

Unpicking Primary Care Networks

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Timescales

- 1) 15th May registration
- 2) 31st May CCG's confirm coverage
- 3) 1st July ready for action??



Funding!

Year 1 - (1 July 2019 – 31 March 2020)	30,000 £pa	50,000 £pa
Network payment (£1.50 per patient)	45,000	75,000
Clinical director *	20,627	34,279
Clinical pharmacist (70% funded)**	37,810	37,810
Social Prescriber (100% funded)	34,113	34,113
Extended hours - £1.45 per patient	43,500	72,500
Potential PCN funding	181,050	253,702
“Guaranteed funding”	65,627	109,279

* Each network gets 0.25 WTE per 50,000, estimated WTE is £137,516

** This is total costs based on agenda for change including on costs, Employers NIC and Employers Superannuation

Also worth noting the Clinical Pharmacist and Social Prescribers double if patient numbers exceed 100,000

Don't forget your practice:-

Year 1 - (1 April 2019 – 31 March 2020)	30,000 £pa	50,000 £pa
£0.147 per w/patient (Practice based) from 1/07/19 per month	52,830	88,050

Year 2 onwards

Year 2 - 5	30,000 £pa	50,000 £pa
Network payment	?	?
Clinical director	?	?
Clinical pharmacist (70% funded)	?	?
Social Prescriber (100% funded)	?	?
Physiotherapists (70% funded)	?	?
Physician associates (70% funded)	?	?
Community paramedics (2021/22) (70% funded)	?	?
Extended hours	?	?
Extended access *	?	?
Other enhanced services?	?	?
Potential PCN funding	X,xxx,xxx	X,xxx,xxx

*** Depends on
local provision
£6 per patient
in total**

Practicalities

Bank accounts – 2 options

1. Open a second current account
2. Open a brand new account?



Practicalities

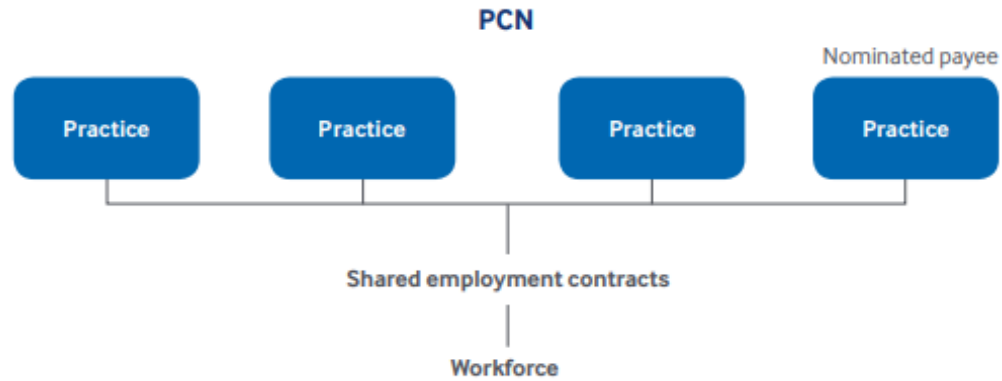
Accounting



1. Transparency
2. Reporting – income and expenditure?
3. Agreement needs to include process

Structures

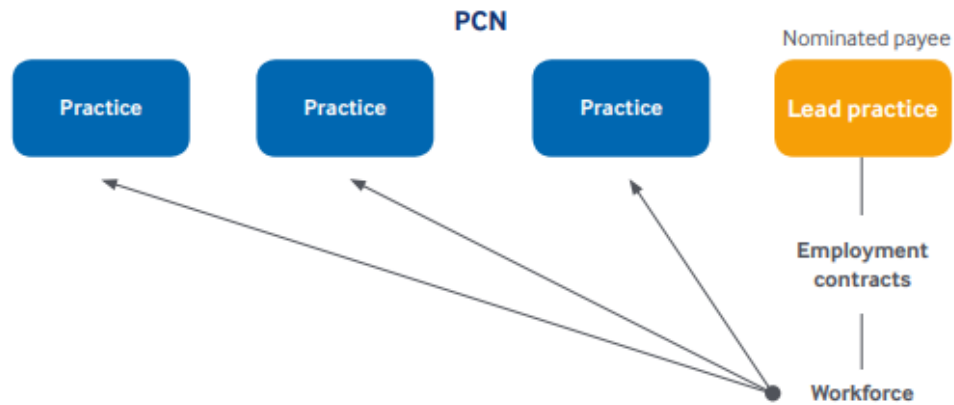
1. Flat practice network



Pro's	Con's
No pension issue?	Staff contracts?
No VAT issues?	Allocating liability?
No CQC issues?	PAYE scheme?
Robust agreement	

