



Nottinghamshire   
Local Medical Committee

Representing and supporting GPs

# FOCUS ON...

ISSUE 2: OCTOBER 2022

**PRIMARY CARE NETWORK DES  
OPT OUT WINDOW**

OUR EASY TO READ  
SUMMARY OF CURRENT  
ISSUES FOR GENERAL  
PRACTICE

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# Primary Care Network DES opt-out Window

In our first "Focus On" document, we focused on the NHS England support letter for Winter 2022 outlining its plans for another busy winter for primary care colleagues. These significant changes introduced by NHSE to the PCN DES in-year, has triggered an opt-out window available for practices to consider without risking a breach of contract.

## WHAT DO YOU NEED TO KNOW?

- Practices have a right written into the paragraph 4.9.5 of **PCN DES Contract Specification** to allow consideration of opt-out in the instance of an in-year DES contractual variation.
- This opt-out window is from 1 – 31 October 2022.
- Opting out is **not** a breach of the core contract or the PCN DES.
- Practices **not** choosing to opt out will automatically continue with the outlined changes from **NHSE winter letter 2022**.
- After this window, the next opt out opportunity will be on the onset of the DES renewal in April 2023.
- It is an individual practice decision to either remain contracted to PCN DES or to opt out.
- Those independent contractors considering opt out should seek financial and legal advice.



For any further support on this or anything else please email us at [liaison@nottslmc.co.uk](mailto:liaison@nottslmc.co.uk) or call on 0115 977 1341.

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## WHAT IS THE IMPACT OF OPTING OUT FOR PRACTICES?

### Positive

- More control over time commitments of staff/GPs to focus on practice activity.
- Removal of the joint responsibility to ensure that targets are met at PCN level.
- Cease provision of services and other responsibilities or activities as part of the PCN DES such as IIF performance and extended access requirements.
- Potential for additional workload capacity for practice staff by not undertaking DES activities.
- Reduction in meetings and bureaucracy.
- Reduction of pressure on the surgery caused by providing for ARRS staff e.g. premises/mentoring/supervision etc.

### Negative

- Lose funding provided through the PCN DES (see **BMA Summary**).
- Potential to lose ARRS staff support and any non-DES services ARRS staff are providing.
- Potential implications of any employment liability for ARRS staff through PCN agreements.
- Potential for increase in staffing costs for practices if they have been supported by ARRS staff and still need assistance.
- Missing out on future opportunities whereby PCNs are the route for funding/support.
- Lack of influence in future decisions around healthcare provision for your own patients.



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## THINGS TO CONSIDER

### Premises

Cost implications for practices who have acquired extra space (lease or purchase) in the absence of additional funding through DES. Need to consider repurposing acquired property or transfer to another body in the PCN.

### IT

Practices to review reallocation or purposing of IT equipment that has been purchased or leased to the opting out practice. Refer to PCN or local agreements in place.

### Patient considerations

Practices opting out will no longer be able to deliver PCN DES services to their patients and there will be a reliance on neighbouring PCN practices to deliver these services on their behalf. There is a potential for patients to be enticed to practices delivering PCN DES services and at a loss of capitation to the opting out practice.

### Loss of workforce

Practices should consider financial and legal implications of any ongoing employment liability they may have for ARRS staff. This situation will be most common where staff are employed under ARRS scheme but not directly linked to the PCN DES. Those opt out practices who have ARRS staff supporting the practice's core contract workload, will need to review and provide clear separation of practice and PCN staff.

### Incorporated PCNs

Where a practice has become a member of an incorporate PCN, there are cases where the practice partners or other staff have become directors. These individuals are advised to review their relevant contracts and agreements for which opting out may have bearing on resignations from this role. Director's resigning must inform the relevant stakeholders of their decision and submit **TM01 form** to Companies House.



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## WHAT DO THE LMC THINK?

The emergence of PCNs in 2019 brought about an opportunity of creating a formal localised grouping of practices to deliver contractual enhanced services in a collaborative form. Over the past few years, we have seen continued government investment and funding be channelled through PCNs to provide increasing ARRS staffing. We do feel that the investment going into ARRS staff could be better spent on practices directly, but there is a wider agenda at stake here.

We feel that practices should always consider the workload and commitment involved in working to the requirements of the PCN DES against the cost financially and otherwise of doing so. Some practices are fearing for their future as independent contractors, their succession plan may rest in the collaborative working that PCNs promote but equally they may disengage from the PCN DES in order to focus on their own survival.

We acknowledge a real fear of missing out on future resources from NHS England who are committed to the PCN model and direction of travel as indicated clearly in the **Fuller Stocktake** of earlier this year. Some practices will feel that they will strategically disadvantage themselves by removing themselves from the DES. We would urge every practice to make their own decisions based on the future needs of their patients and the practice.

The recent in-year PCN DES contractual changes issued by NHS England has triggered a contractual opportunity for practices to take time, reflect and perhaps consider their position within their respected PCNs..

The decision to stay or opt-out will certainly be complex for practices and **it remains as an individual practice decision**. We cannot advise what practices should do but remaining in the DES or opting out should be a conscious decision considering all implications.



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