

### **Focus on spending the PCN DES Capacity and Access Payment funding**

#### **Background**

*It remains LMC England Conference policy that the PCN (primary care networks) DES (directed enhanced service) should be ended, and the funding (£2,467m) associated with the DES, be moved into the core practice funding baseline. In the absence of a negotiated contract for 2024/25, the imposed contract guidance pertaining to the PCN DES can be found below.*

#### **Summary**

- The Capacity and Access Payment (CAP) will continue in 2024/25 with the overall amount of funding increasing by £46m to £292m (£3.249 per PCN adjusted population). This is because of the reduction in former IIF (Impact and Investing Fund) indicators and the transfer of that funding into the CAP.
- As was the case in 2023/24, 70% of funding will be paid to PCNs unconditionally via the Capacity and Access Support Payment (CASP) without reporting requirements, proportionate to their Adjusted Population, in 12 equal payments.
- The remaining 30% of funding will be available to PCNs conditionally via the Capacity and Access Improvement Payment (CAIP) apportioned into three individual components.

Full payment (£1.392 per PCN adjusted population) is dependent on the criteria listed in Para 10.4 A1 – A5 in the [PCN DES specification](#). The amounts will be paid to PCNs in monthly instalments over the remainder of the financial year once all practices within a network have put in place each component of NHS England's 'Modern General Practice Access' model.

**GPCE’s recommendation:**

Practices should defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance is issued in early 2025.

“Better digital telephony”

Practices who have not declared or received monies need not agree to share call volume metrics before October 2024, beyond which NHS England has signalled its intention to issue a contract variation notice to make the sharing of [the eight call data metrics they have identified](#) contractual within GMS / PMS.

“Simpler Online Requests”

Practices who have not declared or agreed to share data as part of the “online consultation systems in general practice” publication, nor received monies, may continue to switch off their online triage tool during core hours, when they have reached their maximum capacity.

MGPA Priority Domain	All PCN practices to have following components in place and these continue to remain in place
<p>1) Faster care navigation, assessment, and response (10%)</p>	<p>Declaration to be made by the Clinical Director on behalf of all PCN practices:</p> <p>Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, including collection of structured information for walk-in and telephone requests.</p> <p>Approach includes asking patients their preference to wait for a preferred clinician if appropriate, for continuity.</p> <p><b>GPC England advice: No concerns</b></p>
<p>2) Better digital telephony (10%)</p>	<p>Declaration to be made by the Clinical Director on behalf of all PCN practices:</p> <p>Digital telephony solution implemented across each constituent practice of the PCN, including complying with the Data Provision Notice to enable call volume data to be provided by the supplier to NHS England from October 2024.</p> <p><b>GPC England advice: Defer until 2025</b></p>

3) Simpler online requests (10%)	<p>Declaration to be made by the Clinical Director on behalf of all PCN practices: Online Consultation is available for patients to make administrative and clinical requests <b>at least for the duration of core hours.</b></p> <p>Practices have to agree to <a href="#">the relevant data provision notice</a> to enable data to be provided to NHS England as part of the '<a href="#">submissions via online consultation systems in general practice</a>' publication.</p> <p><b>GPC England advice: Defer until 2025</b></p>
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GPC England recommends:

- PCNs have discretion within the NHS England guidance to use CASP money for their own priorities, e.g. GP supervision of staff, increasing the Care Home Premium payment. GPC England's recommendation that the Care Home Premium payment was formally increased to £12 per month / £144 per year for 2024/25 was not accepted by NHS England.