


Primary Care Networks go live on 1 July!

Following applications in May, Primary Care Networks (PCNs) will start to operate from 1 July.

 19 June 2019

Following applications in May, Primary Care Networks (PCNs) will start to operate from 1 July. These PCNs do not replace existing primary medical contracts, but are a route through which existing practices will work together in a locality. The intention is that each PCN will typically serve a population of 30,000 to 50,000 (the area for each PCN has been agreed through the PCN application process). The supporting national documentation explains the services that are likely to be delivered through the PCNs initially, and how those may develop going forward.

The main documents that underpin the PCNs are the Network Contract Directed Enhanced Service (DES), the related Network Contract DES Specification, and the Network Agreement (which is the agreement between the practices - and, potentially, could also include other providers). There are also related changes to the GMS Statement of Financial Entitlements (which govern GMS contract payments).

It is expected that the PCN will be a route through which the PCN practices can deliver services collaboratively, and recruit staff to be used across the PCN (for example, Clinical Pharmacists). A key feature of the PCN is the need to have a nominated Clinical Director across the PCN, and for the funding for the PCN services to be held collectively (rather than by each PCN practice).

For some groups of practices PCNs will be the next step in their evolution, and there are areas where the entities / co-operatives already formed by those groups of practices are planning to play a key role in supporting PCN services. The structures supporting PCN services need careful thought though – and, in addition to the more obvious issues (such as those surrounding staff, clinical liability, data protection etc) some of the other key issues we see include:

- VAT – ensuring that the tax status of supporting services (and related VAT recovery) is understood.
- Pensions – considering if/how the NHS Pension Scheme will apply to all those involved in PCN services.
- CQC – checking the correct registrations are in place for the proposed services/structure.
- Subcontracting – where subcontracting by practices is planned, making sure the proposals fit with the restrictions in their GMS / PMS / APMS contracts.
- Eligibility – where there are changes to the structures of contractors that hold GMS / PMS contracts, ensuring they are consistent with the statutory eligibility / suitability requirements.

The good news is that, generally, there are solutions to these problems, but it is important that PCNs consider these issues now to ensure the new arrangements have the best possible start.

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