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Guildford & Waverley PCN Clinical Directors’ Position Statement on the 2020 draft PCN DES Specifications

For those who volunteered to be Clinical Directors of the newly forming Primary Care Networks the future appeared to be full of the promise of true system based and population need driven collaboration to stabilise primary care, improve the health of patients and formulate new endeavours that would shape the landscape of the coming years.

To clarify our baseline position; we recognised that there were significant challenges to the national health economy and that any support given to PCNs would come with requirements to improve primary care provision and the health of our populations. We are not prone to inertia and fearful of change, nor do we shy away for the challenges of restructuring new systems of care. In principle, we should be the group who is most receptive to any new specification for the PCN DES.

Overview

The main services covered are:

Structured Medication Review and Medicines Optimisation (to be implemented 2020/21)
Enhanced Health in Care Homes (to be implemented 2020/21)
Anticipatory Care (to be implemented 2020/21 to 2023/24)
Personalised Care (to be implemented 2020/21 to 2023/24)
Supporting Early Cancer Diagnosis (to be implemented 2020/21 to 2023/24)

We have no argument that these are all important aspects of care delivery, but they are not in our opinion the priorities for Primary Care Networks that should be at the top of the national agenda. There is no question in our minds that they are all structured in such a manner that the subsequent overwhelming clinical and financial burdens will dramatically destabilise primary care, increase the burnout of GPs and reduce retention and erode core provision of primary care to our populations. This is unacceptable and we cannot support them in their current format.

Funding and Workforce Gaps

The specifications state:

“Funding is not allocated directly for delivery of the service specifications; rather, the largest portion of network funding (£257m in 2020/21, rising to £891m in 2023/24) provides reimbursement for additional workforce roles that PCNs can engage to support the delivery of the specifications and alleviate wider workforce pressures. This funding enables the deployment of over 6,000 additional staff by 2020/21, rising to over 20,000 by 2023/24. For a PCN covering a population of 50,000 people, that could equate to around five additional
staff in 2020/21 and around 16 additional staff by 2023/24. This represents a major uplift in the workforce capacity within primary care.”.

This is both naïve and harmful thinking. To reframe that statement to reflect the 30% funding gap for those additional roles, **participating in a PCN via the DES will cost GP practices £236.5m in 2020/2021 rising to £771m by 2023/2024.**

Modelling of the financial impact to each practice shows that for an average 10,000 patient practice, **an annual loss of £105,000 would result from the practice participating in the DES.** This is conservative and assumes staff at the bottom of bandings and optimal overheads. The real costs are likely to be higher.

The additional roles themselves would be fully consumed by the DES provision and hence have no direct impact on the increasing burden that general practice shoulders. This means that the ground truth of these specifications means that **General Practice would fall under increased and unsustainable financial burden to provide additional services that do not in any way relieve pressure from a service that is already under enormous workload.**

At a time when practices and clinicians are on their knees and struggling at great personal cost to keep their patients safe and provide adequate care, this seems an enormous blow and contrary to everything PCNs should represent.

**Assessment of Primary Care Impact of Implementation of 2020 DES Specifications**

We believe the following metrics are the best way to assess the impact of the implementation of these DES specifications unchanged from their draft format. These are our interpretation, but we would comment that these have been echoed almost universally by LMC position statements and Clinical Director position statement across the country.

- **Financial Stability – degraded.**
- **Workforce stability – degraded**
- **PCN viability – degraded**
- **GP retention – degraded**
- **Core GP service provision – degraded**

**Our Recommendations to Member Practices**

Should the draft 2020 DES specifications be ratified without **significant** alteration, which we believe means allowing PCNs to locally identify care needs and work with their ICP partners
to produce fully costed and staffed solutions, we could not support their implementation. In those circumstances:

_The Guildford and Waverley PCN Clinical Directors would be forced to advise their member practices to withdraw from the PCN DES entirely._

Our hope is that this does not come to pass and we remain committed to the initial vision of PCNs, the expanding collaborations they can facilitate that benefit our patients and the chance to positively change the landscape of General Practice to protect it for future generations. In the event of practices withdrawing from the DES we would endeavour to work closely with our CCG and ICP colleagues to procure local solutions in order to maintain the high standards of care that are already offered by the PCN member practices.

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