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20 May 2020

Dear Richard,

### **Network Contract DES 2020/21**

Thank you for your letter of 1 April to Ian Dodge about the Network Contract DES for 2020/21, which we agreed and published in March. I am sorry it has taken a little time for you to get a reply in writing.

I want to take this opportunity to thank you for all your work with us on the management of the COVID-19 pandemic and the various issues which we have discussed with you over the last few weeks. You have articulated the views of your profession clearly and directly, and the policies we have published have been substantially improved as a result. I am confident this helpful dialogue will continue in the weeks and months ahead. I also want to place on record my gratitude to the many thousands of GPs and practice staff who have worked tirelessly to transform their services in response to the pandemic.

As you know, we made several important changes to the Network Contract DES in response to the COVID-19 situation: including postponing the requirements for two of the three new services until 1 October at the earliest, and making £16.75m funding available to all PCNs as a direct support payment which had previously been earmarked for the Investment and Impact Fund. This action has both freed up PCN resources and provided a direct funding injection to support PCNs and their clinical directors during the pandemic. As we move towards recovery we will continue to keep the DES under close review, but I hope you will agree that the services due to be introduced from 1 October are critical to the successful management of the patients whose needs may have increased during the period of the pandemic. I would also encourage you to continue your discussions around the tax treatment of PCNs with the Government, which is responsible for tax policy.

I continue to believe that Primary Care Networks have enormous potential, both to support the sustainability and resilience of general practice and to deliver great improvements in the delivery of – and access to – patient care. The COVID-19

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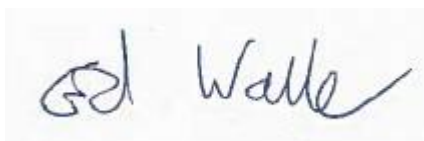


situation has illustrated the benefits of PCNs: practices have been able to draw on established relationships to support cover when staff have been absent or practices temporarily closed; have co-ordinated the delivery of COVID-19 assessment sites; and have worked together to implement support to care homes in a way that reduces the infection control risks associated with multiple individual practice teams. The £430 million available investment in additional primary care workforce this year through the Additional Roles Reimbursement Scheme will enable PCNs to tackle the workload pressures felt by most GPs and improve the resilience of general practice as we recover from the pandemic. Perhaps most importantly, PCNs have catalysed the development of a new cadre of primary care leaders with the energy and enthusiasm to place general practice at the heart of local health and care systems.

We must also, collectively, challenge and correct many of the misconceptions around the DES. Some practices have said they fear that their core contracts will be at risk if they sign up. The DES is clear that contract management will be supportive and collaborative and, in the rare circumstances that remedial actions are needed, we expect CCGs to focus on the DES itself rather than the practice's core contract. It is important that practices understand that NHSE/I cannot make a substantive change to the terms without offering the practice the chance to opt-in / opt-out again. The support requested on care homes during the COVID-19 pandemic does not change the terms of the DES. Finally, it is critical that practices understand that, should they opt out of the DES, CCGs will not offer the service to those practices – or their associated Federation – on better terms or on a 'pick and choose' basis. Practices opting out will also lose their Network Participation Payment from their core practice contract, as well as their entitlements to funding from the DES.

As of this afternoon, 96 per cent of practices have either signed up to the DES or have expressed their intention to do so, with only 74 practices (1 per cent) having decided not to participate. Ahead of the sign up window for the 2020/21 DES closing on 31 May, I therefore want to encourage those practices which have not yet confirmed their participation in PCNs for next year to sign up to the funding, workforce and development opportunities that the DES brings.

I look forward to continuing our dialogue about the response to COVID-19 and the future of PCNs.

A handwritten signature in blue ink, appearing to read 'Ed Waller', is positioned above the printed name and title.

**Ed Waller**

**Director for Primary Care Strategy and NHS Contracts  
NHS England and NHS Improvement**