Setting up a PCN – checklist for discussion and agreement

This checklist has been created by the BMA to assist practices in making decisions in establishing their primary care network and completing the network agreement and
associate schedules.

This is a template and so additional considerations can be added under each section, if appropriate.

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|  | **Provisionally agreed** | **Confirmed agreed** | **Completed** |

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| **PCN membership and geography** |
| Names and ODS codes for all practices in the network | [ ]  | [ ]  | [ ]  |
| Names of non-GP members of the network | [ ]  | [ ]  | [ ]  |
| Numbers of patients per practice, and total for PCN (both as of Jan ’19) | [ ]  | [ ]  | [ ]  |
| Map showing the proposed network boundary | [ ]  | [ ]  | [ ]  |
| Network name to be agreed | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **PCN membership and geography agreed** | **[ ]**  |

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| **Appointing the clinical director** |
| How will the clinical director be selected/appointed? | [ ]  | [ ]  | [ ]  |
| How will the clinical director be employed/engaged? (employee, consultant etc) | [ ]  | [ ]  | [ ]  |
| When will the clinical director be appointed? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Clinical director appointed** | **[ ]**  |

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| **Structure and operating models**  |
| Are there any structures already in place for the network? | [ ]  | [ ]  | [ ]  |
| Which structure/operating model might work best for the Network (refer to BMA’s PCN handbook)? | [ ]  | [ ]  | [ ]  |
| What implications arise for the chosen structure/operating (eg VAT, liability, NHS Pensions)? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Structure and operating model agreed** | [ ]  |

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| **Meetings, governance & decision making (for schedule [X] of the Network Agreement)** |
| How are meetings held – how often, who attends, quorum etc? | [ ]  | [ ]  | [ ]  |
| Do the attendees have authority to make binding decisions (see BMA template side letter)? | [ ]  | [ ]  | [ ]  |
| How are decision made? | [ ]  | [ ]  | [ ]  |
| What are the dispute resolution procedures? | [ ]  | [ ]  | [ ]  |
| Will there be categories of dispute (practice level, whole PCN etc.)? | [ ]  | [ ]  | [ ]  |
| What are the escalation processes? | [ ]  | [ ]  | [ ]  |
| What happens if agreement is not reached? Will there be a binding ‘back stop’? | [ ]  | [ ]  | [ ]  |
| Register of conflicts of interest created | [ ]  | [ ]  | [ ]  |
| How will conflicts of interest be managed? | [ ]  | [ ]  | [ ]  |
| Are there any additional requirements for joining the network? | [ ]  | [ ]  | [ ]  |
| Are there any additional requirements for leaving the network or circumstances where a member can be asked to leave? | [ ]  | [ ]  | [ ]  |
| Any additional requirements for terminating the network agreement? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Meetings, governance and decision making agreed** | **[ ]**  |

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| **Service provision/activities (for schedule 3 of the network agreement)** |
| How will services re-configure (if appropriate)? | [ ]  | [ ]  | [ ]  |
| How will Extended Hours be provided? | [ ]  | [ ]  | [ ]  |
| Who is the provider of services (subcontracting arrangements)? | [ ]  | [ ]  | [ ]  |
| For CQC purposes, who is providing the regulated activity? | [ ]  | [ ]  | [ ]  |
| Any other specific considerations for services and/or their delivery? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Service provision/activities agreed** | **[ ]**  |

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| **Funding arrangements (for schedule 4 of the network agreement)** |
| Who will be the lead practice for funding from the commissioner? | [ ]  | [ ]  | [ ]  |
| What level of funding will the network receive (refer to BMA’s funding calculator)? | [ ]  | [ ]  | [ ]  |
| What will the funding pay for (ie workforce, extended hours, other services)? | [ ]  | [ ]  | [ ]  |
| What additional funding may practices/members require/input? | [ ]  | [ ]  | [ ]  |
| How will funding be transferred between practices, what for, when? | [ ]  | [ ]  | [ ]  |
| How are profits/losses/liabilities apportioned? | [ ]  | [ ]  | [ ]  |
| Banking arrangements and accountancy | [ ]  | [ ]  | [ ]  |
| How is income and expenses dealt with – what is the difference between a PCN and practice income/expense? | [ ]  | [ ]  | [ ]  |
| Arrangements for cross-indemnities (if required) | [ ]  | [ ]  | [ ]  |
| Any other specific considerations for funding? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Funding arrangements agreed** | **[ ]**  |

