

- To:
- Regional EPRR team
 - Regional directors of primary care and public health commissioning
 - Heads of primary care commissioning
 - ICS primary care leads
 - STP primary care leads
 - Regional health and justice leads

NHS England and NHS Improvement
Skipton House
80 London Road
London
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23 August 2021

Dear Colleagues,

Primary Care Networks – plans for 2021/22 and 2022/23

Dear colleagues,

1. Thank you for the ongoing work you and your teams are continuing to do for your patients and communities.
2. The COVID-19 pandemic has **clearly demonstrated the value and effectiveness of the primary care network (PCN) model** as a basis for local partnership working. A significant part of the COVID-19 vaccination programme was delivered by GP practices collaborating at network level. All care home residents are now benefiting from the Enhanced Health in Care Homes (EHCH) service; and over 73% of those aged 14 and over on practice learning disability registers received an annual health check last year.
3. In January 2021, NHS England and the BMA England General Practitioners Committee (GPC England) agreed to defer the introduction of new PCN service requirements and the majority of new Investment and Impact Fund (IIF) incentives until at least October 2021, recognising the significant workload challenges being experienced, the planning for autumn and winter which is required, and the need to create time to embed new starters in expanding PCN teams. We also took **a range of measures to bolster general practice capacity**, including the continuation of the planned uplift to Additional Roles Reimbursement Scheme (ARRS) funding from April, a further £120m of general practice capacity funding for the period from April to September, and additional funding for the PCN clinical director role until September.

4. General practice continues to be working under pressure to support the response to the pandemic, to improve the health of its registered populations, to provide convenient care for people with urgent needs, as well as to deal with the backlog of chronic disease management. Taking into account the immediate pressures on general practice, and in line with NHS England's letter to GPC England of 18 August 2021, we are now setting out **a plan for the gradual introduction of new service requirements for PCNs and confirming how PCNs will access the significant funding available for their activities through the IIF across the second half of 2021/22 and 2022/23**. The main implementation focus is 2022/23 rather than 2021/22, so that PCNs have the maximum possible time to prepare. Funding through voluntary incentives such as the IIF is the principal way in which NHS England will be promoting PCN service improvement goals from the Long Term Plan, reinforced by simple and concise service specifications, as outlined below. As previously set out, the IIF will be worth £150m to PCNs for 2021/22 and £225m for 2022/23. In addition, we can also confirm **new funding for PCN leadership and management support**, of £43m in 2021/22.
5. NHS England also agrees with GPC that it is primarily for PCN Clinical Directors – rather than commissioners - to ensure that use of the PCN Investment and Impact Fund meets the conditions that it is re-invested wherever possible in services and staff, for example extra GPs and practice nurses. PCNs need to know that if they achieve the goals, they can be certain that the funding will definitely follow.

PCN areas of focus for 2021/22 and 2022/23

6. Our engagement with stakeholders – including representatives of GPs, practice staff, and patients – has identified five areas of focus for PCNs over the coming 18 months. These are:
 - I) **Improving prevention and tackling health inequalities** in the delivery of primary care
 - II) Supporting **better patient outcomes in the community through proactive primary care**
 - III) Supporting **improved patient access** to primary care services
 - IV) Delivering **better outcomes for patients on medication**
 - V) Helping **create a more sustainable NHS**.
7. We have consistently heard that to have the maximum impact in all of these areas, widen the participation in PCNs across local partners like community pharmacy and

community providers and play a key role making a success of ICSs, that **PCN Clinical Directors need further support.**

8. **We will therefore provide new funding to support PCN leadership and management, of £43m in 2021/22.** This funding will be allocated on the basis of the clinical commissioning group (CCG) primary medical allocation formula – therefore incorporating a specific adjustment for unmet need in areas of higher deprivation. It will be for clinical directors to recommend how it is deployed to create new capacity in support of the work of PCNs.

PCN services

9. **Recognising current pressures in general practice,** service requirements will not be introduced in full from October 2021, but phased over the coming eighteen months in a gradual way. The two specifications being introduced in 2021/22 will be introduced in a reduced or preparatory form. Full details are set out in Annex A. In summary:

	Requirements in 2021/22	Requirements in 2022/23
Cardiovascular disease (CVD) prevention and diagnosis	From October 2021, the requirements on PCNs will focus solely on improving hypertension case finding and diagnosis, where the largest undiagnosed prevalence gap remains and where the greatest reductions in premature mortality can be made.	Requirements on PCNs to increase diagnosis of atrial fibrillation, familial hypercholesteremia and heart failure will be introduced from April 2022.
Tackling neighbourhood health inequalities	PCNs will be asked to work from October 2021 to identify and engage a population experiencing health inequalities within their area, and to codesign an intervention to address the unmet needs of this population. Delivery of this intervention will commence from March 2022.	Continued delivery of the co-designed intervention.

Anticipatory care	Introduction of requirements for this service are deferred.	By 30 September 2022, PCNs will be required to agree a plan for delivery of Anticipatory Care with their ICS and local partners with whom the service will be delivered jointly – in line with forthcoming national guidance.
Personalised care	Introduction of requirements for this service are deferred.	From April 2022 there will be three areas of focus for personalised care: further expansion of social prescribing to a locally-defined cohort which are unable or unlikely to access through established routes; supporting digitised care and support planning for care home residents; and shared decision making training.

Extended access

10. **From April 2022, PCNs will deliver a single, combined extended access offer** funded through the Network Contract DES. We intend to publish details this autumn to allow planning for service commencement in April 2022. They will allow for collaboration between PCNs and subcontracting to other providers, including GP federations. Commissioners should ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers.

Investment and Impact Fund (IIF)

11. In order to provide as much clarity and certainty for PCNs as possible, **we are setting out full details of the IIF indicators for 2021/22 AND 2022/23**. As previously committed in the GP contract agreement, the scheme will be worth £150m in 2021/22 and £225m in 2022/23. It will support PCNs in the delivery of critical clinical objectives, as well as wider system-wide goals where PCNs have a central role alongside other NHS partners. The scheme is aligned to the five areas of focus set out above, with many of the indicators in 2021/22 supporting preparatory work towards the PCN service requirements or the introduction of full performance indicators in 2022/23.
12. Annex C summarises the IIF indicator set for 2021/22 and 2022/23, and how the PCN service requirements and IIF indicators fit together under the five areas of focus

outlined above. A comprehensive description of the IIF indicator set, together with a full list of the indicators, valuations and thresholds, is set out at Annex B.

Next steps

13. The changes for 2021/22 will be incorporated into a revised Network Contract DES to take effect from 1 October 2021. As is already the case, practices will be auto-enrolled into this revised DES if there are no changes to their PCN details, with one calendar month for practices to opt out if they wish to do so. The 2022/23 changes will be included within the 2022/23 Network Contract DES, alongside the extended access requirements, which will be published later this financial year.

Yours sincerely,



Ed Waller

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