

PCN Development Priorities, Support & Funding in 2020/21

National guidance for systems and regions

20/10/2020 v5.1 FINAL

Publication approval: B0245

Background & context

[PCN Development Support Guidance and Prospectus*](#) was initially published in August 2019.

It set out:

- Funding has been released
- Expectations of PCNs by March 2020
- Guidance on how national funding (£43.5m in 19/20) should be used (see slide 6)

Purpose of this document

This document should be used to build upon the 19/20 PCN development support guidance. It sets out the national PCN development priorities for 20/21 and guidance about utilisation of national funding for 20/21 (£43.7m).

Funding allocation 20/21

Funding was made available to ICSs and STPs in August 2020.

It is imperative that this funding is used to support PCN development, and that PCN Clinical Directors are key parties in discussions about how it is deployed, alongside their CCG and system.

How has it been developed?

Reflecting the ongoing response to COVID-19, this document has been rapidly developed with a range of national and local stakeholders to gain consensus about national PCN development priorities in 20/21.

* To access this document you need to be a member of the FutureNHS PCN Development platform. To join, please email p_c_n-manager@future.nhs.uk

PCN development priorities



As a minimum, ICSs, their constituent places, and PCNs should use the development funding:

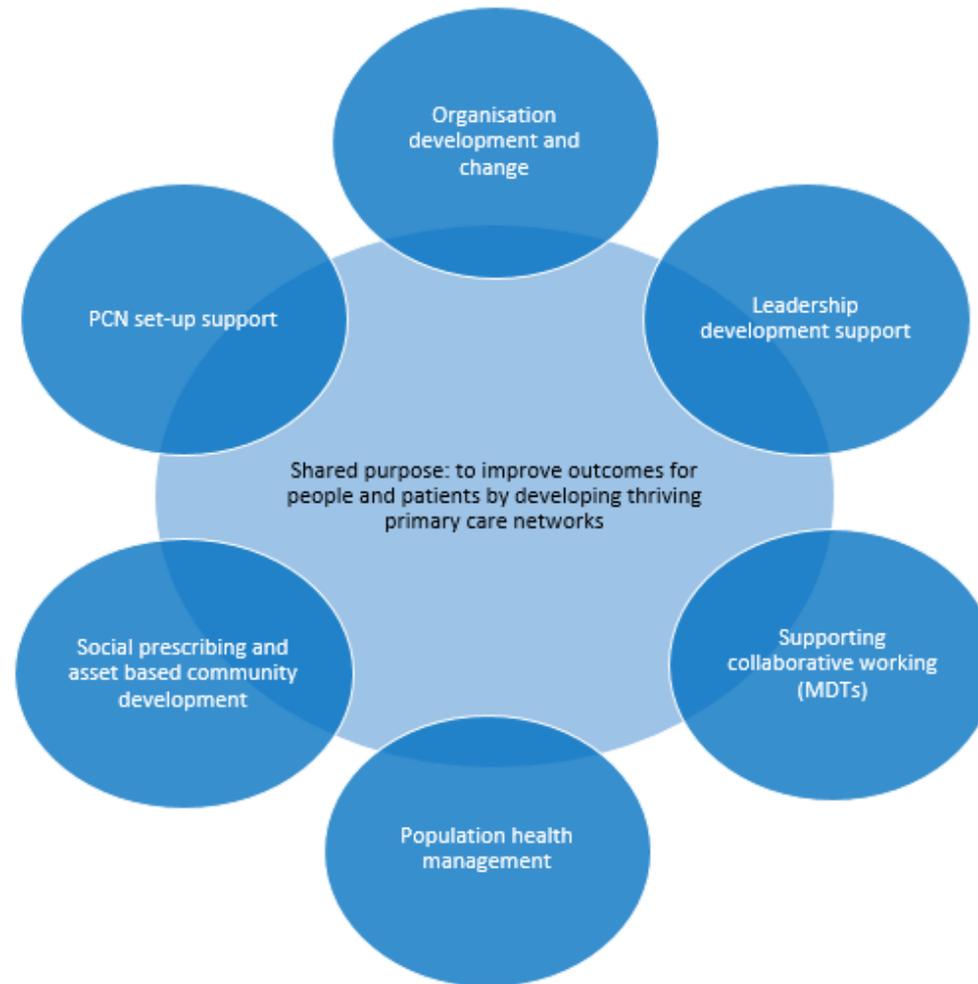
- **To support recruitment, embedding and retention of new staff**, helping to build capacity and address high workload, as well as supporting full spend of ARRS funding. Staff will be supported to have the skills and capability to operate effectively across networks and as part of integrated teams. Staff induction, clinical supervision and a focus on staff wellbeing and resilience, along with support to model demand and re-design ways of working should help embed the new workforce
- **To enhance integration** by building on the work that's already happened with care homes, community services teams and community pharmacy in response to Covid-19 and strengthening this through multi-disciplinary team ways of working with other local providers. Working with patients, their carers' and the wider community will be essential to create a joint model of proactive and personalised care.
- **To continue to improve access** by embedding the use of total triage and remote consultation; cutting waiting times and supporting the interface between primary, community and secondary care.
- **To reduce health inequalities**, enhancing population health management locally with a focus on prevention, recognising the inequality in relation to COVID-19 and those groups who may have been disproportionately disadvantaged.

2020/21 funding

- ICSs and STPs are responsible for PCN development and the delivery of priorities set out for 20/21. System and place primary care leaders must engage and work closely with PCN Clinical Directors to come to collective agreement on local priorities and how funding should consequently be spent to respond to their specific need. Most systems will continue to deploy a portion of the funding to provide specific leadership development support to PCN Clinical Directors.
- This will include agreement on whether support is secured at place or system level (to gain economies of scale) and agreement of the governance required to ensure PCN priorities set out for 20/21 are delivered.
- The 19/20 PCN development support guidance still applies and provides a framework for a range of support that the national funding could be used for (see slide 6 for the PCN development support domains). Examples of specific spend may include support to drive quality improvement, change management support, staff wellbeing and resilience interventions or support to develop leadership skills across PCNs. This includes freeing up time to allow staff to participate in development activity.
 - Funding should be used to support development, rather than to pay for delivery of services or other operating costs.

- NHSE/I Regions will ensure that systems use the funding in line with the priorities set out and according to the following parameters:
 - A universal offer, with PCN clinical and non-clinical staff receiving support matched to their needs
 - Support designed alongside and agreed with PCNs and CDs, promoting collaboration and shared understanding within PCNs and with wider partners, and recognising that commissioning some elements of support, once, at the system or place level is likely to make sense
 - Alignment with commitments set out in the NHS Long Term Plan and the Network Contract Direct Enhanced Service (DES), and supporting delivery of system strategies

PCN development support domains



Taken from the [PCN Development Support Guidance and Prospectus](#) 2019. To access this document you need to be a member of the FutureNHS PCN Development platform. To join, please email p_c_n-manager@future.nhs.uk

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