioners will need to commission appropriate coverage for any gaps in PCN-level services, and the practice will retain a contractual ‘Duty of Cooperation’ with any continuing PCN to provide such information as is needed to enable the PCN to deliver services.

Practices may also need to consider the potential impact on relationships with neighbouring practices, providers, commissioners and patients. This is particularly crucial at the current time given that CCGs (clinical commissioning groups) are being replaced by incoming ICS (integrated care system) and ICB (integrated care board) structures. Practice opt-outs could pose very serious problems to systems given current transitional arrangements.

**Subcontracting**

If practices need to reduce the workload of the DES but do not want to opt-out, PCNs may wish to consider subcontracting certain services for which they receive direct payment, such as the enhanced access, which can be done in line with the normal GMS (general medical services) sub-contracting rules (as many practices do with OOH arrangements and under previous enhanced access schemes).

It should be noted that the network practices remain responsible – under their GP contracts – for the provision of the PCN activity provided under a sub-contracting arrangement, so appropriate professional advice on contracts will be required.

If members have any questions or queries about any of the above, please contact icdqueries@bma.org.uk

LMCs can share the NHSE Ready Reckoner with constituents so that they can identify the financial benefits of the DES, and thus the losses if choosing to withdraw.

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Deputy chair

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