

April 2019

PSNC Briefing 018/19: A summary of the Network Contract Directed Enhanced Service (DES) 2019/20

At the end of January 2019, NHS England published a [five-year framework for GP services](#) agreed with the British Medical Association (BMA) General Practitioners Committee (GPC) in England and supported by Government. It implements commitments in the [NHS Long Term Plan](#) for changes to the GP contract and sets the direction for primary care for the next five years.

One of the major changes in the contract is the introduction of the Network Contract as a DES. This will enable general practice to take a leading role in every [Primary Care Network](#) (PCN) and it goes live on 1st July 2019. Rather than a separate contract, the Network Contract is an extension of the core GP contract, which must be offered to all general practices.

NHS England has now published the DES [specification](#) accompanied by [guidance](#) to provide additional information to support the Network Contract DES.

This PSNC Briefing summarises the Network Contract DES, highlighting aspects of relevance to Local Pharmaceutical Committees (LPCs) and community pharmacy contractors.

Introduction

The Network Contract DES Secretary of State Directions, which provide the legal basis for the DES, came into force on 1st April 2019. Following sign-up to the DES, the requirements on GP practices (outlined in section 4 of the Network Contract DES specification) will apply from 1st July 2019 and will remain in place, evolving annually, until at least 31st March 2024. The first year of the DES, lasting until 31st March 2020 will be a development year, with the majority of the new service requirements being introduced from April 2020 onwards.

NHS England states that the success of a PCN will depend on the strengths of its relationships, and in particular the bonds or affiliations between its members and the wider health and social care community who care for the population. Non-GP providers, including community pharmacies, will be essential in supporting the successful delivery of care via PCNs.

Commissioners and Local Medical Committees (LMCs)

Commissioners and LMCs are already working closely and in partnership to support PCN formation and development at a local level in order to ensure 100% geographical coverage of England by PCNs. Commissioners and LMCs will need to work together to ensure all practices who wish to sign up to the DES are included within a PCN. Commissioners and LMCs will also need to work with PCNs to ensure all patients are covered by a PCN. This may require discussion and mediation between the relevant PCN grouping and the practices.

It is expected that by 31st May 2019, commissioners will be able to confirm that agreement has been reached on the

creation of PCNs. Where this is not possible, during June 2019, collaborative working will focus on resolving any issues and supporting practices in forming PCNs and signing-up to the DES.

Network infrastructure

Network agreement

A national [network agreement](#) has been published to support the Network Contract DES, and PCNs will be required to use it, with all general practices in the network signing the agreement by 30th June 2019.

The Agreement sets out the collective rights and obligations of GP providers within the core of the PCN and also sets out how practices will collaborate with non-GP providers which make up the wider PCN. There is no requirement for the network agreement that is signed by 30th June 2019 to include collaboration between practices and other providers, such as community pharmacies, but the DES specification states that this will need to be developed during 2019/20 and should be well developed by the beginning of 2020/21 when the network agreement will need to be updated to reflect the new Network Contract DES specification.

PCNs will be required to have in place appropriate data sharing and, if appropriate data processor arrangements between members of the PCN, which must be in place prior to the start of the activity to which they relate; the initial need for such data-sharing between general practices will be related to the provision of extended hours access to general practice appointments across the PCN. A national data sharing template will be published in due course.

Clinical director

Each PCN has to appoint a clinical director, who should be a practising clinician from within the member practices who is able to undertake the responsibilities of the role and represent the PCN's collective interests. It is most likely to be a GP, but this is not an absolute requirement.

The guidance states that PCN clinical directors will develop relationships and work closely with other clinical directors, clinical leaders of other primary care, health and social care providers, local commissioners and LMCs.

The Clinical Director is to be appointed by the PCN by 15th May 2019 and their name submitted to the commissioner as part of the Network Contract DES registration timetable.

Network dashboard

There will be a 'Network Dashboard' from April 2020, which will include key metrics to allow every PCN to see the benefits it is achieving for its local community and patients. The dashboard will include information on population health and prevention, urgent and anticipatory care, prescribing and hospital use. It will also cover metrics for the seven new national network service specifications (see below).

NHS England and GPC England will work with stakeholders during 2019 to develop the dashboard.

Clinical pharmacists

Clinical pharmacists being employed through the network contract DES funding will either be enrolled in or have qualified from an accredited training pathway that equips them to be able to practice and prescribe safely and effectively in a primary care setting and in order to deliver the key responsibilities outlined below.

