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Network Contract DES – Engagement on Draft Outline Service Specifications Summary Report

30 January 2020

Purpose of engagement

Through engagement on the draft outline Network Contract DES service specifications, we have heard several clear and consistent messages from general practice and the wider health and care system. This feedback, summarised here, has already been informing negotiations on the final GP contract package, which we want to agree as soon as possible with the BMA GPC. NHS England and Improvement would like to provide practices and PCNs with certainty and renewed confidence as rapidly as possible.

- PCNs are vital partners in delivery of the ambitions described in the Long Term Plan. They are a new opportunity to help make general practice sustainable and integrate care with community partners. NHSE&I recognise that PCNs are at an early stage of development and capacity building, having only been formally established from July 2019. **Our objective is for the Network Contract DES to support PCNs to improve standards of care across the country, with realistic expectations for delivery that benefit patients and respects the five year contract deal agreed in January 2019.**

- Draft outline service specifications for April 2020 were developed through a national co-design process with relevant stakeholder groups. In recognition of the breadth and importance of the proposals, NHSE&I took the unprecedented step of publishing drafts of the proposed service requirements prior to contract negotiations. **We explicitly intended to provide stakeholders – particularly PCN members – with the opportunity to see early details of, and engage with, our proposals so that they could genuinely shape the outcome.**

- The engagement period was necessarily shorter than originally intended, driven on one side by the timing of the general election and on the other by the need to give GPs good notice of their new contracts for April 2020. The mid-January closing date was designed to allow sufficient time for feedback to be analysed and incorporated in GP contract negotiations.

- **We are grateful for all the feedback received, and for the significant amount of work and time taken by PCNs, GPs, LMCs and many others to provide clear and full feedback**. We see such widespread engagement in a debate about how PCNs develop as positive. It will inform our future approach to PCN development, including the content of the Network Contract DES.

- **The feedback from general practice, and the wider health and care system showed in-principle support for the aspirations of the individual services. But there were also clear concerns. These include; the workforce implications and the investment general practice was being asked to make in new workforce roles; the level of resource available to support delivery; the level of specificity and length of the specifications and the aggregate effect of introducing all five services from April 2020.**

Engagement on draft specifications

Thanks are due to the large numbers of GPs, local medical committees (LMCs) and others who took the time to read and respond to the drafts.

Channel	Breadth of engagement
Survey	**4,048** responses received (*N.B. some responses were duplicate entries*).
Twitter chat 7th January	**413** participants **1,827** tweets **11.2m** impressions
Webinar 8th January	**683** registered attendees **c. 22,000** words generated via chat room feedback Approximately **35%** of attendees were from primary care/PCNs. **Around 25%** were commissioners.
Webinar 9th January	**473** registered attendees **c. 20,000** words generated via chat room feedback Approximately **40%** of attendees were from primary care/PCNs. Around **25%** were commissioners.
Webinar 14th January (community services specific)	**361** registered attendees **c. 10,000** words generated via chat room feedback Approximately **12%** of attendees were from primary care, **20%** came from providers of community services and **29%** from commissioning organisations.
Direct email	Over **200** direct feedback emails received, including **20** examples of good practice.

Key messages from engagement

- Many respondents signalled broad support for the aims of the services themselves, but voiced significant concerns about the capacity and capability of PCNs to deliver the proposed requirements and the workforce challenges faced by primary care. Concerns included:
    - The level of GP resource required to implement all of the proposed service requirements, with particular reference to the Enhanced Health in Care Homes (EHCH) service and the proposed fortnightly input into the care home round.
    - The pace and scale of transformation – particularly with all five services being introduced in 2020/21, and with the level of staff training, stakeholder engagement and cultural change that this requires.
    - The challenges in recruiting through the Additional Roles Reimbursement Scheme, including: the availability of candidates for certain roles, the need for flexibility in the number of roles reimbursed through the scheme and the 30% practice contribution to most reimbursable workforce roles.
    - Clinical Director workload already being high, which risked being exacerbated by the proposed requirement to appoint clinical leads for individual service areas.
    - The suggestion that integrated urgent care / out of hours support for care homes may come under the authority of PCNs in the future.
- Some respondents raised concerns that a high number of the metrics in the specifications might be performance managed in monitoring delivery, and suggested that more qualitative measures and outcome metrics should be introduced. They also expressed concerns that primary care would be held accountable for the performance of other organisations.
- Some respondents raised concerns that:
    - The distribution of resources through the DES should adequately account for the variation in geographies and demographics between PCNs (in particular the uneven distribution of care home beds)
    - The focus of the proposed services on particular patient groups within PCNs could draw existing resources from other groups

