Primary Care Network (PCN) Structure and Governance: Considerations for PCN Boards

Sheffield LMC

PCN Boards Need to Consider:

- Structure of Board and quoracy.
- Voting rights, especially as the PCN progresses to incorporate other health care organisations.
- Engaging with constituent GPs and practices.
- The network agreement. (The content of the network agreement is not within the remit of the CCG to challenge. As long as the practices have agreed, the CCG cannot refuse the DES based on its content.) Needs updating annually.
- Funding of positions on Board.
- Funding of the Clinical Director - directly remunerated, paid to practice for backfill. Can use DES money for supporting admin staff.
- Frequency of meetings.
- Governance arrangements.
- Premises consideration, especially if Extended Access is considered from 2021.
- What decisions might be by majority, what by unanimity.
- Chairing the meetings.
- Dispute resolution.
- Managing conflicts of interest.
- Engaging legal advice when approving their network agreement.
- Establishing a network bank account and seeking independent financial advice.

PCN Boards may like to consider developing Lead Practice for:

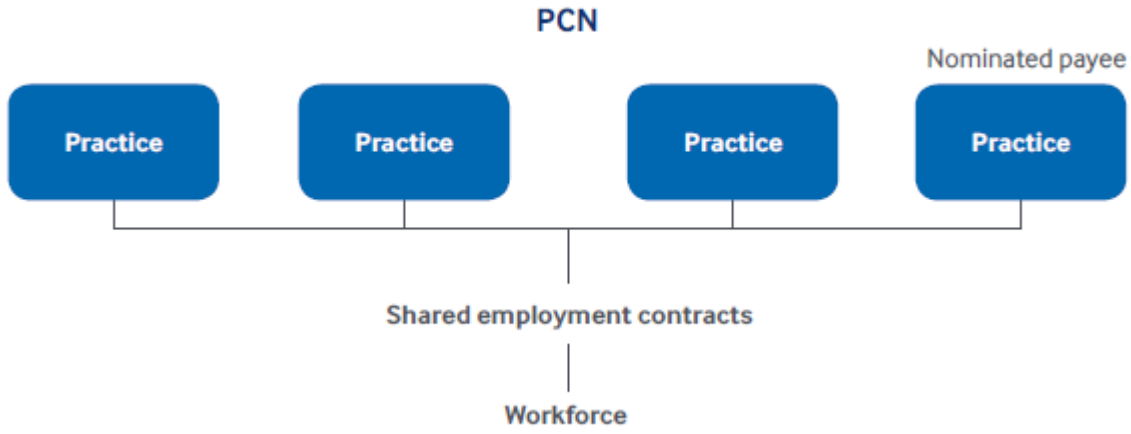
- Data sharing agreements and monitoring.
- Finance, claiming salary re-imbursements.
- Clinical Director reporting and supervision.
- Appraisal of Clinical Director and new staff.
- Developing job descriptions.
- Monitoring Extended Hours access.
- Engagement with Patient Participation Groups (PPGs).
- Who will look at workforce recruitment needs from April 2020 onwards? (Physios, Physician Associates etc) (Capita based total amount).
- Employer can set the contract terms including job description and salary for these new posts (Agenda for Change recommended).
- Clinical Pharmacists need supervision from senior pharmacist and a GP.
- Need to develop collaboration with other organisations as it becomes a contract requirement later.