To ensure that clinical pharmacists are able to access timely national training and can deliver continuity of care whilst working across multiple providers within the PCN, the NHS England guidance states that clinical pharmacists should be employed on the basis of working a minimum of 0.5 WTE. The training requirement can be met with pre-existing qualifications / experience on the basis that it meets the learning objectives of the current accredited training pathway funded by NHS England. The training will be modular and clinical pharmacists are only required to undertake

the training they need to complete the portfolio requirements. This accreditation of prior learning should be undertaken by the supervising senior clinical pharmacist and Clinical Director for the PCN.

The DES specification sets out the key responsibilities for clinical pharmacists in delivering the additional PCN health services to patients:

- Clinical pharmacists will work as part of a multi-disciplinary team in a patient facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas;
- They will be prescribers, or will be completing training to become prescribers, and will work with and alongside the general practice team. They will take responsibility for the care management of patients with long term conditions and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities (in particular frailty, COPD and asthma) and people with learning disabilities or autism (through STOMP – Stop Over Medication Programme);
- They will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCN's practices and to help in tackling inequalities;
- Clinical pharmacists will provide leadership on person centred medicines optimisation (including ensuring prescribers in the practice conserve antibiotics in line with local antimicrobial stewardship guidance) and quality improvement, whilst contributing to the Quality and Outcomes Framework and Enhanced services. Through structured medication reviews, clinical pharmacists will support patients to take their medications to get the best from them, reduce waste and promote self-care;
- Clinical pharmacists will have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload;
- They will develop relationships and work closely with other pharmacy professionals across PCNs and the wider health and social care system; and
- Clinical pharmacists will take a central role in the clinical aspects of shared care protocols, clinical research with medicines, liaison with specialist pharmacists (including mental health and reduction of inappropriate antipsychotic use in people with learning difficulties), liaison with community pharmacists and anticoagulation.

Guidance on supervision of clinical pharmacists

All clinical pharmacists will be part of a professional clinical network and will always be clinically supervised by a senior clinical pharmacist and GP clinical supervisor. The ratio of senior to junior clinical pharmacists should be one to five, and in all cases appropriate peer support and supervision must be in place.

Transitional arrangements from Clinical Pharmacists in the General Practice Scheme or the Medicines Optimisation in Care Homes Scheme

NHS England is giving notice of the withdrawal of the current Clinical Pharmacists in General Practice Scheme effective from 30th April 2019; a decision was made to subsume this scheme into the Network Contract DES.

Additionally, the Medicines Optimisation in Care Homes Scheme will end on 31st March 2020. The expectation is that upon the end of the current national scheme, the clinical pharmacists employed under this scheme, will be employed under the terms of the Network Contract DES to support delivery of the national service specifications.

In relation to pharmacy technicians employed via the Medicines Optimisation in Care Homes Scheme, NHS England will work with Health Education England during 2019 to explore the opportunities for them for working across PCNs.

Social prescribing link workers

As members of the PCN team, social prescribing link workers will in 2019/20 take referrals from the PCN's members, expanding from 2020/21 to take referrals from a wide range of agencies in order to support the health and wellbeing

of patients. These agencies include pharmacies, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations.

NHS England will be publishing further [guidance and information](#) to help PCNs introduce the new role of social prescribing link workers into their multi-disciplinary teams.

Financial entitlements

By 2023/24, £1.799 billion will flow nationally through the Network Contract DES or £1.47 million per typical network covering 50,000 people. This will cover core PCN funding, clinical director costs, staff reimbursements (clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics) and extended hours access.

Future requirements

Non-GP providers

PCNs will increasingly need to work with other non-GP providers, in order to offer their local populations more personalised, coordinated health and social care.

To support this, the Network Contract DES will be amended from 2020/21 to include collaboration with non-GP providers as a requirement. The Network Agreement will be the formal basis for working with other non-GP providers and community-based organisations. Commissioners should consider how other services could be aligned with the PCN footprints in future.

Network service specification

A key component of the Network Contract DES will be the development and implementation of seven national service specifications as outlined in the five-year framework for GP services (pages 40-47). The service specifications will evolve over time and will support delivery of specific primary care goals set out in the [NHS Long Term Plan](#). The service specifications will set out standard processes, metrics and intended quantified benefits for patients and will become key requirements of the Network Contract DES.

The seven service specifications will be for:

1. Structured medication reviews and optimisation;
2. Enhanced health in care homes;
3. Anticipatory care;
4. Supporting early cancer diagnosis;
5. Personalised care (as part of the NHS comprehensive model);
6. CVD prevention and diagnosis; and
7. Tackling neighbourhood inequalities.

The first five service specifications will be implemented from April 2020 and the remaining two will be implemented from April 2021.

If you have queries on this PSNC Briefing or you require more information, please contact the [PSNC Services Team](#).