**Subject:** Supplementary Network Services - information for cascading to CCGs

**To: Heads of Primary Care**

**cc Regional Directors of Primary Care and Public Health**

**Information for cascading to CCGs**

Dear all

*Investment and Evolution: A Five Year Framework to GP Contract Reform* put forward the concept of Supplementary Network Services as a way through which CCGs can add local investment into and develop local schemes with their PCNs, in addition to those covered by the Network Contract DES.

We are aware that some CCGs across the country are seeking to commission local services, on top of the Network Contract DES, from their PCNs and are looking for ways in which to do this, in line with the supplementary services as described in *Investment and Evolution*.

Where a commissioner wishes to commission services on top of those covered by the Network Contract DES from its PCN(s) via a local contracting arrangement, it needs to follow the usual process to commission such a contract. For example, it is not possible to contract directly with a PCN unless it is an established organisation with a separate legal entity. Similarly, it is not appropriate for the commissioner to hold a contract for the delivery of services by the PCN with the Clinical Director (on behalf of the PCN) as it is unlikely that the Clinical Director has the required authority to commit the practices within the PCN to such a contract.

To commission services to be delivered by a PCN, a contract would usually need to be either:

* held by a lead practice (i.e. the legal entity or entities that constitute the practice) on behalf of it and the other practices within the PCN with the lead practice having arrangements in place with the other practices as to who does what; or
* entered into by every individual practice within the PCN

and the contract would need to specify that the practices are required to work collaboratively as part of a PCN to deliver the service.

The contract should set out clearly the requirements of the contract holder, for example including what the practices are required to do and how the service should be delivered, funding arrangements, reporting requirements, and contract duration. Where relevant, it is reasonable for commissioners to make it a requirement of the contract that the practices are required to work collaboratively as part of the PCN to deliver the services.

Thanks

Mary

**Mary Mackenzie
Head of Unit – Primary Care Network Strategy and Contract**

Primary Care Strategy and NHS Contracts Group

Strategy and Innovation Directorate

NHS England