Appointment of Clinical Director

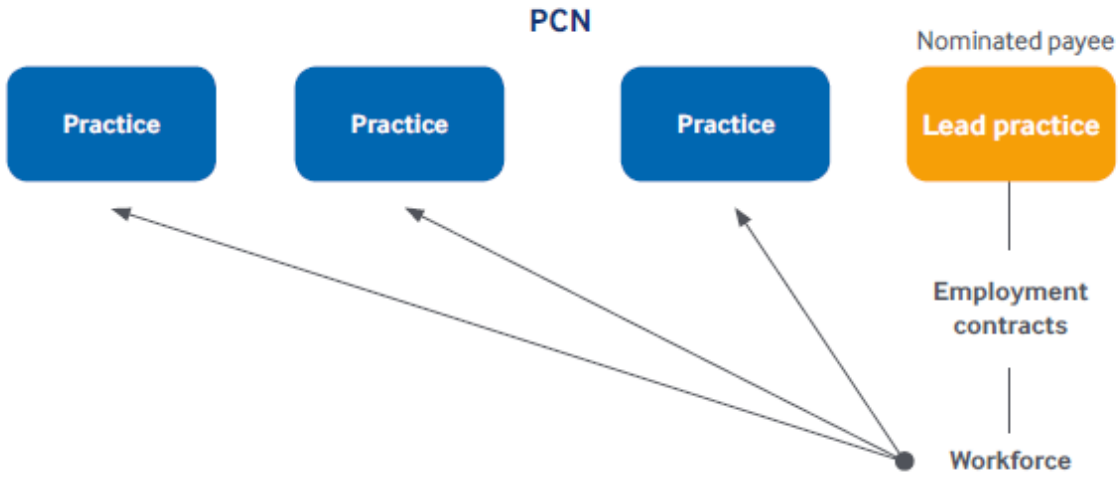
- Will this be by election or appointment or mutual agreement?
- Will it be by review of application or interview?
- What will be the length of contract?
- Will it be joint post or appointing a deputy or by rotation?
- Who will manage any conflict of interest?

There will be a Network Dashboard from April 2020 that the Clinical Director will need to review to develop the PCN strategy.