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| **Workforce arrangements (for schedule 5 of the network agreement)** |
| What additional workforce are we eligible for? | [ ]  | [ ]  | [ ]  |
| Do we already have a clinical pharmacist on the national scheme? | [ ]  | [ ]  | [ ]  |
| How will the additional workforce be employed (refer to BMA’s PCN Handbook)? | [ ]  | [ ]  | [ ]  |
| Which policies and procedures will be used when the additional workforce is deployed? | [ ]  | [ ]  | [ ]  |
| What implications does deployment have (VAT, employment liabilities, pensions etc)? | [ ]  | [ ]  | [ ]  |
| How will the additional workforce be advertised/appointed? | [ ]  | [ ]  | [ ]  |
| What services will the clinical pharmacist deliver? | [ ]  | [ ]  | [ ]  |
| What is the clinical pharmacist job description? | [ ]  | [ ]  | [ ]  |
| How will the clinical pharmacist deliver services? | [ ]  | [ ]  | [ ]  |
| How will the clinical pharmacist be deployed across the network? | [ ]  | [ ]  | [ ]  |
| What services will the social prescriber deliver? | [ ]  | [ ]  | [ ]  |
| What is the social prescriber job description? | [ ]  | [ ]  | [ ]  |
| How will the social prescriber deliver services? | [ ]  | [ ]  | [ ]  |
| How will the social prescriber be deployed across the network? | [ ]  | [ ]  | [ ]  |
| What additional workforce is available from other members? | [ ]  | [ ]  | [ ]  |
| What will that additional workforce deliver? | [ ]  | [ ]  | [ ]  |
| How will that additional workforce deliver services? | [ ]  | [ ]  | [ ]  |
| What does the member get in return for their additional workforce?(amend other schedules as appropriate) | [ ]  | [ ]  | [ ]  |
| Although not a requirement, does the existing practice workforce need to be reorganised? | [ ]  | [ ]  | [ ]  |
| How will staff be handled in the event of a practice leaving the network or the network agreement being dissolved (eg TUPE, redundancies) | [ ]  | [ ]  | [ ]  |
| Any other specific considerations for workforce? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Workforce arrangements agreed** | [ ]  |

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| **Insolvency events (for schedule 6 of the network agreement)** |
| In which events are PCN members considered insolvent? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Insolvency events agreed** | [ ]  |

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| **Arrangements with outside organisations (for schedule 7 of the network agreement)** |
| Are there any additional arrangements, considerations or agreements for organisations outside of the network? | [ ]  | [ ]  | [ ]  |
| What organisations do network member practices already interact with, which might continue to interact for PCN related activity? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Arrangements with organisations outside the network agreed** | [ ]  |

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| **Data handling**  |
| What patient data is required to be shared with others (for the delivery of services)? | [ ]  | [ ]  | [ ]  |
| How will information be shared? | [ ]  | [ ]  | [ ]  |
| When will information be shared? | [ ]  | [ ]  | [ ]  |
| How long and where will information be stored? | [ ]  | [ ]  | [ ]  |
| What will the recipient do with the data? | [ ]  | [ ]  | [ ]  |
| What practice data should be shared? | [ ]  | [ ]  | [ ]  |
| How will information be shared? | [ ]  | [ ]  | [ ]  |
| When will information be shared? | [ ]  | [ ]  | [ ]  |
| How long and where will information be stored? | [ ]  | [ ]  | [ ]  |
| What will the recipient do with the data? | [ ]  | [ ]  | [ ]  |
| Any other specific considerations for data sharing? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |
| **Data sharing agreed** | [ ]  |

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| **Additional** |
| Are any other agreements required? | [ ]  | [ ]  | [ ]  |
| (for each) what is the agreement? | [ ]  | [ ]  | [ ]  |
| (for each) what impact might that agreement have on other schedules? | [ ]  | [ ]  | [ ]  |
| (add additional considerations here…) | [ ]  | [ ]  | [ ]  |

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| **Network Agreement and Schedules completed and signed by each member** | [ ]  |
| **PCN registration form completed** | [ ]  |

When you have answers to the majority of these, speak to BMA Law about operationalising decisions and ensuring all relevant paperwork is appropriately prepared.

This non-exhaustive checklist is a guide and should be used by those establishing a network. The intention of this guide is to assist groups of practices to make decisions in the process of setting up their PCN.