Requests for clarification and support

Respondents requested further clarification of:

- How PCNs will be supported by CCGs and ICSs to deliver the services, how existing services are expected to transition or remain in place and how continued commissioning of services and growth in primary care and community services investment can be guaranteed.
- How system partners (including providers of community services, mental health, public health and adult social care) are expected to deliver the service in partnership with PCNs.
- The level of available funding available to PCNs, providers of community services and other providers, and further information on how this can be accessed.
- The evidence base for the proposed service requirements.
- The support available to tackle PCN operational challenges, including:
  - Boundary issues
  - Data sharing, information governance and system interoperability (including shared care records) and how this is reflected in the staging of requirements
  - The make-up and operation of multidisciplinary teams
  - The availability of estates to house new members of staff
- Whether PCNs can sub-contract these services to other providers and whether commissioners can commission them from other providers on the behalf of PCNs.
- How digital solutions could be used to deliver some of the requirements.
- Performance requirements for the metrics, how the information to support them will be collected and the penalties for not meeting the service requirements described.
- The operation of the Investment and Impact Fund (IIF).

Key messages on individual draft service specifications

Service-specific messages and requests for clarification

Structured Medication Reviews (SMRs)	
Key messages:	• Many respondents supported the aims of the specification, but some raised concerns at the number of SMRs that PCNs would be required to deliver as a result of the proposed cohorts. Many respondents felt that offering SMRs to '100%' of these cohorts would be unrealistic in relation to the available clinical pharmacist resource.
Requests for clarification:	• Further guidance was requested on the level of qualification required for the individuals delivering SMRs, and how medicines optimisation in care homes (MOCH) pharmacists are expected to work alongside this spec. • Many respondents requested further guidance on how SMRs should be offered and delivered to patients, including whether this can take place remotely/digitally, and the time assumed to deliver the review. • Respondents requested further information on how PCNs should identify individuals in the required cohorts, and whether SMRs should also be offered to people who have already had a medicines use review (MUR). • Some respondents requested further information on the rationale for switching to low carbon inhalers. • Respondents requested further clarity on how prescribing disincentives created through the specification (e.g. for opiates in palliative care) should be managed, and how the service should relate to existing CCG formularies.

Service-specific messages and requests for clarification

Enhanced Health in Care Homes (EHCH)	

Key messages:	• Many respondents stated that the fortnightly GP-led input to the in-person home round would require significant resource, and suggested that:
	  • it does not necessarily have to be delivered by GPs, and could be covered by nurses or allied health professionals (AHPs);
	  • it does not necessarily have to be delivered face to face and could be covered virtually; and
	  • there is insufficient capacity in the DES to deliver this requirement.
	• Many respondents raised the issue of disparity between PCNs with small numbers of homes and those with a large volume and suggested that this has not been adequately accounted for in the distribution of resources through the DES.
	• Some respondents challenged the requirement to support the training and professional development of care home staff, and expressed concerns that this, and the provision of NHS-funded nursing support to nursing homes, could result in disinvestment in staff and training by care home providers.

Requests for clarification:	• Clarity was requested on the types of care homes included in the remit of the specification and whether requirements could be flexed for different types/sizes of homes. • Respondents requested further guidance on how to undertake a home round and on the full range of staff roles and organisations that could be involved in the multidisciplinary team (MDT). • Respondents requested support with data sharing agreements, information governance and integration of IT systems. • Respondents requested further clarity on NHSE&I's expectations for existing EHCH contracts, including Local Enhanced Services and relevant GP retainers paid by care homes. • Respondents queried how the requirement for 1:1 alignment between care home and PCN, could be delivered while respecting patient choice. • Respondents requested clarification on the provision of vaccinations for care home staff, in particular where staff are not registered with a practice in the PCN that is aligned with the care home.

