BMA

England

Focus on spending the PCN DES Capacity and Access Payment funding

Background
It remains LMC England Conference policy that the PCN DES 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.
The overall amount of funding allocated to the CAP in 2024/25 will increase by £46m to £292m, (£3.249 per PCN adjusted population), because of the reduction in Impact and Investing funding and the transfer of this into CAP.

As was the case in 2023/24, 70% of funding will be paid to PCNs via the Capacity and Access Support Payment (CASP) without reporting requirements, proportionate to their Adjusted Population, in 12 equal payments.

Practices should consider delaying signing until March 2025, so winter data cannot be used. Although that decision may depend on a practice's cashflow.

The remaining 30% of funding will be available to PCNs via the Capacity and Access Improvement Payment (CAIP) which is 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 the Modern General Practice Access model, as below:

MGPA Priority Domain	All PCN practices to have following components in place and these continue to remain in place
1) Faster care navigation, assessment, and response (10%)	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. Approach includes asking patients their preference to wait for a preferred clinician if appropriate, for continuity.
2) Better digital telephony (10%)	Digital telephony solution implemented, including call back functionality; and each practice has agreed to comply with the Data Provision Notice

	so that data can be provided by the supplier to NHS England. Digital telephony data is routinely used to support capacity/demand service planning and quality improvement discussions.
3) Simpler online requests (10%)	Online Consultation is available for patients to make administrative and clinical requests at least for the duration of core hours. Practices have agreed to the relevant data provision notice so that data can be provided by the supplier to NHS England as part of the 'submissions via online consultation systems in general practice' publication.

PCNs will be given discretion within 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 was not accepted by NHS England.

GPC England also argued in negotiations for the 30% CAIP to be paid upfront and not conditional on the MGPA domains, which are often supported by uncertain local CB budgets and for PCNs/practices to be mandated to use a ringfenced proportion of CAP funding for GP supervision of ARRS staff. Again, while not supported as a mandated spend by NHS England, it is open to PCN Core Member Practices to use a proportion of CASP spending within the PCN in this way.