Structures

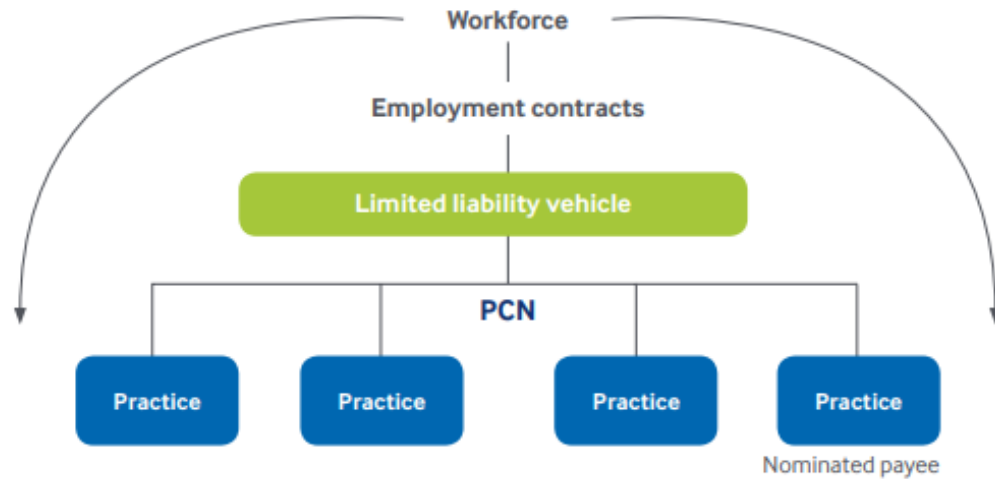
2. Lead provider



Pro's	Con's
No pension issues?	Liability?
No CQC issues?	VAT issues?
PAYE scheme	Terms and conditions (Pay)
Staff contracts	
Robust agreement	

Structures

3. GP federation/provider entity



Pro's	Con's
No pension issues?	
GMS Subcontracting rules?	
Liability	VAT issues?
PAYE scheme	CQC issues?
Staff contracts	Costs?
Robust agreement	



Companies
House



HM Revenue
& Customs

VAT — Notice 701/57

Where the service is principally aimed at the protection, maintenance or restoration of health of the person concerned, the supply is exempt.

Medical services provided by registered health professionals when they're enrolled or registered on the appropriate statutory register:

- *medical practitioners*
- *professionals registered under the Health Professions Order*
- *nurses, midwives and health visitors*
- *pharmacists*

Supply of staff?



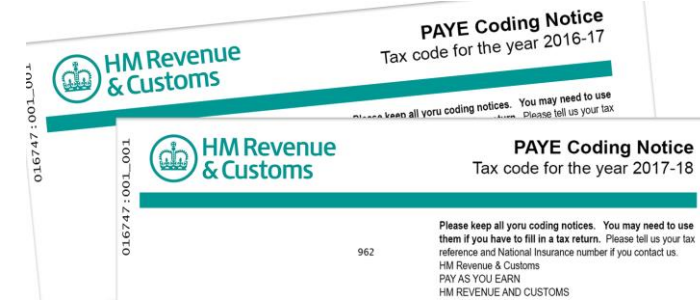
Pensions

No issues?!?



PAYE

1. Do you need a PCN PAYE scheme?
2. Is the clinical Director an “Officer” role?



FAQ's

[https://www.england.nhs.uk/gp/gpfv/redesign/
primary-care-networks/pcn-faqs/](https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/pcn-faqs/)

- Is it possible for a Federation to hold a PCN contract on behalf of many practices? Eligibility for the Network Contract DES is for GP practices who hold a registered patient list and offer in-hours (essential services) primary medical services. A Federation not holding an in-hours (essential services) primary medical services contract and registered list would not be eligible to hold the Network Contract DES. However, a PCN may decide to use a Federation to provide a set of services and would be able to contract with them to do so.

Get specialist advice!





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