Service-specific messages and requests for clarification

Anticipatory Care	
Key messages:	• Many respondents supported the integrated care ambitions of the specification, but questioned the assumptions of capacity in PCNs, community services and other providers. • Some respondents queried the proposed inclusion of metrics for falls and delirium risk in Anticipatory Care, given the variety of cohorts that could be targeted. They also noted that the metrics for Anticipatory Care need to match its phasing (i.e. measure set up in year one, and delivery from future years). • Some respondents questioned the need to develop/adopt local population health management tools this year if NHSE&I is likely to select a preferred approach in the future.
Requests for clarification:	• Respondents requested clarification on the cohort to be targeted by the service, including the degree of local flexibility in selecting the required population, and the analytical support available to PCNs. • Respondents requested guidance and templates to support: data sharing between organisations, the establishment of MDTs and appropriate governance structures to support cross-provider working. • Respondents requested clarity on the distinction between End of Life Care and Anticipatory Care, and the key differences between the Anticipatory Care service and the Unplanned Admissions DES. • Respondents requested further information on the evidence base for the service.

Service-specific messages and requests for clarification

Personalised Care	
Key messages:	• Whilst there was support for the principles of the personalised care specification, many respondents stated that there was a mismatch between proposed targets and available levels of resource. • Some respondents suggested that GPs should not be required to promote personal health budgets or that the role of CCGs should be made much clearer. • Some respondents suggested that social prescribing services cannot be measured solely on the volume of patients seen, particularly as their role involves work in building relationships with the wider system.
Requests for clarification:	• Respondents requested clarity on how the specification links to the other services described in the DES. • Respondents requested further information on the evidence base for the service. • Respondents requested further guidance / templates and training in: standards for good social prescribing, shared decision making, personalised care and support planning and Patient Activation Measures (PAM). • Respondents requested integration of the PAM tool in GP IT systems. • Respondents requested further information on how the personal health budgets described in the specification should link to the PHBs offered through other services (e.g. in continuing healthcare/wheelchair services). • Respondents requested further information on the indicators that will be used to monitor the service, including how they account for referrals to social prescribing not made by the GP, and how quality of care will be assessed.

Service-specific messages and requests for clarification

Early Cancer Diagnosis	
Key messages:	• Many respondents broadly welcomed the aims of the service and proposed content. • Some respondents highlighted that primary care alone cannot deliver improvements to cancer waiting times, noting that capacity in hospitals (oncologists, scanners, technicians etc.) also needed to be available. • Concern was expressed that lowering the threshold for GPs to make onward referrals for cancer would place a greater burden on secondary care.
Requests for clarification:	• Respondents requested further clarity on how the specification is expected to link to existing place-based networks and cancer alliances. • Respondents requested further clarity on the distinction between safety netting and referral management. • Respondents requested further information on how rapid diagnostic centres were taken into account in the design of the service. • Respondents requested clarity on how the specification aligns with the Quality and Outcomes Framework (QoF) quality improvement module for cancer, and whether the cohort for the specification should also be a focus for personalised care. • Respondents requested clarification of the role of local public health teams in supporting delivery of the service, and suggested that some of the responsibilities described in the specification could fall under their remit. • Respondents suggested that the metrics for the service should better distinguish between different types of cancer.

Next steps

Our goal is to provide PCNs with certainty and confidence about their future as rapidly as possible, as part of the process for agreeing the GP contract with the BMA GPC.

The engagement feedback has already been informing discussions about the final contract deal, with both NHSE&I and BMA GPC working to address the core concerns raised in a way that continues to respect the existing five year deal, sustains general practice, and secures improvements for patients.

The scale and feedback received demands a clear response, in the form of an updated overall contract package, as part of which we want to agree a significantly reworked set of service specifications.