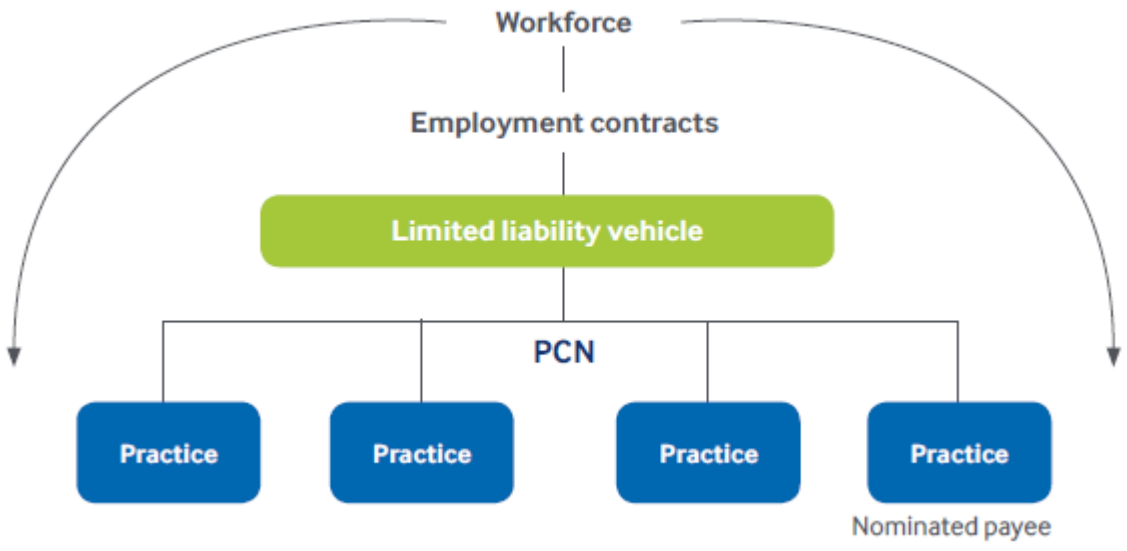
1. Flat practice network



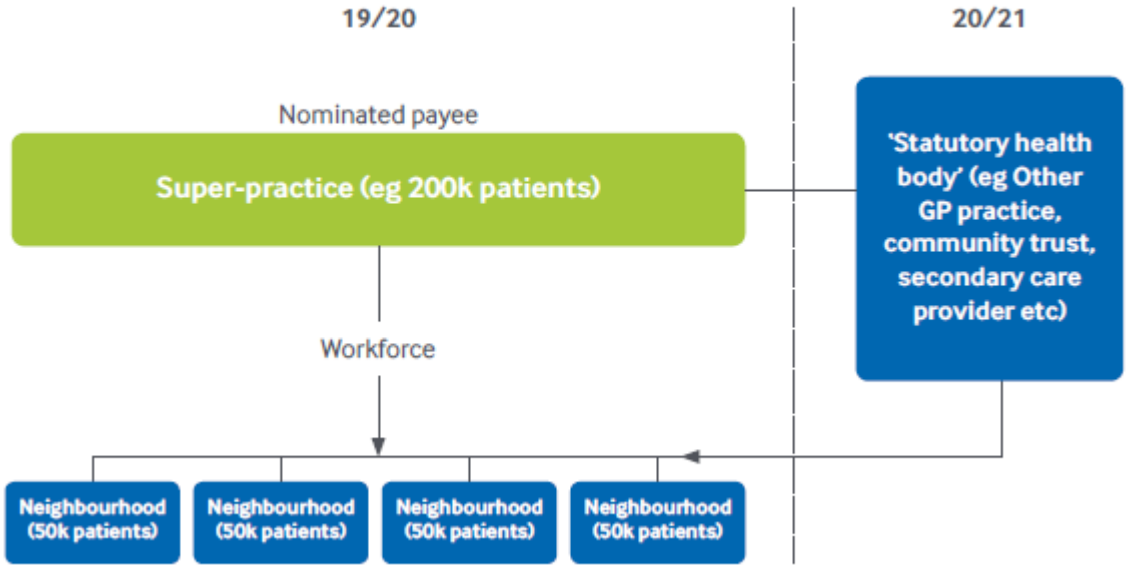
2. Lead provider



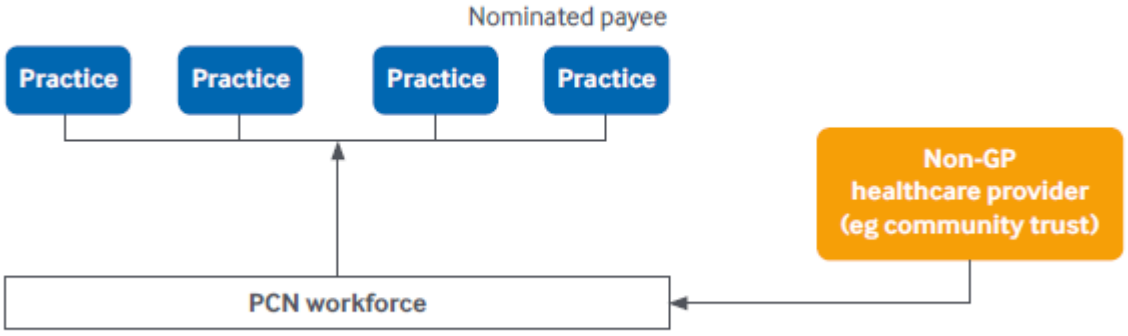
3. GP federation/provider entity



4. Super-practice as a network



5. Non-GP provider employer models



POTENTIAL VAT IMPLICATIONS

The supply of services by health professionals are VAT exempt if:

- they are within the profession in which the person is registered to practise, and
- they are for the protection, maintenance or restoration of patient's health.

Services may still be VAT exempt if:

- the non-registered health professional is supervised by an appropriately qualified professional; or
- the non-registered health professional provides services within a state-regulated institute providing healthcare (eg hospital or GP surgery).

For the supply of staff on secondment this is normally VAT chargeable.

If commission is charged, standard rate VAT may apply as it is an administrative service. VAT may be exempt if considered composite with the health care provision.